

This toolkit has been developed as a resource for emergency response personnel interested in supporting Family Assistance Center functions during a mass casualty event.

The toolkit was developed collaboratively by the University of Minnesota & Hennepin County Medical Reserve Corps units and Masa Consulting with funding from the National Association of County and City Health Officials (NACCHO) Challenge Award.

July 2015

FAMILY ASSISTANCE CENTER TRAINING TOOLKIT

A Resource for Emergency Response Personnel



Goals & Objectives of the Family Assistance Center Training Toolkit

The Family Assistance Center (FAC) Training Toolkit is designed to help emergency response personnel and emergency preparedness agencies enhance their human impact response capabilities by achieving three objectives:

1. Increase understanding of behavioral health roles during an emergency response
2. Develop knowledge and resources for training response personnel on FAC functions and operations
3. Identify a target audience for training

This toolkit includes:

- *An Overview Section* that provides information about FAC functions and operations, an acronyms list, and definitions of key terms
- *A Position Checklist Section* that provides information about behavioral health positions at FAC
- *A Training Guide Section* that provides content and guidelines for FAC training

Training on disaster behavioral health is critical to ensuring that the needs of impacted individuals are met. This toolkit provides examples of FAC training options. This training guide includes topic ideas and related questions, as well as tips for facilitators. The sequence, content, and timing of these sessions may be tailored to specific audiences.

This guide is a source of suggestions and may be adapted to fit local needs. It is intended to inform the development of disaster behavioral health trainings for emergency response personnel – including staff, volunteers and community members.

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About the Authors



The University of Minnesota Medical Reserve Corps (U of MN MRC) program is housed out of the Academic Health Center Office of Emergency Response. The U of MN MRC offers students, staff, and faculty members an opportunity to be of service to their community during a public health emergency or disaster.

Since 2004, the University's MRC has aided in emergency response and public health initiatives on campus and at the local, state, and national level. In doing so, the MRC has provided unique educational and experiential opportunities for Academic Health Center students, staff and faculty.



With its staff of 300+ dedicated professionals, Hennepin County Public Health is the primary provider of public health services to the county's 1.1-million residents.

Hennepin County Public Health takes a comprehensive approach to 1) promote physical and mental health, 2) prevent illness and injury caused by chronic and infectious diseases and environmental conditions, 3) diagnose and treat serious mental health conditions and 4) reduce the impact of chronic diseases including depression, heart disease, cancer and diabetes among all county residents.

We achieve these goals by increasing access to care and opportunities for all county residents to make the choices (prenatal through lifetime) that enable longer/healthier lives; by ensuring healthy environments where we live, learn and work, and by aligning our efforts with other community health improvement partners.



Masa Consulting, Inc. has been involved in the field of disaster and crisis response in Minnesota since 1995. Through the leadership of Jonathan Bundt the organization has become known for its ability to assist in all elements and stages of emergency preparedness, response, and recovery. Bundt has worked in the behavioral science, law enforcement, and emergency management fields for over 30 years. He has vast experience providing consultation and training services to the private sector, hospitals, public health, human services, EMS, police and fire departments – on the local, state and national level.

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Overview of Training Sessions

Awareness-Level Training

This training provides an introduction to Family Assistance Center functions and roles. It is designed for any personnel involved with disaster response that may need to understand the operations and services of a FAC.

Objectives:

- Provide an introduction to Family Assistance Center functions, logistics and operations
- Provide an overview of behavioral health roles at Family Assistance Centers, which includes a friends/relatives briefer, family liaison and antemortem interview assistant.

Friends/relatives briefer Performance-Level Training

This training assists in the development of skills necessary to facilitate briefings during a mass fatality event.

Objectives:

1. Deepen understanding of friends/relatives briefer role, including the responsibilities, skills, and framework/landscape they will work in
2. Improve communication skills with large groups that have been personally impacted by trauma
3. Review special considerations, including: medical examiners' activity and role, investigation process, culture and faith issues
4. Practice and receive feedback on providing simulated briefings

Section 1: Overview of Family Assistance Centers

Disasters and significant emergencies are incidents that are outside the range of common human experience. They have the potential to directly impact large numbers of people; cause physical and mental health consequences, including death and disability; destroy property; displace people from their homes, family or community, and result in job loss, economic hardship, and long-term impact.

A disaster with mass fatalities may be the result of natural, accidental and/or intentional causes. By definition, a mass fatality incident response will quickly exceed the resources and capabilities of a single jurisdiction. Response and recovery efforts may require participation by multiple jurisdictions (local, regional, state and federal), volunteer groups and faith-based organizations.

In a mass fatality incident, a Family Assistance Center (FAC) may be set up as a centralized location to:

- Collect antemortem data
- Notify families of positive victim identification (this task is performed by the Medical Examiner or their designee)
- Share information on all aspects of response and recovery
- Provide behavioral health and emotional support to friends and relatives

The FAC supports the Medical Examiner's primary role of positively identifying victims during a mass fatality event and will provide information and services to friends and relatives members.

Once the FAC is set up, the following services may be made available to affected residents:

- Behavioral health counseling and support, communication support, limited child care, interpretive services, and whatever the friends and relatives may need
- Reunification efforts
- Ongoing information about the rescue and recovery efforts
- Antemortem interviewing to support the positive identification of victims
- Death notification to family members and return of personal items
- Referral to community services

The FAC is a safe and welcoming place for families and friends to congregate. It provides food, support and privacy for a large range of individuals and organizations.

The FAC's primary function is to support the medical examiner in victim identification. Realizing the importance of the FAC to friends and family members experiencing who are experiencing psychological trauma, The U of MN MRC and Hennepin County Public Health identified a need for specialized training for response personnel.

The Hennepin County and U of MN MRC units provided a two-part behavioral health training on Family Assistance Center functions during the spring of 2015. The first training session focused on the psychological impact of disasters on individuals affected by a mass casualty event and the overall operation of a Family Assistance Center, including an overview of the three behavioral health-related functions: friends/relatives briefers, antemortem interview assistants, and family liaisons. This was followed by performance-based behavioral health training that was tailored for friends/relatives briefers.

Acronyms List

AIA	Antemortem Interview Assistant
CRC	Community Reception Center (radiological event)
DRC	Disaster Recovery Center (service center)
EOC	Emergency Operations Center
FAC	Family Assistance Center
FRC	Friends and Relative Center
JITT	Just in Time Training
ME	Medical Examiner
MRC	Medical Reserve Corps
PCL	Position Checklist
PFA	Psychological First Aid
RC	Reunification Center
SC	Survivor Center
U of MN	University of Minnesota
VIP	Victim Identification Profile

Definitions

Family Assistance Center (FAC): A FAC functions as a secure area that serves to: 1) support the collection of antemortem information, 2) notify families of positive identification of victims, 3) share situational updates, and 4) provide behavioral health and emotional support to family members and friends.

