FAMILY ASSISTANCE CENTER PLAN







Mission: to provide a place for families of disaster victims to obtain information about their loved ones, and obtain emotional, social and other support services.

MARCH 31, 2010 VERSION 1

FAMILY ASSISTANCE CENTER PLAN

HANDLING INSTRUCTIONS

The title of this document is the Los Angeles County Operational Area Family Assistance Center (FAC) Plan. The Los Angeles County Operational Area FAC Plan is provided to aid in the development and implementation of a FAC strategy for the Los Angeles County Operational Area. For more information, please contact the Project Manager:

Halla Alsabagh, MSW
Emergency Outreach Bureau
Los Angeles County
Department of Mental Health
550 S. Vermont Avenue
Los Angeles, CA 90020
Tel: (213) 738-4919
Email: halsabagh@dmh.lacounty.gov

Version 1: Date of Last Revision – March 31, 2010

FAMILY ASSISTANCE CENTER PLAN

PLAN MODIFICATION REGISTER

The Los Angeles County Department of Mental Health will continue to lead the Los Angeles County Operational Area FAC Plan project. Any proposed changes to the Los Angeles County Operational Area FAC Plan must be reviewed and approved by the Los Angeles County Emergency Management Council Subcommittee. If written approval is obtained, changes will be incorporated into the plan by the Los Angeles County Office of Emergency Management. Each time a change is made, the date and version number reflected on the cover and interior pages must be updated. All approved changes must be recorded below. Additional Plan Modification Register pages may be added as necessary.

DESCRIPTION OF CHANGE	PAGE NUMBER	DATE OF CHANGE	AUTHORIZED SIGNATURE
			,

ACKNOWLI	EDGMENTS		
This plan was reviewed and approved by the Los the Los Angeles County Emergency Management Co County Emergency Management Council occurred on:	ouncil Subcommit	1	
, , , ,	Date	Authorized Signature	

The Los Angeles County Operational Area FAC Plan is the result of collaborative partnerships and an ongoing commitment to excellence in emergency management. This project was initiated and led by the Los Angeles County Department of Mental Health and supported by an Operational Area -representative Steering Committee.

Input was received from numerous agencies and organizations, Constant and Associates, Inc. consultants, and with the support of response partners from throughout the Los Angeles County Operational Area. The following individuals served as Steering Committee members for this important project. Steering Committee members provided strategic guidance regarding Los Angeles County Operational Area FAC Plan development, training, and implementation.

TABLE 1: STEERING COMMITTEE MEMBERS

NAME	AGENCY
Halla Alsabagh – Project Manager	Los Angeles County Department of Mental Health
Paul Hanley	Los Angeles County Sheriff's Department
Randy Alva	Los Angeles County Fire Department
Pablo Valadez	Los Angeles County Fire Department
Renee Grand Pre	Los Angeles County Department of Coroner
Elissa Fleak	Los Angeles County Department of Coroner
Sandra Shields	Los Angeles County EMS Agency (Department of Health Services)
Barbara Engleman	Los Angeles County Department of Mental Health
Linda Boyd	Los Angeles County Department of Mental Health
Heather Gageby	Los Angeles County Operational Alliance
Andy Neiman	Los Angeles Police Department
Jeanne O'Donnell	Los Angeles County Office of Emergency Management
John Cvjetkovic	Los Angeles County Department of Public Social Services
Al Poirier	Los Angeles City Fire Department
Keith Garcia	Los Angeles City Emergency Management Department
Pamela Mottice-Muller	Disaster Management Area Coordinator

FAMILY ASSISTANCE CENTER PLAN

In order to develop and refine the Los Angeles County Operational Area FAC Plan, two plan development exercises and a number of supplemental briefings were held with key stakeholders to provide an opportunity to review and solicit feedback for the plan. The list below reflects the agencies and organizations that participated in these events - serving as important contributors to the plan.

1 1	8 1	1
Los Angeles County	Los Angeles County	Los Angeles County
Department of Mental Health	Department of Public Health	Department of Coroner
Los Angeles County EMS Agency	Los Angeles County	Los Angeles County
(Department of Health Services)	Fire Department	Department of Public Social Services
Los Angeles County	Los Angeles County	Los Angeles County Office of
Office of Emergency Management	Operational Alliance	Affirmative Action Compliance
Los Angeles County	Los Angeles County Department of	Los Angeles County
Community and Senior Services	Children and Family Services	Sheriff's Department
Los Angeles City	Los Angeles City	Los Angeles County Internal Services
Department on Aging	Department on Disability	Department
Los Angeles City	Los Angeles City	Los Angeles City Emergency
Office of Public Safety	Fire Department	Management Department
Los Angeles	Beverly Hills	Los Angeles
World Airports	Office of Emergency Management	Police Department
La Mirada	Santa Clarita Parks, Recreation and	National Transportation
Department of Public Safety	Community Services Department	Safety Board
San Marino	Burbank	Federal Bureau
Recreation Department	Fire Department	of Investigation
California	San Marino	National Center for Missing and
Emergency Management Agency	Fire Department	Exploited Children
Pasadena	Beverly Hills	Childrens Hospital
Public Health Department	Public Library	Los Angeles
Santa Monica	Norwalk	Emergency Network
Police Department	Office of Emergency Management	Los Angeles
New York City Office of Emergency Management	Disaster Management Area Coordinators	Medweb
Buddhist Tzu Chi Foundation	Long Beach Department of Health and Human Services	Amtrak
Lutheran Social Services of the Southwest	Santa Monica Fire Department	American Red Cross

West Angeles

Church of God in Christ

Providence Health

and Services

TABLE OF CONTENTS

ACKNOWLEDGMENTS	1
TABLE OF CONTENTS	3
INTRODUCTION	9
BACKGROUND	9
WHAT IS A FAC?	9
PLAN DEVELOPMENT PROCESS	9
SCOPE	10
OBJECTIVES	10
HOW TO USE THIS PLAN	10
ASSUMPTIONS	11
CODE OF CONDUCT	12
SECTION I: ACTIVATION	13
INITIATE CITY ACTIVATION PROCESS	13
INITIATE COUNTY ACTIVATION PROCESS	14
INITIATE OTHER ACTIVATION PROCESS	14
DETERMINE THE SERVICE LEVEL	14
DETERMINE THE SITE	23
COORDINATE LOGISTICS	23
COORDINATE STAFFING	25
IMPLEMENT THE SECURITY PLAN	25
CONDUCT STAFF REGISTRATION	26
CONDUCT IDENTIFICATION AND BADGING OF GOVERNMENT STAFF	26
CONDUCT IDENTIFICATION AND BADGING OF NONGOVERNMENT STAFF	26
UPHOLD CREDENTIAL AND LICENSURE POLICY	27
GOVERNMEN'T STAFF	27
NONGOVERNEMNTAL STAFF	27
PRECRENTENTIALED VOLUNTEER STAFF	28
MENTAL HEALTH STAFF	28
SPIRITUAL CARE PROVIDERS	28
CONDUCT JUST IN TIME TRAINING	30
NOTIFY STAKEHOLDERS	30
CONDUCT INITIAL BRIEFING WITH STAFF	30
SECTION II: OPERATION	
PROVIDE PERIMETER SECURITY	31
PERFORM CLIENT REGISTRATION	31
INITIATE CLIENT BADGING	31
ENSURE COMPLETION OF FAC FORMS	32

CONDUCT CLIENT FORM MATCHING PROCESS AND NOTIFICATION	32
PROVIDE SUPPORT SERVICES	32
MENTAL HEALTH	33
SPIRITUAL CARE	33
SOCIAL SERVICES	34
PUBLIC HEALTH	34
ENSURE SECURITY INSIDE THE FAC	35
CONDUCT ONGOING BRIEFINGS TO CLIENTS	35
SUGGESTED AGENDA FOR CLIENT BRIEFINGS	36
MAINTAIN COMMUNICATIONS WITH STAFF	36
ENSURE COMMUNICATION FLOW WITH STAFF	36
ENSURE COMMUNICATION FLOW WITH PARTICIATING AGENCIES	36
FOLLOW PROCEDURES FOR COMMUNICATIONS	37
CONDUCT STAFF MEETINGS	37
ENSURE COMMUNICATIONS SECURITY	37
COORDINATE EXTERNAL COMMUNICATIONS	37
ENSURE COMMUNICATIONS WITH THE EOC	39
ENSURE COMMUNICATIONS WITH THE INCIDENT SITE	40
ENSURE COMMUNICATIONS WITH HOSPITALS	40
ENSURE COMMUNICATIONS WITH CITY AND COUNTY DEPARTMENTS	40
ENSURE COMMUNICATIONS WITH VIPS AND ELECTED OFFICIALS	40
COORDINATE OUTREACH	40
SUPPORT MEDIA RELATIONS	42
ESTABLISH A MEDIA CENTER SITE	42
COORDINATE THROUGH THE JIC	42
COORDINATE MEDIA BRIEFINGS AND PRESS CONFERENCES	42
PROVIDE INFORMATION IN MULTIPLE LANGUAGES	43
MONITOR NEWS COVERAGE	43
UPHOLD POLICY FOR INCIDENTS RESULTING FROM INTENTIONAL ACT	
PROTECT THE RELEASE OF VICTIM INFORMATION	43
PLAN FOR SUBSEQUENT OPERATIONAL PERIODS	43
ENSURE COORDINATION OF MULTIPLE FACS	44
SECTION III: DEMOBILIZATION	
REVIEW DEMOBILIZATION CONSIDERATIONS	
PERFORM DEMOBILIZATION TASKS	45

APPENDICES

APPENDIX I: PLAN MAINTENANCE, IMPLEMENTATION AND VALIDATION	47
PLAN MAINTENANCE	47
PREINCIDENT ACTIONS	47
TRAINING	47
RESOURCES	47
APPENDIX II: SITE SELECTION	49
FACILITY ASSESSMENT PACKAGE	
APPENDIX III: KEY CONTACTS LIST	59
APPENDIX IV: ADMINISTRATIVE SUPPLIES GUIDE	61
APPENDIX V: STAFFING GUIDELINES	70
APPENDIX VI: LICENSURE AND CREDENTIALING RESOURCES	76
APPENDIX VII: SPECIFIC NEEDS POPULATIONS	77
NONENGLISH SPEAKERS	
PHYSICAL DISABILITY	
VISION IMPAIRED	
HARD OF HEARING OR SPEECH DISABILITY	
UNACCOMPANIED MINORS	77
APPENDIX VIII: FLOW DIAGRAM	79
APPENDIX IX: CLIENT NOTIFICATION PROCEDURES	80
HOSPITALIZED VICTIMS	
DEATH AT HOSPITALS	
DECEASED VICTIMS	
MISSING VICTIMS	
GENERAL NOTIFICATION GROUP GUIDELINES	
NOTIFICATION GROUP SELECTION	83
NOTIFICATION BEST PRACTICES	83
GREETING THE CLIENT AND STARTING THE INTERVIEW	83
INTERVIEW SUGGESTIONS	83
SUGGESTIONS ON WHAT NOT TO SAY IN A DEATH NOTIFICATION INTERVI	∃W 84
FOLLOW-UP ACTIONS FOR FAMILY OF THE DECEASED	84
FOLLOW-UP ACTIONS FOR THE NOTIFICATION GROUP	85
APPENDIX X: SECURITY ARRANGEMENTS	
SECURITY OVERVIEW	
SECURITY OUTSIDE OF THE FAC	
SECURITY INSIDE THE EAC	87

POLICY FOR DISMISSING UNAUTHORIZED PERSONS	87
APPENDIX XI: TRANSPORTATION RELATED DISASTERS	88
NATIONAL TRANSPORTATION SAFETY BOARD	
AIRPORTS	88
PORTS	88
PASSENGER RAIL	88
APPENDIX XII: TRANSFER OF INVESTIGATORY RESPONSIBILITY	89
APPENDIX XIII: MEMORIAL SERVICES	90
APPENDIX XIV: HIPAA EXEMPTIONS DURING INCDENT RESPONSE	91
APPENDIX XV: AUGMENT STAFF AND MAINTAIN STAFF ACCOUNTABILITY	94
AUGMENT STAFF	94
RECEIVING AND REQUESTING ADDITIONAL NONCLINICAL STAFF	
RECEIVING AND REQUESTING ADDITIONAL CLINICAL STAFF	95
ENSURE STAFF ACCOUNTABILITY	95
UTILIZE CHECK-IN AND CHECK-OUT PROCEDURES	95
UTILIZE SHIFT CHANGE PROCEDURES	95
APPENDIX XVI: EMERGENCY PROCEDURES	
BEFORE AN INCIDENT	97
SHELTER IN PLACE PROCEDURE	
EVACUATION PROCEDURE	97
FIRE ALARM PROCEDURE	
MEDICAL EMERGENCIES	98
APPENDIX XVII: GLOSSARY OF TERMS	99
APPENDIX XVIII: ABBREVIATIONS	101
APPENDIX XIX: FAC FORMS	102
APPENDIX XX: KEY POSITION CHECKLISTS	115
FAC DIRECTOR	115
LIAISON OFFICER	118
PIO	120
SAFETY OFFICER	
OPERATIONS SECTION CHIEF	
RECEPTION BRANCH DIRECTOR	
REGISTRATION GROUP SUPERVISOR	
FAMILY HOST GROUP SUPERVISOR	
SERVICES BRANCH DIRECTOR	
MENTAL HEALTH SERVICES GROUP SUPERVISOR	138

