



FAMILY ASSISTANCE CENTER: BEHAVIORAL HEALTH ROLES

TRAINING TOOLKIT

HENNEPIN COUNTY HUMAN SERVICES AND PUBLIC HEALTH DEPARTMENT
UNIVERSITY OF MINNESOTA

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Acknowledgements

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Electronic Access & Printed Copies

This publication may be downloaded from the NACCHO Electronic Resource Library at <http://apc.naccho.org/Products/Pages/default.aspx>. Electronic versions of the PowerPoint slides can be requested by contacting Hennepin County (below).

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About the Authors



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

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



With its staff of 3500+ dedicated professionals, Hennepin County Human Services and Public Health is the primary provider of human services and public health to the county's 1.1 million residents. Hennepin County takes a comprehensive approach to build healthy communities and self-reliant individuals. This is done through scientific methods of preventing disease, prolonging life,

and promoting health through organized efforts, education, and policies.



Masa Consulting, Inc has been involved in the field of disaster and crisis response in Minnesota since 1995. Through the leadership of Jonathan Bundt, the organization has become known for its ability to assist in all elements and states of emergency preparedness, response, and recovery. Bundt has worked in the behavioral

science, law enforcement, and emergency management fields for over 30 years. He has vast experience providing consultation and training services to the private sector, hospitals, public health, human services, EMS, and police and fire departments on the local, state, and national level.

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Executive Summary

There is a growing need to offer emotional and behavioral health support as part of a response to emergency situations. The increase in mass fatality incidents in the past decade – natural, man-made, and intentional – underscores the need for communities to be able to provide specialized behavioral health support to the families directly affected by these tragic incidents.

This toolkit provides planners a roadmap of how to train behavioral health providers in specific roles at a Family Assistance Center (FAC). An FAC, under the direction of the Medical Examiner, is a unique site that provides emotional support to the families of victims in a mass fatality incident. The primary purpose of an FAC is to assist the medical examiner in gathering information from families in order to assist in positive identification of fatalities. The families at an FAC need emotional support from specially designated and trained behavioral health providers. This toolkit will help planners identify behavioral health staff that are ideal in filling three key positions at an FAC: Family Liaison, Antemortem Interview Assistant, and Family Briefer. Each of these positions has a critical function at an FAC, which are not used in other types of public health responses.

This toolkit provides an overview of FAC operations, assists planners in identifying key behavioral health staff to fill critical FAC positions, including looking within an existing Medical Reserve Corps program, and offers suggested FAC behavioral health role training plans and curriculum. The goal of the toolkit is to increase jurisdictions' and agencies' capability to respond to a mass fatality incident by providing critical behavioral health support to the families directly impacted by such an incident. The tools and templates included in this toolkit are a suggested framework and are intended to be adapted to meet the needs of different communities. It is intended to increase disaster behavioral health capabilities for emergency preparedness and response partners – including local jurisdictional staff, Medical Reserve Corps volunteers, and community response partners.

Acronyms

BH	Behavioral Health
DBH	Disaster Behavioral Health
EM	Emergency Management
EOC	Emergency Operations Center
FAC	Family Assistance Center
HSPHD	Human Services and Public Health Department
LPH	Local Public Health
ME	Medical Examiner
MRC	Medical Reserve Corps
PCL	Position Checklist
PFA	Psychological First Aid
SME	Subject Matter Expert
U of MN	University of Minnesota
VIP	Victim Identification Profile

Definitions

Antemortem: Before death

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

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

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

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

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

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

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

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

Training

Behavioral Health professionals are eager to assist during public health emergencies. Training these professionals to work within an environment that is outside their normal practice environment expands the response capacity needed during a mass casualty incident.

The Family Assistance Center (FAC) Behavioral Health Roles Training, as represented in this toolkit, is conducted in two sessions. Session One provides awareness-level training on the FAC, with a focus on three unique behavioral health roles. Session Two provides in-depth training on the role of the Family Briefer. This section of the toolkit will provide you with sample agendas, training slides, and handouts. Agencies may choose to utilize all or parts of the toolkit, depending on their established training goals.

Training Items included in this toolkit:

- Generic templates for the slide presentation. The *italicized items* on the slides refer to forms included in this toolkit.
- Pre- and post-tests, including the answer key
- Evaluation form
- Sample Agendas
- Job Aids
- Position Checklists

Session 1. Providing Behavioral Support at an FAC

Session 1 Overview

1. Provide an overview of FAC purpose and functions
2. Review the role of the Medical Examiner at the FAC
3. Describe the counseling and clinical skills needed following a mass casualty incident
4. Describe and discuss three behavioral health roles needed to be filled at an FAC
 - a. Family Liaison
 - b. Antemortem Interview Assistant
 - c. Family Briefer

Learning Objectives

1. Participants will understand the unique purpose, function, and operations of the Family Assistance Center in a mass fatality incident.
2. Participants will understand the roles filled by behavioral health providers at a Family Assistance Center following a mass fatality incident:
 - Family Briefer
 - Antemortem Interview Assistant
 - Family Liaison
3. Participants will understand principles of the Incident Command System to support management, communication and coordination at the Family Assistance Center.
4. Participants will understand the role of the Medical Examiner in a Family Assistance Center operation.
5. Participants will be able to apply advanced trauma psychology models to understanding the psychological impact of disaster on individuals and families.

The Audience

The audience may include individuals with behavioral health training and experience as well as individuals who will serve in command roles and support roles (FAC Site Manager, Planning Lead, Logistics Lead, Site Operations Lead, ushers, logistics support staff).

Examples of types of staff that have attended these FAC training sessions in Hennepin County, Minnesota are:

- Social workers
- Therapists
- Psychologists
- Chaplains
- Faith-based leadership
- Nurses
- Public Health department leadership staff
- MRC volunteers with behavioral health expertise

Session 2. In-Depth Family Briefer Training

Session 2 Overview

1. Review the role and responsibility of the Family Briefer
2. Describe techniques for skilled communication to groups
3. Review culture and faith considerations when speaking with families
4. Perform simulated briefings with feedback and video

Learning Objectives

1. Deepen understanding of Family Briefer role, including the responsibilities, skills, and framework/landscape they will work in.
2. Improve communication skills utilized while addressing large groups that have been impacted by a mass fatality incident.
3. Review special considerations, including: medical examiners' role, investigation process, culture and faith issues.
4. Practice and receive feedback on providing simulated briefings.

The Audience

The audience for this training includes specific individuals identified to fill the role of the Family Briefer. The ideal Family Briefer has a background and training in behavioral health, plus the skills to maintain a compassionate yet commanding presence when addressing a group of people experiencing loss or potential loss.

Training Timeline

The following table outlines the suggested timeline for Session 1 and Session 2:

Session	Duration
Session 1 Part 1: Providing Behavioral Health Support at an FAC.	7-8 hours, including breaks and lunch
Session 1 Part 2: Behavioral Health Roles rotations	
Session 2 In-depth Family Briefer	<ul style="list-style-type: none">• Attendance at Session 1 (8 hours)• 8 hours

Suggested Knowledge, Skills, and Qualifications

Family Liaison

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

Professional Experience

- Behavioral health practitioner/professional/specialist/Chaplin
- Compassionate presence
- Empathetic
- General understanding of the Medical Examiner's death investigation process
- Understanding of the Incident Command System
- Understanding of family member and survivor reaction to trauma/crisis

Personal Attributes

- Awareness of cultural diversity and sensitive to differences
- Attention to detail
- Respectful

Antemortem Interviewer Assistant

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

Professional Experience

- Behavioral health practitioner/professional/specialist/Chaplin
- Compassionate presence
- Empathetic
- General understanding of the Medical Examiner's death investigation process
- Understanding of the Incident Command System
- Understanding of family member and survivor reaction to trauma/crisis

Personal Attributes

- Awareness of cultural diversity and sensitive to differences
- Attention to detail
- Respectful

Family Briefer

The primary role of the Family Briefer is to keep family members informed of incident information and the status of the investigation, through regular briefings at the FAC. The Family Briefer presents information to larger groups of people and differs from the Family Liaison role, whose focus is on individuals and the family system. Family Briefers are the central hub of all information being communicated to family members. At times, the Family Briefer will need to bring forward other subject matter experts who can better inform the families. This may include, but is not limited to, the medical examiner, law enforcement or fire investigators, volunteer agency staff and other critical agency leadership. Finally, the role of the family briefer is fundamentally different than the Public Information Officer, whose responsibility it is to communicate with the media. Family briefers must have the inherent ability to speak with people who are dealing with intense trauma in a manner that is both compassionate and confident.