Mass Fatality Incident: A mass fatality incident is defined as an occurrence of multiple deaths that overwhelm the routine capability of the local Medical Examiner (ME).

Psychological First Aid: Psychological First Aid (PFA) is an evidence-informed approach that is built on the concept of human resilience. PFA aims to reduce stress symptoms and assist in a healthy recovery immediately following a traumatic event, natural disaster, public health emergency, or even a personal crisis.

Reunification: Reunification is the process of reuniting friends and family members who have been physically separated as the result of an incident. This process occurs before a FAC is activated but may also happen in a FAC.

Just in Time Training: Instructions provided to personnel immediately prior to performing the assigned task or function.

Medical Reserve Corps: The Medical Reserve Corps (MRC) is a national network of volunteers, organized locally to improve the health and safety of their communities. MRC volunteers include medical and public health professionals, as well as other community members without healthcare backgrounds. MRC units engage these volunteers to strengthen public health, improve emergency response capabilities and build community resiliency.

Medical Examiner: a medically qualified public officer whose duty is to investigate deaths occurring under unusual or suspicious circumstances, to perform postmortems, and to initiate inquests.

Position Checklist: A checklist is an informational job aid used to reduce failure by compensating for potential limits of human memory and attention. It helps to ensure task consistency and completeness.

Section 2: FAC Position Descriptions

Additional possible FAC positions that work in coordination with and support behavioral health roles:

Runners:

Individuals who are available to assist in the acquisition and/or transport of needed supplies and equipment. Runners may also be used to deliver verbal messages should walkie talkies not be available.

Usher/Greeter:

Individuals who ensure all people who are entering the center are assessed for immediate needs, guide people through the site and assist in making accommodations for families, as requested.

Registration Clerk:

Welcomes and registers family and friends to the FAC.

This section of the toolkit will provide an overview and description of the three behavioral health roles at Family Assistance Centers: family liaisons, friends/relatives briefers, and antemortem interview assistants.

Overview of Behavioral Health Roles at Family Assistance Centers

In order for a FAC to be successful in providing services to significantly impacted individuals, there needs to be organization and training for people in critical roles.

All roles in the FAC must remember that friends and relatives come first. That means prioritizing relationships, family reunification, and the receipt of information before other organization or media outlets.

The family liaison and the friends/relatives briefer is pivotal to the relationship between the response agencies and the impacted friends and relatives. The liaison comes as a beginning point for friends and relatives. Once identified individuals enter a FAC, they are matched up with a liaison that will be with them throughout their duration at the FAC. The liaison's role is to support and identify any needs that the friends and relatives may have. It is their job to do the best they can to fulfill these needs.

Family members and friends have a profound need for information on rescue and recovery efforts. The friends/relatives briefer is the compassionate and authoritative voice to the collective group gathered in the FAC. The friends/relatives briefer must have the ability to present a command presence but in a compassionate and supportive manner. He or she will have to have the capacity to stand before large groups of people and share difficult and complex information. Though most individuals do not have the experience of being in front of groups in this manner, it is possible to provide guidance and direction to people who have been selected to be a friends/relatives briefer.

Finally, the Medical Examiner may be limited in resource during a mass fatality and will have to call on trained individuals to assist in the collection of antemortem information. The complexity of asking very personal questions related to the potential death of a loved one can be overwhelming and difficult. That is why the Medical Examiner has identified individuals with a mental health and behavioral health background to assist them in the process of collecting antemortem information.

Friends/Relatives Briefer Description

The primary role of the friends/relatives briefer is to keep friends and relatives informed on incident information and the status of the investigation, through regular briefings at the FAC. The friends/relatives briefer presents information to larger groups of people and differs from the liaison role, whose focus is on individuals and the family system. Friends/relatives briefers are the central hub of all information being communicated to friends and relatives. At times, the friends/relatives briefer will need to bring forward other subject matter experts who can better inform the friends and relatives. This may include, but is not limited to, the medical examiner, law enforcement or fire investigators, volunteer agency staff and other critical agency leadership. Finally, the role of the friends/relatives briefer is fundamentally different than the public information officer, whose responsibility it is to communicate with the media.

Qualifications/Characteristics:

- Friends/relatives briefers must have the inherent ability to speak with people who are dealing with intense trauma in a manner that is both compassionate and confident
- Behavioral health professional or practitioner
- Trustworthy
- Leader within their organization
- Command presence
- Compassionate presence
- Respectful
- Empathetic
- Credible
- Understand family member and survivor reaction to trauma/crisis
- Awareness of cultural diversity
- Skilled public speaker
- Ability to think on one's feet
- Gather information from multiple sources and synthesize it
- Used to delivering information in crisis situations
- Basic knowledge of Incident Command System (ICS)
- Understand the death investigation process (by the Medical Examiner)

Suggested Training:

- Psychological First Aid
- FAC Awareness Level Training
- Friends/relatives briefer Training
- Incident Command Training:
 - ICS 100.B: Introduction to the Incident Command System
 - ICS 200.B: Single Resource and Initial Action
 - IS 700.A: National Incident Management System (NIMS) An Introduction

Family Liaison Description

The role of the family liaison is to accompany individual families as they navigate the Family Assistance Center (FAC). Family liaisons will direct families and friends to necessary resources within the FAC. This may include resources to meet physical needs (e.g., food, medical) as well as informational resources (e.g., time of family briefings, contact information for social services, emotional support). Family liaisons will also provide support to families during and/or following the antemortem interview process and large briefings. Their role is critical in understanding the unique issues and needs of each individual family system.

Qualifications/Characteristics:

- Behavioral health practitioner/professional/specialist
- Maybe a chaplain (hospital or public safety)
- Compassionate presence
- Empathetic
- Understand family member and survivor reaction to trauma/crisis
- Awareness of cultural diversity
- Respectful
- Basic knowledge of Incident Command System (ICS)
- Understand the death investigation process by the Medical Examiner

Suggested Training:

- Psychological First Aid
- FAC Awareness Level Training
- Incident Command Training:
 - ICS 100.B: Introduction to the Incident Command System
 - ICS 200.B: Single Resource and Initial Action
 - IS 700.A: National Incident Management System (NIMS) An Introduction

Antemortem Interview Assistant Description

The role of the antemortem interview assistant is to aid in the confidential collection of personal information that will be used in the positive identification of decedents. The antemortem interview assistant operates under the direction and authority of the Medical Examiner's Office.