SPIRITUAL CARE UNIT LEADER	140
PUBLIC HEALTH SERVICES GROUP SUPERVISOR	142
SOCIAL SERVICES GROUP SUPERVISOR	144
INFORMATION BRANCH DIRECTOR	147
HOSPITAL ADMISSION GROUP SUPERVISOR	149
DECEDENT STATUS GROUP SUPERVISOR	152
MISSING PERSONS GROUP SUPERVISOR	154
NOTIFICATION GROUP SUPERVISOR	156
SECURITY BRANCH DIRECTOR	158
BADGING GROUP SUPERVISOR	161
SITE SECURITY GROUP SUPERVISOR	164
INVESTIGATION SUPPORT GROUP SUPERVISOR	167
LOGISTICS SECTION GROUP SUPERVISOR	169
COMMUNICATIONS BRANCH DIRECTOR	171
IT GROUP SUPERVISOR	174
SITE COMMUNICATIONS GROUP SUPERVISOR	176
RESOURCES BRANCH DIRECTOR	178
SPECIFIC NEEDS UNIT LEADER	
ORDERING BRANCH DIRECTOR	182
EQUIPMENT AND SUPPLY GROUP SUPERVISOR	184
FOOD UNIT LEADER	186
PERSONNEL GROUP SUPERVISOR	187
FACILITIES GROUP SUPERVISOR	189
PLANNING SECTION CHIEF	
DOCUMENTATION UNIT LEADER	
DEMOBILIZATION UNIT LEADER	195
SITUATION STATUS UNIT LEADER	
FINANCE/ADMIN SECTION CHIEF	199

TABLES AND FIGURES

TABLE 1: STEERING COMMITTEE MEMBERS	1
TABLE 2: POSITION MISSION STATEMENTS AND RECOMMENDED SOURCES	
TABLE 3: FAC SITE DETERMINATION FACTORS	23
TABLE 4: KEY CONTACTS LIST	59
TABLE 5: ADMINISTRATIVE SUPPLIES GUIDE	61
TABLE 6: STAFFING GUIDELINES	70
TABLE 7: LICENSURE AND CREDENTIALING RESOURCES	
TABLE 8: HIPAA COVERED ENTITIES	92
FIGURE 1: MINIMAL LEVEL OF SERVICE ORGANIZATION CHART – EXAMPLE	15
FIGURE 2: EXPANDED LEVEL OF SERVICE ORGANIZATION CHART – EXAMPLE	10
FIGURE 3: PARTIAL OPERATIONS SECTION SHOWING RECEPTION AND INFORMATION	
BRANCHES FACTORS	
FIGURE 4: FAC – SAMPLE LAYOUT	
FIGURE 5: RESTRICTED AREA – SAMPLE LAYOUT	
FIGURE 6: FAC SHOWING RESTRICTED AREA – SAMPLE LAYOUT	
FIGURE 7: CLIENT BRIEFING AREA – SAMPLE LAYOUT	
FIGURE 8: FLOW DIAGRAM	79
FIGURE 9: HIPAA COVERED ENTITY MODELS	93

INTRODUCTION

The Los Angeles County Operational Area one of the nation's largest counties by population and area. Diverse and expansive, the Operational Area is also subject to a number of natural and human-caused hazards, including threats from earthquakes, floods, tsunamis, terrorism and numerous others. Continuing its long-standing commitment to emergency planning and preparedness, the Operational Area has embarked on an ambitious FAC planning effort to enhance its readiness for both large and small-scale disasters.

A. BACKGROUND

In the immediate aftermath of a mass fatality incident (MFI) or mass casualty incident (MCI), families will seek assistance. They will gravitate to where they believe they will find their loved one or where they believe

they will be able to obtain information about them. That may translate to the incident site or local hospitals (e.g., families may perceive that their loved ones are injured and have been transported to the nearest hospital). A surge of people at the incident site or hospitals can significantly impact and possibly hinder life saving operations. Experts in many fields including emergency management, public safety, medical services, mental health and victim assistance therefore recommended that Los Angeles County establish an Operational Area FAC Plan to aid the disaster response.

The establishment of a FAC can help to alleviate these issues and better aid responders and support personnel to provide victim's families with the support and information they need. Family assistance is one of the most sensitive and complex operations in MFI/MCI response. FACs are the only type of assistance center to open immediately after an emergency as part of response while still offering specialty support functions. The need for

The Family Assistance Center model is a new and dynamic concept, especially as it pertains to implementation at the Operational Area level, led by government agencies.

The completion of this Operational Area plan will mark the first of its kind in the Nation.

multiagency coordination in plan development is further underscored as multiple agencies and organizations fold under the response umbrella and begin to leverage the services provided via FACs. The challenges increase as family assistance staff work with families of differing cultures and beliefs – as such, family assistance must be provided in a way that is sensitive to the diverse population of Los Angeles County.

B. WHAT IS A FAC?

The FAC provides two types of benefits for families of victims:

- Information: This includes notifying families of the status of the victim (e.g., whether the victim is a decedent, has been transported to a hospital, or is still missing). This will also include the provision of updates regarding incident recovery efforts.
- Services: This includes the provision of emotional support, spiritual care, health and social services.

C. PLAN DEVELOPMENT PROCESS

This Los Angeles County Operational Area FAC Plan was developed based on the FAC model utilized for aviation-related disasters designated under the Aviation Disaster Family Assistance Act of 1996 in coordination with the National Transportation Safety Board (NTSB). This model employs best practices that

FAMILY ASSISTANCE CENTER PLAN

have been continuously enhanced through implementation at aviation disasters throughout the U.S.¹ While plans were in existence that specified the provision of FAC services in the event of an aviation disaster, there was no plan that outlined the provision of FAC services for other types of disasters. Using best practices derived from the NTSB model, the Los Angeles County Operational Area FAC Plan was designed to fill this gap – covering the provision of FAC services for a majority of disasters.

D. SCOPE

The scope of this plan includes activation, operation, and demobilization strategies for FACs within the Los Angeles County Operational Area (covering all 88 cities and unincorporated areas). As such, the plan seeks to provide a framework for establishing and managing FACs in the Operational Area during both large-scale MFI/MCIs (e.g., earthquakes) and smaller, more localized incidents involving multiple fatalities/casualties (e.g., explosion, shooting) to ensure consistency of response and management, and to establish a baseline of service.

This plan provides a structure and practice for city and County agencies/departments working within the FAC. Cities will modify the staffing of these functions based on the unique attributes of their city and the availability of local resources. Special consideration has been given to the identification of plan activation requirements, maximum/minimum services offered based on incident size and availability of resources, delineation of roles and responsibilities of each agency/organization, treatment and accommodation of specific needs populations, coordination of support services, information management and the like. Care was also taken to ensure that city- and County- initiated FAC activation and operation protocols were outlined.

E. OBJECTIVES

FAC operations are designed to meet the following objectives:

- Provide accurate and timely information to the family and friends of victims (referred to as "clients") regarding the incident.
- Provide a mechanism to coordinate efforts between law enforcement, EMS, and coroner personnel to facilitate identification of victim status and client notification.
- Provide emotional support and spiritual care services to clients.
- Facilitate the provision of additional health and social services based on the type of incident and available resources.
- Establish a secure and appropriate facility that allows agencies to interact sensitively and effectively with clients.

F. HOW TO USE THIS PLAN

The plan is organized into two primary components, a base plan and appendices. The base plan provides an overview of the Los Angeles County Operational Area FAC model, overall approach to FAC management and basic concept of operations. The base plan is organized into subsections, to include Activation, Operation, and Demobilization. The appendices provide detailed reference material, to include position checklists, site selection criteria, security policy and the like. The plan lists information in chronological order, as possible. To successfully implement the plan, it is recommended that plan users (command staff and section chiefs at minimum) review the plan in its entirety, and participate in training and

¹ The Aviation Disaster Family Assistance Act was amended in 2008 to include passenger rail accidents that involve a "major loss of life".

FAMILY ASSISTANCE CENTER PLAN

exercise events prior to plan activation.² The plan is intended to provide comprehensive guidance and recommendations. Utilization of position checklists is recommended during activation.

G. ASSUMPTIONS

The following assumptions were presumed in the development of the plan:

- Implementation of this plan assumes that the disaster occurs in the Los Angeles County Operational Area.
- National Incident Management System (NIMS)/Standardized Emergency Management System (SEMS)/Incident Command System (ICS) protocols will be utilized to facilitate the notification and resource request processes among government agencies.
- For city FAC activations, the decision to initiate FAC activation is made by the city Emergency Operations Center (EOC) Director unless otherwise documented in local plans.
- Cities within the Los Angeles County Operational Area are responsible for the implementation of this plan in their respective city. This includes coordination of and participation in FAC related training and exercise events. This also includes the development and tailoring of local plans, policies and resource deployment strategies to support FAC operations.
- The Los Angeles County Office of Emergency Management is responsible for the implementation of this plan in unincorporated areas. This includes coordination of and participation in FAC related training and exercise events. This also includes the development and tailoring of County plans, policies and resource deployment strategies to support FAC operations.
- The activating entity assumes liability for FAC cost and operations.
- County departments and agencies assigned to a FAC will work within the FAC structure listed herein. City agencies will modify the mission and staffing of these functions based on the unique attributes of their city and the availability of local resources.
- The Los Angeles County Office of Emergency Management is responsible for facilitating the delivery of tasks assigned to the Los Angeles County Emergency Operations Center (CEOC) if the CEOC has not been activated.
- For purposes of this document, the terms "family," "friends," and "relatives" are used to refer to those people who have a relationship to a person involved in the accident. Although these terms have slightly different meanings, they are used interchangeably throughout the document. When referring to those family, friends, and/or relatives who have reported to the FAC for services, the term "client" may be used.
- Most, if not all, family members of seriously injured victims will travel to where the injured are hospitalized. Once the injured are released from the hospital, these family members and the injured victims will return home.
- All actions described in this plan will not necessarily be completed during every event nor is every activity that may be required described in this plan. Agencies and organizations listed herein and other response partners will use judgment and discretion to determine the most appropriate actions at the time of the incident.
- Except as a reference, disasters that involve the invocation of the Aviation Disaster Family Assistance Act are not included in this plan, as the affected carrier and NTSB are responsible for coordinating the FAC. If support is requested from the affected carrier and/or the NTSB, the entity being requested will follow procedures set forth in the affected carrier's FAC plan. If the Aviation Disaster Family Assistance Act is invoked but the affected carrier requests that a FAC be activated by (and under the management of) the affected jurisdiction, the Los Angeles County Operational Area FAC Plan and will be used as the primary policy set.

_

² See Appendix I: Plan Maintenance, Implementation and Validation.

H. CODE OF CONDUCT

All FAC staff members, including those who are from the public and private sector, paid employees and volunteer staff, contractors, consultants, and others who may be temporarily assigned to perform work or services for the FAC must follow the below listed code. All staff shall abide by the code of conduct and behavior policies of their agency or organization. Failure to do so can result in removal from the FAC.

The purpose of the FAC is to provide a safe place for families to obtain services and information regarding victims who were injured or killed during a disaster. FAC staff should make every effort to conduct themselves in a discrete and helpful manner, with the traumatic nature of the event and the client's high level of emotional stress in mind.

- Protect the privacy of the victims and clients. Do not share any information or provide access to the media without specific permission from your supervisor and express consent of the clients. Follow principles outlined in Health Insurance Portability and Accountability Act (HIPAA) policies.³
- Communicate openly, respectfully, and directly with clients and staff in order to optimize
 services and to promote mutual trust and understanding. Handle conflict promptly, appropriately
 and in the correct environment by asking for help and offering positive solutions to problems
 that are identified.
- Conduct FAC related business with integrity and in an ethical manner.
- Be sensitive to an environment where a number of clients will be grieving. Refrain from engaging in loud conversations, laughter, and other social conversations in client areas.
- Assist others in providing care and/or services promptly. Act as an ambassador of the FAC by maintaining positive communication regarding the FAC, both inside and outside the facility.
- Clearly identify yourself and your position to clients and staff and wear your nametag at eye level.
- Be understanding and sensitive to the difficult situation that clients face. Do not criticize decisions in the presence of clients.
- Protect the property and other assets entrusted to you by clients and others against loss, theft, or abuse.
- Take responsibility and be accountable for your entire job requirements as outlined in position checklists and organizational policies.

