

Type of Policy: EMERGENCY MANAGEMENT	Category: EMERGENCY OPERATIONS PLANS (EOP'S)
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Title: <i>FAMILY REUNIFICATION & ASSISTANCE CENTER (FRC) PLAN</i>	Policy #:
Page: 1 of 22	Replaces #:
Issue Date: 8/22	Developed By: Emergency Management
Revision Dates:	Approved By:

I. PURPOSE:

This policy establishes processes for team members to follow for family reunification purposes, in the event of an incident or event that creates a large volume of patients arriving at <insert organization name> facilities. A Family Reunification & Assistance Center (FRC) will be activated in anticipation of the arrival of a large number of family and friends seeking information about missing loved ones and/or separated/unaccompanied children who need reunification.

II. DEFINITIONS:

When used in this policy these terms have the following meanings:

- A. Abduction: The crime of taking away of a person by persuasion, fraud, or by open force or violence.
- B. Authority Having Jurisdiction (AHJ) is the organization, office, individual or other statutory authority responsible for approving equipment, materials, and installation, or a procedure.
- C. Authorized Officials: Individuals acting in an official law enforcement capacity.
- D. Child: A person below the age of 18 years unless under the law applicable to the child, majority is attained earlier.
- E. Critical Incident Response Protocol and Team (CIRP/CIRT): A group of trained <insert organization name> team members that provide psychological first aid, behavioral crisis intervention, referrals, advocacy, and response assistance to <insert organization name> personnel in the event of an emergency impacting the organization.
- F. Critical Incident Stress Debriefings (CISD): Intervention intended to help small, homogenous groups of 12-20 team members who already have some existing relationship. It is intended to help team members find a way to relate and mitigate the impact of critical incidents. It is not meant to be group therapy or a substitute for therapy and it is best used between 24 to 72 hours of a critical incident. However, it can take place days or even 3-4 weeks after the critical incident.
- G. Critical Incident Stress Management (CISM): An adaptive, short-term psychological helping-process that focuses solely on an immediate and identifiable problem. It can include pre-incident preparedness to acute crisis management to post-crisis follow-up.
- H. Custodial Parent: The parent, also considered the primary care parent, a child resides with full time. Most custodial parents have been awarded physical custody of a child by a court of law.
- I. Electronic Health Record (EHR): An electronic version of a patient's medical history that is maintained by the provider over time, and may include all of the key administrative clinical data relevant to that persons care under a particular provider, including initial registration information, demographics, progress notes, problems, medications, etc.
- J. Event: A scheduled non-emergency activity (e.g., sporting event, concert, parade, training exercise, large convention, fair, large gathering, etc.)
- K. Everbridge Alert: The use of an organization-wide mass communication system to alert, through a variety of formats, all <insert organization name>team members for emergency contact purposes.
- L. Family Assistance Center (FAC): A location established by the Authority Having Jurisdiction following a large mass casualty or mass fatality incident that acts as a centralized location for families and loved ones to gather, receive information about the victims; facilitate information sharing to support victim and family needs, and to provide necessary social services. An FAC is intended for the intermediate term in scope.
- M. Family Reunification Center (FRC): Established in the immediate hours after a mass casualty or mass fatality

Type of Policy: EMERGENCY MANAGEMENT	Category: EMERGENCY OPERATIONS PLANS (EOP'S)
---------------------------------------------	-----------------------------------------------------

Title: <i>FAMILY REUNIFICATION & ASSISTANCE CENTER (FRC) PLAN</i>	Policy #:
Page: 2 of 22	Replaces #:
Issue Date: 8/22	Developed By: Emergency Management
Revision Dates:	Approved By:

incident, an FRC is a location for families and loved ones to gather, receive information about the victims and grieve; facilitate information sharing to support family reunification, and provide death notification. The FRC is short-term in scope, with the intention that operations and reduced when the Authority Having Jurisdiction opens a Family Assistance Center (FAC).

- N. Freestanding (Offsite) Emergency Department (FSED): A facility that receives individuals for emergency care and is structurally separate and distinct from a hospital.
- O. Hospital Incident Command System (HICS): The HICS; modeled after the Department of Homeland Security's National Incident Management System (NIMS) of Incident Command System (ICS), is designed to manage all routine or planned events as well as emergencies or disasters of any size or type in a hospital. HICS allows for personnel from different agencies or departments to be integrated into a common structure that may effectively address issues, delegate responsibilities, ensure communication, and eliminate duplication of services.
- P. Incident Command System (ICS): The emergency management system used during an emergency situation in a non-hospital facility.
- Q. Incident Commander: The person who oversees the incident response until relieved by a more qualified team member. Provides the overall strategic direction for hospital/corporate incident management and support activities, including emergency response and recovery.
- R. Incident: An occurrence, natural or human-caused, that requires a response to protect life or property. Incidents can, for example, include major disasters, emergencies, terrorist attacks, terrorist threats, civil unrest, wildland and urban fires, floods, hazardous materials spills, nuclear accidents, aircraft accidents, earthquakes, hurricanes, tornadoes, tropical storms, tsunamis, war-related disasters, public health and medical emergencies, and other occurrences requiring an emergency response.
- S. Joint Information Center (JIC): A central location that facilitates operation of the Joint Information System where personnel with public information responsibilities perform critical emergency information functions, crisis communications, and public affairs functions.
- T. Joint Information System (JIS): Provides the mechanism to organize, integrate, and coordinate information to ensure timely, accurate, accessible, and consistent messaging across multiple jurisdictions and/or disciplines with nongovernmental organizations and the private sector.
- U. Legal Guardian: A person or entity who has been granted the legal authority (and the corresponding duty) to care for the personal and property interests of another person, called a ward.
- V. Lock down: The use of electronic and/or mechanical access control security measures; team member post assignments; or a combination thereof to ensure that all ingress and egress points are properly controlled during a situation(s) that is threatening or potentially threatens a facility, or parts thereof, or its occupants.
- W. PBX (Private Branch Exchange) Operator: The team member staffing the private telephone system used at <insert organization name>.
- X. PBX (Private Branch Exchange): A private telephone system used in a company. The system has several outside lines which users can share for making outside phone calls. A PBX also connects the phones within the company to each other and also connects them to outside lines.
- Y. Pediatric Safe Area (PSA): An area established for the care of unaccompanied minors who do not need, or no longer require, medical treatment to ensure appropriate safety precautions before release to an appropriate custodial

Type of Policy: EMERGENCY MANAGEMENT	Category: EMERGENCY OPERATIONS PLANS (EOP'S)
---------------------------------------------	-----------------------------------------------------

Title: <i>FAMILY REUNIFICATION & ASSISTANCE CENTER (FRC) PLAN</i>	Policy #:
Page: 3 of 22	Replaces #:
Issue Date: 8/22	Developed By: Emergency Management
Revision Dates:	Approved By:

- adult.
- Z. Reunification: The process of reuniting someone with their loved one.
- AA. Unaccompanied Minor: Children who have been separated from their parent(s), legal guardian(s), and other relative(s) and are not being cared for by an adult who, by law or custom, is responsible for doing so (18 or under).

III. POLICY:

It is the policy of <insert organization name> that:

- A. Team members must follow the family reunification procedures detailed in this plan to ensure the safety of patients during a incident or event that requires the activation of the Family Reunification & Assistance Center (FRC).
- B. All reasonable efforts shall be made to identify patients and reunite them with their family and/or loved ones.
- C. The organization’s primary responsibility is for the care of sick or injured patients, while outside stakeholders will be responsible for management of the incident, coordinating family reunification across the region and coordinating information releases.
- D. The Hospital Incident Command System/Incident Command System (HICS/ICS) must be activated to effectively manage the incident at the affected facility(s) as needed and, following the activation of this policy, the HICS/ICS shall immediately request support from city and/or county Emergency Management Offices.
- E. In accordance with ICS doctrine, team members supporting FRC operations shall expect to have different leadership and perform different duties from their normal work for the duration of their activation.
- F. The scope of this plan includes activation, operation, and demobilization strategies for FRCs within the <insert organization name> operational area (covering all cities and unincorporated areas). As such, the plan seeks to provide a framework for establishing and managing FRCs in the operational area during both largescale mass fatality/mass casualty incidents (e.g., hurricane) and smaller, more localized incidents involving multiple fatalities/casualties (e.g., explosion, shooting) to ensure consistency of response and management, and to establish a baseline of service.