Qualifications/Characteristics:

- Behavioral health professional/practitioner/specialist
- Trained in PFA
- Compassionate presence
- Empathetic
- Understand family member and survivor reaction to trauma/crisis
- Awareness of cultural diversity
- Respectful
- Basic knowledge of Incident Command System (ICS)
- Understand the death investigation process by the Medical Examiner

Suggested Training:

- Psychological First Aid
- FAC Awareness Level Training
- Additional training from medical examiner regarding collecting information and filling out the Victim Identification Profile (VIP) form
- Incident Command Training:
 - ICS 100.B: Introduction to the Incident Command System
 - ICS 200.B: Single Resource and Initial Action
 - IS 700.A: National Incident Management System (NIMS) An Introduction

Section 3: Training Outline

IMPORTANT CONSIDERATION:

Be prepared to discuss the impact of new technologies on FAC functions. For example, how should FAC personnel handle potential for cell phone use by staff and/or family and friends (video recording or photos) during FAC operations to protect privacy.

This toolkit provides an outline of the FAC behavioral health training series that was developed by the University of Minnesota and Hennepin County MRC units in consultation with Masa Consulting. This toolkit also provides training recommendations and suggestions based on the lessons learned and feedback provided by attendees of training sessions.

The overall objectives of a FAC-focused behavioral health training are to:

- Deepen understanding of the role and operations of a FAC after a major disaster involving mass fatalities
- Understand the application of counseling and clinical skills to disaster settings
- Understand the role of the following positions in a FAC setting:
 - Friends/relatives briefer
 - Family liaison
 - Antemortem interview assistant

Due to the complex behavioral health needs of affected residents during mass fatality events, it is necessary to provide in-depth training to response personnel prior to an incident. It is recommended that the first part of the awareness training focus on the psychological impact of disasters on family members and the overall operation of a Family Assistance Center. This part of the training provides an overview of the three important behavioral health positions: family liaison, friends/relatives briefer, antemortem interview assistants. This training was followed by role-specific performance-based training for the friends and relatives friends/relatives briefer.

Training Format

The training conducted by the University of Minnesota and Hennepin County MRC units was conducted over a two-day period in the spring of 2015. The first day provided a general overview and introduction to Family Assistance Centers and the three behavioral health roles, while the second day of training provided performance-based friends/relatives briefer training. This format was chosen based on the availability of event organizers and participants as well as the contracted trainer, Jonathan Bundt from Masa Consulting.

TRAINING FORMAT SUGGESTION:

If the training is divided into multiple days, it is recommended that the trainings occur as close to each other as possible so that participants can retain information between training sessions.

Format suggestions for this training can be found below:

<p>Training Format #1: 1 Full-Day Awareness Level Training (8 hours)</p>	<p>3 hours: Overview & Intro to FAC functions & roles 5 hours: Role-specific training with break-out sessions for three roles: -friends/relatives briefer -antemortem interview assistant -family liaison</p>
<p>Training Format #2: 2 Day Awareness Level</p>	<p>Day 1(3 hours): Overview & Intro to FAC functions & roles Day 2 (5 hours): Role-specific training with break-out sessions for three roles: -friends/relatives briefer -antemortem interview assistant -family liaison</p>
<p>Training Format #3: 1 Full-Day Friends/Relatives Briefer Training (8 hours)</p>	<p>3 hours: Overview & Intro to FAC functions & roles 5 hours: Role-specific training for friends/relatives briefer</p>

Awareness-Level Training

Description: This training provides an overview of Family Assistance Center functions and roles to better enhance understanding of the impact to friend and relatives in supporting the work of the Medical Examiner.

Objectives: Training objectives include:

- Define mass casualty events
- Provide an introduction to Family Assistance Center functions and operations
- Provide an overview of behavioral health roles at Family Assistance Centers
- Increase knowledge and understanding of Family Assistance Center functions and operations during mass casualty events
- Increase knowledge and understanding of behavioral health roles during mass casualty events

Audience: This training targets emergency response personnel who would respond to a mass fatality event and need to have a general understanding of the FAC's logistical and operational needs and activities. This training is intended for a larger audience, with recommendations that space be available to 40 to 100 participants.

Format:

1. Welcome & Introductions
2. Overview of FAC
3. The role of the Medical Examiner
4. Advance application of trauma psychology & disaster assistance centers
5. Training rotations:
 - a. Friends/relatives briefer
 - b. Family liaison
 - c. Antemortem interview assistant

Friends/Relatives Briefer Training

Description: This training assists in the development of performance-based skills necessary to facilitate briefings during a mass fatality or casualty event. Participants will have opportunities to practice different elements of a briefing from pre-briefing agenda development, to briefing delivery, and the management of questions and answers sessions.

Objectives: Training objectives are divided into four modules:

1. Friends/relatives briefer role, responsibilities, skills, and framework/landscape
2. Communicating with family members
3. Special considerations: briefing team, medical examiners, investigations, culture and faith
4. Conducting family briefing

Audience: This training is designed for leaders in organizations who will speak in front of small to large groups about the status of response and recovery events during mass fatality incidents. This training is intended for a smaller audience than the first training. It is recommended that space be limited to 10 to 20 participants.

Format: Videotaping the friends/relatives briefer's practice sessions is strongly recommended. This will facilitate the ability to provide timely and effective feedback to training participants by playing back their briefing so they can see how they performed. In turn this educational model of videotaping and providing critique can significantly enhance the trainee's experience.

ATTACHMENT Antemortem Interview Assistant PCL

FAMILY ASSISTANCE CENTER

Position Checklist

The role of the Antemortem Interview Assistant is to aid in the confidential collection of personal information that will be used in the correct identification of deceased persons. Information gathered from family members is entered on the Victim Identification Profile questionnaire.

Tasks

- Obtain briefing from Site Manager or your Supervisor
 - Review incident objectives and recommended strategies
 - Review/determine status of current tactical assignments
 - Review current organization, location of resources, and assignments
 - Identify location of available supplies and equipment
- Review applicable reference materials for your position, including plans, annexes, Field Operation Guides and Standard Operating Procedures, and any forms needed
- Conduct antemortem interviews with victim's families.
 - There will be two interview assistants per team with one being the lead interviewer and other being the scribe for the VIP forms.
- Complete VIP forms
 - Give form to Antemortem Information Team Lead
- Provide updates to your supervisor, as needed
- Request resources as needed
- Document key actions, decisions, and communications on ICS Form 214 and complete an end of shift report

ATTACHMENT Friends/Relatives Briefer PCL

Position Checklist (PCL)

The Friends/Relatives Briefer reports to the Site Manager at the Family Assistance Center (FAC). The primary role of this position is to keep family members informed on incident information and the status of the investigation, through regular briefings at the FAC.