Professional Experience

- Leader within the organization operating the FAC
- Understanding of family member and survivor reaction to trauma/crisis
- Experience delivering information in crisis situations
- General understanding of the Medical Examiner's death investigation process
- Understanding of the Incident Command System

Personal Attributes

- Trustworthy
- Command presence
- Respectful
- Empathetic
- Credible
- Awareness of cultural diversity and sensitive to differences
- Skilled public speaker
- Ability to think on one's feet
- Synthesize information from multiple sources

Training Competency Levels

1. *Awareness*: Basic level of mastery of the competency. Individuals may be able to identify the concept or skill but have limited ability to perform the skill.
2. *Knowledgeable*: Intermediate level of mastery of the competency. Individuals are able to apply and describe the skill.
3. *Proficient*: Advanced level of mastery of the competency. Individuals are able to synthesize, critique or teach the skill.

The three levels are part of The Competency to Curriculum Tool-kit which was published by the Center for Health Policy, Columbia University School of Nursing and Association of Teachers of Preventive Medicine, 2004.

Prerequisite Training

It is recommended that staff performing roles in an FAC have completed some baseline training to help them be successful in their positions. Because of the behavioral health nature of an FAC, it is highly recommended that all staff, especially the three key behavioral health staff highlighted in this toolkit, complete the following online training prior to completing FAC training.

<p>Psychological First Aid</p> <p><i>One PFA course is recommended. Users can select which course is best for them.</i></p>	<p>Psychological First Aid (PFA) -Online 75 minute course This course takes about 75 minutes to complete. It is geared toward anyone who may be responding to help others in a crisis. This course is hosted by the National Association of City County Health Officials. Link to online course: http://pfa.naccho.org/pfa/pfa_start.html</p> <p>Psychological First Aid (PFA) online – 6 hour course PFA online includes a 6-hour interactive course that puts the participant in the role of a provider in a post-disaster scene. This narrated course is for individuals new to disaster responses who want to learn the core goals of PFA, as well as for seasoned practitioners who want a review. It features innovative activities, video demonstrations, and mentor tips from the nation’s trauma experts and survivors. This project was funded by SAMHSA, NCPTSD, NACCHO, and HHS Office of the Surgeon General, Office of the Civilian Volunteer Medical Reserve Corps.</p> <p>http://learn.nctsn.org/course/category.php?id=11</p>
<p>IS-700.A: National Incident Management Systems (NIMS) An Introduction</p>	<p>This course introduces and overviews the National Incident Management System (NIMS). NIMS provides a consistent nationwide template to enable all government, private-sector, and nongovernmental organizations to work together during domestic incidents. http://training.fema.gov/is/courseoverview.aspx?code=IS-700.a</p>
<p>IS-100: Introduction to Incident Command System (ICS)</p>	<p>ICS 100, Introduction to the Incident Command System, introduces the Incident Command System (ICS) and provides the foundation for higher level ICS training. This course describes the history, features and principles, and organizational structure of the Incident Command System. It also explains the relationship between ICS and the National Incident Management System (NIMS). http://training.fema.gov/is/courseoverview.aspx?code=IS-100.b</p>

Training Curriculum

Session 1, Part 1: Providing Behavioral Health Support at an FAC

Training competency: awareness

The following documents are included in this section:

- Session 1 sample agenda
- Pre-test
- FAC Overview + role of the Medical Examiner + psychological impact training PowerPoint slides

Family Assistance Centers: Behavioral Health Provider Roles
DATE | LOCATION

<i>Time</i>	<i>Activity</i>	<i>Instructor</i>
8:00 – 8:30 a.m.	Registration	
8:30 – 10:30 a.m.	Welcome and Introductions	Host
	Overview of FAC	FAC Subject Matter Expert (SME) (likely Local Public Health planner)
	The role of the ME	Medical Examiner rep
	Advance application of trauma psychology and disaster assistance centers	Disaster Behavioral Health SME
10:30 – 10:45 a.m.	Break	
10:45 – 11:45 a.m.	Just-In-Time Training Rotations (split group into three and assign which breakout each group will start at):	
	Family Briefer	DBH SME
	Family Liaison	LPH planner/Social Worker/Lead for Family Liaison planning
	Antemortem Interview Assistant	Medical Examiner rep
11:45 a.m.– 12:15 p.m.	Lunch	
12:15 – 1:15 p.m.	Just-In-Time Training Rotations:	
	Family Briefer	DBH SME
	Family Liaison	LPH planner/Social Worker/Lead for Family Liaison planning
	Antemortem Interview Assistant	Medical Examiner rep
1:15 – 2:15 p.m.	Just-In-Time Training Rotations	
	Family Briefer	DBH SME
	Family Liaison	LPH planner/Social Worker/Lead for Family Liaison planning
	Antemortem Interview Assistant	Medical Examiner rep
2:15 – 2:45 p.m.	Hotwash	Host
2:45 – 3:00 p.m.	Next Steps	Host
3:00 – 3:30 p.m.	Complete evaluations Course certificates	Host

**Family Assistance Centers (FAC): Behavioral Health Provider Roles Training
Pre-Test**

Professional Designation:

- | | | |
|------------------------------------|---|----------------------------|
| <input type="radio"/> MD/DO | <input type="radio"/> APRN (NP, CNS, CRNA, CNM) | <input type="radio"/> LMFT |
| <input type="radio"/> PA | <input type="radio"/> Psychologist | <input type="radio"/> SW |
| <input type="radio"/> RN | <input type="radio"/> MSW | <input type="radio"/> LBHP |
| <input type="radio"/> Other: _____ | | |

Please answer the questions about Family Assistance Center behavioral health roles to the best of your current knowledge. Circle the appropriate answer for the following questions.

1. True / False The purpose of the Family Assistance Center is to support the Medical Examiner in positive identification of missing/deceased persons in a mass fatality event.

2. The following are functions at the Family Assistance Center:
 - a. Collect ante mortem data
 - b. Notify families of positive victim identification
 - c. Share information as needed
 - d. Provide behavioral health and emotional support to family members and friends
 - e. All of the above

3. True / False Validation of experience is critical when responding to the needs of survivors or family members.

4. Which of the following attributes are sought in a prospective Antemortem Interview Assistant?
 - a. To have sufficient medical background to answer questions posed by the interviewed families.
 - b. To have training and preferably experience in Behavioral Health care.
 - c. To have complete knowledge of the burial practices of the communities involved.
 - d. All of the above.

5. An Antemortem Interview Assistant is responsible for
 - a. Assuring the families that every effort will be made for an accurate and prompt identification.
 - b. Guaranteeing that each decedent will be identified.
 - c. Directly notifying the families once identification has been confirmed.
 - d. All of the above.

6. The information acquired in the antemortem interview is
 - a. Private and considered confidential.
 - b. Digitized (in larger events) and sent to the temporary morgue to assist in decedent identification.
 - c. Directly entrusted to the proper FAC representative.
 - d. All of the above.

7. True / False The party responsible for identifying the decedents is the lead Law Enforcement authority of the event.

**Family Assistance Centers (FAC): Behavioral Health Provider Roles Training
Pre-Test**

8. True / False It is best to select a Family Briefer who has some public speaking experience and is not a senior leader in an organization.

9. The following should be done prior to the delivery of a Family Briefing (select all that apply):
 - a. Identification of key stakeholders
 - b. Anticipate the types of questions impacted friends or relatives may have
 - c. Develop a conceptual approach to dealing with requests "Under promise and over deliver"

10. True / False It's okay to start a briefing a few minutes late, because people will understand.

11. True / False The Family Liaison is responsible for making death notifications in a Family Assistance Center.

12. True / False The Family Liaison has a 1:1 relationship with the family members.

Family Assistance Center : Behavioral Health Provider Roles

Presenter name
Date
Location

Welcome and Agenda

- Welcome and Introductions
- Overview of a Family Assistance Center (FAC)
- Role of the Medical Examiner
- Psychological impact of disasters on family members
- Function-Specific Training

Thank you for being here today!