-

³ See Appendix XIV: HIPAA Exemptions During Incident Response.

SECTION I: ACTIVATION

The FAC is activated as part of disaster response operations. The decision to activate a FAC is made at the discretion of the jurisdiction's EOC Director. If the jurisdiction's EOC has not been activated or is in the process of being activated, the Incident/Unified Commander may coordinate with the EOC Director/lead emergency management designee to initiate FAC activation. In order to meet the immediate demands associated with family assistance, the FAC should be operational within two hours of the incident occurring. A FAC may be activated in response to the following:

- MFI
- The potential for 5 or more fatalities⁴ at a single incident
- A single incident resulting in 5 or more missing persons
- MCI⁵ resulting in 10 or more⁶ seriously injured persons who have been transported to hospitals for treatment
- Large scale disaster
- In response to a request from the NTSB in support of airline or rail disasters

A. INITIATE CITY ACTIVATION PROCESS

The decision to initiate FAC activation is made by the city EOC Director unless otherwise documented in local plans. City-based FAC activation:

- The incident occurs in one city
- The Incident/Unified Commander requests a FAC to be established via the city EOC or the EOC Director initiates the FAC activation
- The city EOC coordinates the deployment of the FAC with Incident/Unified Command. The city EOC notifies the CEOC of FAC activation as prescribed by NIMS/SEMS
- The city EOC leads coordination efforts for FAC logistical resources. The city EOC leads coordination efforts to staff the FAC according to Appendix V: Staffing Guidelines
- The city EOC requests County resources through the CEOC as prescribed by NIMS/SEMS (as needed). CEOC coordinates the deployment of appropriate County resources to the city FAC

In the event of an incident where County resources (e.g., Los Angeles County Sheriff's Department or Los Angeles County Fire Department) respond to an incident in a city, the city will be notified through standard notification protocols.⁷ The city is responsible for making the decision to activate the FAC as indicated above.

B. INITIATE COUNTY ACTIVATION PROCESS

The decision to initiate FAC activation is made by the CEOC Director or designee. County-based FAC activation:

 The incident occurs in an unincorporated area of the County or a local jurisdiction requests the County to activate a FAC in response to an incident within that jurisdiction or a request is initiated by the Los Angeles County Department of Coroner

⁴ The Los Angeles County Department of Coroner considers a MFI to involve five or more decedents.

⁵ The Los Angeles County EMS Agency (Department of Health Services) defines a MCI as the combination of numbers of ill/injured patients and the type of injuries going beyond the capability of an entity's normal first response.

⁶ Per Los Angeles County EMS Agency (Department of Health Services) policy for the management of MCIs, reference number 519.

⁷ As a form of redundant notification, the County duty officer will also notify the affected city of the incident.

FAMILY ASSISTANCE CENTER PLAN

- The Incident/Unified Commander requests the CEOC to establish a FAC or the EOC Director initiates the FAC activation, or the CEOC determines that due to the scope and severity of the incident and its effects on multiple jurisdictions within the Operational Area that one or more FAC(s) are needed
- The CEOC coordinates the deployment of the FAC with Incident/Unified Command. The CEOC initiates notification of FAC activation as prescribed by NIMS/SEMS
- The CEOC leads coordination efforts for FAC logistical resources. The CEOC leads coordination efforts to staff the FAC according to Appendix V: Staffing Guidelines. The CEOC escalates resource requests (if needed) as prescribed by NIMS/SEMS

C. INITIATE OTHER ACTIVATION PROCESS

- In the event of an aviation or rail disaster that involves the invocation of the Aviation Family Assistance Act, the NTSB will coordinate with the air carrier or rail carrier to support their efforts to establish a FAC. This plan might be activated at the request of or to support incidents that involve the Aviation Disaster Family Assistance Act. For example, if the Aviation Disaster Family Assistance Act is invoked but the affected carrier requests that a FAC be activated by (and under the management of) the affected jurisdiction, the Los Angeles County Operational Area FAC Plan and will be used as the primary policy set.
- If a disaster occurs that involves the Aviation Disaster Family Assistance Act and involves other fatalities/injured victims not on the aircraft or train (e.g., an airplane crashes into a suburban area and there are fatalities on the airplane and fatalities in the suburban area due to the impact), the affected jurisdiction will coordinate with air/rail carrier activated FAC operations.

D. DETERMINE THE SERVICE LEVEL

The FAC Director should determine the scale of potential FAC operations based on the number of victims and type of incident. This should include the identification of which support services will be offered. Service levels may vary by incident, however the following may serve as a guide for determining the appropriate level of service.

- EXAMPLE MINIMAL LEVEL OF SERVICE: At minimum, the FAC Director may consider the activation of a FAC that provides support with notification to clients regarding the status of the victim (e.g., whether the victim is a decedent, has been transported to a hospital, or is still missing). This will also include the provision of updates regarding recovery efforts, and the provision of mental health, spiritual care providers and other services as depicted on Figure 1: Minimal Level of Service Organization Chart Example. This may be considered for a small incident (defined as less than 50 fatalities or persons with serious injuries).
- EXAMPLE EXPANDED LEVEL OF SERVICE: For an incident that calls for an expanded level of service, the FAC Director may consider the activation of a FAC that involves support from the Social Services Group and the Public Health Services Group in addition to victim identification and the provision of mental health and spiritual care providers. The Social Service Group can be expanded to provide onsite support with child care, adult dependent care support, etc. If a Local Assistance Center has not been activated, the Social Services Group may be activated to provide reach-back capabilities to (off-site) Local Assistance Center-related services until a Los Angeles County has been activated. Other staff and services may be provided as depicted on Figure 2: Expanded Level of Service Organization Chart Example. This may be considered for a medium or large incident (defined as 51-300 fatalities or persons with serious injuries and 301 to 999 fatalities or persons with serious injuries, respectively).
- MULTIPLE FACS: For a catastrophic incident involving more than 1000 fatalities or persons with serious injuries, the activation of multiple FACs should be considered.

The following organization charts are meant to serve as a guide and starting point to aid in the implementation of an ICS compliant approach to organization. The entity responsible for FAC activation will (a) determine an ICS compliant organization strategy based on incident scope and (b) fill additional roles as necessary.

FIGURE 1: MINIMAL LEVEL OF SERVICE ORGANIZATION CHART - EXAMPLE

The FAC Director may elect to activate a FAC with fewer services offered if less resources are available or if there is not a high demand for services (e.g., smaller incident). In such cases, responsibilities tasked to positions not shown here should be carried out by the next highest filled position in that section. Staff can be added as necessary.

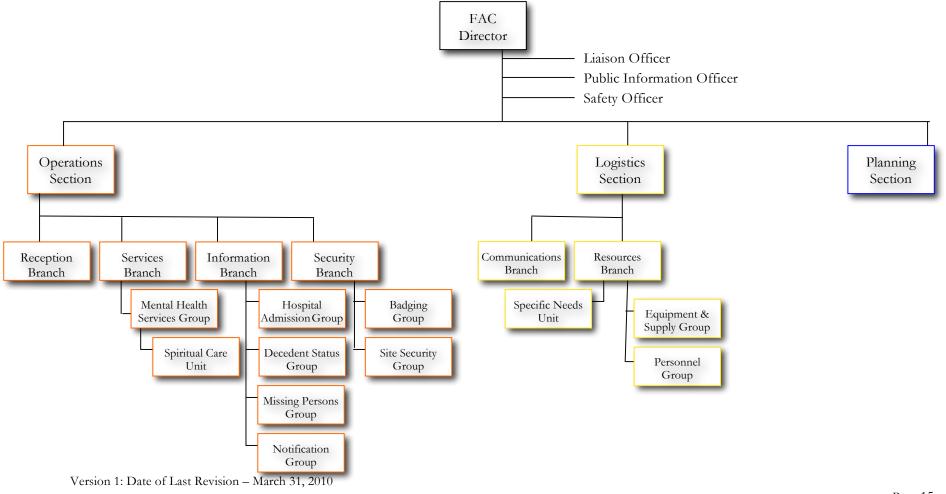


FIGURE 2: EXPANDED LEVEL OF SERVICE ORGANIZATION CHART - EXAMPLE

The following example organization chart depicts the organization of a FAC that offers an expanded level of service. The FAC Director may choose to activate a FAC that offers a heightened level of service, based on the scale and scope of the incident. This organization chart shows key positions in the FAC. Additional subordinate position detail can be found in Appendix V: Staffing Guidelines.

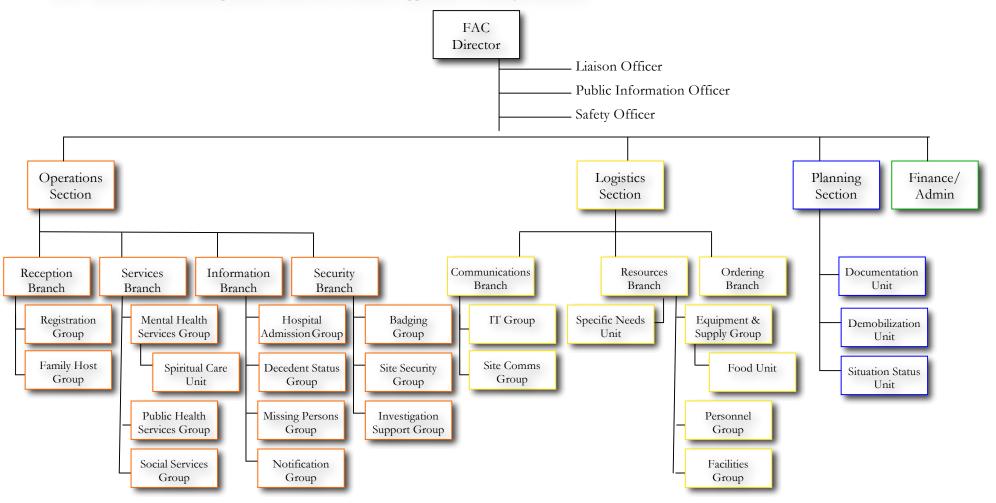


TABLE 2: POSITION MISSION STATEMENTS AND RECOMMENDED SOURCES

FAC staff positions have been organized by ICS assignment. See the example organization chart on the previous pages for positioning within an ICS compliant architecture. Recommended agency/organizations have been listed for each function, however positions should be filled based on area of expertise and role assignment criteria. Role assignment, to include NGO participation, is made at the discretion of the FAC Director.

POSITION	MISSION	RECOMMENDED SOURCE
FAC Director	The FAC Director is responsible for the overall management of the FAC, to include the development and implementation of strategic goals and objectives, and approval and release of resources.	Activating entity's emergency management department/office
Liaison Officer	The Liaison Officer is the point of contact for representatives of other government agencies, nongovernment organizations (NGO), and/or the private sector (with no jurisdiction or legal authority) to provide input on their agency's policies, resource availability, and other incident related matters. The Liaison Officer may have assistants as necessary, and the assistants may also represent assisting agencies or jurisdictions.	 Activating entity's external outreach department/office
Public Information Officer (PIO)	The PIO is responsible for communicating with the public, media, and/or coordinating with other agencies, as necessary, with incident related information requirements. The PIO is responsible for developing and releasing information about the FAC to the news media, incident personnel, and other appropriate agencies and organizations. The PIO may have assistants, as necessary, including supporting PIOs representing other responding agencies or jurisdictions.	Activating entity's PIO
Safety Officer	 The Safety Officer is responsible for site safety. The mission of the Safety Officer is to ensure the safety of the facility, staff and clients in the FAC. 	Activating entity's fire department
Operations Section Chief	The Operations Section Chief is responsible for managing FAC on-scene operations to meet the incident objectives established by the FAC Director. A deputy may be assigned to assist with section responsibilities.	 Activating entity's emergency management department/office
Reception Branch	The Reception Branch is responsible for coordinating client registration operations. The Reception Branch provides intake services for arriving clients and maintains a database of all clients and staff who arrive to the FAC. Responsibilities also include the ordering of necessary resources (e.g., tables, chairs, food, supplies) for subordinate groups. The Reception Branch is comprised of two groups, the Registration Group and the Family Host Group.	Los Angeles County Department of Public Social Services