IV. PROCEDURE:

- A. Following a significant emergency/disaster in the region that results in a mass fatality and/or mass casualty incident, family members/loved ones and friends (families) will surge to area medical facilities to search for their loved ones. After receiving notification of such a situation, <insert organization name> must take immediate steps to activate the Family Reunification & Assistance Center (FRC) Plan to manage the expected influx.
- B. The FRC provides three types of benefits for families of victims:
 - 1. Information: This includes the provision of updates regarding incident recovery efforts and notifying families whether the victim is:
 - a. Missing;
 - b. Transported to a hospital;
 - c. Deceased.
 - 2. Healthcare Decisions: The FRC provides a location for the patient’s physician and family/loved ones to discuss treatment options and make medical decisions regarding the patient’s care.
 - 3. Services: This includes the provision of emotional support, spiritual care, health and social services.

Type of Policy: EMERGENCY MANAGEMENT	Category: EMERGENCY OPERATIONS PLANS (EOP'S)
---------------------------------------------	-----------------------------------------------------

Title: <i>FAMILY REUNIFICATION & ASSISTANCE CENTER (FRC) PLAN</i>	Policy #:
Page: 4 of 22	Replaces #:
Issue Date: 8/22	Developed By: Emergency Management
Revision Dates:	Approved By:

- C. To support effective coordination between internal departments and external partners, the FRC must be activated in conjunction with the HICS/ICS, per Reference G.
- D. The FRC is anticipated to face the following challenges:
 - 1. The need for quickly activating a FRC to support reunification activities;
 - 2. Receiving, tracking and care of large numbers of patients, including children, who present to a facility following an emergency;
 - 3. Identifying injured and unaccompanied patients, including children;
 - 4. Providing information and other forms of support to parents/legal guardians;
 - 5. Using <insert organization name> team members from non-clinical areas to meet the needs of parents/legal guardians during disaster response;
 - 6. Tracking the movement of large numbers of patients from arrival at the facility until safe discharge;
 - 7. A large media interest in response activities;
 - 8. Effectively partnering with external stakeholders to ensure the organization receives the necessary support during its efforts to identify, and safely reunite, patients with their family;
 - 9. Managing large volumes of family members until the Authority Having Jurisdiction or community partner's Family Assistance Center/Family Reception Center (FAC/FRC) can be established, at an anticipated ratio of 1:8 (1 patient to 8 family members), which is expected to grow when an incident involves child patients:
 - a. Small Scale Incident: 10-25 patients/80-200 family members;
 - b. Medium Scale Incident: 26-75 patients/208-600 family members;
 - c. Large Scale Incident: 76-125 patients/608-1,000 family members;
 - d. Catastrophic Incident: 126+ patients/1,000+ family members.
- E. Family Reunification & Assistance Center (FRC) Activation Triggers:
 - 1. The FRC is activated as part of disaster response operations, but not every mass casualty incident will necessitate activating this plan. The decision to activate a FRC is made at the discretion of the facility Hospital Incident Commander/Operations Section Chief and/or <insert organization name> Emergency Management Department. When <insert organization name> is activating an FRC in response to a significant emergency, if the Authority Having Jurisdiction's Emergency Operations Center has not been activated or is in the process of being activated the Hospital Incident Commander/Operations Section Chief must coordinate with the <insert organization name> Emergency Management Department on-call duty officer - Tel: (***) ***-**** to request city/county assistance as soon as possible.
 - 2. In order to meet the immediate demands associated with family assistance, the goal for FRC operationalization is within 1-2 hours of notification of an incident. Examples of a FRC activation include:
 - a. A single incident resulting in 10 or more missing and/or unidentified persons;
 - b. Mass casualty incident resulting in 10 or more seriously injured persons being transported to hospitals for treatment;
 - c. A mass fatality incident or the potential for 10 or more fatalities at a single incident;
 - d. A large scale disaster.
 - 3. The FRC shall expect to remain operational for 48-72 hours post-incident. The Authority Having

Type of Policy: EMERGENCY MANAGEMENT	Category: EMERGENCY OPERATIONS PLANS (EOP'S)
---------------------------------------------	-----------------------------------------------------

Title: <i>FAMILY REUNIFICATION & ASSISTANCE CENTER (FRC) PLAN</i>	Policy #:
Page: 5 of 22	Replaces #:
Issue Date: 8/22	Developed By: Emergency Management
Revision Dates:	Approved By:

Jurisdiction's FAC/FRC shall be contacted and asked to provide additional support in the intermediate- and long-term, but family members are likely to still arrive at area hospitals seeking information.

- F. Notification:
1. Following notification of a emergency/disaster that is anticipated to create a significant number of patient arrivals at <insert organization name>/area hospitals, and/or an influx of family member enquiries, the person receiving the notification must try to determine the following information:
 - a. The extent of the emergency/disaster;
 - b. The geographical area(s) involved;
 - c. Any other relevant information such as patient acuity levels, injury types, whether patients are contaminated and, if so, the type of contaminant.
 2. The Administrative Supervisor/senior nursing leader must be notified immediately. The Administrative Supervisor/senior nursing leader must immediately contact the following for verification of information:
 - a. Security Leadership and/or;
 - b. <insert organization name> Emergency Management Department on-call duty officer - Tel: (***) ***-****.
 3. Following confirmation of an emergency/disaster, the Administrative Supervisor/senior nursing leader shall activate the FRC Plan and notify the PBX Operator using the appropriate emergency code number or direct-dial number:
 - a. Facility Name: Dial ** or (***) ***-****
 4. The PBX Operator shall:
 - a. Announce the activation on the overhead public address system three (3) times, followed by an Everbridge Alert notification.
 - b. The content of the overhead message shall include the following:
 - 1) The FRC Plan is now in effect.
 - 2) Location.
 5. The Administrative Supervisor/senior nursing leader will activate the Hospital Incident Command System (HICS), assume the role of the Hospital Incident Commander/Operations Section Chief, verbalize that they are in command and notify the appropriate hospital leadership. The Administrative Supervisor/senior nursing leader shall request support from the Corporate Command Center (CCC), in accordance with Reference G.
 6. Corporate Emergency Management shall notify the <insert organization name> Media Relations and Risk Management on-call representatives.
 7. Security at the facility shall:
 - a. Implement the Lock Down Plan in accordance with Reference F, positioning team members at the Emergency Department entrance(s) and other open entrances, where staffing allows.
 - b. Summon off-duty team members, as needed.
- G. Hospital FRC Management:
1. The HICS Operations Section Chief shall assign the role of FRC Branch Director.
 2. The FRC Branch Director shall work with the HICS Logistics Section Chief to staff the FRC,

Type of Policy: EMERGENCY MANAGEMENT	Category: EMERGENCY OPERATIONS PLANS (EOP'S)
---------------------------------------------	-----------------------------------------------------

Title: <i>FAMILY REUNIFICATION & ASSISTANCE CENTER (FRC) PLAN</i>	Policy #:
Page: 6 of 22	Replaces #:
Issue Date: 8/22	Developed By: Emergency Management
Revision Dates:	Approved By:

including the assignment of:

- a. FRC Check-In Leader and Check-In teams;
 - b. FRC Family Interview and Reunification Leader;
 - c. FRC Team Leads;
 - d. FRC Family Case Workers;
 - e. FRC Patient Match team;
 - f. FRC Escorts;
 - g. FRC Runners.
3. <insert organization name> Team Members working in the FRC shall:
 - a. Review Attachments A - C to understand the workflows before and after their position.
 - b. Ensure there are no avoidable delays or bottlenecks in activating the FRC.
 - c. Ensure that live television feeds to monitors or televisions in the FRC are not to be made available to family members.
 - d. Remain mindful of media representatives trying to gain access to the FRC.
 - e. Be reminded that all photos shall be taken according to the standards outlined in this plan, and must be compliant with <insert organization name> policies on social media use and sharing of protected health information. Photos shall not be shared between team members, units, departments or the organization without the prior consent of the HICS.
 4. All requests for additional support (staff, food & nutrition, medical care, etc.) shall be made directly to the HICS/ICL Operations Section Chief, who shall coordinate with other HICS/ICL responders.
- H. Patient Information Gathering/Patient Tracking:
1. Information Technology:
 - a. The FRC Branch Director shall provide the HICS Logistics Section Chief with the names and team member ID numbers of those needing access to FRC information systems.
 - b. The HICS Logistics Section Chief shall coordinate with IT to:
 - 1) Assign the necessary software/system access and permissions to identified FRC team members to allow effective information sharing, ensuring that team member access is withdrawn when they no longer require access to the system.
 - 2) Have the <insert organization name> website updated to display links to the Family Locator and Family Member Interview forms.
 2. Decontamination Team:
 - a. Where Decontamination activities are taking place, Decontamination Team members shall:
 - b. Decon Triage:
 - 1) Ask the patient to confirm their identity;
 - 2) Where patients are non-verbal, ask EMS if they found information to support the patient's identify.
 - c. Decon Non-Ambulatory Cut Out:
 - 1) For non-verbal patients, review their personal items for information to support their identity, such as driver's licenses, passports, credit cards, etc.;