Disclosure Information

Family Assistance Centers: Behavioral Health Provider Roles

[Presenter names]

Disclosure of Relevant Financial Relationships

I have no financial relationships to disclose.

Speakers

- [Presenter names]

Agenda

0800 – 0830	Registration
0830 – 1030	Welcome and Intro Overview of FAC Role of ME Advanced application of trauma psychology and FAC
1030 – 1045	Break
1045 – 1145	JITT Rotations
1145 – 1215	Lunch
1215 – 1315	JITT Rotations
1315 – 1415	JITT Rotations
1415 – 1530	Hotwash, Next Steps, and Evaluation

Learning Objectives

1. Participants will understand the unique purpose, function, and operations of the Family Assistance Center in a mass casualty event.
2. Participants will understand the roles filled by behavioral health providers at a Family Assistance Center following a mass casualty event:
 - Family Briefer
 - Antemortem Interview Assistant
 - Family Liaison
3. Participants will understand principles of the Incident Command System as implanted to support command, communication and coordination at the Family Assistance Center.
4. Participants will understand the role of the Medical Examiner in a Family Assistance Center operation.
5. Participants will be able to apply advance trauma psychology models to understanding the psychological impact of disaster on individuals and families.

Training Folders/Handouts

- Position Checklists (PCLs)
 - Family Briefer
 - Family Liaison
 - Antemortem Interview Assistant
- Family Liaison Standard Operating Procedures
- VIP Personal Information form (DMORT)
- Family Briefer job aid
- ICS 214
- Pre/post tests
- Evaluation

Questions?

Mass Fatality Incidents and the Family Assistance Center

Mass fatality incidents

- Natural disasters
 - Indonesia tsunami
 - Joplin, MO tornado
 - Philippines Typhoon Haiyan
- Structural collapse
 - I-35W bridge
- Shootings
 - Columbine HS
 - Virginia Tech
 - Aurora, CO movie theater
 - Sandy Hook, CT school
- Bombings
 - Oklahoma City
 - Boston Marathon

Mass fatality definitions

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

ASSISTANCE CENTERS

OVERVIEW

What is a Center?

- A general structure that can be modified by enacting specific modules depending on the disaster and needs of the community

Types of Centers

- Community Assistance Center
- **Family Assistance Center (FAC)**
- Friends and Relatives Center (FRC)
- Disaster Recovery Center (DRC) (FEMA)
- Disaster Assistance Center (DAC)
- Outreach Center
- Community Reception Center (CRC)
- Shelter
- Reunification Center
- Donation Management Center
- Service Centers

Center Progression through Recovery



FAMILY ASSISTANCE CENTER

Understanding the Need

- Families and friends will anxiously seek assistance about the event and locating their loved one(s).
- Large crowds gather at the incident site or local hospitals.
- An influx of calls with information-seeking inquiries will be made to 911, hospitals, police, and fire departments or the Medical Examiner's (ME) Office.

Understanding the Need

- FACs provide a safe, protected, and supportive environment for families.
- FACs are a centralized location for:
 - Providing updates and information to families and
 - Collecting information for the ME.

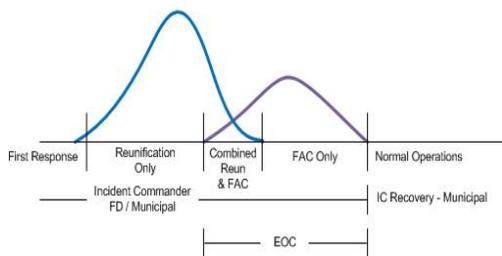
Purpose

- Collect antemortem data (ME)
- Notify families of positive victim identification (ME)
- Share information
- Provide behavioral health and emotional support to family members and friends

Reunification vs. FAC

- An FAC is not the same as a Reunification Center, Friends and Relatives Center, or a disaster recovery center.
- Reunification is **process** or set of activities that may or may not be delivered through a “center.”
- A reunification function should be activated immediately after the event, and would be the responsibility of the jurisdiction in which the event occurred, under the direction of its Incident Commander.

MASS FATALITY RESPONSE CONTINUUM



FAC Activation Timeline

- Activated a few hours into the incident
- Reunification Center or Friends and Relatives Center may transition to an FAC or the FAC may be a separate location
- Operates until all identifications have been made and families have been notified by the ME



FAC Responsibilities

- Medical Examiner
 - Responsible for mass fatality incidents and initial notification for activation of a FAC.
- Emergency Management
 - Responsible for maintaining situational awareness on all county incidents and coordinating resources.
 - Responsible for helping coordinate local emergency management departments' operations.

FAC Responsibilities

- Human Services / Public Health
 - Provide human services and behavioral health support
 - Responsible for FAC site management.
- Law Enforcement
 - Supports all local law enforcement agencies in the county and is the lead agency for water-related incidents.

Antemortem Information



- Data from family members
- Records from hospitals, police agencies, dental offices
- DNA samples from family members
- All collected information and records are sent to morgue to assist in identification

Needs of the ME

- Personnel
 - ME will have trained staff who will conduct antemortem interviews
 - ME will coordinate interviews with assistance of trained behavioral health staff
- Private and quiet space with tables/chairs to conduct the antemortem interviews and to notify about positive identifications.
- Technology infrastructure
 - Phones, computers, wireless internet access, fax/copy/scan devices

Notification

- Professional, coordinated notification process.
- Assist the ME's office and other staff and guide families at the FAC. This includes support during antemortem interviews and notification of positive identification.
- Coordinate with the Family Briefer and FAC PIO.

PSYCHOLOGICAL IMPACT OF DISASTERS ON FAMILY MEMBERS

Jonathan Bundt, MA, LMFT, MNCEM

Compassionate and Focused



- Perceived empathy
- Establishing Trust
- Building Credibility
- Providing information to family members and survivors before the media

Family

- Broad definition
- Essential to their support
- Honor multiple points of contact within a family



Primary Concerns of Family Members



- What happened?
- My loved one: where, when
- Information
- Personal effects
- Resources

Primary concerns of survivors

- Respect
- Validation of their traumatic experience
- Factual information
- Resources



What does this mean for you?

Reaction to Trauma

- Family Members
 - Catastrophic loss of one or more loved one in the accident
 - Loss of sense of control and safety
 - Shock/Denial
 - Strong Emotional Response
 - Grief
- Survivors
 - Physical Injuries
 - Emotional Injuries
 - Loss of sense of control and safety
 - Shock/Denial
 - Strong Emotional Response

Post-Disaster Shattered Assumptions

- Traditional Belief
 - World is a safe place
 - Life is predictable
 - Events have meaning
 - Life is worthwhile



- New Belief
 - The world is unsafe
 - I have no control
 - Nothing has meaning
 - Life is not worth living

Common Reactions and Psychological First Aid (PFA)

- PFA may help by promoting
 - Safety
 - Calm
 - Connectedness
 - Self-efficacy
 - Help
- Common Reactions
 - Inconsolable
 - Dissatisfied
 - Angry
 - Repetitive
 - Accusatory
 - Irrational
 - Flat affect

“Common and Expected Reactions”



- Physical
- Psychological
- Incorporating what happened into their lives, does not mean
 - Forgetting
 - Finding closure
 - Putting the loss behind them
 - Re-defining what’s normal

Tips for Effective Communication

- Delivery Matters
- Do’s
- Don’ts
- Choose terms carefully
- Phrases and references to avoid



Angry Reactions

- Management
 - Control the situation, not the person
 - Remain professional
 - Solve immediate, practical problems
 - If in danger, remove yourself
 - Rational detachment
- Heightened emotions
- Physical agitation
- Verbal agitation
- Threats
- Intimidation

Diversity

- Considerations
 - Age
 - Race
 - Ethnicity
 - Food
 - Language
 - Religion
 - LGBTQ
 - At-Risk Populations
- Important for
 - Managing trauma response
 - Communicating effectively
 - Dealing with recovery of bodies
 - Understanding funeral practices

Session 1, Part 2: Behavioral Health Roles Breakout Rotations

Training competency: awareness/knowledgeable

The following documents are included in this section:

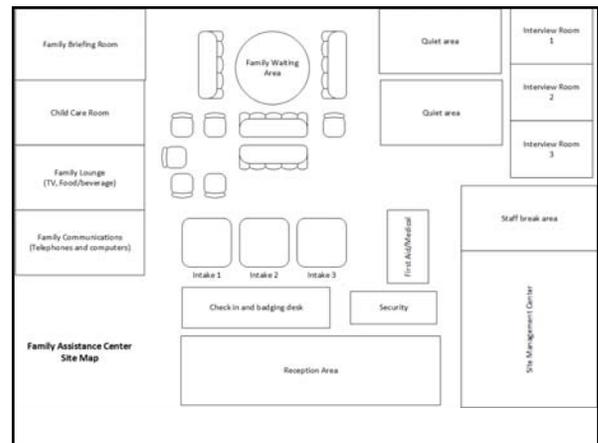
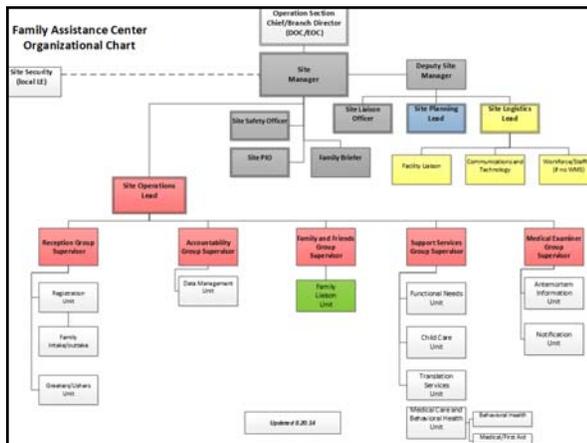
- Family Liaison breakout rotation training slides
 - Family Liaison Job Aid
 - Family Liaison Standard Operating Procedure (SOP)
 - ICS 214 form
- Antemortem Interview Assistant information sheet (*note that this breakout rotation did not have any PowerPoint slides)
- Antemortem Interview Assistant job aid
- DMORT VIP interview form
- Family Briefer Position Checklist (*note this breakout rotation also did not have any PowerPoint slides)
- Family Briefer job aid
- Crisis communications handout (CDC)

Family Liaison Breakout Rotation

DATE
PRESENTER

Overview

- Site org chart
- Site layout
- Overall site flow
- Family Liaison role and functions
 - Position checklist (PCL)
 - Standard Operating Procedures (SOPs)
 - Job aids
- Best practices
- Scenario



Procedures at the FAC

Overview of operations at the FAC

- Registration/Intake Procedure
- Data Management and Missing Persons Tracking Procedure
- Family Liaison Procedure

Registration/Intake Area

- Greeters at entrance will direct family members to reception area.
- Greeters will assess them for needs (interpreter, mobility, etc.) and coordinate with other staff to accommodate needs.
- At the reception area, family members will need to sign-in and show photo ID.
- Family members or survivors will complete the appropriate forms

Registration/Intake Forms

- *Daily Sign-in Sheet*: to track all people coming in and out of the FAC
- *Missing Person Form*: used to gather information on missing persons and searching family members
- *Survivor Form*: completed by the survivor, used to contact family members and identify needs

Registration/Intake Procedure

- At the Intake station, family member/s will:
 - receive *Family Resource Packet*.
 - be assigned a Family Liaison.
 - be escorted to appropriate area(s) within the FAC.

Persons Tracking

- Reunification Center
- Hospitals
- Incident scene
- Community
- FAC
- Deceased (morgue, scene, hospital)
- Other

Transferable skills

- Communication skills
- Clinical assessment
- Social support services
- Psychological First Aid (PFA)
- Case management services

Family Liaison

- Goal: to provide families an individual that will be able to address their needs.
- 1:1 relationship between Family Liaison and family unit.
- You will be assigned the same family for each shift you work.
- Potential to work with multiple families sequentially for the duration of the FAC.

Position Checklist (PCL) review

FL: Initial Responsibilities

- A Family Liaison is assigned at Intake.
- The Family Liaison will go over the *Family Resource Packet* with the family, and answer any questions they may have.
- The Family Liaison will show the family around the FAC.

FL: Ongoing Responsibilities

- The Family Liaison will communicate any needs the family may have to their Supervisor, who will coordinate with the Support Services Group Supervisor.
- The Family Liaison will keep the family informed of briefing times and locations.
- The Family Liaison will communicate with the Medical Examiner (ME) staff regarding antemortem interviews with the family.

FL: Additional Responsibilities

- If at any time, during FAC operations, a question arises about a family concerning antemortem data or notification it will be the responsibility of the Family Liaison to help gather any information and connect the family to any appropriate resources.

Family Liaison Procedure

- If missing person is deceased, Family Liaison will **not** make notification.
 - Medical Examiner (ME) or hospital will notify family.
 - In some cases, a police chaplain may do notification
 - Family Liaison will be in contact with ME, hospital and continue to support the family.
 - When the Medical Examiner (ME) is prepared to notify the family, they will coordinate directly with the Family Liaison.

Family Liaison Procedure

- Family Liaison completes outtake process for family once family leaves FAC.
- Family Liaison works with Outtake staff to take care of paperwork and follow-up.

Additional FAC Positions

- Runners: As needed, be available to assist in the acquisition and/or transport of needed supplies and equipment.
- Usher/Greeter/Escort: Ensure all people who are entering the center are assessed for immediate needs, guide people through the site and assist in making accommodations for families, as requested.

Chain of Command

- All staff go to their immediate supervisor with any questions. You will meet your supervisor during JITT.
 - Troubleshoot problems as best you can.
 - If you can't answer the question, follow up as needed with your supervisor.
- At the end of your shift, you will be responsible to brief the on-coming Family Liaison assigned to your family.

Job Aids

- *Position Checklist (PCL)*
- *Family Liaison Standard Operating Procedure (SOP)*
- *Forms*

Best practices

- Every family unit that comes to the FAC is assigned to a FL as soon as possible
- 1:1 relationship
- Be present with the family during death notification
- Self care

Discussion

- Experience in a real event
- Lessons learned
- Thoughts, comments, ideas

Questions?

