Family Assistance Center Toolkit

Technical Guidance

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Record of Changes

This page includes a table showing the changes made to this document including the date of the change, a description, and rationale, if applicable, and the name of the person who made the change. Any comments or recommendations for changes to this document should be emailed to PreparednessPlanning@dshs.texas.gov.

Date	Description of Change	Name

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FAC Overview and Purpose

A Mass Fatality Incident (MFI) is defined as an incident, disaster, or public health emergency where more human deaths have occurred than can be managed with local or regional resources. In the immediate aftermath of an MFI, family and friends of the victims/missing persons will spontaneously start to gather to search for their loved one or to seek information about their loved one's location and condition. Within 12-24 hours after an MFI, the Family Assistance Center (FAC) is established as a means to provide a safe, secure, centrally located place for family members of potential victims to obtain information and a range of support services. The FAC exists to provide support services to those who visit the Victim Information Center (VIC) which is located within the FAC.

The FAC is a multi-agency operation, staffed by individuals from social services, volunteer organizations, the medicolegal authority's office and other governmental and nongovernmental agencies. Relationships should be established with all involved agencies prior to an MFI in order to allow for the quick, efficient, and successful activation of an FAC.

With the focus of the FAC operations on the families of the victims, it is important to think broadly and keep the following information in mind during the FAC planning process:

- The duration of an FAC operation will vary depending upon the incident, therefore flexibility in the planning stages will be imperative
- Cultural differences must be taken into consideration, as an MFI may have victims who are native to foreign countries or who have culturally diverse backgrounds
- A full FAC operation will take time to set up, basic services should be operative and available within 12 hours of the initial response to an MFI
- Photography should not be allowed in any part of the FAC
- Any reference in this document to the family members of victims will encompass all friends and loved ones

Site Selection for the FAC

The right location for housing the FAC should be selected carefully. Consideration should be given to the location, size of the facility, and varying size and scale of a potential MFI.

Location

- The best location for an FAC will be largely contingent upon the type of incident and number of fatalities
- The FAC location should be relatively close in proximity to the MFI site, so that personnel traveling back and forth between the two can do so with ease

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- o The location should be just far enough away that families will not be subjected to viewing or hearing anything at the incident site
- o The location should not require families to pass by the incident site on their way to the FAC
- The location should be easily accessible for the victims' families and friends
  - o If the location is not easily accessible by public transportation, or if there is a limited amount of onsite parking, arrangements should be made to provide transportation for the victims' families and friends to and from the FAC
- A location with easily controlled access should be considered, which should ease the process of establishing a security perimeter
  - o A location with either a natural sight barrier, or the ability to establish a sight barrier should be considered, to protect the location from the view of the media and general public
  - o Consideration should also be given towards the number of entrances/exits to the FAC. Entrances should be limited in order to control access to and from the FAC.
- The FAC must be compliant with the Americans with Disabilities Act (ADA)[1] and also meet the Texas Accessibility Standards[2]
- The FAC may not be local to some of the victims' families. If they will be traveling a great distance, the FAC should assist the family in making overnight accommodations. Note: This does not mean the FAC pays for the overnight accommodations.
  - o Transportation between the FAC and hotels where the families are staying should also be arranged
- The locations identified as capable of accommodating an FAC operation should be flexible and available both for immediate use, and for the long-term, depending upon the nature of the incident
  - o The amount of time needed to recover and identify the victims of an MFI will be the determining factor in regards to the duration of FAC operations
- Ideally, one large FAC should be able to handle the needs of all of the victims' families, rather than several smaller ones

Size

- The services offered in the FAC will require many breakout rooms, with each having sufficient privacy
  - o The bigger the incident, the more rooms will likely be needed

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[1]ADA Checklist for Existing Facilities http://www.adachecklist.org/doc/fullchecklist/ada-checklist.pdf
[2] Architectural Barriers Texas Accessibility Standards https://www.license.state.tx.us/ab/abtas.htm

- The amount of space required for FAC operations should not be underestimated. The chart below gives an example of the size considerations depending on the scale of the incident.
  - There should be enough room for eight to 10 family members per victim and the required staff to run the FAC
  - A larger venue should be chosen to allow room for expansion, in the event more families arrive than expected
  - A venue with an ample amount of rooms of all sizes to house the services being offered at the FAC should be considered
- A larger venue may be required if a Call Center will be co-located with the FAC

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

Site Amenities and Other Considerations

- Security, such as local law enforcement, should be present to monitor activity inside and outside of the building, including the parking lot and the perimeter
- Internet service should be available for use, both wireless and Ethernet
- Good cell phone reception should be available. If not, a portable cell tower should be used.
- Landline telephone service should be available for administrative purposes and for the Call Center, if it will be co-located on-site
- The availability of cable television hookups should be considered, if TVs will be provided in the FAC. The effect that streaming media coverage may have on the family and friends of the victims should be considered.
- A sufficient amount of power outlets should be available for connecting various types of office equipment and computers for the FAC operation. Families will also require available power outlets to charge various mobile devices.
- Enough restroom facilities should be available to accommodate the anticipated number of families that will arrive, in addition to the FAC staff and volunteers
  - Assume 1-bathroom stall per 30 people

- A location with a large common area or lounge area that provides the families a place to relax and allows for the provision of food services should be considered. Food services may include catering or simply snacks and drinks.
- An ample amount of parking for victims' families and FAC staff and volunteers should be available
  - Families may travel to the FAC in more than one or two vehicles
  - If a facility chosen to house the FAC has a lack of ample on-site parking, off-site parking and transportation to and from the FAC should be arranged

Recommended Site Locations

- Hotels
  - If a local jurisdiction plans to establish the FAC in a hotel, the jurisdiction should consider entering a memorandum of understanding (MOU)/agreement (MOA) with the hotel prior to an incident.
  - If a hotel is selected as the site for the FAC:
    - A determination must be made as to whether or not the entire hotel will be used
      - ➢ If only a portion of the hotel will be used, other guests may be indirectly impacted by the MFI. FAC staff must coordinate with hotel management to move the other guests or cordon off and secure the section of the hotel being used for the FAC.
  - Families may or may not stay at the hotel chosen as the FAC
  - Incident scene personnel and responders must not stay at the hotel chosen as the FAC
  - Incident responders and victims' families should never be lodged in the same hotel, regardless of whether it is being used as an FAC
- Conference and Community Centers
- Public School Buildings
  - Schools provide a great option for FAC operations; however, they are only available for use while students are on break. If a school is selected to use for the FAC, ensure that FAC operations will be completed before school is back in session.
- Recreational Centers/Facilities
- Meeting Spaces on College/University Campuses
- Churches and other religious institutions
  - These locations are not preferable if other suitable facilities are available. A religiously neutral location should be chosen, as some families may not be comfortable coming to a place of worship for family assistance services.

- Once a location has been determined and the FAC is ready to open:
    - o Inform the local Emergency Operations Center (EOC)
    - o The location of the FAC should be announced
    - o All major television and radio stations should be contacted
    - o FAC location announcements should be made every few minutes during the first 24 hours

The FAC Management Team

The FAC Management Team is in charge of organizing, coordinating, executing, and monitoring all FAC operations. Additional coordination with the numerous outside agencies and organizations providing support services is key to ensuring families get the assistance they need. These organizations have their own needs and expectations. For this reason, it is important to establish a clear command structure, mission, and list of objectives from the start of the FAC operation.

The FAC Management Team operates in accordance with the Incident Command System (ICS). The FAC Group Supervisor reports to the Fatality Management Branch Director in the Operations Section of a local response (Attachment 1: ICS Organization Chart)

During the height of FAC operation, the management team should meet at least once per day to discuss any outstanding issues, work towards resolving those issues, and deliver an Operational Period Briefing to the Fatality Management Branch Director. The following list is an example of some of the possible positions to include on an FAC Management Team and their roles. There is no right or wrong way to organize the team, and the number of team members will depend upon the size of the FAC and its duration of operation. The positions listed below come from the Houston Regional Catastrophic Preparedness Initiative Regional Mass Fatality Management Field Operating Guide.

FAC Group Supervisor

The FAC Group Supervisor should manage all activities required to support the families and friends of the victims and collect the antemortem information needed to identify the victims.

The FAC Group Supervisor could come from a variety of organizations, including Public Health, Medicolegal Authority's Office, American Red Cross, or Office of Emergency Management. The FAC Group Supervisor should have strong management skills, have experience working with nongovernmental organizations (NGOs) that will support FAC component, and be adept at working with grieving individuals.

The FAC Group Supervisor has overall responsibility for the daily operations, management, and supervision of the FAC. These responsibilities include collecting accurate antemortem information and documentation about the victims and making care and support available to FAC patrons, such as a safe and secure place to

gather; timely and accurate information relating to the recovery, identification, and disposition of victims; and emotional, spiritual, medical, and logistical support.