Tasks

- Check in and meet with your Supervisor (Site Manager) for a briefing on the current status of the event and the objectives for this operational period.
- Review your job aids and other materials at the site.
- Establish and maintain the Family Briefing area at the FAC, in coordination with the Site Set-Up Team.
- Ensure security of the Family Briefing area.
 - Media, attorneys, elected officials, agency reps are NOT permitted at the Family Briefings
- Ensure logistical supports for Family Briefing area, in coordination with the Site Logistics Lead.
 - Room set up
 - Staffing
 - Equipment
 - Conference call/video conference capability
 - Other
- Determine regular family briefing schedule in coordination with the Site Manager.
 - Briefings may likely last two (2+) hours or more
- Determine who your audience is (and where they are, if not on site), and anticipate special needs or considerations that may arise.
- Develop briefing agenda(s).
- Conduct family briefings to effectively communicate factual and verified information to family members and survivors of the incident before the media reports the information.
 - Identify rumors and address them with factual information
 - Identify family member concerns
 - Answer questions from family members (information, personal effects, resources)
- Prepare a list of available resources specific to this incident.
- Gather information/answers from various agencies and subject matter experts (medical examiner, law enforcement, hospitals, human services, public health, others as determined by the incident)
- Utilize Psychological First Aid (PFA) principles and training.
- Report status updates to the Site Manager on a regular basis and/or after each family briefing.
- Maintain a log of your activities on an ICS 214 form.
- Complete required paperwork, and provide documentation to the Site Planning Lead at the end of your shift, for inclusion in the incident file at the Department Operations Center (DOC).
- Brief the in-coming Briefer at the end of your shift.

ATTACHMENT Family Liaison PCL

FAMILY ASSISTANCE CENTER

Position Checklist

The role of the Family Liaison is to accompany families as they navigate through the Family Assistance Center (FAC). The Family Liaisons will direct families to all necessary resources within the FAC. This may include resources to meet physical needs (food, medical) as well as informational resources (time of family briefings, contact information for social services, emotional support, etc.). Family Liaisons will also provide support to families during and/or following the antemortem interview process.

Tasks

- Obtain briefing from Site Manager or your Supervisor
 - Review incident objectives and recommended strategies.
 - Review/determine status of current tactical assignments.
 - Review current organization, location of resources, and assignments.
 - Work with Site Logistics Lead to determine location of available supplies and equipment.
- Review applicable reference materials for your position, including plans, annexes, Field Operation Guides and Standard Operating Procedures, and any forms needed
- Determine which operational groups/units report to you and brief those staff
- Ensure Families you are assigned to are provided information, support, and access to necessary resources.
- Provide updates to your supervisor as needed.
- Document key actions, decisions, and communications on ICS Form 214.
- Participate in site set-up and demobilization/clean up as needed.

ATTACHMENT Friends/Relatives Briefer Job Aide

Briefing Goals: provide structure/routine, provide factual information, rumor control, ; answer questions from family members, relatives and friends; address issues that may arise during the course of the briefing period

Logistics

- Staffing: who is leading the briefing and who is participating?
- Equipment: what is needed (Conference Bridge and/or other technologies)?
- Room Set Up: what is the estimated minimum and maximum occupancy rate? How many exits/entrances are there?
- This task is done in partnership with Site Logistics Lead

Know Your Audience

- Family members, relatives and friends of victims will be in the briefing room (and on a conference bridge, if set up)
- Audience may include a broad range of people
 - Varying levels of education and degrees of interest
 - Special Needs: Communication, hearing and site limitation, mobility, seniors...
 - Diverse backgrounds: cultural, language, faith

Who should not participate in briefings?

- Children, Media, Attorneys, Elected Officials, Agency Representatives?
- Focus on family, relatives and friends of victims

Agenda Topics & Structure

1. Welcome, introductions (demonstrate empathy)
2. Situation update (focus on family member status: the who, what, where, when, why and how of what to expect)
3. Response objectives and tasks (Rescue vs. Recovery)
4. Investigation Update, Recovery Update
5. Medical Examiner Update
6. Agency representatives (example: Salvation Army Services)
7. Others representatives (example: federal reps i.e. NTSB, FBI, and others as needed)
8. Site logistics
9. Questions or concerns
10. Next Scheduled Briefing

Debrief Questions and Answers

- Provide structured, factual information only (done for rumor control; Q&A after each presenter or at the end)
 - Only facts, avoid speculation
 - Identify and correct misunderstandings and misinformation whenever possible
 - Have a strategy for addressing misdirected questions and concerns
 - Prepare for intense emotion and a wide range of emotion
 - Actively listen and under promise and over deliver

- Debriefs should last as long as necessary
- Typical questions to expect:
 - Where is my loved one?
 - When will I see/be reunited with my loved one?
 - Who is in charge?
 - Where are my loved one's personal belongings?

Important Considerations

- Points of contact
- Identify Scribe to take notes during briefing for follow up
- Number of briefings: Identify frequency of briefings: (hourly, two briefings per day, one per day) based on response and recovery status
- Briefings will may last 2+ hours
- Ensure designated Family/Friends Briefer personnel are appropriately assigned and have skills to serve in the role
- Expectations of privacy and when is the center closing?
- Prepare them for changes as soon as you know them

After Briefings

- Summarize the main points and inform families of the briefing schedule (hourly, twice a day, once a day)
- Thank families for being there
- Acknowledge how difficult it must be for them

The First Briefing

- Scheduling is dependent on:
 - Number of family members present or in route
 - Progress of on-scene activity
- Agenda for first debrief:
 - Introduction of agencies
 - Introduction of representatives
 - Provide overview of services that are available
 - Present preliminary factual information if available
 - Provide an overview of the debriefing process
 - Announce time and location for next briefing

The Last Briefing

- Scheduling is dependent on:
 - On-Scene activity and progress of recovery of victims' remains
 - Progress of antemortem interviews and number of official death notification completed
- Agenda
 - Status updates from each agency
 - Contact information for continued communication
 - Overview of process moving forward
 - Final Important Reminders

CRISIS EMERGENCY RISK COMMUNICATION

Build Trust and Credibility by Expressing:

- Empathy and caring.
- Competence and expertise.
- Honesty and openness.
- Commitment and dedication.

Top Tips:

- Don't over-reassure.
- Acknowledge uncertainty.
- Express wishes. ("I wish I had answers.")
- Explain the process in place to find answers.
- Acknowledge people's fear.
- Give people things to do.
- Ask more of people (share risk).

As a Spokesperson:

- Know your organization's policies.
- Stay within the scope of responsibilities.
- Tell the truth. Be transparent.
- Embody your agency's identity.

CONSISTENT MESSAGES ARE VITAL.

Prepare to Answer These Questions:

- Are my family and I safe?
- What can I do to protect myself and my family?
- Who is in charge here?
- What can we expect?
- Why did this happen?
- Were you forewarned?
- Why wasn't this prevented?
- What else can go wrong?
- When did you begin working on this?
- What does this information mean?

Stay on Message:

- "What's important is to remember..."
- "I can't answer that question, but i can tell you..."
- "Before I forget, I want to tell your viewers..."
- "Let me put that in perspective..."

BE FIRST. BE RIGHT. BE CREDIBLE.