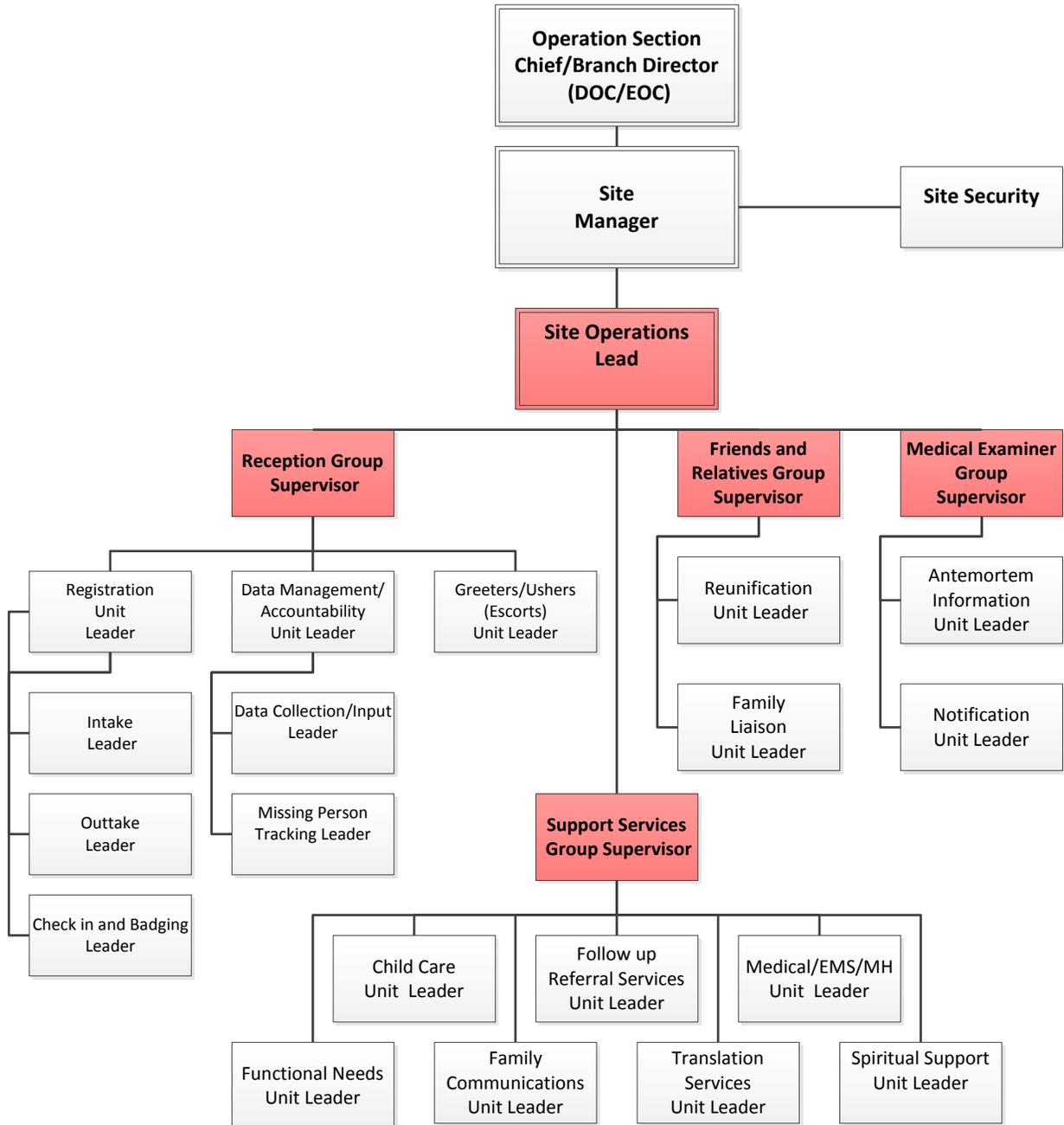
**FAMILY ASSISTANCE CENTER
JOB AID**

Family Liaison

You report to: Family Liaison Unit Leader

Mission: Provide families at the FAC an individual to provide information, guide them through the process, and address their needs.

Organizational Structure



Family Liaison Resources

Resource	Description
Position-specific resources	
Family Liaison and Chaplain Procedures	SOP for Family Liaisons
Registration and Intake Standard Operating Procedures (SOP)	SOP(s) for registration and intake/process description
Data Management and Missing Person Tracking Procedures	SOP for Data Management and Missing Person Tracking
Intake forms	<ul style="list-style-type: none"> • Survivor Form • Missing Person Form
Family Liaison Assignment Sheet	Tracking sheet
Family Resource Packet	Information for families at the FAC
Common resources	
Site Organizational Chart/Situation Board	<ul style="list-style-type: none"> • Current organizational chart • Site floor plan/map • Briefing schedule • Other information as necessary
ICS Forms	ICS 214: Activity Log
Attachments	

Forms and resources:

- Registration and Intake Standard Operating Procedures (SOP)
- Data Management and Missing Person Tracking Procedures
- Family Liaison and Chaplain Procedures
- Family Resource Packet
- Survivor Form
- Missing Person Form
- Tracking spreadsheet
- Tracking form
- Site floor plan/map
- ICS 214 Activity Log (FEMA)

Family Liaison Specific Responsibilities

- See Family Liaison and Chaplain Procedures for specific job details and process

Immediate

After you have reviewed immediate common tasks, review and complete the following tasks specific to your role as **Family Liaison**

Done	TASKS
	<ul style="list-style-type: none">• Check in and receive site orientation at the check-in/check-out station• Read this entire job aid and review the organizational chart• Receive orientation from the Family Liaison Unit Leader• Familiarize self with procedures, forms and reporting requirements• Assist with set-up of area as needed• Provide orientation to staff you supervise

Intermediate and on-going

Done	TASKS
	<ul style="list-style-type: none">• Monitor function of your area and provide updates to Family Liaison Unit Leader as requested• Troubleshoot problems as they arise and take to your supervisor when appropriate• Document data tallies as requested by your supervisor• Ensure that appropriate number of forms and tools are available• Request break coverage from your supervisor• Determine break coverage for your area

Shift change & Demobilization

Done	TASKS
	<ul style="list-style-type: none">• Prepare to stand down the area when requested by supervisor, as determined in Demobilization Plan• Brief staff person assigned to next shift• Note items that need resupply and communicate to supervisor• Participate in scheduled debriefing sessions• Gather information for final situation report

Family Assistance Center*
Family Liaison and Chaplains
Theory and Procedures

Purpose

In a mass fatality event, reunification of survivors and family members will occur immediately, mostly at or near the scene of the event. If family members have not been reunited with their missing family member at the Reunification Center, and attempts to locate their family member at the Survivor Center, hospitals, or other locations have been unsuccessful, they may be assigned a Family Liaison.

A Family Liaison should be assigned in larger FAC operations to provide families an individual that will be able to address their needs. This will give families a sense that there are people who are working specifically with them. This will also give staff a simple way to triage any concerns to staff that have knowledge of each family and can better support their needs. Depending on the situation and availability of staff, there may also be chaplains assigned alongside the Family Liaisons.

Concept of Operations

1. One Family Liaison will be assigned to each family. If available, a chaplain may also be assigned.
2. The Family Liaison/chaplain will interact with their assigned family during the interview and notification processes.
 - The family will feel that they have a group of people to go to with questions or concerns.
 - The staff will intimately know the family and be better able to address their concerns or needs.
3. Chaplains will be with the family during death notifications. Family Liaisons may not be with the family during death notifications, but will be the point of contact for follow up with that family.
4. Reduces confusion within the FAC facility on who is working with which family.
5. Can aid in identifying visitors and maintain security.

Procedure

1. A family will be assigned to a Family Liaison either at the Reunification Center or at the FAC. A chaplain may also be assigned.
 - For families that already completed the Intake process at the Reunification Center, their records will be transferred to the FAC.
 - When their records are located and they have arrived and signed in at the FAC, a Family Liaison will be assigned and communicated to the family.
 - The Family Liaison and chaplain will be recorded on the *Family Liaison Assignment Sheet*.
2. The Family Liaison will go over the *Family Resource Packet* with the family, and answer any questions they may have.
3. The Family Liaison will show the family around the FAC:
 - a. Family waiting area(s)
 - b. Quiet area(s)
 - c. Communication area (telephones and computers)

* Note: Family Liaisons may be assigned at the Reunification Center. These procedures may apply to both Reunification and FAC.

- d. Family Lounge
 - e. Child care
4. The Family Liaison will communicate any needs the family may have to their Supervisor, who will coordinate with the Support Services Group Supervisor.
 5. The Family Liaison will keep the family informed of briefing times and locations.
 6. The Family Liaison will communicate with the ME staff regarding antemortem interviews with the family.
 7. When the Medical Examiner is prepared to notify the family, they will coordinate directly with the Family Liaison/chaplain.
 8. If at any time during FAC operations a question arises about a family concerning antemortem data or notification it will be the responsibility of the Family Liaison to help gather any information and connect the family to any appropriate resources.
 9. When the family has been notified of the disposition of their missing/deceased family member, the Family Liaison will coordinate to make sure they have the information and resources they need in order to be discharged from the FAC.
 - a. Mental/behavioral health support services/referrals
 - b. Social support services
 - c. Other services, as determined

Forms and resources:

1. *Family Liaison assignment sheet*
2. *Family liaison data collection sheets*
3. *Tracking Form*

Reference documents:

1. *FAC floor plan*
2. *Family Liaison job aid*

ICS 214 Activity Log

Purpose. The Activity Log (ICS 214) records details of notable activities at any ICS level, including single resources, equipment, Task Forces, etc. These logs provide basic incident activity documentation, and a reference for any after-action report.

Preparation. An ICS 214 can be initiated and maintained by personnel in various ICS positions as it is needed or appropriate. Personnel should document how relevant incident activities are occurring and progressing, or any notable events or communications.

Distribution. Completed ICS 214s are submitted to supervisors, who forward them to the Documentation Unit. All completed original forms must be given to the Documentation Unit, which maintains a file of all ICS 214s. It is recommended that individuals retain a copy for their own records.