The FAC Group Supervisor should perform the following tasks:

- Establish FAC services required to meet the needs of FAC patrons
- Identify FAC personnel requirements based on FAC operational teams
- Coordinate the assignments of FAC Group unit leaders
- Supervise FAC Family Management, VIC, and Health and Human Services Unit Leaders
- Approve protocols for each FAC component
- Identify and procure any special equipment necessary to support the operation
- Coordinate with Family Briefings Liaison for daily family briefings
- Conduct operational briefings for FAC staff as needed
- Liaise with various NGOs participating in FAC operations
- Ensure that proper credentials, certifications, and vetting are in place for FAC staff
- Represent FAC Group units at operational, planning, and other ad hoc meetings
- Assist the Fatality Management Branch Director with making determinations about FAC demobilization timelines
- Direct demobilization procedures to subordinate units and teams

Victim Information Center Unit Leader

The Victim Information Center (VIC) Unit Leader should have oversight for Family Assistance Center (FAC) teams that process calls to the FAC, conduct family interviews, gather and manage antemortem data from victims' family members, conduct DNA reference collection processes, and coordinate identification notifications and victim remains disposition instructions.

The VIC Unit Leader should have skills and experience in process management and administration.

The VIC Unit Leader is responsible for managing the VIC Unit flow process, giving oversight to family interviewers, and overseeing data management processes. The leader also supervises gathering of antemortem data from medical and dental records, ensures proper collection of DNA, and manages Call Center procedures which includes: fielding inquiries, conducting telephone interviews, recording information, and disseminating accurate information to callers.

The VIC Unit Leader should perform the following roles:

- Oversee Call Center, Family Interview, Antemortem Data Management, DNA Reference Collection, and Notification/Referral teams at the FAC
- Identify IT needs of the Antemortem Data Management Team and communicate them to the IT Support Team

- Ensure that data management information protocols are developed and implemented

- Ensure that medical history records are properly entered into the database

- Ensure that DNA reference specimen collection guidelines are followed

- Identify supply needs for DNA collection and communicate them to logistics representatives

- Aid Call Center team members with developing and implementing call scripting and information collection forms

- Oversee Notification/Disposition Team efforts to determine NOK wishes for notification procedures and disposition instructions

- Coordinate next-of-kin wishes with appropriate FAC and Fatality Management elements

- Represent Call Center, Family Interview, Antemortem Data Management, DNA Reference Collection, and Notification/Referral teams at operational, planning, and other ad hoc meetings

- Conduct unit meetings with team representatives

- Coordinate the exchange of antemortem information between the FAC and morgue

- Oversee demobilization procedures and processes for subordinate teams

Support Services Unit Leader

The Support Services Unit Leader has oversight for Family Assistance Center (FAC) teams that receive and direct FAC patrons, provide IT support to the FAC, and process victims' personal effects (PE).

This position requires knowledge of FAC operations, general management skills, and experience in process management and administration. Experience working with grief-stricken individuals is also required.

The Support Services Unit Leader oversees the intake of FAC patrons and their navigation through FAC services. This leader also supervises the processing of victims' PE and IT support in the FAC.

The Support Services Unit Leader should perform the following tasks:

- Oversee the Reception/Registration, IT Support, and Personal Effects teams at the FAC

- Identify team equipment needs and report them to logistics representatives.

- Ensure the privacy and security of patrons at the FAC

- Maintain accurate lists of reported missing persons and patrons receiving FAC services

- Represent Reception/ Registration, IT Support, and Personal Effects teams at operational, planning, and other ad hoc meetings

- Oversee the PE release process

- Conduct unit meetings with team representatives
- Provide briefing information for family updates and other forums
- Oversee demobilization procedures and processes for subordinate teams

Family Services Unit Leader

The Family Services Unit Leader oversees Family Assistance Center (FAC) teams providing physical, emotional, and spiritual care to FAC patrons.

The Family Services Unit Leader should have skills and experience in process management and administration, previous experience with people in crises, and an understanding of local and state behavioral health response and childcare regulations are necessary. In addition, an appreciation for faith-based and cultural traditions is required.

The Family Services Unit Leader is responsible for support services to FAC patrons.

The Family Services Unit Leader should perform the following tasks:

- Coordinate with the Logistics Section to obtain interpreters/translators for patrons who do not speak, read, or write English or who are hearing impaired
- Validate credentials of behavioral health, spiritual services, and childcare providers.
- Communicate childcare equipment needs to logistics representatives
- Inform the Logistics Section of first aid supply needs necessary to support the FAC.
- Represent subordinate teams at operational, planning, and other ad hoc meetings.
- Conduct meetings with team representatives
- Provide briefing information for family updates and other forums
- Oversee demobilization procedures and processes for subordinate teams

FAC Staff and Volunteers

All staff members and volunteers working in the FAC should be provided with an orientation session and proper training for their duties. They should also be provided with an identification badge to wear while working their shift. The training can be in the form of just-in-time training. Preparing staff and volunteers for their roles before their shift will limit mistakes and allow for a more efficient provision of services.

The following should be reviewed in the staff and volunteer orientation:

- Mealtime information
- Parking instructions
- Shift check-in and check-out procedures
- Tips and reminders on proper behavior in the FAC

- Brief overview of everyone's job function

- Tours of the FAC so staff will have a mental layout of the overall operation and understand how the FAC will flow

- The importance of not talking to the media should be stressed

- The importance of the confidentiality of information provided by families

- Information on any known cultural differences that must be taken into considerations

As staff and volunteers arrive for the start of their shifts, their identification should be verified and checked against the daily work schedule, to ensure they are to be on the premises. All staff and volunteers should fill out a registration form on their first day (Attachment 2: Staff & Volunteer Registration Form) and should sign-in and sign-out on the daily sign-in log every day they work (Attachment 3: Staff & Volunteer Sign-In Form). The local jurisdiction should consider having staff and volunteers complete a confidentiality agreement similar to the example provided in Attachment 4: FAC Confidentiality Agreement.

FAC Components

The FAC interior floor layout is scalable based on the size, impact, and needs of the incident (Attachment 5: Sample FAC Floorplan Configuration). Some main components to the layout that should be included regardless of the incident are listed below.

Core Components:

- Reception and Information Desk

- Family Briefing

- Victim Information Center (Antemortem Data Collection)

- Call Center

Support Services:

- Behavioral Health Services

- Spiritual Care Services

- Child Care Services

- First-Aid Station

General Logistical Suggestions:

- A few computer stations should be arranged around the FAC for families to use to check email or to conduct any other necessary business

- A separate meal and lounge area should be established exclusively for FAC volunteers and staff

- Snacks or meals should be provided to the families at the FAC. These items may be placed in either the Family Briefing Room or a different common area, if one is available.

- o Dietary restrictions should be taken into consideration when providing food

- Tissue boxes should be readily available throughout the FAC

- Radio communication between all stations and supervisory FAC personnel should be provided

- Whether or not to place televisions in common/meal areas, the Call Center, and the rooms where the management and staff offices and break/meeting areas are located, should be considered

- Clear and ample signage should be placed throughout the interior and exterior of the FAC, so families know where to enter, and where to go once they are inside

  - o Signs should contain large, bold-faced font designating each service station (e.g. "Family Briefing Room," "Behavioral Health Services," "Quiet Prayer/Meditation Room"). Consider placing the agency logo in one corner of the signs for uniformity.

  - o Signs should be hung above table stations, or if all stations are in rooms, clearly affix signs to the walls next to the appropriate doors, or onto easels placed outside the doors

  - o Make sure outdoor signage is weatherproof (against rain, wind, etc.). Outdoor signage should be larger, if possible, so families can navigate the parking lot and find the FAC entrance with ease.

Reception and Information Desk

The main purpose of the Reception and Information Desk is to welcome and register families and visitors to the FAC. Families and visitors may include:

- o Those whose loved ones are "known missing" or "possible missing"

- o Those who have already been interviewed by law enforcement

- In some cases, a manifest of the victims from the incident may be available and can be used to screen people coming to the FAC

- Sometimes dignitaries may wish to visit with the families to express condolences. These visits are usually pre-arranged.

- News media and curious members of the general public are *not* allowed in the FAC or allowed inside the perimeter establishing FAC grounds

- Family and visitors arriving at the FAC should complete an initial Registration Form (Attachment 6: Family Member Registration Form). This form will serve as the foundation of information for their case file.

  - o The registration staff should include copies of all forms filled out by family members in the case file, which will be to be sent to the Victim Information Center (VIC)

- A sign-in log should be maintained for families to check-in when they arrive and check-out when they leave the FAC each day (Attachment 7: Family Member

Daily Sign-In Sheet). The family sign-in log should be separate from the staff and volunteer sign-in log.

- o Families and visitors should be informed of the sign-in instructions for future visits to the FAC
- o Families must sign-out of the FAC upon leaving each day. All contact information must be recorded, in case important information or a death notification needs to be relayed to the family

- Photo identification badges should be produced to credential the family members and any visitors during their first visit to the FAC
  - o Family and staff identification badges should be easily distinguishable
  - o Each person's badge should be checked every time they enter the FAC
  - o New badges may be issued everyday with slight differences from the previous day's badge. This will keep anyone from reproducing the badge to gain access to the FAC.