Type of Policy: EMERGENCY MANAGEMENT	Category: EMERGENCY OPERATIONS PLANS (EOP'S)
---------------------------------------------	-----------------------------------------------------

Title: <i>FAMILY REUNIFICATION & ASSISTANCE CENTER (FRC) PLAN</i>	Policy #:
Page: 7 of 22	Replaces #:
Issue Date: 8/22	Developed By: Emergency Management
Revision Dates:	Approved By:

- 2) Notify ED Triage of any information that may support patient identification before placing items in the patient's belongings bag and securing the bag in accordance with Reference F.
3. Clinical team members:
 - a. Clinical team members shall enter patient clinical and any personal identifier information (specific tattoo(s), distinct scar, distinct physical features and jewelry (e.g., specific watch, rings, etc.)) into the Electronic Health Record (EHR) on patient arrival, or as soon as reasonably possible. The EHR system includes areas to record descriptive patient information that will help the Patient Match Team cross-reference patients with families.
 - b. Where EHR access is limited/non-accessible, such as during an I.T. downtime, clinical team members shall utilize the Emergency Department Mass Casualty Intake (MCI) Document (Reference N) to record patient identification information.
4. Guest Services:
 - a. Normal Operations:
 - 1) Guest Services shall assign a team member to the Administrative Supervisor's office. Utilizing the EHR mobile app and a compatible device that supports the capture of clinical images and associations with the patient, the team member shall work with the Administrative Supervisors/Operations Section Chief to take photographs of the front and reverse of of Emergency Department Mass Casualty Intake (MCI) Document (Reference N) for each arriving patient.
 - 2) The Guest Services team member shall confirm the transfer of images for each patient in to the correct patient's health record, notifying the FRC patient match team every 15-minutes which records have been updated.
 - b. Downtime Procedures:
 - 1) Guest Services shall assign a team member to the Administrative Supervisor's office. The team member shall work with the Administrative Supervisors to take photographs of the front and reverse of of Emergency Department Mass Casualty Intake (MCI) Document for each arriving patient.
 - 2) Guest Services shall show each patient's information to FRC patient match teams.
5. Patient Access & Spiritual Care:
 - a. Spiritual Care shall coordinate with Patient Access in the identification of patients, with prioritization given to unresponsive patients.
 - b. Coverage areas will be determined based on availability of Chaplains and prioritized as follows:
 - 1) ED Trauma Room (where applicable);
 - 2) ED/Triage area - Red and high-yellow acuity patients;
 - 3) ED/Triage area - Low-yellow;
 - 4) ED/Triage area - Green patients;
 - 5) ED Overflow area(s);
 - 6) Family Reunification & Assistance Center.

Type of Policy: EMERGENCY MANAGEMENT	Category: EMERGENCY OPERATIONS PLANS (EOP'S)
---------------------------------------------	-----------------------------------------------------

Title: <i>FAMILY REUNIFICATION & ASSISTANCE CENTER (FRC) PLAN</i>	Policy #:
Page: 8 of 22	Replaces #:
Issue Date: 8/22	Developed By: Emergency Management
Revision Dates:	Approved By:

- c. Following notification of an FRC Plan activation, Chaplains shall contact the HICS Operations Section Chief to request the assignment of a Chaplain Scribe position.
- d. Normal Operations:
 - 1) Spiritual Care and Patient Access shall gather patient information. Within one hour of the first patient's arrival, where operational circumstances allow, they shall compare and reconcile their records before entering the information in to the EHR.
 - 2) Any discrepancies shall be addressed before data is input in the EHR.
 - 3) Once patient information has been compared and reconciled, Spiritual Care and/or Patient Access shall notify the Patient Match Team that new patient information is available and accessible through the EHR system's reporting function. The report details:
 - a) Patient Medical Record Number (MRN);
 - b) Patient's real name (where known);
 - c) Time registered;
 - d) Disaster color;
 - e) Next of Kin;
 - f) Approved visitors.
- e. Downtime Procedures:
 - 1) Chaplains shall attempt to complete the Spiritual Care Log Sheet (Attachment G) with the patient's information.
 - 2) The Chaplain Scribe must collect Spiritual Care Log Sheets on a recurring time frame so that they can be reviewed. For example, every 30-minutes the Chaplain Scribe collects the Spiritual Care Log Sheets, transfers data from the Spiritual Care Log Sheets to the Patient Access master list, then compares information against the data held by Patient Access.
 - 3) Once patient information has been compared and reconciled, Patient Access must coordinate delivery of the master list to the Patient Match Team.
 - 4) Individual Spiritual Care Log Sheets must be maintained for future review, with the retention timeframe being determined by Spiritual Care leadership and HICS.
- f. The Spiritual Support Team shall be available to assist patients and their families.
- g. The Spiritual Support Team is comprised of multi-faith staffing, to include the following positions:
 - 1) <insert organization name> Chaplains;
 - 2) Religious Leaders (pastors, rabbis, imams, priests, etc.) who have been previously vetted by <insert organization name>.

I. Family Member Registration:

- 1. To support information sharing and manage family expectations:
 - a. <insert organization name> recognizes the importance many cultures place on family, and that large groups may show up on behalf of one patient. To allow for effective information sharing,

Type of Policy: EMERGENCY MANAGEMENT	Category: EMERGENCY OPERATIONS PLANS (EOP'S)
---------------------------------------------	-----------------------------------------------------

Title: <i>FAMILY REUNIFICATION & ASSISTANCE CENTER (FRC) PLAN</i>	Policy #:
Page: 9 of 22	Replaces #:
Issue Date: 8/22	Developed By: Emergency Management
Revision Dates:	Approved By:

- support and FRC management families shall be advised to limit the number of people entering the FRC to four (4) per family.
- b. Arriving families will be escorted from the facility entrance to the FRC by FRC Escorts.
 - a. On arrival at the FRC, family members will go through a brief orientation on the goal of the FRC, then start the registration process with the FRC Check-In teams.
 - c. FRC Check-In teams shall determine whether the family is a first time or repeat FRC visitor:
 - 1) First-Time FRC Visitor:
 - a) Determine if the person/group is the family or friend of a possible patient.
 - b) To reduce possible bottlenecks, it is recommended the family sign-in with one of three registration desks (A - G, H - R and S - Z), then receive FRC identification wristbands.
 - c) The registration desk provides each family with printed information outlining the services offered by the FRC, and requirements for helping <insert organization name> ensure the safety, security and privacy for all families, to include:
 - (1) Checking in every member of the family and wearing their FRC identification wristbands at all times when in the facility.
 - (2) Not using cameras, recording devices or live streaming social media at any time when inside the FRC.
 - (3) Being respectful of other families and <insert organization name> team members at all times.
 - d) Ask the visitor to complete the Patient Locator Form, which is available on the <insert organization name> website via a Quick response (QR) barcode and/or hard copy printout (see Attachment D). If they are searching for multiple patients, the family must complete one Patient Locator Form for each person.
 - e) If the family are not connected with a possible patient:
 - (1) Do not continue check-in;
 - (2) Politely direct the family away from the FRC;
 - (3) As needed, escalate to FRC Security/FRC Team Lead.
 - 2) Repeat FRC Visitor:
 - a) Check each returning visitor for an FRC wristband before allowing re-entry to the FRC.
 - b) Visitor(s) only sign-in once, unless advised otherwise by the FRC Branch Director/Team Leader.
2. FRC Check-In team members shall be alert for the following situations:
- a. Long lines or a surge of visitors at the FRC Check-In;
 - b. Visitor(s) intentionally presenting false information or withholding information in an attempt to enter the FRC;

Type of Policy: EMERGENCY MANAGEMENT	Category: EMERGENCY OPERATIONS PLANS (EOP'S)
---------------------------------------------	-----------------------------------------------------

Title: <i>FAMILY REUNIFICATION & ASSISTANCE CENTER (FRC) PLAN</i>	Policy #:
Page: 10 of 22	Replaces #:
Issue Date: 8/22	Developed By: Emergency Management
Revision Dates:	Approved By:

- c. FRC family members who are angry, frustrated, aggressive, challenging, etc.;
 - d. Unaccompanied minors (person under 18 without an adult) arriving at FRC Check-In;
 - e. Any visitors arriving at the FRC Check-In requiring language assistance;
 - f. Visitor inside FRC location without a wristband;
 - g. Visitors with psychosocial and/or spiritual needs;
 - h. Media;
 - i. Visitors taking pictures, filming or using social media.
- J. Calls to PBX:
1. Internal Communications, Media Relations and the HICS/ICS Information Officer (PIO) shall provide PBX with call scripts on how to consistently respond to members of the public, media and other enquirers.
 2. PBX Operators who receive enquiries from the following:
 - a. Families :
 - 1) Where the patient is listed in the EHR:
 - a) Assist the caller in contacting the patient in accordance with department policy.
 - b) Where the patient has a No Publicity (NP) request, refer to Reference S.
 - 2) Where the patient is not listed in the EHR:
 - a) Explain to the caller that the patient is not listed.
 - b) Direct the enquirer to the <insert organization name> website to complete the online Patient Locator Form and access additional resources.
 - b. Embassies/Consulates:
 - 1) Certain Embassies/Consulates have provisions under international law that allow them the right to enquire about the wellbeing of their citizen, in accordance with Articles 36 and 37 of Reference X.
 - 2) If an Embassy/Consulate representative calls about a specific patient, refer to the department's normal procedure(s).
 - 3) Where they are not calling about a specific patient and want other information, direct the caller to the U.S. Department of State's Regional Office of Foreign Missions, located in Miami - Tel: (305) 442-4943.
 - c. Calls from the U.S. Department of State:
 - 1) Callers from the U.S. Department of State act as an intermediary between <insert organization name> and foreign missions.
 - 2) If someone calls from the U.S. Department of State or one of their Offices of Foreign Missions, transfer the caller in the order shown below:
 - a) Corporate Command Center Liaison Officer (when activated) – Tel: (***) ***-****.
 - b) Corporate Emergency Management On-Call Duty Officer – Tel: (***) ***-****.

Type of Policy: **EMERGENCY MANAGEMENT**

Category: **EMERGENCY OPERATIONS PLANS (EOP'S)**

Title: ***FAMILY REUNIFICATION & ASSISTANCE CENTER (FRC) PLAN***

Policy #:

Replaces #:

Page: 11 of 22

Developed By: Emergency Management

Issue Date: **8/22**

Approved By:

Revision Dates:

- c) Hospital facility HICS Liaison Officer (when Corporate Command is not activated).
- 3. PBX Operators receiving enquiries from the media shall direct the caller to the HICS Information Officer (PIO) at the subject facility.
- K. Patient Identification Process:
 - 1. FRC Registration:
 - a. Normal Operations:
 - 1) FRC Registration staff shall ask enquiring families to provide photos of their loved one, assisting them in accessing photographs from social media sites and other media, as needed:
 - a) Photos of patients shall be emailed to ***@*****;
 - b) Families shall be asked to include the patient full name (LAST NAME, First Name, Middle Initial), followed by their two-digit month and four-digit year of birth or age - e.g.: 02/1989 in the message subject line.
 - 2) FRC Registration staff must review hard copy Patient Locator Forms for completeness, and assist families in completing any missing information. When the form is completed as much as is possible, FRC Registration staff must hand off completed Patient Locator Forms to FRC Runners, who will take them to the Patient Match Team.
 - b. Downtime Procedures:
 - 1) Registration desk staff must review the hard copy Patient Locator Form for completeness, and assist families in completing any missing information, if possible.
 - 2) FRC Registration staff shall ask enquiring families to provide photos of their loved one, assisting them in recovering photographs from social media sites and other media, as needed:
 - a) Photos of patients shall be copied;
 - b) All photos shall be annotated with the patient full name (LAST NAME, First Name, Middle Initial), followed by their two-digit month and four-digit year of birth or age - e.g.: 02/1989 in the message subject line.
 - 3) Registration desk staff must hand off completed Patient Locator Forms and any provided photos to FRC Runners, who will take them to the Patient Match Team.
 - 2. Patient Match Teams:
 - a. Processing online information:
 - 1) Once submitted through the <insert organization name> website, the online Patient Locator Form is automatically exported to a Microsoft Excel file stored on the server. To help expedite record searches the Excel file, which is accessible in the FRC, can be reviewed by multiple users in the Patient Match team simultaneously.
 - 2) The Microsoft Excel file automatically lists information alphabetically by last name and the data auto-refreshes. New online Patient Locator Form submissions are inserted in to the Excel file as a new row and highlighted in yellow to indicate it has not been

Type of Policy: EMERGENCY MANAGEMENT	Category: EMERGENCY OPERATIONS PLANS (EOP'S)
---------------------------------------------	-----------------------------------------------------

Title: <i>FAMILY REUNIFICATION & ASSISTANCE CENTER (FRC) PLAN</i>	Policy #:
Page: 12 of 22	Replaces #:
Issue Date: 8/22	Developed By: Emergency Management
Revision Dates:	Approved By:

- processed.
- 3) The software automatically flags possible duplications based on three possible matches:
 - a) Exact date of birth;
 - b) Last name, accompanied by date of birth within one week;
 - c) Street address.
 - 4) The Patient Match Team shall review possible duplicate entries and bring them to the attention of the Team Leader.
 - 5) The Patient Match Team shall monitor the ****@***** mailbox regularly for new patient photographs; when new photos arrive, they shall be linked to the subject record. Where there isn't enough information provided by the sender to match the photograph with a patient, the Team Lead shall be notified.
- b. Processing hard copy information/Downtime Operations:
- 1) The Patient Match Team receives Patient Locator Forms and separates the information into alphabetical groupings (A - G, H - R and S - Z).
 - 2) To reduce the potential for duplicate entries, the Patient Match Team must enter the patient information into the Patient Enquiry Log (see Attachment F) as it is received from the FRC Runners and review the information on a schedule determined by FRC leadership.
 - 3) Any potential duplications must be brought to the attention of the Team Leader.
3. Electronic Health Record Searches:
- a. Team members assigned to the Patient Match Team shall compare information received in the online and/or hard copy Patient Locator Form against the EHR. The EHR provides a comparison feature to allow Patient Match Teams to narrow down potential patient matches.
 - b. If one of the following combination of identifiers match, there is a possible match:
 - 1) One unique identifier, such as a specific tattoo or distinct scar, or recent photograph.
 - 2) One strong identifier such as distinct physical features plus one broad identifier such as gender or approximate age.
 - 3) At least three broad identifiers that could include, but are not limited to: gender, ethnicity, approximate age, or hair color.
 - c. If there is a match for one of the three combinations a possible match is found. If there is no match for any of these three combinations, there is no possible match. Where no possible match is found the Patient Match Team must notify the FRC Registration Team.
4. Need for Additional Information:
- a. FRC Family Case Workers:
 - 1) Where additional information is required from families they shall be assigned an FRC Family Case Worker, who will provide additional support. FRC Family Case Workers must:
 - a) Work with the family to complete a hard copy or online Family Member Interview Form, which is available on the <insert organization name> website

Type of Policy: EMERGENCY MANAGEMENT	Category: EMERGENCY OPERATIONS PLANS (EOP'S)
---------------------------------------------	-----------------------------------------------------

Title: <i>FAMILY REUNIFICATION & ASSISTANCE CENTER (FRC) PLAN</i>	Policy #:
Page: 13 of 22	Replaces #:
Issue Date: 8/22	Developed By: Emergency Management
Revision Dates:	Approved By:

via a Quick response (QR) barcode and/or hard copy printout (see Attachment E). If they are searching for multiple patients, the family must complete one form for each person.

- b) When a hard copy form is completed as much as possible, use FRC Runners to deliver the document to the FRC Patient Match Team.
- 2) Where the family has information/documentation immediately on hand to support their claim to reunification, attach copies to the patient record. Examples of acceptable identification include, but are not limited to:
 - a) Birth certificate/marriage license;
 - b) Employee identification card issued by a Federal, state, county or municipal government;
 - c) Military identification card (U.S. or other nationality);
 - d) Passport (U.S. or other nationality);
 - e) Permanent Resident identification card;
 - f) Public Assistance identification card (e.g., Social Security or other social services);
 - g) Retirement center identification card;
 - h) State-issued concealed weapon or firearm identification;
 - i) State-issued driver's license or identification card;
 - j) Student identification card;
 - k) Veteran Health identification card.
- 3) Where a family does not possess the necessary official information to support their claim the FRC Case Worker shall assist them in locating additional data, such as:
 - a) Working with employers, schools, etc. to provide affidavits to identify those without ID;
 - b) Helping the family navigate social media pages to establish a personal connection with the patient;
 - c) Collaborating with the appropriate law enforcement and/or government agencies to locate the information, such as using the Florida Department of Motor Vehicles Driver and Vehicle Information Database (DAVID).
- 5. Patient In The EHR:
 - a. Alive patient:
 - 1) Where there is possible confirmation of a patient's identity, the FRC Patient Match Team shall coordinate with the FRC Case Workers to organize and upload photos of the enquiring family members.
 - 2) The family photos shall be shown to the patient when they are medically able to view the information.
 - 3) Concious Patient Confirms Match:
 - a) Where the patient confirms the relationship and provides consent, the family