ATTACHMENT Sample Agenda: Awareness-Level Training

Date: _____

<i>Time:</i>	<i>Activity:</i>	<i>Instructor:</i>	<i>Room:</i>
8:00 – 8:30 a.m.	Registration		
8:30 – 10:30 a.m.	Welcome and Introductions Overview of Family Assistance Center The Role of the Medical Examiner		
10:30-10:45	Break		
10:45 a.m. – Noon	Advance application of trauma psychology and disaster assistance centers		
Noon – 1:00 p.m.	Lunch		
1:00 – 2:00 p.m.	Training Rotations: Family Briefer Family Liaison Antemortem Interview Assistant		
2:05 – 3:05 p.m.	Training Rotations: Family Briefer Family Liaison Antemortem Interview Assistant		
3:10 – 4:10 p.m.	Training Rotations Family Briefer Family Liaison Antemortem Interview Assistant		
4:15 – 4:30 p.m.	Hotwash/Next Steps		

**Note time provided for groups to rotate between rooms*

ATTACHMENT Sample Agenda: Friends/Relatives Briefer Training

Date: _____

<i>Time</i>	<i>Agenda Item</i>
9:00 a.m.	Opening and Intros
9:15 – 10:00 a.m.	Module One: Where does the Family Briefer Fit In?
10:00 – 10:15 a.m.	Break
10:15 – 11:30 a.m.	Module Two: Communication with Family Members (Watch videos from Module 1 before starting module 2)
	Module Three: Special Considerations
11:30 – 12:30 p.m.	Lunch
12:30 – 1:45 p.m.	Talk through a briefing
	Module Four: Conducting a Family Briefing
1:45 – 2:00 p.m.	Break
2:00 – 4:00 p.m.	Building collapse role play: Agenda setting, Opening briefing, Q& A, Video
4:00 – 4:20 p.m.	Last debrief with “family members” and “briefers”
4:30 p.m.	Close of the day

ATTACHMENT Antemortem Interview Assistance Fact Sheet

The Antemortem (“before death”) Information Group at the Family Assistance Center (FAC) is responsible for the confidential collection of the decedents’ ante mortem information by interviewing the decedents’ families. This information is used to identify the decedents. This is a joint effort between the Medical Examiners’ Office and other agencies.

Interview Process

The interviews are either done face-to-face or by telephone. The Antemortem Interviewer Assistant (AIA) is acquainted with the Victim Identification Profile (VIP) questionnaire form beforehand and use it to collect the information. To optimize accuracy of data collection, AIA’s must be emotionally healthy, compassionate and have legible handwriting. Dialogue regarding the decedent should typically be in the present tense.

Interview participants include the decedent’s family representative(s), 2 AIA’s, and preferably the liaison. One assistant will be designated the lead and conduct the interview. The other will record the information on the VIP form. Entries must be written in block letters to facilitate easy reading and computer data entry.

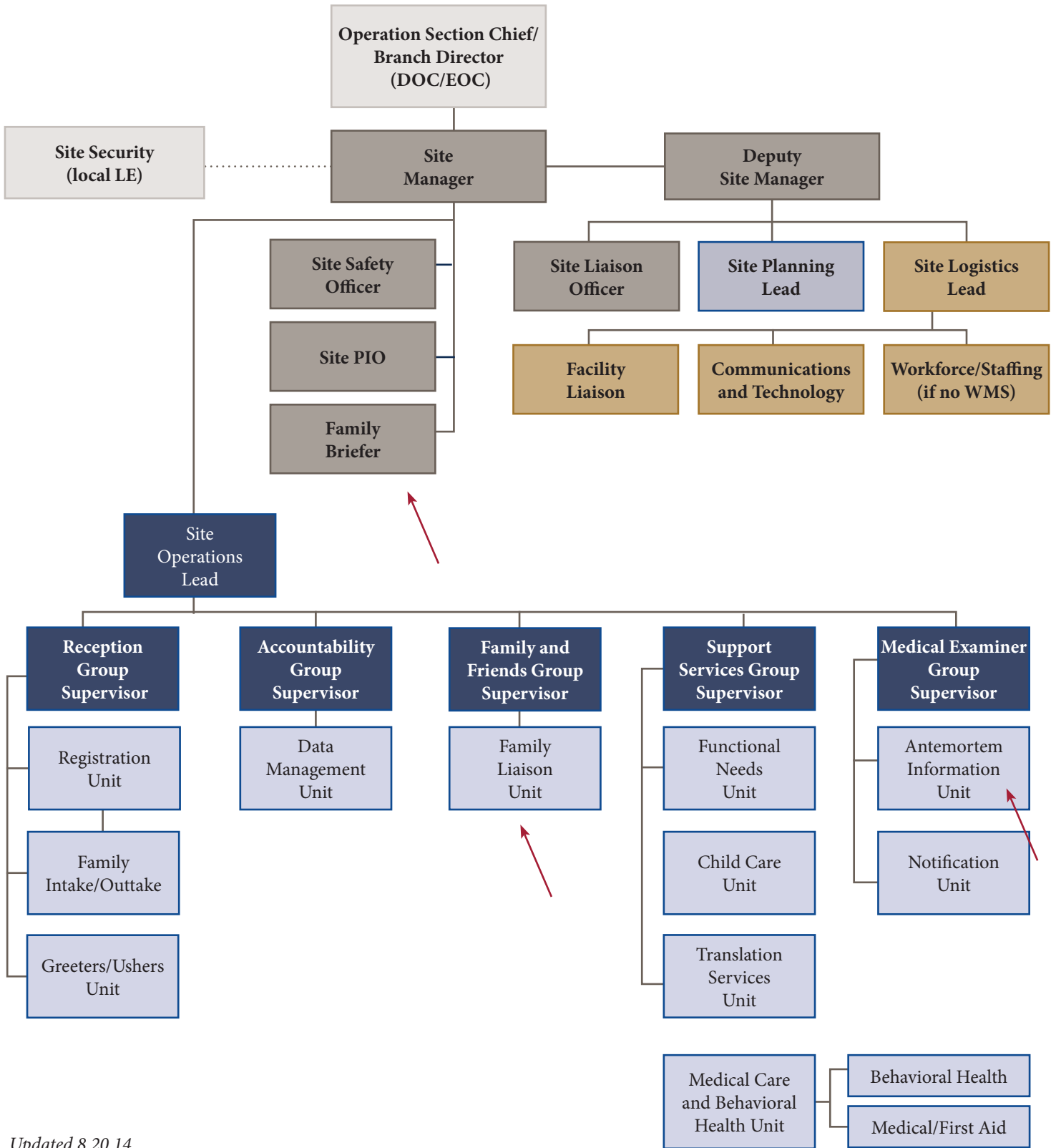
Specifically, the information gathered includes the following:

- A physical description
- Vital statistics (e.g.: height, weight, etc.)
- Doctors’ and dentists’ contact information to acquire records
- A medical history, including any dental work or joint replacements
- Unique characteristics such as tattoos, scars and birthmarks
- Fingerprint availability
- DNA sample (cheek swabs from relatives obtained by law enforcement personnel)

Identification Process

The VIP forms will be checked for completeness and legibility by the Supervisor. It will then either be transferred to the temporary morgue to be entered into the VIP system or entered directly at the FAC by designated personnel. The digital comparison of the ante mortem data with the post mortem data (acquired in the temporary morgue) will aid in identification of the decedents. DNA comparison, dental record comparison, fingerprints, and medical records will also assist in this endeavor.