- Family escorts should be available to bring the families around the FAC from station to station and orient them to the process and layout. Escorts should personally assist the families with any questions or needs that they may have. The family escort should:
  - o Link the families with the appropriate person or agency to answer any questions they may have. The escort is also there to listen and offer support; therefore, they should have crisis training.
  - o Give the current status of the recovery and identification process
    - o Information should be received from daily staff/operations briefings
  - o Give the schedule and location of the family briefings
  - o Inform the family of the FAC hours of operation and important telephone numbers
  - o Provide the safety and security regulations and FAC policies
  - o Inform the family of available child care at the FAC
  - o Explain the importance of the signing in and out process and obtaining contact numbers/address
  - o Point out rest area, support services, and first aid available

Reception and Information Desk Logistical Suggestions:
- Filing cabinets or portable boxes to store forms and documents generated during the FAC operation
- General office technology: fax machine, copier, printer, extra ink or toner cartridges, laptop computer with mouse or tablet, landline and cellular telephones, etc.
- Parking permits for families and visitors to ensure the parking lot is only being utilized by FAC attendees

- Materials of various styles for name and photo identification badges (i.e. lanyards, nametag stickers, badge holders, etc.)
- Various office supplies for general functions (pens, pencils, paper, clipboards, sticky notes, binders)
- Signage for both the information/reception area to welcome and direct families, as well as signage for the rest of the facility
- Paper shredders for operational security and maintaining victim and family confidentiality
- Maps of the facility floor layouts and the local area
- Bulletin board to post important information

Family Briefings

Family Briefings provide families with the most recent information regarding the incident response and victim identification process. The FAC Coordinator, or equivalent position, should attend all family briefings, along with other designated representatives, such as the medicolegal authority, law enforcement, a search and recovery representative, morgue operations representative, and a family assistance operations representative.

- The same individuals should be present to speak at each briefing to establish continuity and recognition with the families
- The briefings should be held on a schedule, where the families can receive updates in a timely manner, and before the media is provided the updates
    - The Joint Information Center (JIC) should coordinate with the FAC to ensure uniformity in messaging from all aspects of the incident management/response to families and the public alike
    - The Family Briefing Schedule should be posted around the FAC in highly visible areas, perhaps on designated message boards if they are established, and consider making one or two general announcements in the hour or minutes leading up to the briefing
- The first family briefing should be held within 24 hours of the FAC operation activation
    - A sample of information that should be briefed is listed in Attachment 8: Family Briefing Frequently Asked Questions
- At least one briefing per day should be conducted, even if there is no new or significant news to report
- The information being disseminated should be in language and terminology the families can understand
    - Important information should be repeated often, as some individuals may be less receptive due to their grief
    - Translators or sign language interpreters should be available, if necessary

- Behavioral health and spiritual care providers should be available to assist families during and after these briefings
- When the family briefing room is not being used for a briefing, it can double as a family gathering place, location for provision of refreshments, memorial space, etc.

Family Briefing Room Logistical Suggestions:

- A room that is large enough to accommodate all families should be chosen, such as an auditorium, multi-purpose room, or ballroom where chairs can be set up
    - There should be more than enough chairs available for all family members in attendance, along with tables for the speakers
- A conference call bridge line that allows for families who are off-site to call in and hear the updates should be available. The use of a video conference option should also be considered.
    - The news media must not gain access to this information
- A podium should be provided from which the speakers can present their information, and have audio capabilities, such as microphones and loudspeakers
    - If there is a large crowd at the FAC, it may be better to have the presenters on a stage or elevated platform so they can be seen by individuals in the back of the room
- A projector and screen should be considered, if there will be any slideshow presentations, informational graphics, or photographs shown by the presenters
- Handout packets for the families with a transcript of the briefing information and a list of the available resources and services should be considered

Victim Information Center (Antemortem Data Collection)

The Victim Information Center (VIC) should be co-located with the FAC (Attachment 5: Sample FAC Floorplan Configuration). The VIC is the responsibility of the medicolegal authority and is used to collect and process antemortem data through a formal interview with the families. Data that is gathered through these interviews can assist in positively identifying persons reported missing as victims of an MFI.

Qualified personnel, such as funeral directors or medicolegal death investigators, will collect the antemortem data through face-to face meetings or telephone conversations with the families. The VIC staff manages the antemortem data collected from medical records, dental records, photographs, DNA samples, etc. Death notifications also occur in the VIC or as designated by the medicolegal authority.

- Some of the skills necessary to conduct antemortem interviews include:
    - Knowledge of medical terminology
    - Experience with the death management process and death notification
    - Experience working with law enforcement
    - Experience with missing person services

- o Cultural competency

- o Skills in communicating with those experiencing grief and loss

- Just-in-time training should be considered for the interviewers to review the proper interview procedures and use of the data entry system. At a minimum, the interviewers should be given a brief orientation on the information they need to collect, including the forms they are to use.

Antemortem Data Collection Guidelines:

- Roughly two hours per interview should be allowed, and the families should be given as much time as they need to answer the questions

  - o Some families may be resistant to participate because they view the antemortem interview process as giving up hope to find their loved one

  - o All information provided by the families must remain confidential

- Next-of-kin status should be established and the family's death notification preference should be discussed (Attachment 9: Death Notification Preferences)

  - o In some cases, the process of identifying remains may continue for weeks or months after the MFI

  - o By completing this form, the victim's legal next of kin can inform the medicolegal authority of their preference in regards to additional notifications

  - o The legal next of kin should sign the form, alongside the ME Office representative, and receive a copy

- If collecting DNA reference samples or obtaining dental records, Attachment 10: DNA Reference Collection Form and Attachment 11: Dental Records Request Form may be used

- A new file should be started for the information collected during each initial interview and updated as other records are provided from doctors' and dentists' offices

- After the interview is complete, the interviewer should provide the next of kin an individualized confidential security code that can be used by the family when requesting information over the internet or by telephone

- Funeral release forms should be on hand for families to sign (Attachment 12: Funeral Information & Release Form)

- When death notifications occur, the notification team should be comprised of a medicolegal representative, a funeral director, and a behavioral health professional. Upon request of the family, a member of the clergy may be present.

  - o Before a death notification occurs:

    - Team members should be fully briefed on victims' information

    - Each team member should be prepared for questions from families

    - The issue of unidentified common tissue should be addressed, if necessary

- o Families should be given the option to be informed later regarding the identification of common tissue
- o Families should be informed of future memorial service and burial of common tissue
- o Families should be given as much time as they need to contact the rest of the family
- o Families should be informed that name and age of the victim will be released to the press thereafter

VIC Logistics and Forms

- The Disaster Mortuary Operation Response Team (DMORT) Victim Information Profile (VIP) Questionnaire (Attachment 13: DMORT Victim Information Profile) may be used, which is intended to speed up the antemortem data collection process
- A Fact Sheet should be prepared to give to the families highlighting information regarding transportation, funeral arrangements, and behavioral health counseling

Call Center

A Call Center may be established to receive initial missing persons' intake information. It can be co-located with the FAC if space allows. While the initial intent of the Call Center will be to receive reports of missing individuals, it may transition into an informational hotline during the latter part of the incident.

- The Call Center operation should be coordinated with the local EOC
    - o If available, 211 may be used for call center operations
    - o It may also be coordinated with the Joint Information Center, if one is established
    - o Operation should be 24/7, at least in the immediate aftermath of the MFI
- A central, toll-free telephone phone number should be established and the number should be widely distributed to an array of media outlets to ensure it reaches the public
- A pre-scripted message (Attachment 14: Call Center Sample Script) may be developed, along with some standard answers to frequently asked questions, which call-takers can utilize to ensure a consistent message is being conveyed to callers
- Call-takers should use either an electronic or hardcopy intake form to ensure consistency in recording messages (Attachment 15: Call Center Intake Form)
    - o Call-takers should prioritize the intake form by "known missing", "possible missing", or "not known"
        - o "Known missing"- The person was last seen/heard from in the area or was confirmed deceased

- o "Possible missing"- There is a reasonable assumption that the missing person was involved in the incident
- o "Not known"- The person may have been in the area

- Training should be provided to all Call Center staff regarding the procedures for answering callers' questions and what information is appropriate to give to callers
    - o Each caller should be informed that they will be asked some basic questions about the missing individual
    - o Promises or guarantees should not be made
    - o A time as to when a call will be returned should not be provided
    - o Emphasis should be placed on confidentiality of family information
    - o The importance of showing patience, respect, sensitivity, and compassion to all callers should be reiterated
    - o The emergency and non-emergency needs of callers should be assessed (whether the request is urgent or there is time for follow-up)
    - o Procedures should be in place to handle calls offering donations or volunteer time
- Callers should be provided with information on the services available at the FAC
    - o A list of important phone numbers associated with the on-site FAC service providers for call transfer purposes should be maintained
- The behavioral health of the call-takers should be monitored, especially if they are receiving stressful calls

Call Center Logistical Suggestions:

- A sufficient number of lines should be provided to answer the toll-free telephone number
- Headsets should be considered for use by the call-takers
- Call Intake Forms should be on-hand for the call-takers to fill out (Attachment 15: Call Center Intake Form)
    - o Each caller's name and call-back number or other contact information should be taken
    - o If a caller reports a missing person, as much information as possible should be noted, including the primary next-of-kin, and the address and contact information of the primary next-of-kin
    - o The reason for the call should be documented
        - A person may call to inform that a person previously reported as missing has been found. The caller's information should be taken, as well as the information of the found person. This information should be forwarded to law enforcement and the medicolegal authority.