Notes:

- The ICS 214 can be printed as a two-sided form.
- Use additional copies as continuation sheets as needed, and indicate pagination as used.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period <ul style="list-style-type: none"> • Date and Time From • Date and Time To 	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	Name	Enter the title of the organizational unit or resource designator (e.g., Facilities Unit, Safety Officer, Strike Team).
4	ICS Position	Enter the name and ICS position of the individual in charge of the Unit.
5	Home Agency (and Unit)	Enter the home agency of the individual completing the ICS 214. Enter a unit designator if utilized by the jurisdiction or discipline.
6	Resources Assigned	Enter the following information for resources assigned:
	<ul style="list-style-type: none"> • Name 	Use this section to enter the resource's name. For all individuals, use at least the first initial and last name. Cell phone number for the individual can be added as an option.
	<ul style="list-style-type: none"> • ICS Position 	Use this section to enter the resource's ICS position (e.g., Finance Section Chief).
	<ul style="list-style-type: none"> • Home Agency (and Unit) 	Use this section to enter the resource's home agency and/or unit (e.g., Des Moines Public Works Department, Water Management Unit).
7	Activity Log <ul style="list-style-type: none"> • Date/Time • Notable Activities 	<ul style="list-style-type: none"> • Enter the time (24-hour clock) and briefly describe individual notable activities. Note the date as well if the operational period covers more than one day. • Activities described may include notable occurrences or events such as task assignments, task completions, injuries, difficulties encountered, etc. • This block can also be used to track personal work habits by adding columns such as "Action Required," "Delegated To," "Status," etc.
8	Prepared by <ul style="list-style-type: none"> • Name • Position/Title • Signature • Date/Time 	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

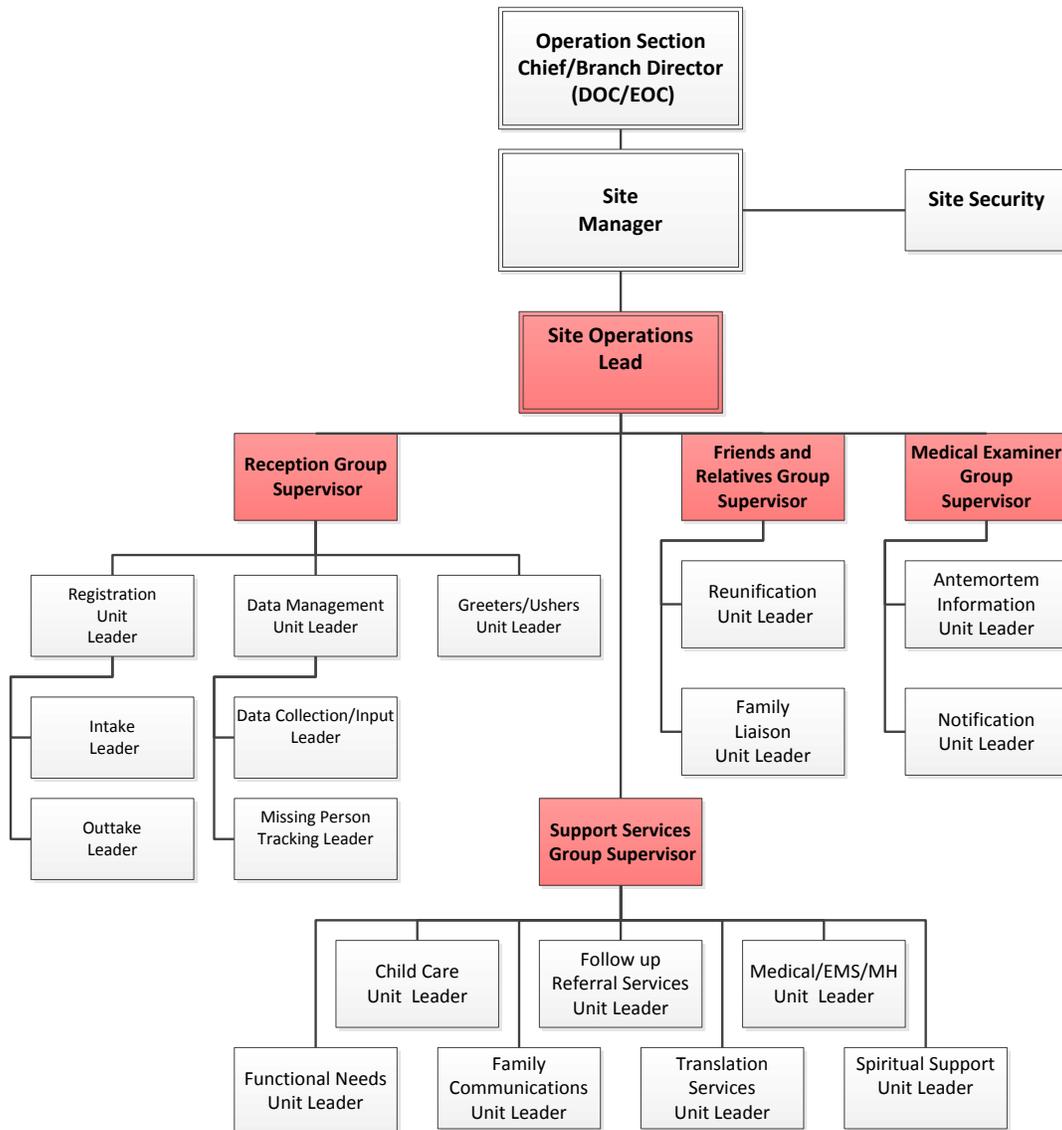
FAMILY ASSISTANCE CENTER JOB AID

Antemortem Interview Assistant

You report to: Antemortem Information Unit Leader

Mission: Interview victim’s families to obtain demographic and medical information that will assist in identification.

Organizational Structure



Antemortem Interview Assistant

Resource	Description
Position-specific resources	
Pens	
VIP forms	
Common resources	
Site Organizational Chart/Situation Board	<ul style="list-style-type: none"> • Current organizational chart • Site floor plan/map • Other visuals as determined by incident or event • Other information as necessary
Victim Identification Forms (VIP)	
Attachments	

- VIP forms

Position-Specific Responsibilities

- Conduct antemortem interviews with victim’s families.
- There will be two interview assistants per team with one being the lead interviewer and other being the scribe for the VIP forms.
- Complete VIP forms

Immediate

After you have reviewed immediate common tasks, review and complete the following tasks specific to your job.

	TASKS
	<ul style="list-style-type: none"> • Check in and receive site orientation at the check-in/check-out station, or at the Workforce Mobilization Site, if activated • Read this entire job aid and review the organizational chart • Receive orientation from the Medical Examiner Group Supervisor • Familiarize self with process, forms and reporting requirements • Assist with set-up of area as needed • Orient/brief with other staff working with you.

Intermediate and on-going

	TASKS
	<ul style="list-style-type: none"> • Conduct antemortem interviews as directed by the Antemortem Information Unit Leader

Shift change & Demobilization

	TASKS
	<ul style="list-style-type: none"> • Ensure all completed VIP forms are given to Antemortem Information Unit Leader

Fact Sheet regarding the Antemortem Information (AI) Interview

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

Interview Process

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

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

Specifically, the information gathered includes the following:

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

Identification Process

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



VIP Personal Information

Page 2 of 8

Name _____ / _____ / _____
Last Suffix First Initial Age

Height: _____ Approx. Weight (Pounds): _____

Hair Information

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

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

Hair Accessory Extensions Hair Piece Hair Transplant Wig ^

Hair Description Curly Wavy Straight N/A Other:

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

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

Eye Info

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

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

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

NAIL Info

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

Fingernail Color _____ **Description** _____

Characteristics Bitten Decorated Misshapen Yellowed/Fungus N/A

Toenail Color _____ **Toenail description** _____

Characteristics Bitten Decorated Misshapen Yellowed/Fungus N/A

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

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

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

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



VIP Personal Information

Dental Info

Name _____ / _____ / _____
Last Suffix First Initial Age

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

Additional Dental Information/2nd Dentist: _____

Physician Info

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

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

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

Old Fractures: Yes No Description: _____

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

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

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

Prosthetic Location/Description

Prosthetic(s) Yes No _____

Additional Information



VIP Personal Information

Page 4 of 8

Name _____ / _____ / _____
Last Suffix First Initial Age

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

Last seen with _____

Last location victim was seen _____

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

Country _____ Service #: _____

Approximate Service Date _____ Military Branch _____

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

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

Print located _____

Usual Occupation: _____ Type of Business _____

Employer _____ Phone _____

Employer Address _____

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

List memberships: Clubs, Fraternities, etc.