POSITION	MISSION	RECOMMENDED SOURCE	
Registration Group	The Registration Group is responsible for ensuring staffing and process related to registration of clients and FAC staff. This includes client identification verification (e.g., check government issued identification card), assessment for specific needs accommodations or support services, waiting area assignments, and FAC forms. The Registration Group coordinates with the Badging Group to support badging operations.		
Family Host Group	The Family Host Group is responsible for ensuring resources for the clients, to include food, tissues, tables, chairs, etc. The Family Host Group is responsible for laying out/making those resources available to the clients.	 Los Angeles County Department of Public Social Services, the activating entity's emergency management department/office, human services agency or partner volunteer group, or NGO 	
Services Branch	The Services Branch is responsible for the provision of mental health, public health and social services. This includes the ordering of necessary resources (e.g., tables, chairs, food, supplies) for subordinate groups. The Services Branch is comprised of three groups: Mental Health Services Group, Public Health Services Group, and Social Services Group.	Activating entity's emergency management department/office	
Mental Health Services Group	The Mental Health Services Group ensures that services are provided for the emotional, mental, and spiritual needs of clients and FAC staff. The Mental Health Services Group oversees and manages spiritual care personnel.	 Los Angeles County Department of Mental Health 	
Spiritual Care Unit	The Spiritual Care Unit ensures that spiritual care services are made available to clients. The Spiritual Care Unit ensures that spiritual care provided meets the needs/religious preferences of all clients of the FAC.	 Spiritual care providers from government agencies, partner volunteer groups, or NGO that meets spiritual care provider criteria 	
Public Health Services Group	The Public Health Services Group oversees the provision of public health services for persons at the FAC. This may include providing advise nurses and support with community based health referrals.	 Activating entity's health department. First aid may be provided by a separate entity 	
Social Services Group	The Social Services Group ensures that social service needs (child care, memorial service support, etc.) of clients are met. The Social Services Group facilitates response activities of private sector participants in the FAC and coordinates with other support agencies/organizations. The Social Services Group may coordinate the provision of longer term social services until a Local Assistance Center is activated.	Los Angeles County Department of Public Social Services and/or designated NGO	

POSITION	MISSION	RECOMMENDED SOURCE
Information Branch	The Information Branch is responsible for the provision of information to clients about the status and location of their loved ones. The Information Branch Director will review FAC forms and other data from the Hospital Admissions, Decedent Status and /or Missing Persons groups for quality control purposes and will direct the Notification Group to make client notifications as appropriate. Responsibilities also include the ordering of necessary resources (e.g., tables, chairs, food, supplies) for subordinate groups. The Information Branch is comprised of four groups: Hospital Admission Group, Decedent Status Group, Missing Persons Group, and Notification Group.	As designated, based on incident type
Hospital Admission Group	The Hospital Admission Group coordinates information regarding injured victims. The Hospital Admission Group maintains and disseminates the identification, status and location of injured victims who were transported to hospitals in Los Angeles County. The Hospital Admission Group facilitates communications between FAC management and hospital-based family information centers (if opened).	Los Angeles County EMS Agency (Department of Health Services)
Decedent Status Group	 The Decedent Status Group reviews FAC forms to identify decedents, and maintains/tracks the number of fatalities associated with the incident. 	 Los Angeles County Department of Coroner
Missing Persons Group	The Missing Persons Group oversees missing persons operations and maintains/tracks the number of missing persons. The Missing Persons Group coordinates with Hospital Admission Group and Decedent Status Group to obtain, share, and disseminate information regarding missing persons.	Activating entity's law enforcement department/office
Notification Group	The Notification Group performs notifications to clients regarding the status or location or their loved one. Next of kin (NOK) notification will be performed as specified in Appendix IX: Client Notification Procedures.	Notification Group Teams will be comprised of one Mental Health representative and one of the following: Los Angeles County Department of Coroner representative (if making next of kin notification); or Los Angeles County EMS Agency (Department of Health Services) representative (if advising of hospital location); or law enforcement representative (if advising that the victim is still missing).

POSITION	MISSION	RECOMMENDED SOURCE
Security Branch	The Security Branch coordinates FAC security, to include management and staffing of site security operations, badging and investigation support, and overall security management. Responsibilities also include the ordering of necessary resources (e.g., tables, chairs, food, supplies) for subordinate groups. The Security Branch is comprised of three groups: Badging Group, Site Security Group, and Investigation Support Group.	 Activating entity's law enforcement department/office
Badging Group	 The Badging Group coordinates the administration and enforcement of identification and badging of FAC staff and visitors, to include the provision of staffing and equipment. The Badging Group oversees FAC staff and client check- in/out. 	 Activating entity's law enforcement department/office
Site Security Group	The Security Branch coordinates FAC security, to include management and staffing of site security operations, badging and investigation support, and overall security management. Responsibilities also include the ordering of necessary resources (e.g., tables, chairs, food, supplies) for subordinate groups. The Security Branch is comprised of three groups: Badging Group, Site Security Group, and Investigation Support Group.	 Activating entity's law enforcement department/office
Investigation Support Group	The Investigation Support Group serves as a liaison to law enforcement personnel regarding criminal investigation (as needed).	 Activating entity's law enforcement department/office
Logistics Section Chief	• The Logistics Section Chief meets all service and logistical support needs for the FAC, including ordering resources through appropriate procurement authorities from off-incident locations. The Logistics Section Chief manages and coordinates FAC logistics, information technology and communications resources. A deputy may be assigned to assist with section responsibilities.	Activating entity's facility, supply or logistics department/office
Communications Branch	The Communications Branch provides networking and telephony set-up, management, and support for the FAC. The Communications Branch Director is responsible for all connectivity issues including intranet, internet, wired and wireless networking, and telephony. Responsibilities also includes the ordering of necessary resources (e.g., tables, chairs, food, supplies) for subordinate groups. The Communications Branch is comprised of two groups: the IT Group and the Site Communications Group.	Activating entity's communications department/office
IT Group	 The IT Group provides networking set-up, management, and support for the FAC. The IT Branch is responsible for all connectivity issues including intranet, internet, wired and wireless networking. 	Activating entity's IT department/office

POSITION	MISSION	RECOMMENDED SOURCE		
Site Communications Group	The Site Communications Group provides support with telephony, message runners, hand-held radios, paper/hard communications, etc.	Activating entity's communications department/office or NGO		
Resource Branch	The Resource Branch coordinates the provision of logistics for work areas. Responsibilities also include the ordering of necessary resources (e.g., tables, chairs, food, supplies) for subordinate groups. The Resource Branch is comprised of three groups: the Equipment and Supply Group, Personnel Group, and the Facility Group.	 Activating entity's facility, supply or logistics department/office 		
Specific Needs Unit	The Specific Needs Unit assesses needs for and supports the coordination of resources (personnel, supplies and equipment) to accommodate persons with specific needs (e.g., interpreter, wheelchair, ramps, Braille services, guides, etc.).	 Los Angeles County Office of Affirmative Action Compliance or similar department/agency of local jurisdiction 		
Equipment and Supply Group	 The Equipment and Supply Group determines the type and amount of equipment and supplies that are needed, are in route, and arranges for receiving ordered supplies. 	 Activating entity's facility, supply or logistics department/office 		
Food Unit	• The Food Unit determines the number of persons to be fed, and the best method of feeding, to include the provision of well-balanced meals for clients and FAC staff, maintenance of potable water supplies, etc.	 Activating entity's facility, supply or logistics department/office, or partner volunteer group, or NGO 		
Personnel Group	 The Personnel Group is responsible for the provision of relief and replacement FAC staff. 	 Activating entity's human resources department/office 		
Facility Group	• The Facility Group determines the type and amount of services that are needed to maintain the facility.	 Activating entity's facility, supply or logistics department/office 		
Ordering Branch	 The Ordering Branch reviews all incoming requests for resources and provides single point ordering. 	 Activating entity's facility, supply or logistics department/office 		
Planning Section Chief	The Planning Section Chief collects, evaluates, and disseminates information about FAC operations and the status of resources. The Planning Section Chief works closely with the FAC Director and Operations Section Chief to understand FAC operations and develop objectives. The Planning Section is comprised of the Documentation, Demobilization, and Situation Status units. A deputy may be assigned to assist with section responsibilities.	Activating entity's emergency management department/office		
Documentation Unit	 The Documentation Unit collects and organizes incident files information, forms, Incident Action Plans, information releases and reports. 	 Support personnel as designated by the activating entity, or partner volunteer group, or NGO 		

FAMILY ASSISTANCE CENTER PLAN

POSITION	MISSION	RECOMMENDED SOURCE
Demobilization Unit	 The Demobilization Unit reviews FAC resource records to determine the probability size of the demobilization effort and identifies surplus resources and the probable release time. 	 Activating entity's emergency management department/office
Situation Status Unit	• The Situation Status Unit is responsible for the collection and organization of incident status and situation information. The Situation Unit is also responsible for the evaluation, analysis, and display of that information for use by the FAC staff.	 Activating entity's emergency management department/office
Finance/ Admin Section Chief	■ The Finance/Administration Section Chief is responsible for all administrative and financial considerations surrounding the FAC. A deputy may be assigned to assist with section responsibilities.	 Activating entity's finance department/office

E. DETERMINE THE SITE

Potential FAC sites will be assessed, preapproved, cataloged as part of pre-incident planning efforts.⁸ The activating entity is responsible for selecting the FAC site from a preapproved list, as possible. The FAC Director or designee should determine the FAC site based on the need for FAC services. Site identification should include careful consideration of the following:

- A FAC should be located close enough to the site of the disaster to allow response and recovery
 personnel and others to travel easily among the site, morgue, and agency offices but far enough
 from the site that clients are not continually exposed to the scene and will not impede response
 efforts.
- One large FAC over several smaller ones is preferred.
- Ensure that the resources available at the FAC venue is conducive to the level of service that will be needed at the FAC.

TABLE 3: FAC SITE DETERMINATION FACTORS

SCALE OF INCIDENT	SMALL	MEDIUM	LARGE	CATASTROPHIC
Potential Victims	<50	51 – 300	301 – 1000	>1000
Family & Friends	<400	401 – 2400	2401 - 8000	>8000

F. COORDINATE LOGISTICS

The activating entity is responsible for the provision of FAC site logistics. The Logistics Section Chief is responsible for identifying resources needed to activate and maintain FAC operations as follows:

- Using Appendix V: Staffing Guidelines, determine the number of staff anticipated to be assigned to the FAC for the initial operational period and the number of work stations required.
- Work with emergency management and the FAC Director to develop⁹/review the physical layout of the FAC.
- Identify/review the number of computers, printers, land-line telephones, facsimile machines and other equipment required to activate the FAC.
- From the activating entity's own resources, or through vendors, arrange for the acquisition, transport, and installation of supplies and equipment, to include specific needs resource and Americans with Disabilities Act (ADA) compliance.

The activating entity should supply and set-up the FAC as specified in Appendix IV: Administrative Supplies Guide. If the activating entity requires logistical resources that exceed those available at the local level, additional resources will be requested as prescribed by SEMS. As a general rule, FACs will be activated in facilities that are equipped with land-line telephones, cellular telephone reception, and high-speed internet access. The primary medium for voice communications will be land-line telephones, with cellular telephones as a secondary option. The activating entity should monitor the release of resources and activate the FAC once the set-up is complete and a full complement of supplies, equipment and staff are on site.

⁸ See Appendix I: Plan Maintenance, Implementation and Validation and Appendix II: Site Selection.

⁹ FAC site logistics and technological capabilities should be evaluated and planned for by jurisdictions as part of emergency preparedness efforts.

FAMILY ASSISTANCE CENTER PLAN

Consideration should be made for the following:

- Technology Infrastructure: Once the decision is made to activate FAC operations, the Logistics Section should review the specific IT infrastructure and network requirements. IT infrastructure and supply mobilization begins as soon as assessments of expected administrative staffing and service needs are made by the FAC Director. From its own resources or through vendors, arrangements should be made for the installation of power and cabling to support the FAC. Each work station should have internet, land-line telephone, and power connectivity. If required, arrangements should be made to augment the host facility infrastructure. All installed power and cabling infrastructure should be inspected by the appropriate building and safety authority, and by the FAC Safety Officer. All systems and equipment will be tested to ensure they are fully operational. Once all steps have been completed, the Logistics Section Chief will notify the FAC Director that facility technology systems are ready for use.
- Internet Connectivity: Internet connectivity is a requirement for FAC site selection. As such, the Logistics Section should coordinate with the FAC site venue to ensure that internet service is available and accessible to FAC staff. The activating entity is encouraged to use the secure County/city secure wireless connections (if applicable). All provisions should be made to ensure that FAC staff have internet connectivity and access to their agency/organizations files. Internet communications will fall into several categories, depending upon the incident, the capabilities of the host facility, and the capabilities and practices of the activating entity. Generally FAC staff should have access to the following:
 - High speed internet access
 - Access to their home agency intranet via the web
 - Access to the emergency management system being used to manage the incident (e.g., WebEOC, Operational Area Response and Recovery System (OARRS).
 - If it is anticipated that the FAC may be in operation for an extended period of time, the host entity may elect to establish a dedicated FAC local area network (LAN).
- Passwords and Telephone Lists: The Logistics Section will be responsible for maintaining and issuing passwords required to access the internet from individual work stations, if required. The Logistics Section should maintain and distribute a list of land-line telephone numbers for each work station. The Logistics Section should prepare and distribute a list of all personnel assigned to the FAC at the beginning of each operational period to include name, tile, unit assigned, work station, land-line telephone, cellular telephone, and email address.
- Technology Hardware: The Logistics Section will coordinate management and maintenance of technology in the FAC. Each responding agency/organization is responsible for bringing their own administrative and technology supplies, to include laptop computers and cellular telephones. These resources may be requested via SEMS, however the majority of service providers should provide their own equipment (but not technicians). Regardless of source, all computers used in the FAC should be equipped with Microsoft operating systems including Microsoft Office, Internet Explorer and/or Safari. The activating entity is responsible for supplying printers and land-line telephones. In each FAC regardless of size, all printers should be networked with the ability to share files. Users may also use their own portable hard drives for transferring files. It is recommended that the activating entity provide computers to all command staff to minimize capability issues.
- Information hotline¹⁰: The activating entity should coordinate the service of a telephone bank (e.g., 211 LA County, 311, etc.) to answer calls from the public, primarily regarding the availability of FAC services. The target audience for this information is family/friends of persons

¹⁰ Additional information regarding the approach to information dissemination may be found under Outreach, on page 40. If the activating entity does not have this capability, a resource request may be initiated through SEMS.