ATTACHMENT Family Assistance Center Organizational Chart



Updated 8.20.14



VIP Personal Information

Last Name / Suffix / First / Initial Sex If Female/Maiden Name Age

DOB (MM / DD / YYYY) Race Social Security # / Other Birth City State/Country Birth Hospital

Address Apt # City State Zip

County Country Inside City Limits Religious Preference

Education: level completed. Elem/Second (0-12): College Degree Earned:

Alias 1 (Last, First, Middle) Alias 2 (Last, First, Middle)

Phone (H) Phone (W) Phone (Cell)

Marital Status: Married Never Married Widowed Divorced Separated Unknown Wedding Date (MM / DD / YYYY)

Spouse: Living Deceased Unknown (Last, Suffix, Maiden/Birth name, First, Middle)

Father: Living Deceased Unknown (Last, Suffix, First, Middle)

Mother: Living Deceased Unknown (Last, Maiden/Birth name, First, Middle)

Legal Next of Kin (Last, First, Middle) Home Work

Address City State Zip On Site/Cell Phone

Relationship: Wife Husband Father Mother Brother Sister Son Daughter Employer Friend Other

Permanent Contact (Please place name and contact info here. Please place other here)

Contact 1
 Last / First / Middle / Suffix
 Address City State Zip
 Home Phone Work Phone Cell Phone email
 Date of Initial Contact Type of Initial Contact
 Relationship: Wife Husband Father Mother Brother Sister Son Daughter Employer Friend Other

Contact 2
 Last / First / Middle / Suffix
 Address City State Zip
 Home Phone Work Phone Cell Phone email
 Date of Initial Contact Type of Initial Contact
 Relationship: Wife Husband Father Mother Brother Sister Son Daughter Employer Friend Other

Contact 3
 Last / First / Middle / Suffix
 Address City State Zip
 Home Phone Work Phone Cell Phone email
 Date of Initial Contact Type of Initial Contact
 Relationship: Wife Husband Father Mother Brother Sister Son Daughter Employer Friend Other



VIP Personal Information

Name _____ / _____ / _____
Last Suffix First Initial Age

Height: _____ Approx. Weight (Pounds): _____

Hair Information

Hair Color Auburn Brown Gray Salt & Pepper Other
 Blonde Black Red White Please place other here

Hair Length Bald Shaved Short < 3" Medium Male Patern Baldness: Long

Hair Accessory Extensions Hair Piece Hair Transplant Wig ^

Hair Description Curly Wavy Straight N/A Other:

Facial Hair Type Clean Shaven Beard & Moustache Goatee Sideburns N/A
 Moustache Beard Stubble Lower Lip

Facial Hair Color Blonde Black Red White Brown Gray Salt & Pepper NA **Facial Hair Notes** _____

Eye Info

Eye Color Blue Green Gray Other Brown Hazel Black **Color/Descrip:** _____

Optical Lens Contacts Glasses Implants None **Desc.** _____

Eye Status Missing R Missing L Glass R Glass L Cataract N/A

NAIL Info

Fingernail Type Natural Artificial Unknown **Length** Extremely Long Long Medium Short

Fingernail Color _____ **Description** _____

Characteristics Bitten Decorated Misshapen Yellowed/Fungus N/A

Toenail Color _____ **Toenail description** _____

Characteristics Bitten Decorated Misshapen Yellowed/Fungus N/A

Body Piercing(s)? Yes No **Photos?** Yes No **Photo Location** _____

#	Location	Side	Quantity	Description (include evidence of old piercings)	Photo
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____

Tattoo(s) Yes No **Photos?** Yes No **Photo Location** _____

#	Location	Side	AM_Tat_Description
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____



VIP Personal Information

Dental Info

Name _____ / _____ / _____
Last Suffix First Initial Age

Dentist _____
Last First Info Listed Unknown I Dental Work Partial Dentures Tooth Jewelry
Address _____ Phone 1 _____
 Both Braces
City _____ State _____ Zip _____

Additional Dental Information/2nd Dentist: _____

Physician Info

Physician _____
Last First
Address _____
Address 2 _____
City _____ State _____ Zip _____
Phone 1 _____ Phone 2 _____
Email _____
Practice Name _____
Physician Type _____
Seen for _____
Records Requested Yes No
Records Obtained Yes No

Medical Radiographs? Physician(s) _____
 Yes No Unknown Address _____

Medical Radiographs Location	Potential Type of Radiographs - and dates taken if known
_____	_____
_____	_____

Old Fractures: Yes No Description: _____

Objects in Body: Pacemaker Bullets Implants Needles Shrapnel Other _____
Please place other objects here
Surgery Gall Bladder Tracheotomy Caesarean Reconstructive Other _____
 Appendectomy Laparotomy Mastectomy Open heart Please place other surgery here

Diabetic? Yes No Unknown If Female / pregnancy in the past 12 months? Yes No Unknown

Unique Characteristics Description of: Scars, Operations, birthmarks, burns, missing organs, amputations, other special characteristics
 Yes No

Prosthetic Location/Description
Prosthetic(s) Yes No

Additional Information



VIP Personal Information

Page 4 of 8

Name _____ / _____ / _____
Last Suffix First Initial Age

Group Status: Alone Group **Group** _____ **Fam/Grp Name:** _____
Type: Family, Church Group, Sports, Military If Family Group, list names here

Last seen with _____

Last location victim was seen _____

Military Service Yes No Unknown **Military DNA Taken:** Yes No Unknown

Country _____ **Service #:** _____

Approximate Service Date _____ **Military Branch** _____

Ever Finger Printed: Yes No **Immigration Status** _____ **Resident Alien Card (Green Card)** Yes No

Fingerprints Footprints **Ever been Arrested** _____ **Arrested By:** _____

Print located _____

Usual Occupation: _____ **Type of Business** _____

Employer _____ **Phone** _____

Employer Address _____

Please list last employer if retired. Additional employers enter in additional data section

List memberships: Clubs, Fraternities, etc.