Type of Policy: EMERGENCY MANAGEMENT	Category: EMERGENCY OPERATIONS PLANS (EOP'S)
---------------------------------------------	-----------------------------------------------------

Title: <i>FAMILY REUNIFICATION & ASSISTANCE CENTER (FRC) PLAN</i>	Policy #:
Page: 14 of 22	Replaces #:
Issue Date: 8/22	Developed By: Emergency Management
Revision Dates:	Approved By:

shall be given the last four digits of the patient account number as an access code (unless the patient has made a No Publicity (NP) request in accordance with Reference S):

- (1) Where there is a family match, patients with NP requests on file shall be asked if they wish to alter their non-disclosure request so their family know their location.
- (2) Where a patient refuses to release information on their location to their family, FRC team members shall notify the Family Reunification & Assistance Center Branch Director.
- b) Family members shall be given written information stating that patient information shall only be shared if the patient's access code is provided (unless there is a NP request, as stated above); the Family Reunification & Assistance Center shall make families aware that if they share the access code with others, <insert organization name> must assume they are giving approval for that person to have access to the patient's medical information.
- 4) Conscious Patient With No Match:
 - a) Where a patient states there is no relationship match, the FRC Case Worker shall work with the patient to gather any additional family information. Any additional information provided shall be entered into the patient's EHR.
 - b) The FRC Case Worker shall notify the FRC Reunification Leader that the patient has rejected the familial match.
- 5) Unconscious Patient Without Confirmed ID:
 - a) Where a patient is located in the EHR but they are unable to confirm a familial match as a result of their medical condition or other factors:
 - (1) The Patient Access representative shall determine if the identified patient has a previous medical record based on the information available.
 - (2) If a previous medical record is located, the record shall be accessed to see who the patient had previously listed as an emergency contact.
 - (3) If a previous medical record is not located, FRC team members shall collaborate with Security to assist with patient identification.
 - (4) Security shall record the patient information and attempt to locate them through an online investigative system, such as TransUnion's TLO database.
 - (5) Where online searches return no/limited results, Security shall roll the patient(s) fingerprints and provide them to law enforcement for further review.
 - b) Where there is no definitive information positively identifying the patient, enquiring family members must be advised that patient identification has not

Type of Policy: EMERGENCY MANAGEMENT	Category: EMERGENCY OPERATIONS PLANS (EOP'S)
---------------------------------------------	-----------------------------------------------------

Title: <i>FAMILY REUNIFICATION & ASSISTANCE CENTER (FRC) PLAN</i>	Policy #:
Page: 15 of 22	Replaces #:
Issue Date: 8/22	Developed By: Emergency Management
Revision Dates:	Approved By:

yet been confirmed and additional assistance will be required from external partners, such as law enforcement through fingerprinting. Team members must explain that we are trying to confirm the patient's identity, and do not want to give them inaccurate information.

- c) At such time when the patient is deemed medically and psychologically competent to make the determination, they shall be shown the photos of the enquiring family members.
- 6) For deceased patients, see Reference Q.
- 6. Patient Not In EHR:
 - a. The FRC Family Case Worker shall:
 - 1) Notify the family that FRC staff can't currently locate their loved one in the EHR.
 - 2) If not already provided, assist the family in completing the Family Member Interview Form and explain the more detailed information will provide additional data to better help us locate the patient.
 - 3) Following completion of the Family Member Interview Form, the FRC Family Case Worker will hand the form to an FRC Runner, who will take the form to the Patient Match Team. The Patient Match Team must compare the information provided in the FRC Family Member Interview form against information in the EHR.
 - b. Where the patient is not located in the EHR, the FRC Family Case Worker shall notify the Family Reunification & Assistance Center Branch Director. The FRC Branch Director shall:
 - 1) Where law enforcement are located on-site:
 - a) Notify the HICS Operations Section Chief of the need for law enforcement assistance with patient identification.
 - b) Annotate the EHR that the case has been referred to law enforcement for identify verification.
 - 2) Where law enforcement are not on-site:
 - a) Notify the HICS Operations Section Chief of the need for a law enforcement liaison to assist with patient identity searches.
 - b) The HICS Liaison officer and/or Security Officer shall make the request through the Authority Having Jurisdiction's Emergency Operations Center, and record the date and time of the request.
- 7. Non-identifiable patients:
 - a. Minors:
 - 1) Children may not be able to self-identify if they are nonverbal because of developmental age, illness, or ability. In addition, it is possible that a child's usual guardian may be injured or unable to be located. Children who do not possess any information to support their identification and/or are unable to self-identify must be brought to the immediate attention of the Authority Having Jurisdiction's law enforcement and the regional Department of Children & Families (DCF).

Type of Policy: EMERGENCY MANAGEMENT	Category: EMERGENCY OPERATIONS PLANS (EOP'S)
---------------------------------------------	-----------------------------------------------------

Title: <i>FAMILY REUNIFICATION & ASSISTANCE CENTER (FRC) PLAN</i>	Policy #:
Page: 16 of 22	Replaces #:
Issue Date: 8/22	Developed By: Emergency Management
Revision Dates:	Approved By:

- 2) For non-identifiable children, DCF must be notified to coordinate emergency custody. DCF and law enforcement work to identify the child and continue the search for the legal custodians, and arrange temporary placement for the child through a temporary social admission to the hospital or placement with a child's relatives/a foster family
- b. Adults:
 - 1) Adults who do not possess any information to support their identification and are unable to self-identify shall remain as a Doe patient until they can identify themselves, or their identity is confirmed by other means.
 - 2) Patient Access shall work with Spiritual Care, Case Management and Security to establish patient identify.
 - 3) When identification of a patient is made known, Patient Access shall be notified immediately so that the EHR system and all records can be updated.
 - 4) Law Enforcement Identification of Unidentified Persons:
 - a) Adult patients who do not possess any information to support their identification and are unable to self-identify must be brought to the attention of the Authority Having Jurisdiction's law enforcement agency.
 - b) Law enforcement may take action to identify the patient using various means, such as entering the unidentified patient into the National Crime Information Center (NCIC) database as an Unidentified Living Person, digital/manual finger printing, DNA sampling, etc.
 - c) If there is a request from a law enforcement officer inquiring in regard to unidentified patients, team members shall conduct a search of the EHR to determine if there is a patient who may be a possible match for the missing person. The possible match information should be provided to the requesting law enforcement officer and every effort should be made to assist in identifying the patient, in accordance with HIPAA privacy rules (45 CFR 164.512(f)(2)).
 - d) Law enforcement verification standards may include, but are not limited to:
 - (1) Official law enforcement agency email;
 - (2) Official law enforcement agency fax;
 - (3) In-person request of law enforcement officer with proper identification;
 - (4) Organization Security personnel can also assist with law enforcement verification;
 - (5) Existing hospital policies.
 - 5) .
8. Unaccompanied Minors:
 - a. Even after medical clearance, unaccompanied pediatric patients cannot be discharged until an appropriate custodial parent/guardian (or an individual identified by the parent/legal guardian as

Type of Policy: EMERGENCY MANAGEMENT	Category: EMERGENCY OPERATIONS PLANS (EOP'S)
---------------------------------------------	-----------------------------------------------------

Title: <i>FAMILY REUNIFICATION & ASSISTANCE CENTER (FRC) PLAN</i>	Policy #:
Page: 17 of 22	Replaces #:
Issue Date: 8/22	Developed By: Emergency Management
Revision Dates:	Approved By:

- a person to whom the child can be discharged) is present.
- b. For children unable to be reunited with a parent/legal guardian, DCF must be notified to coordinate emergency custody. DCF work with law enforcement to continue the search for the legal custodians and arrange temporary placement for the child, through a temporary social admission to the hospital or placement with a child's relatives/a foster family.
- c. The timeline for transferring unaccompanied minors to foster care or specialized care, when applicable, differs depending on specific state criteria and the particulars of the disaster. Service options could range from immediate transfer to foster care to delayed transfer following an extended period of time. To expedite the reunification process for children placed into foster care, the Family Courts may choose to issue an order stating that children may be immediately released from foster care and back to their parents/legal guardians once they are located and identification is confirmed.
- d. Alternatively, a child's guardians may have experienced an extreme loss of resources and may be unable to safely care for the child at the time of release from the facility.
- e. All unaccompanied minors shall remain in the Pediatric Safe Area (PSA) pending reunification with next of kin or transfer to DCF.
- f. Following approval from the Hospital Incident Commander, in consultation with Legal and Compliance & Ethics, Corporate Emergency Management shall:
 - 1) Report all unaccompanied minors to the NCMEC (National Center for Missing and Exploited Children).
 - 2) Send a complete list of unaccompanied minors to Authority Having Jurisdiction's office of Emergency Management.
- 9. Patient not located at an <insert organization name> facility:
 - a. The Patient Match Team shall review information indicating that patient is at another location or not found.
 - b. The FRC Case Worker shall locate the family member/guardian and bring them to the FRC Quiet Room.
 - c. When family members/loved ones cannot definitively be told that their relative is not located at an <insert organization name> facility as a patient, they must be directed to:
 - 1) The <insert organization name> FRC to wait for additional information or,
 - 2) The Authority Having Jurisdiction's FAC/FRC (if established).
 - d. Family members shall be given printed information providing the location of the Authority Having Jurisdiction's FAC/FRC, when activated.
 - e. The family's contact information shall be recorded so that if there is any change and it's appropriate to do so, they will be notified.
- L. Reunification:
 - 1. Where there is a presumptive patient match, the FRC Case Worker and Patient Match Team shall re-review the information to ensure the information is accurate.
 - 2. Where the information continues to indicate a presumptive patient match, the FRC Case Worker shall:

Type of Policy: EMERGENCY MANAGEMENT	Category: EMERGENCY OPERATIONS PLANS (EOP'S)
---------------------------------------------	-----------------------------------------------------

Title: <i>FAMILY REUNIFICATION & ASSISTANCE CENTER (FRC) PLAN</i>	Policy #:
Page: 18 of 22	Replaces #:
Issue Date: 8/22	Developed By: Emergency Management
Revision Dates:	Approved By:

- a. Determine if guardianship/family relationship has been established to a reasonable standard using the information provided.
- b. Confirm with clinical staff whether the patient is able to be reunited and establish the patient's acuity.
 - 1) Appropriate To Reunite:
 - a) Confirm that the EHR contains a photograph of the person being reunified with the patient.
 - b) Confirm a relationship match, as outlined in Section K.
 - c) Escort the family to the Family Reunification Site and act as a liaison for the clinical staff handoff.
 - d) Ensure the patient record is updated to record the case outcome.
 - 2) Not Yet Appropriate To Reunite:
 - a) Determine appropriate messaging for the family members, using the FRC Reunification Leader as a resource, supported by Spiritual Care.
 - b) Assess and engage with the Wellbeing team, as needed.
 - c) Continue to monitor the situation to allow for reuniting the family as soon as possible.
3. Information Sharing:
 - a. The HICS and FRC shall consider HIPAA compliance when releasing any information regarding patient information, to include:
 - 1) The HICS and FRC, as a covered entity, may use or disclose protected health information (PHI) to a public or private entity authorized by law or by its charter to assist in disaster relief efforts; this may include entities such as Law Enforcement, the Red Cross, local, state, or federal Emergency Management agencies.
 - 2) All releases of protected health information from the FRC must be validated by Compliance & Ethics Department, in consultation with Legal Department, before being approved by the HICS Incident Commander to be sent external to the organization
 - b. Internal:
 - 1) Team Members:
 - a) Internal Communications, Media Relations and the HICS/ICS Information Officer (PIO) shall create scripting and talking points to support <insert organization name> team member awareness. Internal messaging shall address questions, manage rumor control and ensure the incident response narrative as it relates to <insert organization name> is accurate, where required. Information provided must be consistent, regardless of whether a person presents in person, calls on the telephone or makes an online enquiry.
 - b) Team members providing patient care shall be given information to pass on to patients, as needed. Clinicians shall remain aware to the fact that in-patients may have impacted family members.

Type of Policy: EMERGENCY MANAGEMENT	Category: EMERGENCY OPERATIONS PLANS (EOP'S)
---------------------------------------------	-----------------------------------------------------

Title: <i>FAMILY REUNIFICATION & ASSISTANCE CENTER (FRC) PLAN</i>	Policy #:
Page: 19 of 22	Replaces #:
Issue Date: 8/22	Developed By: Emergency Management
Revision Dates:	Approved By:

- c) <insert organization name> team members shall be reminded to be alert to rumors or speculation being disseminated via social media and informing the HICS Information Officer (PIO) of any occurrence.
- d) Make reasonable efforts to minimize the potential harm of dissemination of misinformation via social media by:
 - (1) Urging family members to refrain from disseminating information concerning children, hospital operations/conditions, or other sensitive information via social media.
 - (2) Requesting family members advise hospital staff if they discover inappropriate and/or inaccurate information concerning the FRC.
- 2) Sharing information with family members/loved ones:
 - a) The HICS/ICS Operations Chief and the Family Assistance Center Branch Director must establish a process to obtain updated lists of patients at regular intervals, and distribute these lists to all appropriate staff aiding in reunification efforts.
 - b) Team members supporting families at the FRC must know when to expect the next update (e.g., every 30 minutes). It is critical that the delivery of updates is not delayed, as this will help reduce additional distress for families.
- 3) Family Briefings and Frequency of Updates:
 - a) The HICS/ICS must designate key points of contact for information collection and sharing in each key area, including the Emergency Department, the FRC, the PSA and the Guest Services Information Desk, to ensure proper oversight/consistency of communication amongst involved locations.
 - b) After patient information has been received and processed, it shall be shared with families on a regular basis, even if there is little/no information to provide. Updates to families in the FRC must take place at the scheduled time. A schedule shall be displayed in the FRC to allow families to review when the next update is to take place.
 - c) A briefing must be provided to families as soon as is practicable following activation of the FRC. This briefing will help manage expectations and shall include:
 - (1) <insert organization name>'s response to the emergency, to include the immediate focus being on patient stabilization.
 - (2) How the FRC will help them reconnect with their loved ones.
 - (3) The information families can provide to expedite the process, to include an overview of the forms, email address to send photos, etc.
 - d) Multiple daily briefings should be provided to families at the FRC to share all relevant emergency status information and services, and FRC processes. These briefings should be conducted by the Family Reunification & Assistance

Type of Policy: EMERGENCY MANAGEMENT	Category: EMERGENCY OPERATIONS PLANS (EOP'S)
---------------------------------------------	-----------------------------------------------------

Title: <i>FAMILY REUNIFICATION & ASSISTANCE CENTER (FRC) PLAN</i>	Policy #:
Page: 20 of 22	Replaces #:
Issue Date: 8/22	Developed By: Emergency Management
Revision Dates:	Approved By:

Center Branch Director or their designee in coordination with the HICS/ICS Operations Section Chief and Information Officer (PIO) and consist of updates from the HICS/ICS and clinical teams. These briefings are independent of incident or media briefings provided by the Information Officer (PIO) and/or Media Relations.

- e) Information shared with families shall be limited access. No media personnel shall be allowed to participate in family briefings.
 - f) Patient information shall not be shared during family briefings if the patient has requested no information is shared and/or the patient has made a non-disclosure request, as detailed in References R and S.
 - g) Where a patient is deceased and a death notification must be performed, to reduce additional emotional trauma the family shall be identified and moved from the family briefing room before a briefing takes place.
 - h) During family briefings:
 - (1) It shall be made clear before every family briefing that where a family does not have their loved one's number called, FRC Case Workers shall continue to assist them in gathering as much detail as possible to help with the reunification process.
 - (2) Patients will only be identified using the last four digits of the patient's account code and their year of birth. For example:
 - (a) Patient 1234, born in 1974 - Stable
 - (b) Patient 9876, born in 1991 - Critical
 - (3) Families shall be notified of the number of unidentified patients and their criticality level.
 - i) Families who wish to ask additional questions following a family briefing shall be moved to a separate area so information is shared in a respectful, confidential manner.
- c. External:
- 1) Media Staging Area:
 - a) With input from law enforcement and <insert organization name> Security leadership where required, the Information Officer (PIO) shall:
 - (1) Identify an appropriate media staging area that is geographically distinct from the FRC, PSA or ED, where possible.
 - (2) Liaise with any city, county, state or federal Public Information Officer/Joint Information Center/Joint Information System regarding consistency of messaging.
 - b) The Hospital Incident Commander shall review all messaging before it is released external to <insert organization name>.
 - 2) Sharing information with city/county/Authority Having Jurisdiction's FAC/FRC:

Type of Policy: EMERGENCY MANAGEMENT	Category: EMERGENCY OPERATIONS PLANS (EOP'S)
---------------------------------------------	-----------------------------------------------------

Title: <i>FAMILY REUNIFICATION & ASSISTANCE CENTER (FRC) PLAN</i>	Policy #:
Page: 21 of 22	Replaces #:
Issue Date: 8/22	Developed By: Emergency Management
Revision Dates:	Approved By:

- a) When the city/county/Authority Having Jurisdiction has established an FAC/FRC, HICS at the impacted location shall identify a team member(s) with laptop access to the EHR who shall deploy to the location and coordinate with the city/county/Authority Having Jurisdiction's FAC/FRC personnel. Where multiple <insert organization name> locations are impacted, this shall be addressed by the Corporate Command Center HICS.
- b) The FRC Case Worker shall, where it is determined to be in the best interests of the patient, provide patient information to the city/county/Authority Having Jurisdiction's FAC/FRC, once established.
- c) Any information shared with the city/county/Authority Having Jurisdiction's FAC/FRC shall be shared securely to protect the patient and their family privacy.