FAMILY ASSISTANCE CENTER PLAN

who may be victims. Information provided should be limited to the location, hours and contact information for the FAC.

- Identification Badge Resources¹¹: Supplies and equipment for the provision of badges to all persons in the FAC, staff and clients should be provided by the activating entity. Badges may be computer generated or handmade. Badges shall each include a unique numeric or alpha-numeric identifier. Ideally, separate alpha or alpha-numeric systems should be utilized for staff and clients. A log or database should be maintained which includes:
 - The name of the person to whom the badge is issued, exactly as it appears on the badge.
 - The date and time the badge is issued.
 - Initials or other information to identify the person issuing the badge.
 - Whether the badge is for government staff, nongovernment staff, or client.
 - If issued to a staff member, the functional area to which they are assigned.
 - Notation if the badge holder is a minor.
 - The drivers license number, or other unique identifier for the photo identification presented by the badge holder.
- Media Center: The PIO should coordinate the provision of a media center that is near but not inside the FAC. Care should be taken to ensure that the privacy of clients is protected from the media as much as possible. The media center may provide room for media vehicles, telephones, internet accessibility and other support as resources allow.
- Other Administrative Supplies: Additional basic work supplies and equipment should be provided, to include chairs for clients, desks and chairs for work stations, projectors and screen for presentations, printers, photocopiers, facsimile machines, etc. The Logistics Section should work with the facility host and vendors to provide required cabling and connectivity to and between work stations. Each work station will be equipped with internet and telephone connectivity, and power for peripherals, lights, and other electronic equipment, and to ensure access to cellular networks. Appendix IV: Administrative Supplies Guide may provide direction in the identification of needed supplies and equipment.

G. COORDINATE STAFFING

Appendix V: Staffing Guide provides guidance for FAC staffing. Staffing guidelines are "modular", i.e., scaled to the size of the incident. The EOC, or other activating entity may determine that additional staff/branches/groups should be added, or that certain branches or groups may require fewer staff, or be eliminated altogether. The staffing guidelines are for a single operational period (usually 12 hours). If the FAC operates on a 24 hour basis, it may be fully staffed at the recommended level or reduced staffing levels may be deemed adequate during night operations. Once the FAC is activated, the determination

It should be emphasized that the ICS structure at the Family Assistance Center is separate from the ICS structure at the incident site, and separate from the ICS structure at the jurisdiction's EOC.

of staffing levels should be made at the discretion of the FAC Director. Staff for specific functional areas such as public health, security, etc. will be provided by the appropriate agencies as determined by the activating entity. The EOC or other activating entity is responsible for requesting staffing assistance, including the initiation of resource requests through SEMS.

H. IMPLEMENT THE SECURITY PLAN

To support proper protection of clients and staff, ensuring site security prior to activation and for the duration that the FAC is operational is necessary.

¹¹ If the activating entity does not have this capability, a resource request may be initiated through SEMS.

FAMILY ASSISTANCE CENTER PLAN

FAC security policy encompasses the overall responsibility of managing and staffing internal and external FAC security operations. This includes establishment of a secure perimeter, identification and badging for FAC staff, support service personnel, clients, media (if applicable) and all other personnel authorized for FAC access. Also, maintaining a visible presence at high security or restricted areas such as the notification or child care areas to make certain that only authorized persons with appropriate credentials are granted access. The provision of FAC site security will be enforced and tailored based on the nature and circumstances of the incident, however security guidance is provided in Appendix X: Security Arrangements.

I. CONDUCT STAFF REGISTRATION

Except for the reception area, all persons in the FAC - staff and clients - must possess and display appropriate identification badges as described below. The only exceptions are vendor, maintenance or delivery personnel, who must be escorted at all times by a member of the FAC Logistics Section. Badges may be computer generated or handmade. Regardless of method of production all badges should adhere to the following:

- Badges should be color-coded to differentiate between staff and clients.
- All badges must include the first and last name of the wearer.
- Staff badges must identify the functional area to which the staff member is assigned.
- All badges must include a unique numeric or alpha-numeric designation.
- All badges must be worn on outer clothing and be clearly visible.
- If possible badges should include a photograph.
- Badges will be issued upon entry and must be surrendered upon exiting the FAC.
- Staff will be required to display two forms of identification (government-issued photo identification and FAC badge). Therefore if possible, dual badge holders should be utilized.

CONDUCT IDENTIFICATION AND BADGING OF GOVERNMENT STAFF

Government staff will first report to staff check-in and sign in. FAC staff will cross reference the staff members name with a preapproved list of expected FAC staff. Staff from the Los Angeles County Department of Mental Health or the Los Angeles County Office of Emergency Management will be provided at registration for "face recognition" as needed. Once approved, government staff will report to Security to obtain a badge. In order to obtain a staff badge the following must be presented:

- A current driver's license
- A current agency identification

Staff will don both their FAC badge and their agency/organization badge. Badges must be displayed on the outer most layer of clothing at eye level. FAC badges must be returned upon check-out.

2. CONDUCT IDENTIFICATION AND BADGING OF NONGOVERNMENT STAFF

Nongovernment staff will first report to staff check-in and sign in. Following sign-in, nongovernment staff who are to perform clinical functions (nurses, mental health counselors, chaplains, etc.) must report to the Credential and License Review Specialist to verify that they possess the appropriate credential and/or license for the job to which they are expected to be assigned. Once they obtain clearance from the Credential and License Review Specialist¹², they will report to

¹² Credential and License Revise Specialist duties are outlined on the following pages.

FAMILY ASSISTANCE CENTER PLAN

the badging area to be issued a badge. Nongovernment staff who will not be performing clinical functions will proceed directly from staff check-in to security to be issued a badge.

3. UPHOLD CREDENTIALS AND LICENSURE POLICY

All FAC personnel providing clinical or medical services to FAC clients must possess the appropriate current license(s), board certifications (for clinical and medical specialties), and credentials. This section provides guidance and procedures for assuring that all staff are properly credentialed. For purposes of this section the following assumptions apply:

- Incidents that call for FAC operations will require rapid FAC activation and deployment of FAC staff.
- The priority for FAC staff sourcing is: (1) government staff; (2) American Red Cross or other NGO organization that can assure that staff are appropriately credentialed; (3) pre-credentialed Los Angeles County EMS Agency (Department of Health Services) and the Los Angeles County Department of Public Health volunteers¹³; and (4) other city/County approved volunteer groups.
- No "spontaneous" volunteers will be utilized in FAC operations, or allowed access to FAC facilities.

As used in this section, the following definitions apply:

- License. License to practice a medical or other clinical profession issued by a California state licensing board.
- Certification. Certification of qualifications to practice a medical or clinical specialty issued by an independent (nongovernment) organization.
- Credential. Electronic or hard copy verification that the individual possesses a valid and current license, and certification (if required).

i. GOVERNMENT STAFF

Government agencies that provide clinical services (e.g., Los Angeles County Department of Mental Health; public health departments for the cities of Long Beach and Pasadena and Los Angeles County) utilize internal procedures to ensure that staff assigned to clinical functions are currently licensed and properly credentialed. As such, it is the responsibility of the participating government agency that provides staff to ensure that staff assigned to the FAC are appropriately credentialed. Each section chief and branch director is responsible for assuring that staff are assigned only to those positions that they are credentialed to perform. Additionally, any agency staff providing mental health services must be trained in current evidenced/informed-based practices in disaster mental health.

ii. NONGOVERNMENTAL ORGANIZATION STAFF

Only NGOs with formal internal licensure/credentialing verification procedures will be requested to provide counselors, nurses or other clinical staff. For example, the American Red Cross utilizes a computerized system to verify that volunteers and staff possess current licenses called the Human Capital/Management System. If NGO staff other than American

¹³ The Los Angeles County Disaster Healthcare Volunteers (formerly known as Emergency System for the Advance Registration of Volunteer Health Professionals/Medical Reserve Corps (ESAR-VHP). These volunteers are pre-credentialed by the Los Angeles County Department of Public Health and Los Angeles County EMS Agency (Department of Health Services) using the California Disaster Healthcare Volunteer system https://www.healthcarevolunteers.ca.gov/.

FAMILY ASSISTANCE CENTER PLAN

Red Cross is used in the FAC, the FAC Credentials and License Review Specialist should determine if the participating NGO has and uses an equivalent system to verify licensure. The (Registration Group) Credentials and License Review Specialist should verity that staff have the appropriate, current license by checking the website of the applicable board licensing authority. Appendix VI: Licensure and Credentialing References lists clinical categories, the applicable licensing board, and the board website address.

iii. PRE-CREDENTIALED VOLUNTEER STAFF

FAC volunteers staff will be obtained from the following sources: (a) city/County preregistered volunteers who are rostered and deployed to the FAC by the city/County and (b) volunteers who are pre-credentialed in the Disaster Healthcare Volunteer system and rostered and deployed to the FAC by the Los Angeles County EMS Agency (Department of Health Services) and the Los Angeles County Department of Public Health Disaster Healthcare Volunteer program. Credentials of clinical volunteer staff will be verified on-site by the Credentials and License Review Specialist, using a staffing list of the volunteers that are confirmed by the Los Angeles County EMS Agency (Department of Health Services) and the Los Angeles County Department of Public Health to report to the FAC. Only precredentialed volunteers will be deployed and will appear on this list. In addition, FAC command or Credentials and License Review Specialist may work with the Los Angeles County EMS Agency (Department of Health Services) and Public Health to request that rostered volunteers also bring a copy of their license with them to the FAC.

Volunteers will not be issued a badge until their qualifications have been verified.

iv. MENTAL HEALTH STAFF

Mental Health professionals will have the most direct and intimate contact with clients at the FAC. Therefore, it is especially important that mental health professionals be properly qualified, licensed, and credentialed. Mental health professionals must be licensed by the appropriate California licensing board (see Appendix VI: Licensure and Credentialing References). All staff providing mental health services must be trained in current evidence/informed-based best practices in disaster mental health. It is strongly recommended that all mental health services be provided through the Los Angeles County Department of Mental Health.

The Los Angeles County Department of Mental Health will be the coordinating body for all mental health services at the FAC. The Los Angeles County Department of Mental Health has sufficient staff resources from internal and contract service providers to staff the FAC for any size incident. The Los Angeles County Department of Mental Health also maintains a list of approved mental health service providers who could be called upon to provide supplemental staff. Reference "Provider Locater" at the Los Angeles County Department of Mental Health web site: http://www.dmh.lacounty.gov.

v. SPIRITUAL CARE PROVIDERS

It is important that spiritual care be provided by providers who are trained and experienced in working with persons who have lost, or fear they may have lost a loved one. The Los Angeles County Fire Department and many city fire departments and law enforcement agencies designate agency chaplains to provide spiritual care to injured

FAMILY ASSISTANCE CENTER PLAN

firefighters and law enforcement personnel, and to the co-workers and family of personnel seriously injured or killed in the line of duty. These chaplains have direct experience in dealing with victims of disasters. Many hospitals also have qualified chaplains. If hospital chaplains are needed, the FAC should request hospital chaplains from non-impacted facilities through the Los Angeles County EMS Agency (Department of Health Services) utilizing normal SEMS procedures. The request may go through the Hospital Admission Group at the FAC. Other sources for spiritual care providers include the military, ENLA, and city chaplain volunteer programs that meet the below listed criteria. If required, additional resources should be requested form the Operational Area following normal SEMS procedures. Suggested considerations and criteria for spiritual care providers:

- 1. Has been appointed to serve as a chaplain by a public agency, American Red Cross, or other recognized NGO or pre-screened and trained chaplains and clergy from city-based programs.
- 2. Is endorsed by their religious body for ministry as a chaplain.
 - For Buddhist spiritual care: Is endorsed by Buddhist Tzu Chi Foundation as a Commissioner trained for providing Buddhist spiritual care.
- 3. Currently serves their agency as a chaplain.
- 4. Pre-screened ordained clergy that are part of preexisting spiritual care teams and are trained in disaster spiritual care.
- 5. Speaks the language of affected clients.
- 6. No "spontaneous" spiritual care chaplains will be used in the FAC.
- 7. Spiritual care providers who accompany clients but do not meet predesignated spiritual care provider criteria may only provide spiritual care to that client.