Additional Data



VIP Personal Information

Name _____ / _____ / _____
 Last Suffix First Initial Age

#	Clothing Items	Color	Description	Size
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

CLOTHING:

Wallet: Description _____

Contents _____

Purse: Description _____

Contents _____

Pockets: _____

Contents Left _____

Contents Right _____



VIP Personal Information

Name _____ / _____ / _____ / _____
 Last Suffix First Initial Sex

Potential Living Biological Donors

All Biological Relatives of Missing Individual---Mother/Father/Spouse/Sister/Brother/Children/Uncle/Aunt/Cousin

1	Last Name	First Name	Middle Name	Email	DOB	Sex			
	Relationship	Address	City	State	Zip	Phone 1	Phone 2	Phone 3	

2	Last Name	First Name	Middle Name	Email	DOB	Sex			
	Relationship	Address	City	State	Zip	Phone 1	Phone 2	Phone 3	

3	Last Name	First Name	Middle Name	Email	DOB	Sex			
	Relationship	Address	City	State	Zip	Phone 1	Phone 2	Phone 3	

4	Last Name	First Name	Middle Name	Email	DOB	Sex			
	Relationship	Address	City	State	Zip	Phone 1	Phone 2	Phone 3	

5	Last Name	First Name	Middle Name	Email	DOB	Sex			
	Relationship	Address	City	State	Zip	Phone 1	Phone 2	Phone 3	

6	Last Name	First Name	Middle Name	Email	DOB	Sex			
	Relationship	Address	City	State	Zip	Phone 1	Phone 2	Phone 3	

7	Last Name	First Name	Middle Name	Email	DOB	Sex			
	Relationship	Address	City	State	Zip	Phone 1	Phone 2	Phone 3	

8	Last Name	First Name	Middle Name	Email	DOB	Sex			
	Relationship	Address	City	State	Zip	Phone 1	Phone 2	Phone 3	

Primary donor for Nuclear DNA Analysis

An "appropriate family member" for **nuclear DNA Analysis** is someone that is biologically related to and only one generation removed from the deceased. The following are the family members who are appropriate donors to provide reference specimens, and in the order of preference (family members highlighted in bold print are the most desirable):

1. Natural (Biological) **Mother and Father**, AND 2. **Spouse** and Natural (Biological) **Children**, AND
3. A Natural (Biological) Mother or Father and victim's biological children, OR
4. Multiple Full Siblings of the Victim (i.e., children from the same Mother and Father)



VIP Personal Information
Page 8 of 8

Name Last / First / Middle

Interview_Location Interview_Date (MM/DD/YYYY) Interview_Time

Interviewer Info:

Interviewer Name First Last

Interviewing_Organization

Interviewer Home Information

Interviewer Address: Street, City State, Zip

Interviewer home phone:

Interviewer cell phone:

Interviewer work phone:

Interviewer On-Site Information

Interviewer on-site address Street, Hotel, Room #

Interviewer on-site phone:

Interviewer on-site cell:

Reviewer Info:

Reviewer Name

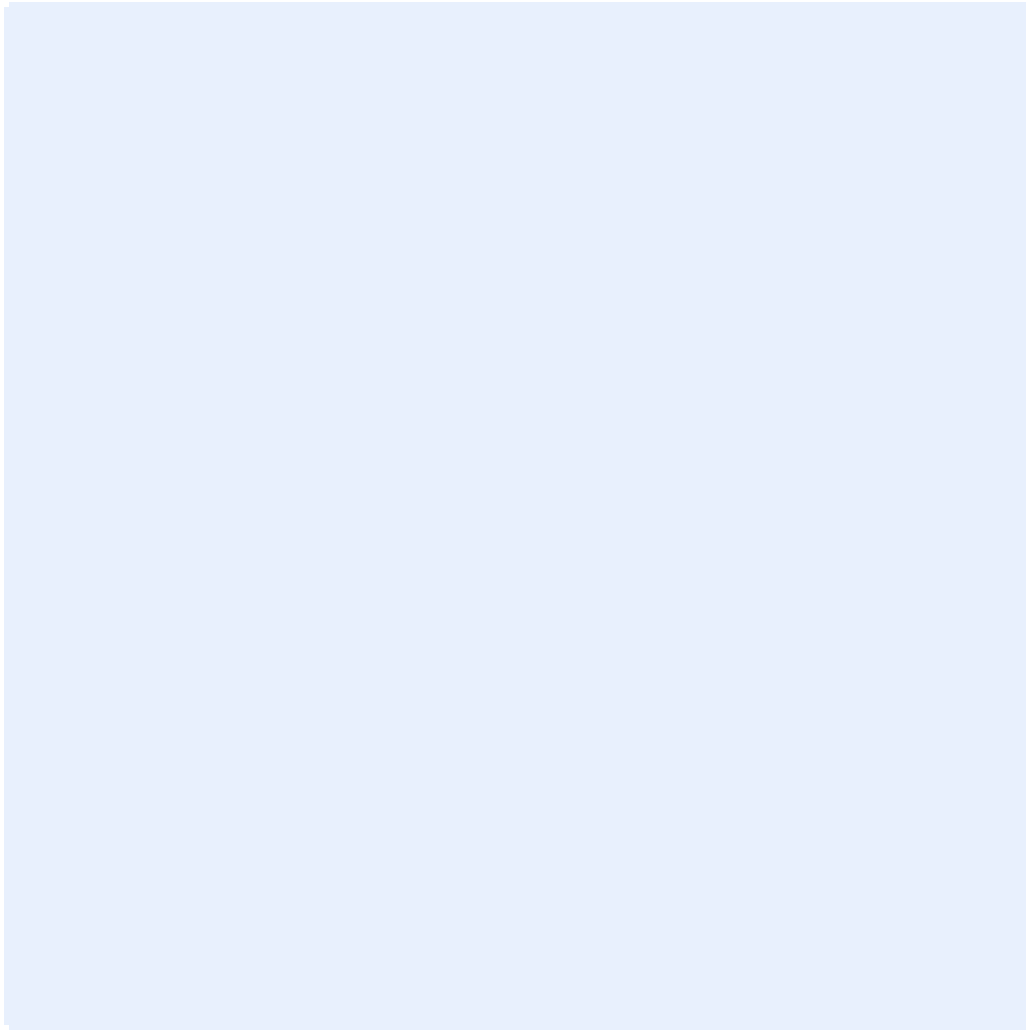
Reviewer Signature

Reviewing agency

INCIDENT BRIEFING (ICS 201)

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: _____ Time: HHMM
--------------------------	----------------------------	--

4. Map/Sketch (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment):



5. Situation Summary and Health and Safety Briefing (for briefings or transfer of command): Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.