Additional Data



VIP Personal Information

Page 6 of 8

Name _____ / _____ / _____
Last Suffix First Initial Age

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

CLOTHING:

Wallet: Description _____

Contents _____

Purse: Description _____

Contents _____

Pockets: _____

Contents Left _____

Contents Right _____



VIP Personal Information

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

Potential Living Biological Donors

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

1

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

2

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

3

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

4

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

5

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

6

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

7

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

8

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

Primary donor for Nuclear DNA Analysis

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

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



VIP Personal Information
Page 8 of 8

Name _____ / _____ / _____
Last First Middle

Interview_Location _____ **Interview_Date** _____ **Interview_Time** _____
(MM/DD/YYYY)

Interviewer Info:

Interviewer Name _____
First Last

Interviewing_Organization _____

Interviewer Home Information

Interviewer Address: _____
Street, City State, Zip

Interviewer home phone: _____

Interviewer cell phone: _____

Interviewer work phone: _____

Interviewer On-Site Information

Interviewer on-site address _____
Street, Hotel, Room #

Interviewer on-site phone: _____

Interviewer on-site cell: _____

Reviewer Info:

Reviewer Name _____

Reviewer Signature _____

Reviewing agency _____

Family Briefer Position Checklist (PCL)

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

Tasks

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

Job aids:

- Briefing agenda
- Briefer checklist
- Typical questions and answers
- Briefer strategies/pitfalls/hostile situations

Characteristics of a successful Family Briefer (Resource Type):

- Trustworthy
- Leader/Command presence
- Compassionate presence
- Respectful
- Perceived empathy
- Credible
- Understand family member and survivor reaction to trauma/crisis
- Awareness of diversity issues
- Good speaker
- Think on your feet
- Gather information from multiple sources and synthesize it
- Used to delivering information in crisis situations
- Basic knowledge of ICS
- Trained in PFA
- Understand the death investigation process (by the Medical Examiner)

Potential HSPHD job classes to pull Family Briefers:

- Front Door screeners
- Child Protection investigators
- Adult Protection investigators
- Pre-petition

Family Briefer Job Aid

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

Logistics

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

Know Your Audience

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

Who should not participate in briefings?

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

Agenda Topics & Structure

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

Debrief Questions and Answers

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

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

Important Considerations

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

After Briefings

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

The First Briefing

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

The Last Briefing

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

CRISIS EMERGENCY RISK COMMUNICATION

Build Trust and Credibility by Expressing:

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

Top Tips:

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

As a Spokesperson:

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

CONSISTENT MESSAGES ARE VITAL.

Prepare to Answer These Questions:

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

Stay on Message:

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



Session 1 Wrap-up Documentation

The following documents are included in this section:

- Post-test
- Answer key to pre/post test
- Evaluation form

**Family Assistance Centers (FAC): Behavioral Health Provider Roles Training
Post-Test**

Professional Designation:

- | | | |
|------------------------------------|---|----------------------------|
| <input type="radio"/> MD/DO | <input type="radio"/> APRN (NP, CNS, CRNA, CNM) | <input type="radio"/> LMFT |
| <input type="radio"/> PA | <input type="radio"/> Psychologist | <input type="radio"/> SW |
| <input type="radio"/> RN | <input type="radio"/> MSW | <input type="radio"/> LBHP |
| <input type="radio"/> Other: _____ | | |

Please answer the questions about Family Assistance Center behavioral health roles to the best of your current knowledge. Circle the appropriate answer for the following questions.

1. True / False The purpose of the Family Assistance Center is to support the Medical Examiner in positive identification of missing/deceased persons in a mass fatality event.

2. The following are functions at the Family Assistance Center:
 - a. Collect ante mortem data
 - b. Notify families of positive victim identification
 - c. Share information as needed
 - d. Provide behavioral health and emotional support to family members and friends
 - e. All of the above

3. True / False Validation of experience is critical when responding to the needs of survivors or family members.

4. Which of the following attributes are sought in a prospective Antemortem Interview Assistant?
 - a. To have sufficient medical background to answer questions posed by the interviewed families.
 - b. To have training and preferably experience in Behavioral Health care.
 - c. To have complete knowledge of the burial practices of the communities involved.
 - d. All of the above.

5. An Antemortem Interview Assistant is responsible for
 - a. Assuring the families that every effort will be made for an accurate and prompt identification.
 - b. Guaranteeing that each decedent will be identified.
 - c. Directly notifying the families once identification has been confirmed.
 - d. All of the above.

6. The information acquired in the antemortem interview is
 - a. Private and considered confidential.
 - b. Digitized (in larger events) and sent to the temporary morgue to assist in decedent identification.
 - c. Directly entrusted to the proper FAC representative.
 - d. All of the above.

7. True / False The party responsible for identifying the decedents is the lead Law Enforcement authority of the event.

(Turn over to continue)

**Family Assistance Centers (FAC): Behavioral Health Provider Roles Training
Post-Test**

8. True / False It is best to select a Family Briefer who has some public speaking experience and is not a senior leader in an organization.

9. The following should be done prior to the delivery of a Family Briefing (select all that apply):
 - a. Identification of key stakeholders
 - b. Anticipate the types of questions impacted friends or relatives may have
 - c. Develop a conceptual approach to dealing with requests "Under promise and over deliver"

10. True / False It's okay to start a briefing a few minutes late, because people will understand.

11. True / False The Family Liaison is responsible for making death notifications in a Family Assistance Center.

12. True / False The Family Liaison has a 1:1 relationship with the family members.

Answer key to pre/post test questions

Please answer the questions about roles of the Family Assistance Center to the best of your current knowledge. Circle the appropriate answer for the following questions.

1. The purpose of the Family Assistance Center is to support the Medical Examiner in positive identification of missing/deceased persons in a mass fatality event. **True** / False
2. The following are functions at the Family Assistance Center:
 - a. Collect ante mortem data
 - b. Notify families of positive victim identification
 - c. Share information as needed
 - d. Provide behavioral health and emotional support to family members and friends
 - e. All of the above**
3. Validation of experience is critical when responding to the needs of survivors or family members. **True** / False
4. Which of the following attributes are sought in a prospective Antemortem Interview Assistant?
 - a. To have sufficient medical background to answer questions posed by the interviewed families.
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 - a. Private and considered confidential.
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 - c. Directly entrusted to the proper FAC representative.
 - d. All of the above.**
7. The party responsible for identifying the decedents is the lead Law Enforcement authority of the event. True / **False**

Answer key to pre/post test questions

8. It is best to select a Family Briefer who has some public speaking experience and is not a senior leader in an organization. **True** / False
9. The following should be done prior to the delivery of a Family Briefing (select all that apply):
 - a. **Identification of key stakeholders**
 - b. **Anticipate the types of questions impacted friends or relatives may have**
 - c. **Develop a conceptual approach to dealing with requests "Under promise and over deliver"**
10. It's okay to start a briefing a few minutes late, because people will understand. True / **False**
11. The Family Liaison is responsible for making death notifications in a Family Assistance Center. True / **False**
12. The Family Liaison has a 1:1 relationship with the family members. **True** / False

Activity Evaluation and Feedback

Family Assistance Centers: Behavioral Health Provider Roles

DATE and LOCATION of training

Please fill in marks completely using a pen or pencil

Correct: ●

Incorrect: ⊖ ⊗

The ultimate goal of an educational activity is to help increase knowledge and confidence, develop new insights, introduce new skills and/or enhance existing skill sets.

1. How well did this program fulfill the following learning objectives?

Upon completion of this educational activity, I am better able to:

	Excellent	Very Good	Good	Fair	Poor
1. Apply advanced trauma psychology models to respond to the psychological impact of disaster on individuals and families.	<input type="radio"/>				
2. Describe the purpose, function and operations of the Family Assistance Center following a mass casualty event.	<input type="radio"/>				
3. List the roles and responsibilities of the three critical behavioral health provider roles at a Family Assistance Center	<input type="radio"/>				
4. Describe the principles of the Incident Command System in relation to the Family Assistance Center	<input type="radio"/>				
5. Discuss the role and responsibilities of the Medical Examiner in Family Assistance Center operations.	<input type="radio"/>				

2. Were the presentations free of commercial bias?

(Did the presentations avoid promoting a particular product or service?)