To obtain spiritual care provider support, the Logistics Section Chief should review the following list of resources for providers. Once a source agency/organization has been selected, the Logistics Sections Chief should coordinate with the Liaison Officer to contact that agency for support (in compliance with SEMS). Pre-screened spiritual care providers may be secured through:

- Los Angeles County Department of Public Health Medical Reserve Corps. Medical Reserve Corps volunteers may be accessed directly by Los Angeles County Department of Public Health, or by the Los Angeles County EMS Agency (Department of Health Services), utilizing the Volunteer Center of Los Angeles (VCLA) database.
- Los Angeles County Fire Department
- Los Angeles Sheriff's Department
- Los Angeles Police Department
- Los Angeles Fire Department
- Los Angeles Airport Police Department
- Southern California Chaplains Association

The FAC Spiritual
Care Unit should ensure
that ALL of the faith
traditions of those
clients in the FAC are
appropriately
represented.

J. CONDUCT JUST-IN-TIME TRAINING

Comprehensive Just-in-time (JIT) training should be provided to all staff immediately prior to FAC activation. JIT training should take place the day of the incident for all personnel who are filling specific roles during an actual event. JIT should include verification that position checklists were received. Other resources shared at this time may include flow charts, layout diagrams, a copy of the Incident Action Plan, telephone lists, information regarding the accommodation of persons with specific needs, objectives of the operational period, safety compliance, the utilization of ICS, etc. After group JIT training, staff should be referred to their direct supervisor for a 15 minute period to answer remaining questions. JIT training will not replace participation in FAC training and exercise events. Rather, it will build on concepts taught and exercised as part of a comprehensive plan implementation program.¹⁴

K. NOTIFY STAKEHOLDERS

Once the date, time and location of FAC activation have been confirmed, formal notifications should be made to key stakeholders as prescribed by SEMS, including the jurisdiction's EOC, incident site, city, County, State and Federal partners, the public, and hospitals (as necessary). In the initial stages, consistent and exhaustive communication with elected officials, emergency management partners and the public is essential to ensure that those affected by a disaster know where to go for help, support and information. The Liaison Officer should work with the FAC Director and PIO to ensure that elected officials are made aware of the potential opening of a FAC. A broad range of resources should be used to disseminate FAC service information to clients, diplomatic corps and the general public (e.g., newsletters, broadcast facsimile and websites). Conduct comprehensive outreach regarding the FAC activation announcement. Provide information to telephone banks, community organizations, media, government agencies, foreign diplomatic corps representatives etc. Ensure that information is accessible by specific needs populations. Information provided should include:

- A brief synopsis of the incident
- A brief synopsis of the services provided at the FAC
- The date, time and location that the FAC will be activated
- The type of information that clients will be asked to provide at the FAC (e.g., furnish government issued identification, description of the victim, including date of birth, etc.)

L. CONDUCT INITIAL BRIEFING WITH STAFF

Prior to FAC activation, FAC command staff should ensure that staff have a clear understanding of the incident objectives, their role, and the flow of operations. At a minimum, FAC command staff and section chiefs should review the FAC base plan and familiarize themselves with the type of information available in the appendices. Further, an initial briefing should be conducted. The initial briefing may include the following:

- Review of completed ICS 201 form
 - A brief synopsis of the incident
 - Priorities and objectives
 - Logistics and layout
 - A brief synopsis of the services provided at the FAC
 - Staffing organization and work tasks
 - The date, time and location that the FAC will be activated

¹⁴ See Appendix I: Plan Maintenance, Implementation and Validation.

¹⁵ Additional information may be found under Outreach, on page 40.

SECTION II: OPERATION

A. PROVIDE PERIMETER SECURITY¹⁶

Law enforcement will prescreen visitors as they approach the external driveway(s) of the FAC. Media will be directed to a nearby media site. Clients will be directed to the entrance of the FAC facility. Unauthorized individuals will not be allowed entrance.

B. PERFORM CLIENT REGISTRATION

At the FAC facility entrance, clients will first report to the reception area.

If a line has formed, mental health staff may provide staff to support clients who seek mental health services¹⁷. Further, registration staff should announce to all persons in line (at regular intervals) that specific needs related support services will be made available upon request.

Clients will be required to produce government-issued photo identification. At this time, registration staff will also ensure that an area is available for clients with specific needs to report to for accommodations (e.g., translator, interpreter, etc.). Registration staff will also ensure that clients have access to support services, to include mental health, spiritual care, public health services, social services, child care and food services (if available) and provide support as requested. Authorized clients will receive FAC forms, a layout of pertinent areas of the FAC, and waiting area assignment and will proceed to security where they will be issued a badge. The number of persons allowed in the FAC per family (e.g., only 12 family members allowed per victim) will be determined by the activating entity. It should be noted, however, that the NTSB does not recommend a cap to the number of family members per victim as a best practice.

1. INITIATE CLIENT BADGING18

All clients must possess and display appropriate identification badges as described below. Badges may be computer generated or handmade. Regardless of method of production all badges should adhere to the same standards as described for staff badging, as follows:

- Badges should be color-coded to differentiate between staff and clients.
- All badges must include the first and last name of the wearer.
- All badges must include a unique numeric or alpha-numeric designation.
- All badges must be worn on outer clothing and be clearly visible. Badges should display
 FAC badge and government identification. Dual badge holders should be used as
 possible.
- If possible badges should include a photograph.
- Badges will be issued upon entry and must be surrendered upon exiting the FAC.

In the event that a client does not have a government-issued identification (minor children, undocumented persons, etc.) the Intake Specialist will take reasonable steps to ensure the identity of the individual, and issue a badge that is color coded, or otherwise identified as not possessing government-issued photo identification. Identification verification should include "family policing" where family members of the victim who have provided government issued identification confirm the identification of other family/friends. Family policing should be an ongoing process utilized

¹⁶ See Appendix X: Security Arrangements.

¹⁷ See Provide Support Services, page 33.

¹⁸ If the activating entity does not have this capability, a resource request may be initiated through SEMS.

FAMILY ASSISTANCE CENTER PLAN

throughout the duration of the FAC operation. The badges of minor children will include the name(s) of accompanying parent or guardian. Badges for parents and guardians will include the name(s) of their minor children. Clients will be instructed to complete the FAC forms and return the forms to registration staff. The client will be escorted to the waiting area or support services areas (e.g., counseling area, spiritual support area, etc.) as requested.

C. ENSURE THE COMPLETION OF FAC FORMS

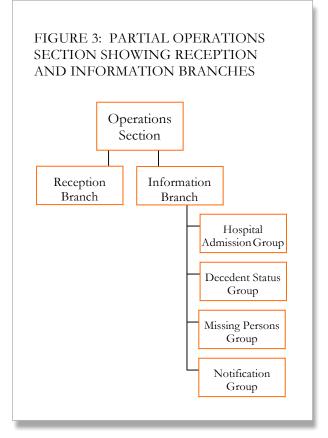
Submitted forms will be reviewed for completeness. If necessary, a Form Review Specialist¹⁹ will be assigned to assist clients in completing their forms if they are unable to or if additional information is needed.

The Form Review Specialists may call clients into a private area to review their FAC forms and aid them to complete areas that need additional detail. Registration staff will submit completed forms to the Registration Branch Director for final verification. Approved forms will be submitted to the Information Branch Director for dissemination to key personnel who are tasked with locating the missing person.

D. CONDUCT CLIENT FORM MATCHING PROCESS AND NOTIFICATION²⁰

The Information Branch will be located a private, restricted area of the FAC²¹. The Information Branch Director will distribute forms to representatives from the Hospital Admission Group, Decedent Status Group, and Missing Persons Group to determine whether the victim (a) has been transported to a hospital, (b) is a decedent, or (c) is still missing, respectively. Each group will review forms together and compare information received from hospitals, the incident site and law enforcement missing persons databases to confirm victim identification.

Working remotely from the Medical Alert Center (MAC) or stationed at the FAC, Hospital Admission Group representatives will utilize ReddiNet to determine whether victims have been transported to hospitals in Los Angeles County. If the victim has been transported to a hospital, clients will be advised regarding the hospital name and location.



Decedent Status Group representatives will coordinate closely with other Los Angeles County Department of Coroner representatives at the incident site to compare information provided on FAC forms to information Coroner staff have at the incident site. If the victim is a confirmed decedent, clients will then be escorted to a private area for notification and counseling.

Clients will also be notified if the victim is still missing. FAC personnel will continue to research the missing victim's location. Additional information may be requested to aid in the location and/or identification the victim. All notifications will be performed in a private, restricted area with designated FAC personnel.

¹⁹ This position is part of the Registration Group. See Appendix V: Staffing Guidelines for additional detail.

²⁰ See Appendix VIII: Flow Diagram for additional detail.

²¹ See the Restricted Area – Sample Layout in Appendix II: Site Selection.

FAMILY ASSISTANCE CENTER PLAN

All notifications will take place as prescribed in the Appendix IX: Client Notification Procedures.

After the client has been provided with the status of the victim, FAC staff will complete an additional assessment for support services and provide support as requested. Regular updates will be provided to clients at the FAC regarding the victim identification process. This will include informing clients as to how they will be notified if there is a positive identification.

E. PROVIDE SUPPORT SERVICES

1. MENTAL HEALTH

The Mental Health Services Group ensures that the emotional and spiritual needs of clients and FAC staff are met. Individuals personally affected by a disaster can be expected to require a broad range of specialized mental health services, some of which are detailed herein. The Mental Health Services Group personnel ensure that disaster mental health staff and disaster chaplains are on hand to provide these services.

Mental health personnel will provide a confidential forum as needed for FAC personnel to assist with problem solving, conduct diffusing and demobilization, educate on stress reactions and coping, re-enforce the importance of The Family Assistance Center serves as place for families to go to for information and solace. Families may choose to remain at or return to the Family Assistance Center for an extended period of time — until they have received final confirmation regarding the status of their loved one.

As such, Family Assistance Centers typically remain open until all victims have been identified. The decision to close the Family Assistance Center will be made at the discretion of the agency responsible for overall Family Assistance Center operations.

maintaining good self-care practices, and provide guidance about meeting clients emotional needs. While some clients and staff may request assistance from mental health professionals, many may not. Support should be offered to all clients. Mental health services should be made available to clients prior to, and during the registration process, as well as in the client waiting area. Consideration should be given to the following areas:

- Line monitoring: If there is a queue of clients waiting to go through the registration process, clients, already under stress, may suffer additional stress due to the lack of knowledge of the FAC purpose and process. Clients arriving at the FAC may already be in need of mental health or spiritual counseling. It is preferable to identify and assist those clients as early in the process as possible.
- Registration area support: The registration process also offers an opportunity to observe
 the behavior of clients for signs of stress, and to identify and support clients in need of
 services.
- Waiting area support: Clients in the waiting area may display symptoms not previously observed, or may be more likely to request assistance if mental health professional is present.

The Mental Health Services Group will provide advocacy support - communicating the needs of those affected to care providers, providing culturally sensitive services, addressing specific needs (in coordination with social services personnel), assisting those affected understand the process of applying for services, assisting those in initiating services as needed. Mental health personnel will provide an optional opportunity for those who have worked at the FAC to reflect upon the experience, develop perspective on the assignment, and identify the meaningfulness of the work - either individually or in a group.

FAMILY ASSISTANCE CENTER PLAN

2. SPIRITUAL CARE

Spiritual care providers will offer a compassionate presence to clients waiting for information, support client briefings, initiate condolence visits, support grief counseling, support ante mortem interviews, support death notifications, escort clients on visits to incident site and to memorial services. They will offer companioning, providing sacred space, and offering care and comfort. They will offer a bridge to faith resources (this may be to preexisting support or other referrals (e.g., funeral home that observes specific ritual needs, restaurants, etc.). They will facilitate rituals, including prayer, blessing of remains, religious services, etc.

3. SOCIAL SERVICES

The Social Services Group ensures that social service needs (child care, memorial service support, etc.) of clients are met. In the event that child care services are required, child care services should be requested, overseen and coordinated with and through Los Angeles County Department of Public Social Services. In no case should persons be assigned to provide care to children in the FAC who are not licensed child care professionals. The Los Angeles County Department of Public Social Services can coordinate with NGOs to leverage child care services that are available through partner organizations, such as the Church of the Brethren and Save the Children.