- o The need for a follow-up call should be documented as well as the individual responsible for making the call
- o Call-takers should turn these forms into the Call Center supervisor at the end of the shift for entry into a database
- o Forms should be stored in a resource binder at the Call Center
- o The information collected should be forwarded to law enforcement and the local medicolegal authority based on the prioritization category
- A packet or binder full of reference information for call-takers should be maintained, including:
  - o Hotel and transportation information for the area
  - o Updates delivered in the most recent family briefing
  - o List of standardized answers for frequently asked questions
  - o List of services being provided at the FAC and associated contact information
  - o Latest press releases
  - o Updated numbers of fatalities, injuries, and missing persons for reference

Behavioral Health Services

The stress and emotions following an MFI can be tough for many family members. Behavioral health services are available to anyone ranging from incident survivors, to the family members and friends of the victims, to incident responders, FAC staff, and volunteers.

- Behavioral health services should be arranged through the Local Mental Health Authority (LMHA)
- These services should be available during all operational hours of the FAC
- Records of the number of contacts that behavioral health personnel make should be maintained
- Behavioral health staff may be referred as counselors, to make the individuals feel more at ease
- Psychological first aid and crisis intervention services and educational materials should be available
- Open rooms should be available for private behavioral health services, as some people will only open up about how they are feeling in a private space
- A diverse team of professionals should be assembled to offer behavioral health services (e.g. social workers, family and child therapists, marriage counselors)
  - o The personnel should provide referrals, as requested, to local behavioral health professionals in the families' hometowns
- Employ the SAFER Model (Stabilize, Acknowledge, Facilitate, Encourage, Referral)

- o **S**tabilize – Behavioral health staff should establish a relationship with the person by exhibiting patience and reassurance, treating them with respect and dignity, and addressing them by name. Their role in the process and any limitations they may have in helping them should be described. Staff should be honest and avoid false promises.

- o **A**cknowledge – Behavioral health staff should recognize the impact of the crisis on the person by listening to them tell their story and reactions

- o **F**acilitate – Behavioral health staff should assist and enable understanding by providing normalization and reassurance as necessary

- o **E**ncourage – Behavioral health staff should encourage effective coping mechanisms by ensuring the person's basic needs are met. Staff should make certain the person is managing stress through positive and healthy means. Staff should identify whether the person has or wants someone to help them cope with the situation and inform them that help is available.

- o **R**eferral – Behavioral health staff should provide the person with a referral for continued support, only if necessary

- ▪ The following phrases should be avoided when interacting with individuals:
  - o "It could be worse"
  - o "I understand"
  - o "Don't feel bad"
  - o "You're strong, you'll get through this"
  - o "Don't cry"
  - o "It's God's will"

- ▪ Confrontation, placing blame, criticism, or sarcasm should be avoided when speaking with grieving individuals

- ▪ Behavioral health services may assist in coordinating site visits or memorials which can be cathartic for the victims' families and friends
  - o This is an optional part of the FAC process
  - o A briefing would be necessary for the attendees to be prepared for what they might face, such as sights, smell, and potential emotions
  - o Only the families and friends of the victims, involved crew members, incident survivors, and ground survivors should be allowed to attend
  - o Coordination for the site visit or memorial should be between the FAC Coordinator, Emergency Management Coordinator, and on-scene Incident Commander, if the scene is still active

- ▪ Consider the behavioral health of the incident responders
  - o Stress management training should be provided to staff members and new and relief staff should be briefed about what they can expect during their shift

- o Staff should be cautioned against getting too emotionally involved with the incident. Encourage them to be sympathetic rather than empathetic. Empathy can rapidly become overwhelming for a person.
- o Staff should be reminded that they are part of a team and they are not alone in what they are doing, feeling, or experiencing
- o Break rooms should be provided in the FAC for staff to take breaks and clear their minds from time to time
- o Staff should eat and drink properly, avoid alcohol, and engage in exercise
- o If feasible, teams working in a high stress environment should be rotated to a lower stress environment from time to time
- o After each shift, a debrief should be conducted with the staff members to allow them to express their feelings and share what successes or challenges they came across during that shift. This can be one-on-one or in a group setting. Any takeaways may be immediately applied to the next shift.

Spiritual Care Services

Spiritual care services should be broad and go across the boundaries of different faiths. Unwelcome spiritual intrusion should be avoided, as families should not feel pressure to buy into or be a part of a certain faith through the counseling they receive.

- Interreligious, spiritual counseling should be available to families and staff who request it
- Families' religious or spiritual beliefs should be identified if they choose to share the information, especially since there may be certain religious or spiritual beliefs and traditions regarding autopsies and the disposition of remains
- Members of the clergy may conduct services and worship opportunities, and may serve as members of a death notification team
- Members of the clergy may offer the following:
  - o Assistance to behavioral health staff to provide emotional support
  - o Assistance to families calling into the Call Center
  - o Assistance with the antemortem interview teams and death notification teams
  - o Availability to be with families in a quiet room, if needed
  - o Provide emotional support to FAC staff as needed
- Rooms should be available to allow families to meet privately with spiritual counselors
- Spiritual counselors should be stationed throughout the FAC, readily available if an individual needs to talk
- Spiritual counselors should interact with families and staff on a general basis to provide support and see how they are holding up emotionally

Child Care Services

Some families coming to the FAC may have young children with them. The provision of child care services enables the parents to attend the briefings, meetings, and interviews, and deal with the difficult situation, all while their children are being cared for by qualified personnel.

- The area designated for child care services should be safe and secure

- Child Care Centers being operated inside the FAC do not require a license to operate if they will not be in operation for more than three (3) consecutive weeks or 40 days in a 12-month period

    o If the Child Care Center meets the temporary criteria and does not need a license, no background checks on Child Care Center staff are required

    o Examples of practical professionals to operate the FAC Child Care Center are teachers, RNs, LVNs, etc. These individuals should already have background checks to some capacity, alleviating the burden of risk surrounding unregulated child care.

- A range of activities to keep the children occupied should be provided, and the area chosen for child care services should be far enough away from the antemortem and incident briefing rooms

- There should not be any televisions in the immediate vicinity of the child care area that are tuned to news media or are otherwise broadcasting information regarding the MFI

- The following behavioral health tips should be considered when operating the child care center:

    o Children should be kept away from media and bystanders, any traumatic sights and sounds, and from distressed individuals

    o Children should remain with their loved ones and caregivers whenever possible

    o FAC staff should speak to children using age appropriate language and explanations

    o A child should never be forced to speak if he or she refuses to talk. A child should not be forced to recount memories of the trauma or talk about his or her feelings before he or she is ready.

    o If the child is ready to express his or her feelings, they should be given the option of doing so through writing, drawing, or playing with toys

    o Metaphors should not be used, such as telling a child that his or her loved one has "gone to sleep," as this can make the child afraid to sleep

Registration

- Parent(s)/guardian(s) should sign their child(ren) into the Child Care Center using an admission form. The parent's or guardian's driver's license should be verified and the date and time of arrival should be noted (Attachment 16: Child Care Center Intake Form).

- Give the child and parent/guardian matching wristbands marked with the parent's or guardian's driver's license number for rapid verification at discharge
- Ask the child's parent(s)/guardian(s) about any allergies the child has or if the child takes any medications

Logistics

- Age appropriate toys should be available and activities should be planned for children to keep them entertained
- Healthy snacks and drinks should be readily available
- The child care center should be set up near a restroom with a diaper changing station
- Child therapists and psychiatrists should be available and on-site to help children express their feelings through art or other cathartic activities, if needed
- A small first-aid kit should be kept in the Child Care Center for minor injuries
- Diaper changing supplies should be on hand
- Consider having some blankets, pillows, cots, cribs, and other comfortable furniture if there are children who want to take naps

Staffing

- Child care staff should check-in and check-out of the FAC in the same manner as other FAC staff and volunteers
- Appropriate ways to work with grieving children should be reviewed with staff
- Safety procedures and should be reiterated and proper hygiene practices should be emphasized

Closing Procedures

- At the end of the day, all children should be reunited with their parents or guardians
- When a parent or guardian arrives to pick up a child, his or her driver's license should be verified to ensure it matches the admission form and the wristband on the child
- The parent or guardian must sign the child out of the Child Care Center and include the sign-out time and date
- A report should be written to include any major events or observances from the shift
- All surfaces and toys should be disinfected

First-Aid

The provision of a medical first-aid station onsite is imperative in case there is any type of injury or stress-borne illness at the FAC.