Yes

No

3. Please rate the following presentations:

Presentations	Excellent	Very Good	Good	Fair	Poor
Overview of Family Assistance Centers	<input type="radio"/>				
The Role of the Medical Examiner	<input type="radio"/>				
Advanced Applications of Trauma Psychology and disaster assistance centers	<input type="radio"/>				
Just-in-Time: Family Briefer	<input type="radio"/>				
Just- in- Time Family Liason	<input type="radio"/>				
Jutst-in-Time: Antemortem Interview Assistant	<input type="radio"/>				
Hotwash	<input type="radio"/>				

Share any comments regarding specific presentations (e.g. effectiveness of teaching methods, format, etc.):

4. As a result of participating in this activity, will you make any significant changes in the way you think about your role in a disaster response?

- Yes
- Possibly.....I am contemplating change, but would need more information and/or education
- No, but the content affirms my current behavior/practice

If yes, identify the types of changes you anticipate.

In making changes, List the additional tools, education, or resources would be helpful to you?

If no, what barriers exist to prevent you from making changes?

What would you recommend to overcome these barriers?

5. Professional Designation:

- | | | |
|------------------------------------|---|----------------------------|
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| <input type="radio"/> PA | <input type="radio"/> Psychologist | <input type="radio"/> SW |
| <input type="radio"/> RN | <input type="radio"/> MSW | <input type="radio"/> LBHP |
| <input type="radio"/> Other: _____ | | |

6. Please rate your overall experience and how well this activity met your educational needs

Course Design	Excellent	Very Good	Good	Fair	Poor
Course Format	<input type="radio"/>				
Breakouts	<input type="radio"/>				
Opportunity for discussion / Q & A	<input type="radio"/>				
Course Materials	<input type="radio"/>				
Venue	<input type="radio"/>				

Please provide any additional suggestions/comments that you have to enhance future planning efforts (e.g. recommended topics, formats, identified educational needs):

Thank you.

Session 2: In-depth Family Briefer Training

Training competency: knowledgeable

This training is performance based providing opportunities for participants to demonstrate giving family briefings and then receiving feedback from the Subject Matter Expert in order to improve over the course of the training.

The following documents are included in this section:

- Course information and overview flier
- Family Briefer Position Checklist
- Family Briefer job aid
- Crisis communications handout (CDC)

Family Assistance Center Briefing: Performance-Based Training

DEVELOPMENT OF SKILLS TO FACILITATE BRIEFINGS DURING A MASS FATALITY EVENT

This training opportunity assists in the development of briefer skills necessary to facilitate emergency response briefings during a mass fatality or casualty event.

In this workshop, briefer skills are enhanced by performance-based practice and lessons based on real world situations. Attendees will practice briefer skills in response to complex commu-

nication challenges typical when family assistance centers are set up to facilitate information sharing as a crisis response method. Throughout class students will have opportunities to practice different elements of a briefing, from pre-briefing agenda building to briefing, and the management of questions and answer sessions. This class is limited to 20 participants.



one-of-a-kind briefer training

FOUR TRAINING MODULES

1. THE BRIEFER.
2. COMMUNICATING WITH FAMILY MEMBERS
3. SPECIAL CONSIDERATIONS
4. CONDUCTING FAMILY BRIEFING

WHO SHOULD TAKE THIS COURSE

- This training is specifically designed for leaders in organizations that will be asked to speak in front of small to large groups about the status of crisis events and potential of being lost or killed.
- Briefers must have the inherent ability to speak with people who are dealing with intense trauma in a manner that is both compassionate and still have confidence.
- The briefer may have to deal with very sad and angry people at the same time and deal with very difficult questions.

COURSE OBJECTIVES ARE DIVIDED INTO FOUR TRAINING MODULES OVER 12 HOURS

1. [The Briefer](#): Role, responsibilities, skills, and framework/landscape—where does the briefer fit in?
2. [Communicating with Family Members](#)
3. [Special Considerations](#): The briefing team, Medical Examiners, Investigations, Culture and Faith
4. [Conducting Family Briefing](#)

JONATHAN BUNDT is a licensed mental health professional and a board certified expert in traumatic stress and crisis response. He has worked in the numerous positions in the mental health field for over 30 years. From inpatient mental health to outpatient mental health and chemical dependency treatment programs. Currently, he divides his time between consulting and training in the area of crisis and disaster response and recovery. He is active in the workplace violence prevention and response, critical incident debriefing, law enforcement SWAT response. He has spent 9 years as the metropolitan hospital compact disaster behavioral health coordinator under the Healthcare System Preparedness Program Grant. He directed in the Psychological First Aid training and curriculum development, Disaster Behavioral Health conference and Hospital Incident Command System behavioral health integration. He was involved with the management of the 35W Bridge Collapse Family Assistance Center and was the main Briefer for that incident along with several state natural disaster incidents where he ran briefings. He is also a certified emergency manager.

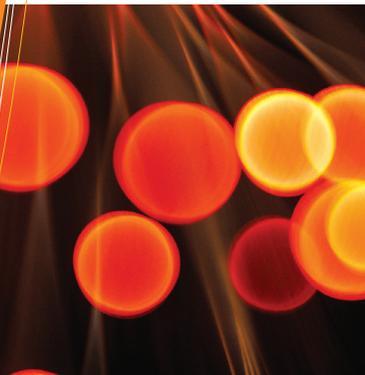
LILLIAN MCDONALD has been the Executive Director for Emergency and Community Health Outreach (ECHO) since 2004. Prior to working with ECHO, she coordinated risks and crisis communication response plans, media relations, internal and public relations work for as the Public Information Officer (PIO) for Saint Paul—Ramsey County Public Health. Lillian worked for over 20 years as a news reporter, producer and assignment editor for major market radio and television stations in the Midwest, including Kare-TV and Fox-9.



CONTACT US

Phone: 952-922-0422

For questions about training content or who should attend, please e-mail: jonathan@masaconsulting.com



Family Briefer Position Checklist (PCL)

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

Tasks

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

Job aids:

- Briefing agenda
- Briefer checklist
- Typical questions and answers
- Briefer strategies/pitfalls/hostile situations

Characteristics of a successful Family Briefer (Resource Type):

- Trustworthy
- Leader/Command presence
- Compassionate presence
- Respectful
- Perceived empathy
- Credible
- Understand family member and survivor reaction to trauma/crisis
- Awareness of diversity issues
- Good speaker
- Think on your feet
- Gather information from multiple sources and synthesize it
- Used to delivering information in crisis situations
- Basic knowledge of ICS
- Trained in PFA
- Understand the death investigation process (by the Medical Examiner)

Potential HSPHD job classes to pull Family Briefers:

- Front Door screeners
- Child Protection investigators
- Adult Protection investigators
- Pre-petition

Family Briefer Job Aid

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

Logistics

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

Know Your Audience

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

Who should not participate in briefings?

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

Agenda Topics & Structure

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

Debrief Questions and Answers

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

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

Important Considerations

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

After Briefings

- Summarize the main points and inform families of the briefing schedule (hourly, twice a day, once a day)
- Thank families for being there
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Closing

This toolkit is intended to be a roadmap for jurisdictions and agencies to follow when developing FAC plans. The training plan and included tools are suggestions for how to get started and are flexible enough to be adapted to meet the needs of various communities.

The local Medical Examiner is the lead on Mass Fatality operations in Hennepin County, but cannot accomplish the mission of a FAC without support from human services and public health, law enforcement, behavioral health professionals, and community partners. FAC operations needs to be a coordinated effort between various disciplines within and surrounding jurisdictions. It is recommended that these disciplines and partners are included early on in the planning process and incorporated into your training plan.

All staff in an FAC should have baseline Psychological First Aid training. An FAC is established as a direct result of a mass fatality incident and as a result, it is imperative that all FAC staff, not just the three key behavioral health staff identified in this toolkit, have a Psychological First Aid foundation.

This toolkit may help develop your agency's ability to perform the CDC's Public Health Preparedness Capability 5: Mass Fatality. Incorporating a strong behavioral health plan into responses, especially a mass fatality incident, contributes to a more resilient community.