The Social Services Group will ensure that a coordinator is appointed to make arrangements for a memorial, to include the provision of spiritual care providers who represent the same faith and language of the affected families, transportation to the site, etc. Planning efforts should include mental health, law enforcement, coroner and spiritual care representatives. Political officials should be notified and included in planning efforts. The memorial service details should be provided to the PIO to ensure that information regarding the memorial service is provided to the public (if open to the public).

The Social Services Group facilitates response activities of private sector participants in the FAC and coordinate with other support agencies/organizations. Special consideration should be given to coordination with NGOs that can provide social services to persons not traditionally me by government agencies. For example, NGOs can provide social services related assistance to undocumented persons while government agencies cannot.

The Social Services Group may coordinate the provision of longer term social services a Local Assistance Center is activated.

4. PUBLIC HEALTH

The Public Health Services Group oversees the provision of public health services for persons at the FAC. It is anticipated that the Public Health Services Group would perform several functions in the FAC:

- Ensure that the FAC facility is a health environment for staff and clients, free from unhealthy conditions or procedures
- Inspect food preparation and serving facilities, as necessary
- Provide basic health services and information to staff and clients (e.g., communicable disease control/rapid health assessment, assessment of medical/chronic conditions to support treatment, etc.)
- Basic first aid (may be provided by another agency/organization)

F. ENSURE SECURITY²² INSIDE THE FAC

Law enforcement²³ will coordinate FAC security, to include management and staffing of site security operations. FAC security staff will principally consist of sworn law enforcement officers. FAC venue security guard services may be contracted for general security purposes and/or client vehicle parking direction, if appropriate. FAC security policy encompasses the overall responsibility of managing and staffing internal and external FAC security operations. This includes identification and badging for FAC staff, support service personnel, clients, media (if applicable) and all other personnel authorized for FAC access. Also, maintaining a visible presence at high security or restricted areas such as the interview or child care areas to make certain that only authorized persons with appropriate credentials are granted access. To ensure proper protection, maintaining site security for the duration that the FAC is operational is necessary. The provision of FAC site security will be enforced and tailored based on the nature and circumstances of the incident. FAC site security should evaluate and determine specific personnel requirements for the FAC.

G. CONDUCT ONGOING BRIEFINGS TO CLIENTS

The objectives of the client briefings are two-fold: first to ensure that clients have current and accurate information regarding the status of the incident and recovery operations; and secondly to ensure that clients receive information first from government agencies in a caring and supportive environment. Clients should be briefed at least twice per day. Clients should receive these briefings prior to the media being briefed. In addition, client briefings should be scheduled whenever new and significant information becomes available. If victim recovery operations continue over an extended period of time it may be desirable to scale back client briefings to one per day. The PIO, in coordination with the FAC Director, is responsible for the organization and conduct of client briefings, assisted by the Information and Services Branch Directors. However, relevant assigned ICS groups (social services, public health, etc.) are required to attend all client briefings to answer questions relating to their sphere of operations. It is likely that a number of clients will not be present at the FAC, however it is prudent that incident updates be provided to them. As such, it is the responsibility of the FAC to provide access to the briefing (e.g., a conference call bridge) so that family members who are not at the FAC can participate in the briefing.

The process for scheduling and conducting client briefings is as follows:

- The PIO in coordination with the FAC Director, schedules the time and location of client briefings.
- Logistics prepares the briefing room with chairs, lecterns, conference call equipment, and other audio/visual equipment (as required).
- The PIO, in coordination with the Mental Health Services Group, supervises the notification of clients and FAC operational units of the time and location.
- The Specific Needs Unit arranges for language and sign interpreters, and other specific needs, as required.
- The Mental Health Services Group arranges for attendance of appropriate spiritual care personnel.
- The Public Health Services Group arranges to have nurses present or on standby in close proximity to the briefing room.
- The Security Branch provides security to ensure that only clients and appropriately-badged staff are allowed access to the briefing room.

²² See Appendix X: Security Arrangements for additional detail.

²³ The city responsible for activating the FAC will coordinate the provision of law enforcement personnel. If supplemental law enforcement resources are needed, the city will initiate a request to the CEOC as prescribed by NIMS/SEMS. If the County activated the FAC, the County will coordinate the provision of law enforcement personnel.

FAMILY ASSISTANCE CENTER PLAN

1. SUGGESTED AGENDA FOR CLIENT BRIEFINGS

The content of client briefings will depend upon the specific situation. The PIO should coordination with the Information Branch Director should coordinate with subordinate groups and other functional areas, as necessary, to develop the agenda for each briefing. A suggested agenda for client briefings includes:

- Rescue and recovery efforts
- Victim identification efforts
- Investigation updates
- Site visits, memorial services (if appropriate)
- Disposition and return of remains
- Return of personal effects
- Description of services available at the FAC

H. MAINTAIN COMMUNICATIONS WITH STAFF

Effective internal communications depend upon two factors: (1) the promulgation and compliance with established communications procedures that minimize the chances of miscommunications, and ensure that the flow of information is uninhibited by organizational structure; and (2) the establishment and maintenance of efficient information technology infrastructure. This section addresses both procedures and infrastructure.

Due to the sensitivity of information regarding the status of incident casualties and the fact that clients in the FAC will be experiencing high levels of anxiety and grief it is essential that staff communications be accurate, complete and discrete. The following procedures are designed to achieve these objectives. It is the responsibility of all FAC staff members to ensure that critical information concerning recovery efforts, status/identity of injured victims, and identity of fatalities flows to FAC clients and staff prior to release to outside parties, especially the media.

1. ENSURE COMMUNICATION FLOW WITHIN THE FAC

The primary flow of communications within the FAC will be vertical, i.e., staff member to team leader to supervisor to section chief to the FAC Director. The rule of "one up, one down" should be followed to ensure that communications flow smoothly, and to ensure that everyone in the chain of command receives all relevant communications. The "one up, one down" rule simply means that communications are routed up through the direct supervisor, and down to all direct reports. Communications can also be routed horizontally at the section chief and command staff level. However, it is recognized that services provided to clients may be provided using a team approach comprised of professionals from various units within the FAC. Therefore professional staff are encouraged to share information and work collaboratively in the best interests of the client.

2. ENSURE COMMUNICATIONS WITH PARTICIPATING AGENCIES

Staff assigned to the FAC from participating agencies may need to communicate back to their "home" agencies from time to time. These communications may involve administrative matters, or "reach-back" for subject matter expertise. However, there should be no informal²⁴ communications back to "home" agencies regarding FAC operations, or involving information about clients or victims.

²⁴ See Ensure Communications with City and County Departments on page 40.

FAMILY ASSISTANCE CENTER PLAN

3. FOLLOW PROCEDURES FOR ALL COMMUNICATIONS

The following general procedures apply to all communications media:

- Use plain language. Avoid codes, abbreviations, acronyms and jargon.
- Ask receiver to repeat back any critical information to ensure it is accurately received.
- Use the standard phonetics alphabet ("alpha", "bravo", etc.) when necessary to ensure clarity during verbal communications.
- At the beginning of the communication, identify yourself by name, unit and position.
- When communicating with other staff not in your unit, or in another physical location, verify and document the name, unit, and position title of the person you are communicating with.
- Be concise and be brief.
- Use the 24 hour clock when expressing time values (e.g., "1400 hours" for 2 p.m.).
- Document communications with person outside your unit using ICS Form 213 (hard copy or electronic).

4. CONDUCT STAFF MEETINGS

Staff meetings should be held on a regular basis to communicate information concerning FAC operations, status of the recovery effort, and other information of importance. At a minimum, the following staff meetings are recommended:

- An "all FAC staff" meeting once per operational period
- Two command staff meetings, one near the beginning and one near the end of each operational period
- Section and unit meetings at the discretion of the Section Chief/unit leader
- Demobilization meeting

I. ENSURE COMMUNICATIONS SECURITY

FAC communications systems will be established under stress conditions and usually in host facilities that are not owned and operated by the activating entity, or facilities owned by the activating entity but normally used for other purposes. Therefore, it cannot be assumed that communications systems are secure. Staff will have to use utmost discretion in transmitting information within the FAC to ensure that sensitive information concerning victims and clients is not compromised. The following procedures will help to ensure confidentiality of sensitive information:

- Sensitive information should not be transmitted by land-line or cellular telephone if it can be avoided.
- Sensitive information should be shared over the internet only within password-protected systems.
- Passwords should not be written down, taped, or stored in a non-secure location.
- Information should be shared only with persons with a "need to know."

J. COORDINATE EXTERNAL COMMUNICATIONS

Due to the highly sensitive nature of information dissemination following a disaster, all communications must be handled with the utmost sensitivity and discretion. Release of incorrect information, premature release of information, or release of information through improper channels can result in serious distress to

FAMILY ASSISTANCE CENTER PLAN

the clients involved. Therefore it is essential that appropriate procedures and protocols be followed at all times.

This section details communications policies and procedures to be followed when handling communications with external entities including the EOC, incident site, hospitals, County and city departments, VIPs and elected officials, media, and outreach to the community at large. The purpose of this section is to provide external communications guidance specific to FAC operations. In the event that the County is the activating entity, the County Emergency Public Information (EPI) Plan establishes over all policies and procedures for emergency external communications. If a city or other jurisdiction is the FAC lead, local EPI plans, or the County EPI Plan should be followed. Communications between the FAC and external entities will utilize multiple media, including:

- Land line telephones
- Cellular telephones
- Facsimile
- Incident management software applications (e.g., WebEOC, OARRS)
- Internal agency email systems
- Internet
- Public email systems (e.g., Yahoo)

It is not anticipated that it will be necessary to establish radio communications between the FAC and external entities.

K. ENSURE COMMUNICATIONS WITH THE EOC

Communications between the FAC and the EOC will fall into several categories:

- General information sharing concerning the incident.
- Overall Incident Management.

Information concerning the operational status of the FAC (how many staff are working, number of clients/clients served or contacted, site conditions, etc.)

- Specific information concerning the identity and number of fatalities and seriously injured.
- Resource requests.
- Reports of incidents occurring at, or threats to the FAC, staff or clients.
- Requests, or responses to requests for information from outside agencies.
- Requests, or responses to requests for information from elected officials, or other VIPs.

The FAC Director, in consultation with the EOC, should establish a regular schedule for briefing the EOC on the operational status of the FAC and document the schedule in the Incident Action Plan for each Operational Period. An agenda should be formalized to ensure that the EOC is kept aware of the operational status of the FAC. The agenda should include, but not be limited to:

- The number of staff, by agency/organization, currently deployed to the FAC.
- The total number of clients visiting the FAC during the current Operational Period (as of the time of the report) and the number of clients currently at the FAC.
- The number of clients not visiting the FAC with whom FAC staff has been in contact with.
- The time, location and subject matter of scheduled client and media briefings.
- The status of the physical facility (i.e., HVAC systems operating, any safety concerns, etc.).
- Status of supplies and equipment.

FAMILY ASSISTANCE CENTER PLAN

- Status of any open resource requests.
- Any security incidents or threats that have occurred or been observed.

Information concerning the number and identity of fatalities can be forwarded to the EOC only upon approval by the Decedent Status Group, in coordination with the Information Branch Director and the FAC Director. This information can only be released AFTER appropriate client notifications have been made, and only after the information has been conveyed to clients at the FAC via a client briefing or direct contact. It should always be assumed that information released to any outside person/entity, including the EOC, is no longer secure.

Information concerning the number of seriously injured, their condition, and location can be released ONLY with the approval of the Hospital Admission Group in coordination with the Information Branch Director and the FAC Director. If there is no Hospital Admission Group representative present at the FAC, then any requests for information concerning the number and location of seriously injured will be referred to the MAC.

Resource requests may be communicated to the EOC Logistics Section by the FAC Logistics Chief upon approval of the FAC Director.

Upon the occurrence of any medical or security incident, threat, or perceived threat involving the FAC facility, staff, or clients, the FAC Director should report the nature of the incident, response actions taken and the result, current status, and whether outside assistance is required.

L. ENSURE COMMUNICATIONS WITH THE INCIDENT SITE

Communications between the incident site and the FAC will follow numerous channels. Those agencies represented at both the FAC and the incident site may use normal internal communications procedures to share information and status reports. However, it is the responsibility of those agencies to ensure that any information obtained from the incident site through these channels that is relevant to the operation of the FAC be immediately transmitted to the FAC Director. Each FAC agency that also has resources deployed to the incident site must maintain a log of all communications between the FAC and the incident site and record all messages on ICS Form 213.

- The FAC Director and the Incident Commander (or representative) establish communications procedures and protocols upon activation of the FAC for the transmittal of information and that affects, or may affect the operations of the FAC.
- Designate the persons (by position title, e.g., Liaison Officer) who has the authority to request or transmit information between the FAC and Incident Command.
- Specify the means of communication to be employed (land line, cell, etc) and record the applicable contact information.
- Specify a schedule for regular updates.
- If conference calls are scheduled, identify the persons by position that should participate and document contact information.
- Document the agreed-upon procedures in the initial and subsequent Incident Action Plans.
- Maintain a communications log noting the date, time, and name/title of the initiator and receiver and the subject of the communication.
- Document all communications using ICS Form 213 (hard copy or electronic).