- Doctors, nurses, and/or emergency medical technicians should staff the first-aid station to tend to minor medical issues and provide initial, rapid evaluations of emergency medical issues

- o Staff should arrange to have the patient transported to a nearby hospital if his or her condition warrants
- o Medication procedures should be incorporated into the first-aid station and access to common pharmaceuticals should be considered
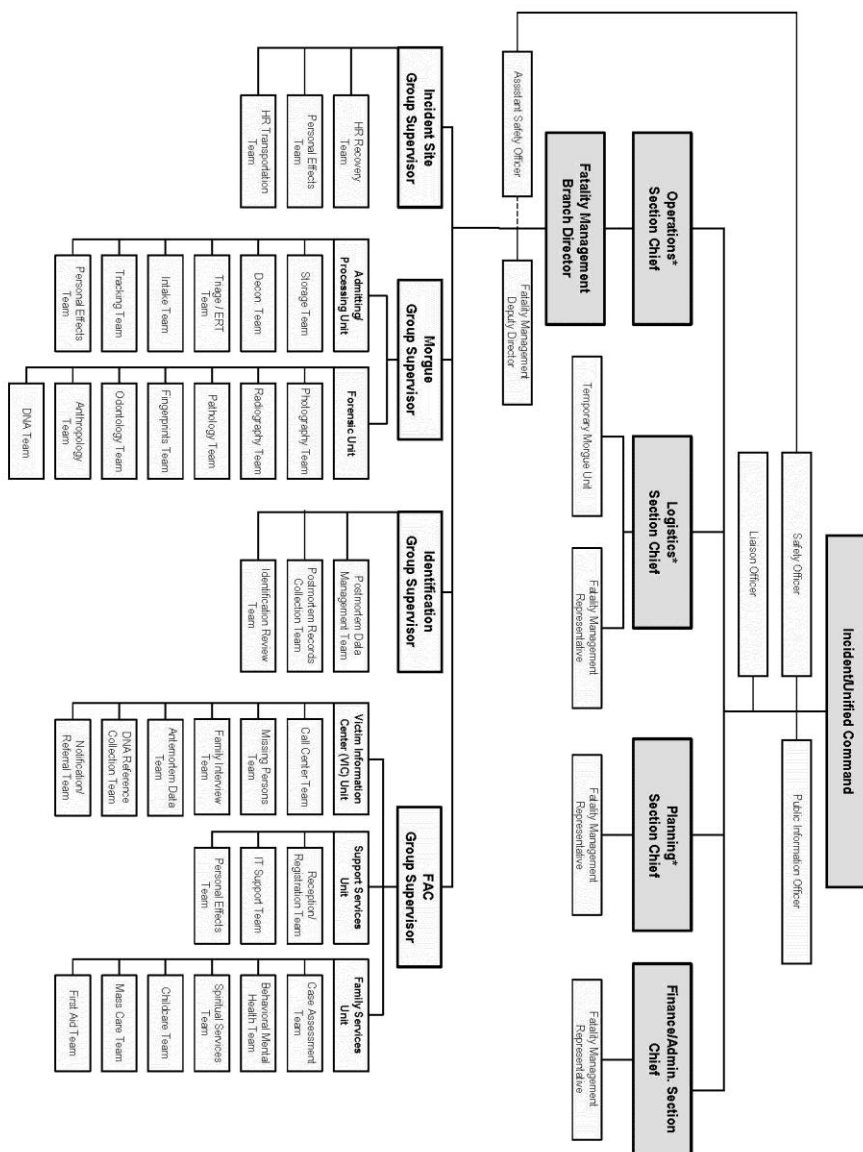- o Some staff should be positioned around the facility during large events, such as the family briefings

Demobilization of the FAC

Remaining responsibilities and activities are usually coordinated by the local EOC and JP/ME's office. Planning for FAC demobilization will determine which agencies will remain engaged in family assistance activities once the FAC is closed.

- If the MFI was a criminal act, family briefings should continue as necessary to keep families updated on the investigation
- Operation of the call center hotline should continue, if there are still calls coming in
- Any families still needing behavioral health services or spiritual care services should be referred to other specialists
- Responsibility for any remaining death notifications should be coordinated
- Long term discussions should be conducted with families regarding potential memorial services (initial and on the anniversary) and commemorative monuments

Attachment 1: ICS Organization Chart

Attachment 2: Staff & Volunteer Registration Form

Texas Department of State Health Services Technical Guidance Document

Attachment 3: Staff & Volunteer Sign-In Form

FAC Employee Sign-In and Sign-Out Sheet				
First Name	Last Name	Time In	Time Out	ID #

Attachment 4: FAC Confidentiality Agreement

Family Assistance Center
Confidentiality Agreement

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

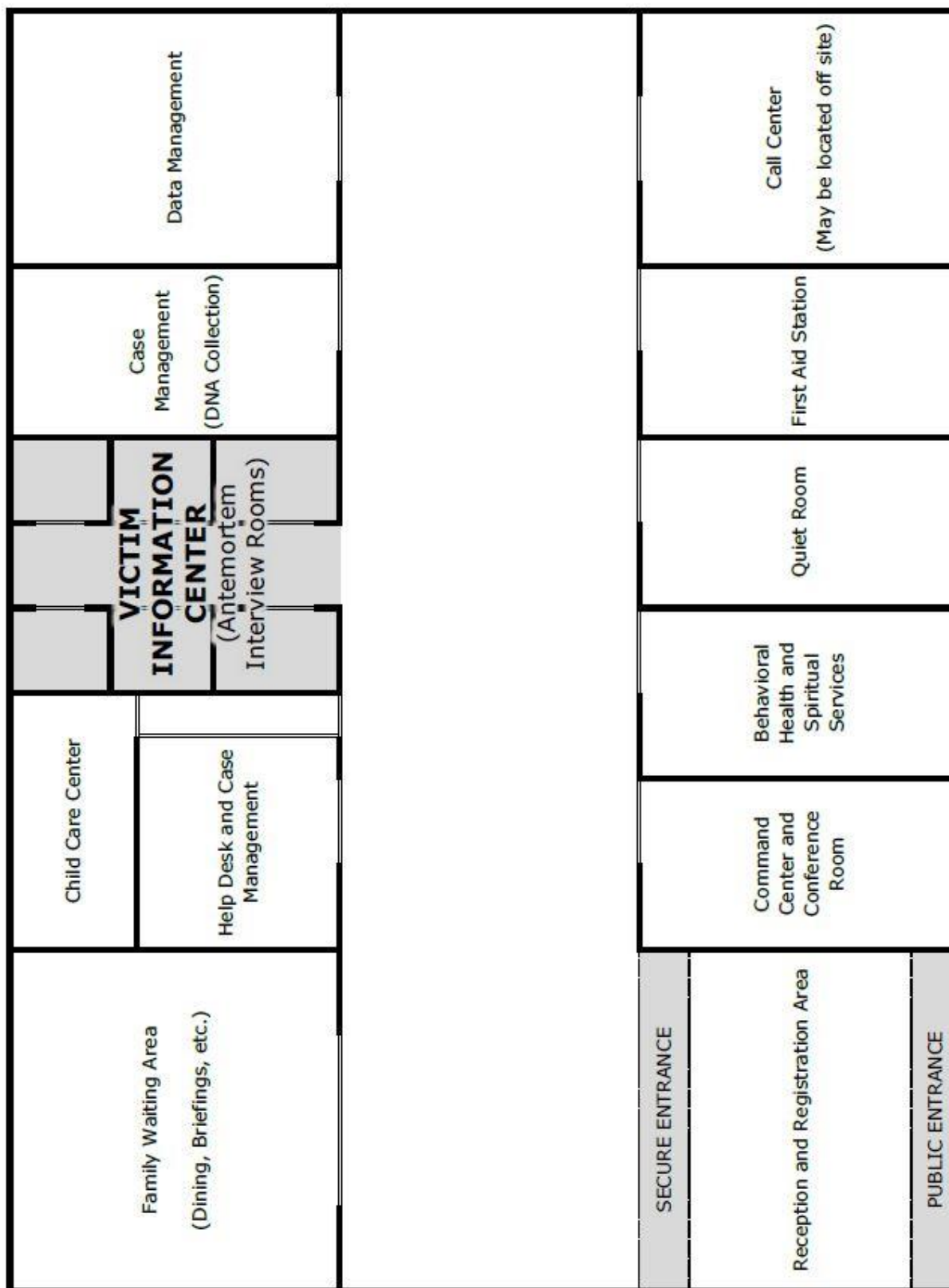My signature on this agreement indicates that I understand and agree to the following:

1. Any information I obtain on clients of the FAC will be kept strictly confidential. This includes the knowledge of their visits to this facility and financial as well as clinical data.
2. Unless directed by my supervisor, I will not disclose any client information to any person whatsoever or permit any person whatsoever to examine or make copies of any client reports or other documents prepared by me, coming into my possession, or under my control, or use client information other than as necessary in the course of my business with the FAC.
3. I understand that I must not release information from reports, records, correspondence and other documents, however acquired, containing medical or other confidential information, and that I may not release such information except in a manner authorized by law, such as in a statistical form that will not reveal the identity of an individual and/or clients involved.
4. I may not release or make public, except provided by law, individual case information including demographic data and client contacts.
5. I will not remove client information or records from the FAC.
6. When client information must be discussed with other FAC personnel in the course of my assignment, I will use discretion to ensure that such conversations cannot be overheard by others who are not involved in the client's case.
7. I will not discuss confidential information with people who are not authorized, and/or who do not have the need or the right to know the information.
8. I will use only that information which is minimally necessary to conduct my assignment.
9. I will maintain and safeguard the security of all personally identifiable health information, to include any confidential files I maintain and/or obtain at the FAC for which I am responsible for out of the view of unauthorized persons.
10. When I dispose of a document that contains personal identifiable health information and/or client information, I will assure that the document is properly shredded.
11. I understand my obligations under this Agreement will continue after FAC operations demobilize or my termination from the FAC.
12. I will report activities by any other individual or entity that I suspect may compromise the confidentially, integrity or availability of confidential information. Reports are made in good faith about suspected activities and will be held in confidence to the extent permitted by law.