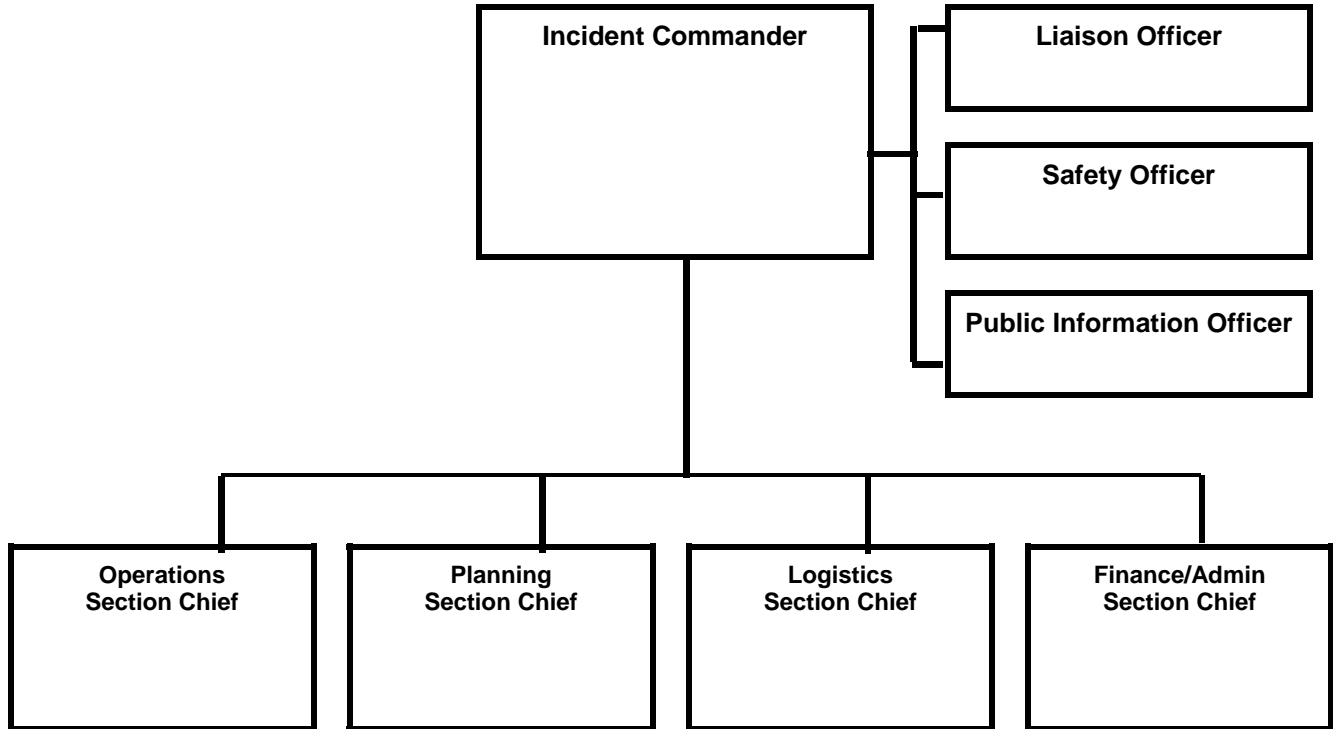
6. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 201, Page 1 | Date/Time: _____

INCIDENT BRIEFING (ICS 201)

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: Date Time: HHMM
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9. Current Organization (fill in additional organization as appropriate):



6. Prepared by: Name:	Position/Title:	Signature: _____
ICS 201, Page 3	Date/Time: Date	

ICS 201

Incident Briefing

Purpose. The Incident Briefing (ICS 201) provides the Incident Commander (and the Command and General Staffs) with basic information regarding the incident situation and the resources allocated to the incident. In addition to a briefing document, the ICS 201 also serves as an initial action worksheet. It serves as a permanent record of the initial response to the incident.

Preparation. The briefing form is prepared by the Incident Commander for presentation to the incoming Incident Commander along with a more detailed oral briefing.

Distribution. Ideally, the ICS 201 is duplicated and distributed before the initial briefing of the Command and General Staffs or other responders as appropriate. The “Map/Sketch” and “Current and Planned Actions, Strategies, and Tactics” sections (pages 1–2) of the briefing form are given to the Situation Unit, while the “Current Organization” and “Resource Summary” sections (pages 3–4) are given to the Resources Unit.

Notes:

- The ICS 201 can serve as part of the initial Incident Action Plan (IAP).
- If additional pages are needed for any form page, use a blank ICS 201 and repaginate as needed.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Incident Number	Enter the number assigned to the incident.
3	Date/Time Initiated <ul style="list-style-type: none"> • Date, Time 	Enter date initiated (month/day/year) and time initiated (using the 24-hour clock).
4	Map/Sketch (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment)	Show perimeter and other graphics depicting situational status, resource assignments, incident facilities, and other special information on a map/sketch or with attached maps. Utilize commonly accepted ICS map symbology. If specific geospatial reference points are needed about the incident's location or area outside the ICS organization at the incident, that information should be submitted on the Incident Status Summary (ICS 209). North should be at the top of page unless noted otherwise.
5	Situation Summary and Health and Safety Briefing (for briefings or transfer of command): Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.	Self-explanatory.
6	Prepared by <ul style="list-style-type: none"> • Name • Position/Title • Signature • Date/Time 	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).
7	Current and Planned Objectives	Enter the objectives used on the incident and note any specific problem areas.

Block Number	Block Title	Instructions
8	Current and Planned Actions, Strategies, and Tactics <ul style="list-style-type: none"> • Time • Actions 	Enter the current and planned actions, strategies, and tactics and time they may or did occur to attain the objectives. If additional pages are needed, use a blank sheet or another ICS 201 (Page 2), and adjust page numbers accordingly.
9	Current Organization (fill in additional organization as appropriate) <ul style="list-style-type: none"> • Incident Commander(s) • Liaison Officer • Safety Officer • Public Information Officer • Planning Section Chief • Operations Section Chief • Finance/Administration Section Chief • Logistics Section Chief 	<ul style="list-style-type: none"> • Enter on the organization chart the names of the individuals assigned to each position. • Modify the chart as necessary, and add any lines/spaces needed for Command Staff Assistants, Agency Representatives, and the organization of each of the General Staff Sections. • If Unified Command is being used, split the Incident Commander box. • Indicate agency for each of the Incident Commanders listed if Unified Command is being used.
10	Resource Summary <ul style="list-style-type: none"> • Resource • Resource Identifier • Date/Time Ordered • ETA • Arrived • Notes (location/assignment/status) 	Enter the following information about the resources allocated to the incident. If additional pages are needed, use a blank sheet or another ICS 201 (Page 4), and adjust page numbers accordingly. Enter the number and appropriate category, kind, or type of resource ordered. Enter the relevant agency designator and/or resource designator (if any). Enter the date (month/day/year) and time (24-hour clock) the resource was ordered. Enter the estimated time of arrival (ETA) to the incident (use 24-hour clock). Enter an "X" or a checkmark upon arrival to the incident. Enter notes such as the assigned location of the resource and/or the actual assignment and status.