FAMILY ASSISTANCE CENTER PLAN

M. ENSURE COMMUNICATIONS WITH HOSPITALS

Communications with hospitals will be handled by the Hospital Admission Group representative if on site. Communications with hospitals may be through direct contact with hospitals, ReddiNet, or through communications with the MAC. All communications should be documented on ICS Form 213, and copies transmitted to the FAC Director. Sensitive information such as the names, condition, or location of victims should be safeguarded to ensure that it is not prematurely released, or released to unauthorized persons or entities. If no Hospital Admission Group representative is on site, communications with hospitals will be handled through the MAC, as previously established.

N. ENSURE COMMUNICATIONS WITH CITY AND COUNTY DEPARTMENTS

FAC staff from city and County departments or agencies may maintain communications with their departments through normal channels. These types of communications may include status reports, alerts of anticipated resource needs, or reach-back for subject matter expertise, information or consultation. However, these communications should be minimized to avoid "back channel" communications that adversely impact FAC operations. These communications should NOT include information about families or victims, any resource requests, or the relay of information that affects, or may affect, the operation of the FAC. All formal communications between the FAC and city or County departments must go through the EOC.

O. ENSURE COMMUNICATIONS WITH VIPS AND ELECTED OFFICIALS

Communications with elected officials and VIPs should be handled by the FAC PIO, in consultation with the FAC Director and the Liaison Officer. If a Joint Information Center (JIC) has been established, the PIO should coordinate with the lead PIO at the JIC before providing any information to an elected official or VIP. If a JIC has not been established, the FAC PIO should coordinate with the EOC PIO prior to providing any information to an elected official or VIP.

In the event that an elected official or VIP appears on site at the FAC, they should be greeted and briefed by the PIO and FAC Director outside of the FAC operations area. If they insist upon entry, the FAC Director may, at his/her discretion allow the elected official to enter the operations area only if personally escorted by the FAC Director and/or the PIO.

P. COORDINATE OUTREACH

For the purposes of this plan, outreach is defined as the provision of information to the general public, and family through non-commercial media. The FAC PIO, working with the IT Group, should utilize all available and practicable means of outreach communications, consistent with the size, extent and duration of the incident. If the incident is relatively small, and it is expected that the FAC will remain in operation for only a short period, it may not be desirable to establish and publicize a website for delivery of information.

There are a number of outreach media that may be useful. All of these should be considered, but the outlets ultimately utilized should be determined jointly by the PIO, FAC Director, and the Liaison Officer. The following outlets should be considered:

Telephone 211. A 211 telephone number and accompanying websites are maintained by a non-profit funded by the County. 211 LA County maintains a telephone bank to answer calls from the public, primarily regarding the availability of community and social services. This can be a valuable resource for providing information to the public. The PIO should coordinate with 211 to provide a script for telephone operators, and information for web posting, The target audience for this information is family of persons who may or may not be victims. Information

FAMILY ASSISTANCE CENTER PLAN

provided using 211 should be limited to the location, hours and contact information for the FAC.

- Telephone 311. The City of Los Angeles operates a 311 number which provides information on City services and access to City departments. The 311 staff should also be provided with a script, similar to the 211 script.
- Telephone 911. It is likely that some families may call 911 seeking information. The PIO should provide the various 911 call centers in the County, including the California Highway Patrol 911 call center, with a script.
- Websites. The County and most cities operate websites. The PIO may provide information for
 posting on existing sites. Again, this information should be limited to information on the
 location and operating hours of the FAC.
- Closed Websites. In some cases, it may be desirable to set-up a password-protected websites to provide information to family who are not available to the general public, especially for major incidents that are likely to remain open for an extended period. However, it should be understood that, even if the site is password protected, it is not likely to remain secure. Clients are likely to share the password with others, or to release it under pressure from the media.
- Coordination with NGOs. NGOs can be of valuable assistance, directly and indirectly, in providing outreach services. The American Red Cross, for example, is responsible for handling may outreach services for air and rail disasters, and has experience in this area. In the event that an incident results in serious injury or death the members of one or more ethnic communities, it may be useful to enlist the services of an ethnic, or faith-based NGO to assist in outreach efforts.
- Outreach to Consular Officials. If it is determined or suspected that foreign nationals may be among the victims, contact should be made with the appropriate Consul. All contacts with Consular officials will be handled by the Liaison Officer.
- Social Media/New Media. Outlets such as Facebook, Twitter, Nixle, etc. should be considered for use on an as needed basis.

The following guidelines should be followed in determining the outreach strategy:

- 1. Determine the outreach media to be utilized. Considerations for making this determination include:
 - The scale of the incident.
 - The estimated duration of the process of identifying victims.
 - The ethnicity and/or foreign national status of the victims.
 - Whether clients of victims are likely to be mostly local, or whether clients may reside in distant locations.
 - Accommodation of specific needs populations.
- 2. Contact the selected outreach organizations and request their participation. Identify contact persons, and specify by position persons from the FAC who are authorized to transmit information for dissemination.
- 3. Prepare and update scripts, web postings, fliers, or other media, and arrange for distribution. All information for distribution should be date/time stamped.
- 4. Arrange a schedule for transmission of updated material. Prepare and transmit updates on a regular basis (at least daily) or when there is a significant change in status.
- 5. Coordinate with the FAC Director to determine if outreach channels should be used to gather investigatory information.

FAMILY ASSISTANCE CENTER PLAN

6. If the incident is suspected to be the result of an intentional act, coordinate with law enforcement to determine if outreach channels should be used to gather investigatory information.

Q. SUPPORT MEDIA RELATIONS

It is essential to maintain a strong, open and credible relationship with the media during and following a disaster. The media have a right and obligation to report the news. They also serve as the best method for communicating information to the general public and in some cases to family of victims. However, improperly managed, media relations can become adversarial, and/or result in erroneous information being distributed. It is in the interest of both the media and the FAC to ensure that information disseminated to public be accurate, current, and as complete as circumstances allow.

The following guidelines should be followed to ensure success in working with the media.

1. ESTABLISH THE MEDIA CENTER SITE

A location near, but not in the FAC should be secured and established as a location for media to conduct interviews, hold press conferences and briefings, and to file stories. If possible, the location should be sited so media representatives cannot see clients entering or exiting the FAC. The media center should be equipped with telephone and internet access. FAC staff should coordinate with the owner/manager of the FAC facility to arrange suitable parking for media vehicles near the facility.

The following types communications with the media may be anticipated:

- Advisories. Advisories are notifications to media of an upcoming event, such as a the
 event, time, location, and identification who will appear at the event. The advisory
 should also state if there are any restrictions (pool coverage only, no Q & A, etc.)
- Press Release. Printed, video, or recorded information released to the media. Typically contains updates, statistics, quotes, and similar information.
- Media Briefings. Briefings conducted by the PIO, which may include subject matter experts, designed to provide technical or background information.
- Press Conferences. Events open to all media to provide information, answer questions, etc. Press conferences are generally arranged by the PIO, but include Incident Management and VIPs.

Copies of all material released to the media should be provided to the EOC, FAC command staff and section chiefs to ensure unified communications. The PIO should participate in all FAC internal staff briefings to advise the staff of the information released to the public through the media.

2. COORDINATE THROUGH THE JOINT INFORMATION CENTER

The PIO should coordinate with the EOC to determine if a JIC has been, or will be, established. If a JIC is established the FAC PIO should coordinate with the lead PIO at the JIC to determine what types of information will be released directly by the FAC PIO, and what types of information will be released through the JIC.

3. COORDINATE MEDIA BRIEFINGS AND PRESS CONFERENCES

Media briefings and/or press conferences should be scheduled on a regular basis, or when there is new or important information that should be disseminated. Media briefings/press conferences

FAMILY ASSISTANCE CENTER PLAN

should be preceded by a media advisory. At the close of each media briefing/press conference the media should be advised of the time and location of the next scheduled event.

4. PROVIDE INFORMATION IN MULTIPLE LANGUAGES

The PIO should determine which languages are appropriate for dissemination of information based on the location of the event and ethnicity of victims. In Los Angeles County there are 15 languages²⁵ recognized as having significant numbers of non-English or limited proficiency English populations. At a minimum, English and Spanish will be required for all events.

Sign interpreters should be provided for all briefings and press conferences. The PIO should request assistance with the translating of material, and the provision of language and sign interpreters as needed.

5. MONITOR NEWS COVERAGE

The FAC PIO, working with other involved PIOs, should monitor news coverage of the event to ensure that information provided to the media is being reported accurately. The PIO should also take action immediately to correct any misinformation that is being disseminated by the media.

6. UPHOLD POLICY FOR INCIDENTS RESULTING FROM INTENTIONAL ACTS

In the case of an incident which is known, or suspected to have resulted from an intentional act, the PIO will coordinate with law enforcement prior to release of any information to the media. This is necessary to ensure that released information may not impair or compromise the investigation process.

7. PROTECT THE RELEASE OF VICTIM INFORMATION

No information regarding the identity, number, or condition of victims will be released without the explicit approval of the FAC Director AND confirmation that this information has been already provided to clients.

Likewise, NO information concerning the number, condition, and location of the seriously injured will be released without the explicit approval of the Hospital Admission Group.

R. PLAN FOR SUBSEQUENT OPERATIONAL PERIODS²⁶

The activating entity is responsible for coordinating with all participating agencies to ensure that staff are deployed for subsequent operational periods.

The activating entity is also responsible for coordinating with the FAC Director to determine if additional resources are required, or if certain functional areas can be downsized or eliminated. In addition, the activating entity is responsible for continued coordination with the participating agencies for the duration of FAC activation.

²⁵ Spanish, Vietnamese, Hmong, Cantonese, Pilipino, Khmer, Korean, Armenian, Mandarin, Lao, Russian, Punjabi, Arabic, Mien, Farsi

²⁶ See Appendix XV: Augment Staff and Maintain Staff Accountability.

LOS ANGELES COUNTY OPERATIONAL AREA FAMILY ASSISTANCE CENTER PLAN

S. ENSURE COORDINATION BETWEEN MULTIPLE FACS

In the event of a disaster that requires multiple FAC activations, the County (typically the Los Angeles County Office of Emergency Management) is the coordinating entity for the Los Angeles County Operational Area in compliance with SEMS. Liaisons from each FAC will coordinate to share information about operations.

SECTION III: DEMOBILIZATION

Following the set-up of FAC operations, the Planning Section will begin the planning process for demobilization in consultation with the FAC Director, and establish a date/time for demobilization. The Planning Section Chief (or Demobilization Unit, if activated) is responsible for the coordination of demobilization. ICS form 221 must be utilized to complete demobilization. The Planning Section will develop the demobilization plan based on the nature of the incident and the observed needs of the clients. The Planning Section will submit the demobilization plan to the FAC Director for approval. The Planning Section will execute the approved plan. All FAC staff must adhere to their agency/organization's related operation and demobilization policy and protocols.

A. REVIEW DEMOBILIZATION CONSIDERATIONS

The parameters that determine when demobilization should occur will vary by incident. The Coroner should be involved in deciding these parameters. Typically, the Planning Section Chief may advise the FAC Director to initiate demobilization once the following conditions have been met:

- The last victim has been identified.
- The last family member has been notified.
- A public memorial service has been conducted.

B. COMPLETE DEMOBILIZATION TASKS

Once the Planning Section Chief receives approval to implement the demobilization plan, the following key tasks will be completed:

- Finalize demobilization plan. Ensure that the time frame for demobilization reflects length of FAC operation and nature of incident.
- Notify all participating agencies and the venue.
- Provide date and time of FAC demobilization to clients and service agencies (with as much prior notification as possible).
- Ensure that ongoing case management, counseling and/or a hotline number has been established if needed.
- Collect contact information from all FAC agencies that provided services.
- Coordinate FAC demobilization and address outstanding long-term family management issues
- Provide relevant information to the PIO to prepare public messaging. The PIO should consult with a mental health professional for messaging.
- Provide updates regarding FAC demobilization to the telephone bank, information and referral organizations, and utilized forms of outreach and media.
- Ensure that information regarding demobilization is provided to specific needs populations.
- Conduct a final transition meeting with the FAC staff, city, County, State and Federal agencies
- Ensure that all deployed equipment is returned and coordinate equipment issues with the Logistics Section Chief.
- Facilitate the FAC After-Action Review.

The decision to demobilize the Family Assistance Center should be made in coordination with the activating entity's Emergency Operations Center.

All staff should be briefed on the demobilization strategy, to include the provision of support services for clients after Family Assistance Center demobilization.