Texas Department of State Health Services Technical Guidance Document

Attachment 5: Sample FAC Floorplan Configuration

Texas Department of State Health Services Technical Guidance Document

Data Management	Case Management (DNA Collection)	VICTIM INFORMATION CENTER (Antemortem Interview Rooms)	Child Care Center	Family Waiting Area (Dining, Briefings, etc.)
		Help Desk and Case Management		

Call Center (May be located off site)	First Aid Station	Quiet Room	Behavioral Health and Spiritual Services	Command Center and Conference Room	SECURE ENTRANCE	Reception and Registration Area	PUBLIC ENTRANCE

Texas Department of State Health Services Technical Guidance Document

Attachment 6: Family Member Registration Form

Texas Department of State Health Services Technical Guidance Document

Attachment 7: Family Member Daily Sign-In Sheet

FAC Daily Family Sign-In Sheet	Date:			
	Page: of			
First Name	Last Name	Time In	Time Out	ID #

Attachment 8: Family Briefing Frequently Asked Questions

Medical Examiners / Justices of the Peace

- How many of the deceased have been recovered?
- How long do you think the recovery process will take?
- How many bodies have been positively identified?
- How long do you think it will take to finish positively identifying all of the bodies?
- What is the condition of the bodies?
- How many bodies have been released?
- How much staff do you have working on the incident?
- How many hours per day are your staff working?
- Are you still waiting on any resources to complete the recovery?
- What will happen with the personal effects?
- When will death certificates be issued?

Incident Investigators

- What is the status of the ongoing investigation?
- Was the cause of the incident intentional, accidental, or an act of nature?
- Was there any forewarning that the incident would occur?
- What agencies are involved in working the incident?
- How many investigators are working the incident?
- How experienced are the investigators working the incident?
- When will we be able to visit the incident site?
- When will the investigation provide more concrete answers?
- What could have been done to save more people?

Industry Personnel (if applicable)

- What are you doing about the incident?
- What are you going to do to help take care of the affected families?
- Will you pay for funeral expenses?
- Will you pay for (and/or continue to pay for) the families' living expenses while we are at the incident site?
- What benefits will you provide to us?
- Did you know that an incident like this could happen?
- How many of your employees were killed and of what level were they?

Attachment 9: Death Notification Preferences

Directive on Notification of Additional Remains Form

I understand that as part of the ongoing investigation, additional remains may be identified by the Office of the Medical Examiner/Justice of the Peace.

In the event that additional remains of _____ are identified by the Officer of the Medical Examiner/Justice of the Peace, I hereby state:

_____   I wish to be notified and will make a decision regarding disposition at that time.

_____   I do not wish to be notified and authorize the Office of the Medical Examiner to dispose of the remains in a dignified and respectful manner.

_____   _____
Signature of Legal Next of Kin   Date

_____
Printed Name of Legal Next of Kin

_____   _____
Signature of Representative of the Office of   Date
the Medical Examiner/Justice of the Peace

Attachment 10: DNA Reference Collection Form

Family and/or Donor Reference Collection Form

(Each donor needs to fill in a separate form and submit a separate sample for each missing person.)

Missing Individual Information

Last Name	Suffix (Jr., Sr.)	First Name	Middle Name	Sex (circle)
				M F

The missing person has been known by the following additional names (include maiden name)	Date pf Nirth	Social Security Number or citizenship (if not a U.S. citizen)
	Year _ _ _ _ Month _ _ Day _ _	_ _ _ _ _ _ _ _

Donor Information

Last Name	Suffix (Jr., Sr.)	First Name	Middle Name

Telephone numbers (in order of preference)

1st: (   )   2nd (   )   3rd: (   )

Home Street Address

City	State	ZIP	Country

Date of Birth	Sex (circle)	E-mail address (please print)
Year _ _ _ _ Month _ _ Day _ _	M F	

I am providing a family reference sample, as I am the missing individual's _____

(e.g., mother, father, sister, son)

Please circle your relationship to the missing individual:

Other: *(please specify)* _____ *(e.g., grandchild, friend, roomate)*

Name of Missing Individual: _____

(Last, First, Middle, Suffix)

> **Please note:**
> - *If there is a possibility that there may be someone else's DNA on a personal item, it is helpful to submit a biological sample from the person(s) who might have also used the item (reference sample). Please refer to the Sample Family and/or Donor Reference Collection Form.*
>
> - *Items submitted should be directly attributable to the missing individual.*
>   - *Biological samples suitable for testing include:*
>   - *Bloodstain cards (e.g., newborn screening cards (Guthrie cards) or cards obtained from other repositories).*
>   - *Oral swabs (e.g., from home DNA identification kits).*
>   - *Blood stored for elective surgery.*
>   - *Pathology samples (e.g., biopsy samples, PAP smears).*
>   - *Extracted teeth (baby/wisdom).*
>   - *Hair samples.*
>   - *Personal items that might contain the missing individual's DNA include:*
>   - *Used toothbrushes.*
>   - *Used shavers/razors.*
>   - *Unwashed undergarments and other suitable clothing items.*
>   - *Used personal hygiene items (e.g., feminine sanitary napkins).*
>   - *Other personality handled or used items (consult the testing laboratory for specific criteria).*

I, _____ hereby grant permission to

(Please print or type name of submitter)

extract and type DNA from the items listed on page 1 for the prpose of assisting in the identification of a missing person. I understand that in the testing process the item may become damaged or destroyed and may not be returned.

_____   _____

(Signature of submitter)   *(Date)*

The items were received on _____ at _____

(Date)   *(Collection location)*

_____

(Collection address)

Sample(s) received by _____ _____.

(For testing agency use only)

Attachment 11: Dental Records Request Form

Dear Doctor _____ :

As you may be aware, your patient, _____, was a possible victim of the _____ disaster that occurred _____ .

As I am team leader of the _____ Dental Association Forensic Dental Identification team, I am requesting all dental records you may have available for this individual, Any charts, radiographs, photographs and/or diagnostic models you could provide would be helpful. If possible, original records should be sent.

We will be happy to return the records to you after the identification process is complete.

Sincerely,

_____

Team Leader

....

Please return this form with the records you supply:

I am supplying the following records: _____

_____

These records are ____ Originals ____ Copies
   (Please clarify any unusual abbreviations, numbering systems, etc.)

Patient's Name: _____
Treating Dentist's Name: _____
Address: _____
City, State, ZIP: _____
Telephone: _____
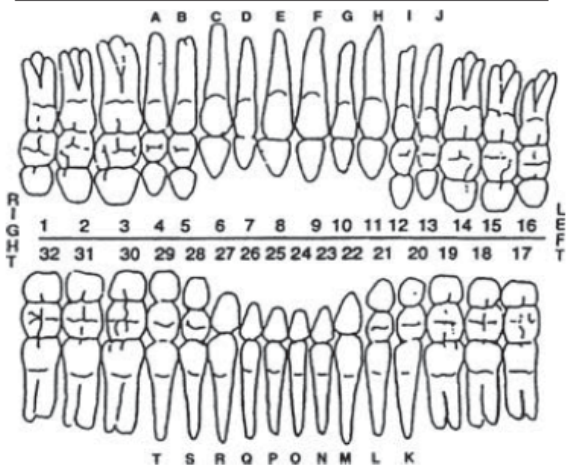
I would like these records returned to me: ____ Yes ____ No

Thank you.

Antemortem Dental Record

ID #: _____

Last: _____ First: _____ MI: _____

Date: _____ Sex: _____ Race: _____ Age/DOB: _____

Height: _____ Weight: _____ Eye: _____ Hair: _____ Blood Type: _____

Team Member: _____

  Confirm by: _____

Type, Date and Number of XRays _____

Codes	
Primary Codes	**Secondary Codes**
M - Mesial	A - Annotation
O - Occlusal	B - Deciduous
D - Distal	C - Crown
F - Facial	E - Resin
L - Lingual	G - Gold
I - Incisal	H - Porcelain
U - Unerupted	N - Non-Precious
V - Virgin	P - Pontic
X - Missing	R - Root Canal
J - Missing Cr	S - Silver Amalgam
/ - No Data	T - Denture Tooth
	Z - Temporary

A: _____
B: _____
C: _____

ID As: _____

				Description	Code
1	18				
2	17				
3	16				
4	15	A	55		
5	14	B	54		
6	13	C	53		
7	12	D	52		
8	11	E	51		
9	21	F	61		
10	22	G	62		
11	23	H	63		
12	24	I	64		
13	25	J	65		
14	26				
15	27				
16	28				
17	38				
18	37				
19	36				
20	35	K	75		
21	34	L	74		
22	33	M	73		
23	32	N	72		
24	31	O	71		
25	41	P	81		
26	42	Q	82		
27	43	R	83		
28	44	S	84		
29	45	T	85		
30	46				
31	47				
32	48				

Comments: _____
_____
_____

Attachment 12: Funeral Information & Release Form

Funeral Information and Release Form

Page 1 of 2

Date: _____

Information About the Decedent

Last Name	First Name	Middle Name	Age	Race

Place of Birth (City, State)   Date of Birth (MM/DD/YYYY)   Sex: ☐ Male ☐ Female

Street Address of Residence   City   County

Is the Address Inside City Limits? ☐ Yes ☐ No   Country of Citizenship   State   Zip Code

Predominant Occupation of the Decedent   Type of Business or Industry

Is the Decedent of Hispanic Heritage? ☐ Yes ☐ No   Highest Level of Education, & Grade/Degree Completed

Was the Decedent Ever in U.S. Armed Forces? ☐ Yes ☐ No   Branch   Serial Number

Approximate Dates (MM/DD/YYYY):   Date of Entry   Date of Discharge

Status of Decedent: Married   Never Married   Widowed   Divorced

Decedent's Father

First Name   Middle Name   Last Name

Decedent's Mother

First Name   Middle Name   Last Name   Maiden Name

Surviving Spouse (if wife, please give maiden name)

First Name   Middle Name   Last Name   Maiden Name

Address   City   State   Zip Code

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Funeral Information and Release Form

Page 2 of 2

Date: _____

Name of Decedent

First Name	Middle Name	Last Name

Disposition

Name of the Place of Disposition (cemetery, crematory, etc.)	Preferred Method of Disposition (burial, cremation, other [describe])

City	County	State

Funeral Home Information

Funeral Director's Name (First and Last)	Name of Funeral Home

Address	City	State	Zip Code

( )	( )
Phone Number	Fax Number

I attest that, to the best of my knowledge, the information on this form is accurate.

Name	Relationship to the Decedent	Date

Names(s) of Interviewer(s)	Date

Funeral Home Notified	Date	Time

Notified By: |_____|
Name

Action Pending: |_____|
Action(s)

Attachment 13: DMORT Victim Information Profile (VIP)

VIP Personal Information   Incident _____

Page 1 of 8   Incident Date _____

RM # |_____|

| Last | / | Suffix | / | First | / | Middle/ | Sex | If Female/Maiden Name | Age |

DOB MM/DD/YYYY   Race   SSN # / ID #   Birth City   State or Country   Birth Hospital

Address |_____|,Apt #|_____| City |_____| State |_____| Zip |_____|

County |_____| Country|_____| Inside City Limits|_____| Religious Preference |_____|

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

Alias 1 |_____|_____|_____| Alias 2 |_____|_____|_____|
          Last   First   Middle   Last   First   Middle

Phone (H) |_____| Phone (W) |_____| Phone (Cell) |_____|

Status ○ *Is Married* ○ *Never Married* ○ *Widowed* ○ *Divorced* ○ *Separated* ○ *Civil Union* ○ *Unkn* Wedding Date |_____|

Spouse |_____|_____|_____|_____| ○ *Living* ○ *Deceased* ○ *Unknown*
        Last   Suffix Maiden/birth Name First Middle

Father |_____|_____|_____|_____| ○ *Living* ○ *Deceased* ○ *Unknown*
        Last   Suffix   First   Middle

Mother |_____|_____|_____|_____| ○ *Living* ○ *Deceased* ○ *Unknown*
        Last   Maiden/Birth Name First Middle

Informant

| Last | / | Suffix | / | First | Middle |

Address   City   State   Zip

Home Phone   Work Phone   Cell Phone   E-mail

Type of Initial Contact |_____| Initial Contact Date |_____|

Relationship:
○ Spouse ○ Uncle
○ Father ○ Aunt
○ Mother ○ Cousin
○ Brother ○ Employer
○ Sister ○ Friend
○ Son ○ Other
○ Dir
Other: |_____|

Legal Next of Kin

OK to Contact Legal Next of Kin? ○ Yes ○ No

| Last | Suffix | First | Middle |

Address |_____|
City |_____| State |_____| Zip |_____|
Home |_____| Work |_____|
E-mail |_____| On Site/Cell Phone |_____|

Relationship:
○ Spouse ○ Uncle
○ Father ○ Aunt
○ Mother ○ Cousin
○ Brother ○ Employer
○ Sister ○ Friend
○ Son ○ Other
○ Dir
Other: |_____|

Contacts

1   Permanent Contact: ☐ / Additional Contact? ☐

| Last | / | Suffix | / | First | Middle |

Address   City   State   Zip

Home Phone   Work Phone   Cell Phone

E-mail |_____| Type of Initial Contact |_____| Initial Contact Date |_____|

Relationship:
○ Spouse ○ Uncle
○ Father ○ Aunt
○ Mother ○ Cousin
○ Brother ○ Employer
○ Sister ○ Friend
○ Son ○ Other
○ Dir
Other: |_____|

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VIP Physical Description
Page 2 of 8

Incident _____
Incident Date _____

RM # _____ /

Last	/ Suffix /	First	/ Middle	Age	DOB	Sex	Race

Height Inches: _____ / Height cm _____   **Approx. Weight (Pounds):** _____ / Weight Kilos _____

H a i r

I n f o

Hair Color   □ Auburn □ Brown □ Gray □ Salt & Pepper □ Other _____
□ Blonde □ Black □ Red □ White

Hair Length   □ Bald □ Short < 3" □ Male Pattern Baldness: Description
□ Shaved □ Medium □ Long _____

Hair Accessory   □ Extensions □ Hair Piece □ Hair Transplant □ Wig □ N/A

Hair Description   ○ Curly ○ Wavy ○ Straight ○ N/A ○ Other: _____

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

Facial Hair Color   ○ Blonde ○ Black ○ Red ○ White Facial Hair Notes:
○ Brown ○ Gray ○ Salt & Pepper ○ NA

E y e s

Eye Color   □ Blue □ Brown □ Green □ Hazel □ Gray □ Black ☑ Other: _____

Optical Color/Description of Glasses lense: _____

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

Eye Status   □ Both Intact □ Missing R □ Missing L □ Glass R □ Glass L □ Cataract

N a i l s

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

Fingernail Color _____   **Description** _____

Toenail Color _____   **Toenail description** _____

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

#	Location	Side	Quantity	Description (include evidence of old piercings)	Photo
1					
2					
3					
4					
5					

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

#	Location	Side	Tattoo Description
1			
2			
3			
4			
5			

Texas Department of State Health Services Technical Guidance Document

VIP Medical History
Page 3 of 8

Incident _____

Incident Date _____

RM # _____

Last	Suffix	First	Middle	Age	DOB	Sex	Race
/	/	/					

DENTIST

Dentist _____
Last   First

Dental Records Requested by DDS:

☐ Braces
☐ Dental Work
☐ Dentures
☐ Edentulous
☐ Tooth Jewelry
☐ Unknown

Address _____ City _____ State _____ Zip _____

Phone 1 _____ Phone 2 _____

Some Initial Dental Records Received ○ Yes ○ No

See Dental Section For Additional Dental Information

Additional Dental Information/2nd Dentist: _____

PHYSICIAN

Physician _____ _____ _____ _____
Last   First

Practice Name _____

Address _____

Physician Type _____

City _____ State _____ Zip _____

Reason Seen: _____

Phone 1 _____ Phone 2 _____

Records Requested ○ Yes ○ No

Email _____

Records Obtained ○ Yes ○ No

PHYSICIAN

Physician _____ _____ _____ _____
Last   First

Practice Name _____

Address _____

Physician Type _____

City _____ State _____ Zip _____

Reason Seen: _____

Phone 1 _____ Phone 2 _____

Records Requested ○ Yes ○ No

Email _____

Records Obtained ○ Yes ○ No

Medical Radiographs? ○ Yes ○ No ○ Unknown

Medical Radiographs Location: _____

Potential Type of Radiographs - and dates taken if known: _____

Old Fractures" Description: _____
○ Yes ○ No

Objects in Body: ☐ Pacemaker ☐ Bullets ☐ Implants ☐ Needless ☐ Shrapnel ☐ Other _____

Surgery: ☐ Gail Bladder ☐ Tracheotomy ☐ Caesarean ☐ Reconstructive ☐ Other
☐ Appendectomy ☐ Laparotomy ☐ Masfectomy ☐ Open heart

Unique Characteristics
○ Yes ○ No

Description of: Scars, Operations, birthmarks, burns, missing organs, amputations, other special characteristics:
_____
_____
_____
_____

Prosthetic Location/Description

Prosthetic(s)
○ Yes ○ No
_____
_____

Diabetic? ☐ Yes ☐ No ☐ Unknown   If Female, was she currently pregnant? ☐ Yes ☐ No ☐ Unknown

If Female, was she pregnant during the last 12 months? ☐ Yes ☐ No ☐ Unknown

VIP Personal Information   Incident _____

Page 4 of 8

RM # _____ /

Last	Suffix	First	Middle	Age	DOB	Sex	Race

Travelling with: ○ Alone   ○ Group   Group Type: _____   Fam/Grp Name:_____
                 ○ Individual   Family, Sports, Church, Military, etc.

Date last seen? _____   Last seen by? _____

Last seen with: _____

Last location Victim was seen: _____

Military Service: _____   Branch: _____   Country _____   Service Number _____

Approximate Service Date _____   Military DNA Taken: ○ Yes   ○ No   ○ Unknown

Immigration Status: _____ Resident Allen Card (Green Card) ○ Yes   ○ No   Ever Printed: _____

Print Types: _____   Prints Located: _____

Ever been Arrested: _____   Arrested By: _____   Ever in Prison or Jail: _____

Prison or Jail Location: _____

Usual Occupation/Title: _____   Type of Business / Industry: _____

Employer: _____   Employer Phone: _____

Employer Address: _____

List memberships: Clubs, Fraternities, etc.

_____
_____
_____
_____

Additional Date:

_____

VIP Jewelry
Page 5 of 8

Incident _____
Incident Date _____

RM # _____

Last	Suffix	First	Middle	Age	DOB	Sex	Race
/	/	/					

WATCH:

#	Type/ Make	Band Material Watch Face Color	Description	Photo Available	Inscription
1				○ Yes ○ No	

JEWELRY:

#	Jewelry/Type Style	Material Color/ Stone Color?	Size / Where Worn/ Frequently Worn?	Description	Photo Available	Inscription
1			○ Yes ○ No		○ Yes ○ No	
2			○ Yes ○ No		○ Yes ○ No	
3			○ Yes ○ No		○ Yes ○ No	
4			○ Yes ○ No		○ Yes ○ No	
5			○ Yes ○ No		○ Yes ○ No	
6			○ Yes ○ No		○ Yes ○ No	

Other Commonly Carried Personal Effects _____
_____
_____

Gather this Information only in the case of a Missing Person Report

Cell Phone Number _____   Cell Phone Type: _____   Service Provider: _____

VIP Clothing and Personal Effects Incident _____

Page 6 of 8   Incident Date _____

RM # _____

Last	Suffix	First	Middle	Age	DOB	Sex	Race

CLOTHING:

Clothing Items	Color	Description	Size

Wallet: Description _____
Contents _____

Purse: Description _____
Contents _____

Pockets: Contents Left _____
Contents Right _____

**Other Commonly Carried
Personal Effects** _____

Gather this information only in the case of a Missing Person Report

Cell Phone Number _____ Cell Phone Type: _____ Service Provider: _____

VIP Family
Page 7 of 8

Incident _____
Incident Date _____

RM # _____

Last	Suffix	First	Middle	Age	DOB	Sex	Race

Potential Living Biological Donors
All BIOLOGICAL Relatives of Missing Individual
Such as: Mother/Father/Spouse/Sister/Brother/Children/Uncle,Aunt/Cousin

To add New Donor tab to last field of last Donor.

Last Name	First Name	Middle Name	Social Security/Last 4	DOB	Sex	Relationship

Address	City	State	Zip	Phone 1	E-Mail

Last Name	First Name	Middle Name	Social Security/Last 4	DOB	Sex	Relationship

Address	City	State	Zip	Phone 1	E-Mail

Last Name	First Name	Middle Name	Social Security/Last 4	DOB	Sex	Relationship

Address	City	State	Zip	Phone 1	E-Mail

Last Name	First Name	Middle Name	Social Security/Last 4	DOB	Sex	Relationship

Address	City	State	Zip	Phone 1	E-Mail

Last Name	First Name	Middle Name	Social Security/Last 4	DOB	Sex	Relationship

Address	City	State	Zip	Phone 1	E-Mail

Last Name	First Name	Middle Name	Social Security/Last 4	DOB	Sex	Relationship

Address	City	State	Zip	Phone 1	E-Mail

Last Name	First Name	Middle Name	Social Security/Last 4	DOB	Sex	Relationship

Address	City	State	Zip	Phone 1	E-Mail

Last Name	First Name	Middle Name	Social Security/Last 4	DOB	Sex	Relationship

Address	City	State	Zip	Phone 1	E-Mail

Primary donor for Nuclear DNA Analysis

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

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

VIP Personal Information
Page 8 of 8

RM #

Name _____ / _____ / _____
        Last   First   Middle

AM_Interview_Lo _____ AM_Interview_Date _____ AM_Interview_Time _____
        cation   (MM/DD/YYYY)

Interviewer Info:

Interviewer Name _____
                    First   Last

AM_Interviewing_Organization _____

Interviewer Home Information

Interviewer
Address _____
            Street, City State, Zip

Interviewer home phone _____

Interviewer cell phone _____

Interviewer work phone _____

Interviewer On-Site Information

Interviewer onsite address _____
                            Street, Hotel, Room #

Interviewer onsite phone _____

Interviewer onsite cell _____

Reviewer Info:

Reviewer Name _____

Reviewer Signature _____

Reviewing agency _____

Attachment 14: Call Center Sample Script

Answer the call following this script:

(*Name of incident*) call center. This is (*your name*). How may I help you?

If the call is about:

- MISSING PERSONS
    - Thank you very much for calling. May I please get some information?
    - Fill out the Call Center Intake Form as completely as possible.
    - End call by saying: I appreciate your call. You do not need to call 9-1-1. This information will be given to the group dealing with missing persons. Someone will be back in touch with you as soon as possible.

- REQUESTING INFORMATION ABOUT A MISSING PERSON
    - Our call center only gathers information. Law Enforcement and Search and Rescue Teams have direct access to it and are actively using this information to locate missing persons. We appreciate your concern but cannot give out any information to anyone.

- A REPORTED MISSING PERSON WHO HAS BEEN FOUND
    - Take down information on the "Call Center Intake Form" and write FOUND in the "Reason for the Call" section of the intake form.
    - Immediately send this information to the FAC Family Management Unit Leader.

- SELF-SAFE
    - If a person calls to report that they are individually okay, take down the information on the "Call Center Intake Form" and write SELF-SAFE on the "Reason for the Call" section of the intake form.
    - Immediately send this information to the FAC Family Management Unit Leader.

- VOLUNTEERING TO HELP
    - Thank the caller for their desire to help and refer caller to the local volunteer coordinator – will vary by incident: _____

- MAKING A DONATION
    - Thank the caller for their generosity and refer to the local donation entity – will vary by incident:_____

- OTHER INCIDENT-RELATED QUERIES
    - Thank caller for their inquiry and refer to Regional Joint Information Center

Remember:

- All information is strictly confidential – you may not release any information on an individual's status. Another entity will contact the missing person's next of kin.

- Be patient. Some people may be very frustrated – just remember that they are concerned and are trying to find their loved ones.

- Be compassionate. When taking the information, do not give the feel of a credit card telephone application.

- Do not make any promises or guarantees. Avoid phrases like "someone will find them," or "I'm sure everything will be OK." Use words like "hopefully, possibly, maybe, sometime soon."

- Do not promise a time when someone will return the call.

- If caller is in extreme distress – or if they make any threats – get as much contact information as possible and immediately notify the FAC Family Management Unit Leader.

- Take your time with the caller, but do not linger any more than necessary. Each phone line is very much needed.

- Report any problems with phone, phone lines and computers to FAC IT support.

- If you start to feel overwhelmed or emotional, notify your Unit Leader. Monitor you own feelings and emotions and know when you need to take a break.

- Take your time with the caller, but do not linger any more than necessary. Each phone line is very much needed.

Attachment 15: Call Center Intake Form

Intake Information

Call Taken By _____Date of Call _____ Time of Call _____

Reason for Call: ☐ Report Missing Person   ☐ Report Found Person

☐ Other:_____

Caller Information

Name _____

Phone Number(s) _____ _____

Address _____

City _____ State _____ Zip _____

Missing Person Information

Person Calling About _____

Relationship to that Person _____

Are they the Primary Next of Kin?   ☐ Yes   ☐ No

If No, who is the next of Kin? _____

Where the Person Lives

Address _____

City _____ State _____ Zip _____

Phone Number(s) _____ _____

Where the Person Works

Address _____

City _____ State _____ Zip _____

Phone Number(s) _____ _____

Social Security Number _____

Why does the caller believe the Person was in/around the incident location? _____

_____

Missing person category   ☐ Known Missing   ☐ Possible Missing   ☐Not Known

Follow-up with the Caller

Best time to reach them _____Phone number(s) _____

Address for the next 24 hours   _____

City _____ State _____ Zip _____ Email _____

Follow-up needed?/FAC staff assigned _____

Attachment 16: Child Care Center Intake Form

FAC Childcare Center Intake/Discharge Form				
Parent/Guardian Information			Date:	
Name		Primary Phone		
Address		Alternate Phone		
Email		Driver's License No.		
How can you be contacted while your child(ren) are here?				
Child(ren) Information				
		Child 1	Child 2	Child 3
Name				
Date of Birth/Age				
Gender				
Identifying Info.				
Additional Comments/Information:				
Admission Date		*Parent/Guardian Signature*		
Discharge Date		*Parent/Guardian Signature*		
Administrative Use Only Below:				
	Intake Discharge Form			
	Liability Release			
	Two (2) Wrist Bands			

This page intentionally left blank.

For more information regarding this document, please contact:
The Health Emergency Preparedness and Response Section's
Response and Recovery Unit at the Texas Department of State Health Services
PreparednessPlanning@dshs.texas.gov