M. Termination/Recovery:

- 1. An <insert organization name>-operated FRC is intended to be temporary. The expectation is that during a large-scale incident community partners such as city, county, state, or federal governments will take over FAC/FRC responsibilities. It is recognized that a regional FAC/FRC may take time to activate. In the interim, <insert organization name>, will be responsible for initiating and maintaining an FRC. When the basic needs of families have been adequately addressed or community partners take over duties, the <insert organization name>-based FRC shall be demobilized.
- 2. The Hospital Incident Commander/Incident Commander/Administrative Supervisor/Operations Section Chief/Security Supervisor, in consultation with Corporate Emergency Management, will determine when the FRC Plan can be terminated.
- 3. Upon completion of FRC operations, the PBX operator shall be notified of an "All Clear" by the Hospital Incident Commander/Administrative Supervisor/Security Supervisor.
- 4. The PBX operator shall:
 - a. Announce "FRC Plan All Clear" and the "location" three (3) times by the overhead paging system
 - b. Send an Everbridge Alert.
- 5. The Hospital Incident Commander/Incident Commander/Administrative Supervisor/Operations Chief will determine whether team member assistance is needed and, where necessary, activate the Critical Incident Response protocol and team (CIRT) to coordinate debriefings/defusings.
- 6. Internal Communications and Media Relations shall identify risk messaging for distribution to the media, as required.

V. **DOCUMENTATION:**

- A. Department specific plans and procedures.
- B. Emergency Incident Critique Form.
- C. Event Report.
- D. Security statements and report.

Type of Policy: EMERGENCY MANAGEMENT	Category: EMERGENCY OPERATIONS PLANS (EOP'S)
---------------------------------------------	-----------------------------------------------------

Title: <i>FAMILY REUNIFICATION & ASSISTANCE CENTER (FRC) PLAN</i>	Policy #:
Page: 22 of 22	Replaces #:
Issue Date: 8/22	Developed By: Emergency Management
Revision Dates:	Approved By:

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- D. Emergency Management Policy and Procedure, *Patient Decontamination Plan (All Hazards)*.
- E. Emergency Management Policy and Procedure, *Abduction Plan (Code Pink)*.
- F. Emergency Management Policy and Procedure, *Lock Down Plan*.
- G. Emergency Management Policy and Procedure, *Hospital Incident Command System (HICS) Plan and Incident Command Locations*.
- H. Emergency Management Policy and Procedure, *Critical Incident Response Protocol (CIRP) and Team (CIRT)*.
- I. Joint Commission. (2022). 2022 Hospital Accreditation Standards: EM.02.01.01, EM. 02.02.01, EM.02.02.05 & EM. 02.02.07, EM.12.01.01, EM.12.02.01, EM.12.02.03, EM.12.02.05, EM.12.02.09, EM.14.01.01, Oakbrook Terrace, IL: Joint Commission Resources, Inc.
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- K. Metro Orlando Family Assistance Working Group. (2017). Family Assistance Guidance Plan.
- L. National Center for Missing & Exploited Children, 2016. www.missingkids.com.
- M. <insert organization name> Crisis Communications Plan.
- N. Emergency Department Mass Casualty Intake (MCI) Document.
- O. Enterprise Patient Access Department Process, *Establishing and Recording Patient Nationality*.
- P. Patient Care Policy and Procedure, *Person Down Plan*.
- Q. Patient Care Policy and Procedure, *Expired Patient Care, Including Pronouncement and Disposition*.
- R. Patient Care Policy and Procedure, *Access to Protected Health Information (PHI): Verification of Identity of Individuals Requesting*.
- S. Patient Care Policy and Procedure, *Patient Privacy Code*.
- T. Standard Reunification Method: A Practical Method to Unite Students with Parents after an Evacuation or Crisis (Bailey, CO: The "I Love U Guys" Foundation, 2011).
- U. Texas Children's Hospital. Family Reception Center Plan.
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Type of Policy: EMERGENCY MANAGEMENT	Category: EMERGENCY OPERATIONS PLANS (EOP'S)
---------------------------------------------	-----------------------------------------------------

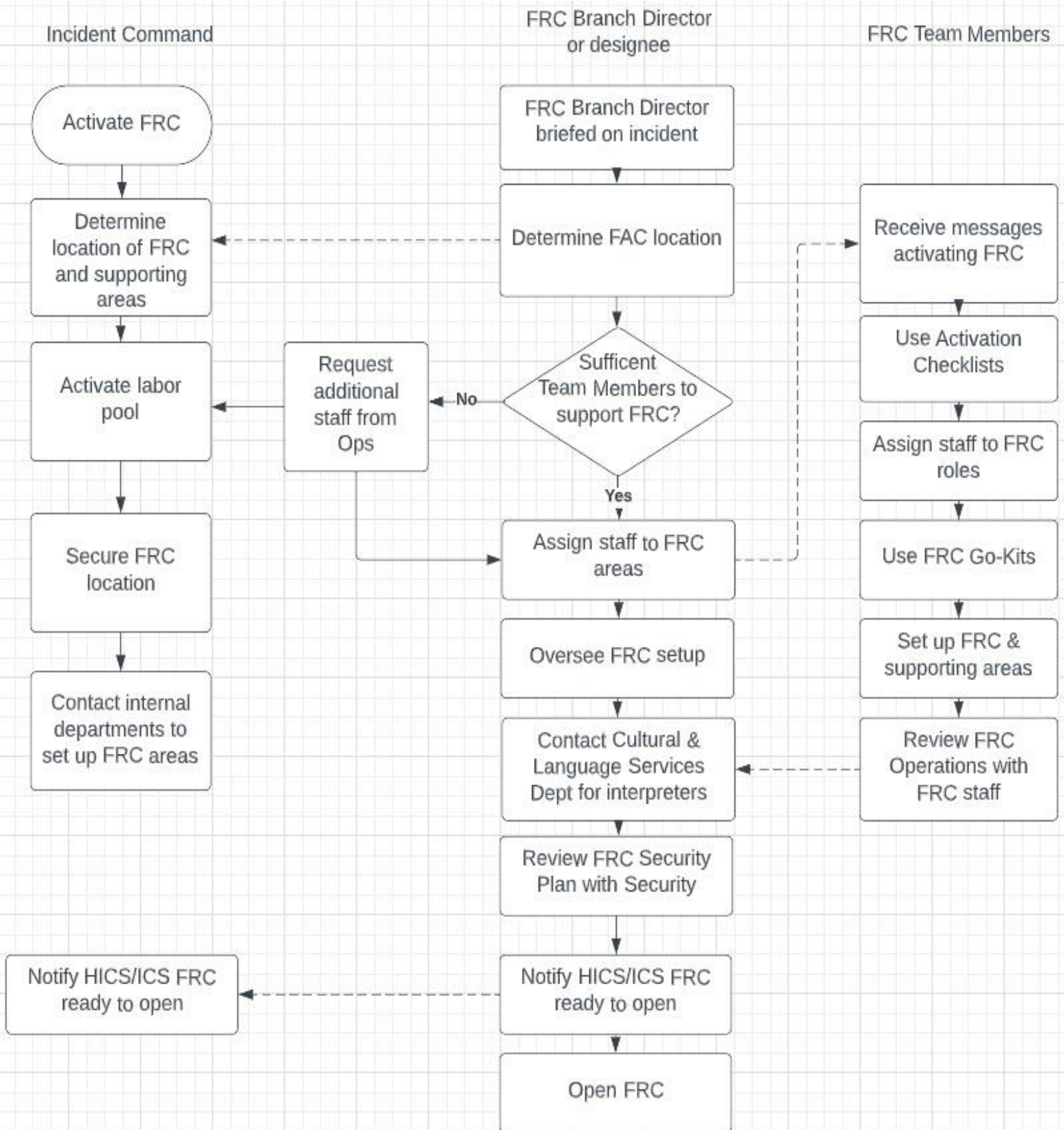
Title: <i>FAMILY REUNIFICATION & ASSISTANCE CENTER (FRC) PLAN</i>	Policy #:
Page: 23 of 22	Replaces #:
Issue Date: 8/22	Developed By: Emergency Management
Revision Dates:	Approved By:

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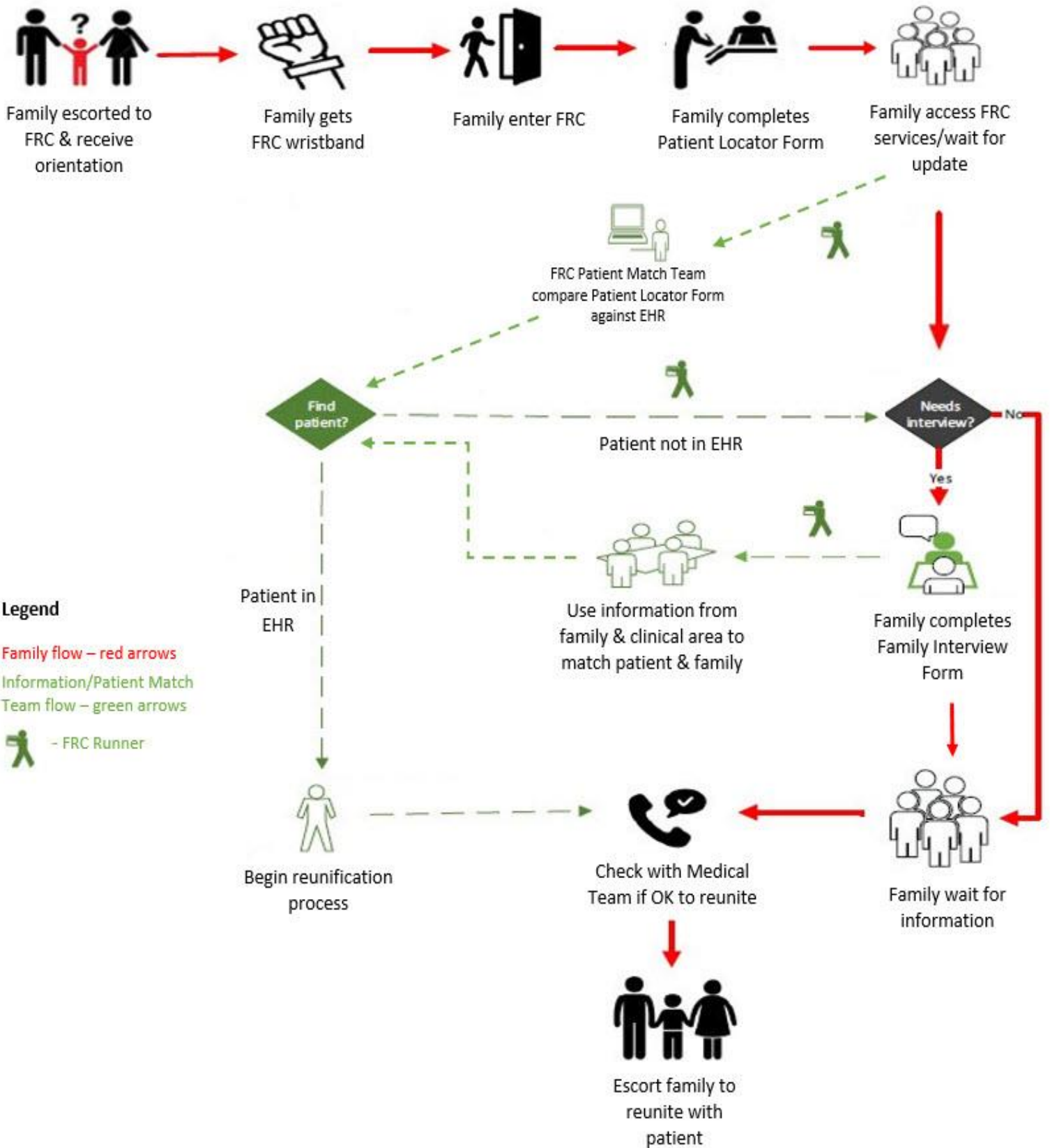
VII. ATTACHMENTS:

- A. FRC Activation Flowsheet, one page
- B. FRC Operational Overview, one page
- C. FRC Workflow, one page
- D. Patient Locator Form and barcode, three pages
- E. Family Member Interview Form and barcode, three pages
- F. Patient Enquiry Log, two pages
- G. Spiritual Care Log Sheet, two pages
- H. Establishing a Family Reunification & Assistance Center (FRC), six pages
- I. Pediatric Safe Area (PSA) Check-In/Check-Out Sheet, one page
- J. FRC Activation Checklist Quick Reference, two pages
- K. FRC Branch Director Job Action Sheet, four pages
- L. FRC Check-In Leader Job Action Sheet, four pages
- M. FRC Reunification Leader Job Action Sheet, four pages
- N. FRC Check-In Staff, three pages
- O. FRC Supply Considerations (example), two pages

Attachment A –Family Reunification Center Activation Flowsheet



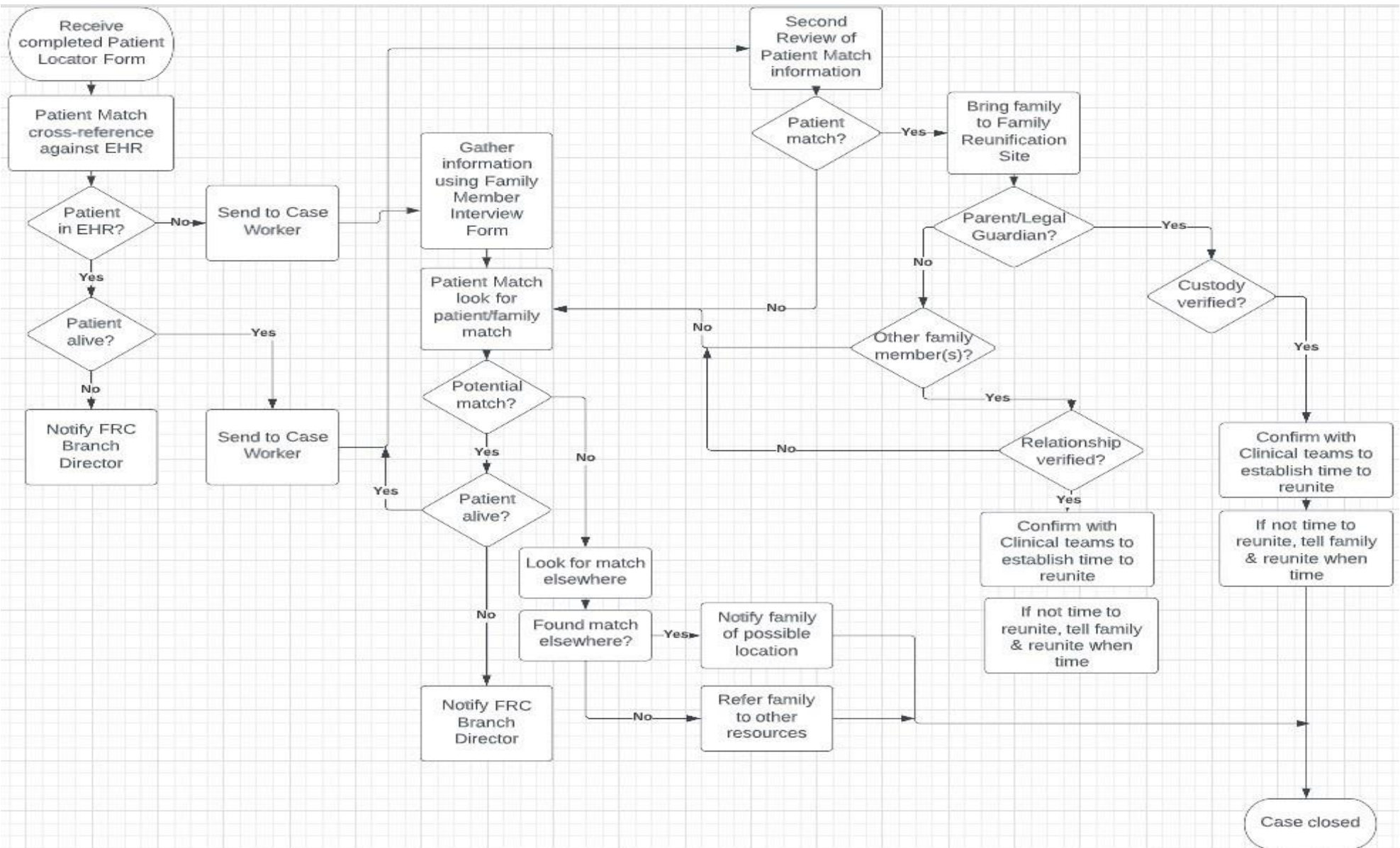
Attachment B –Family Reunification Center Operational Overview



Title: **FAMILY REUNIFICATION & ASSISTANCE CENTER (FRC) PLAN**

Policy #:

Attachment C –Family Reunification Center Workflow



Title: ***FAMILY REUNIFICATION & ASSISTANCE CENTER (FRC) PLAN***

Policy #:

Attachment D –Patient Locator Form

Attachment D follows:

Patient Locator Form

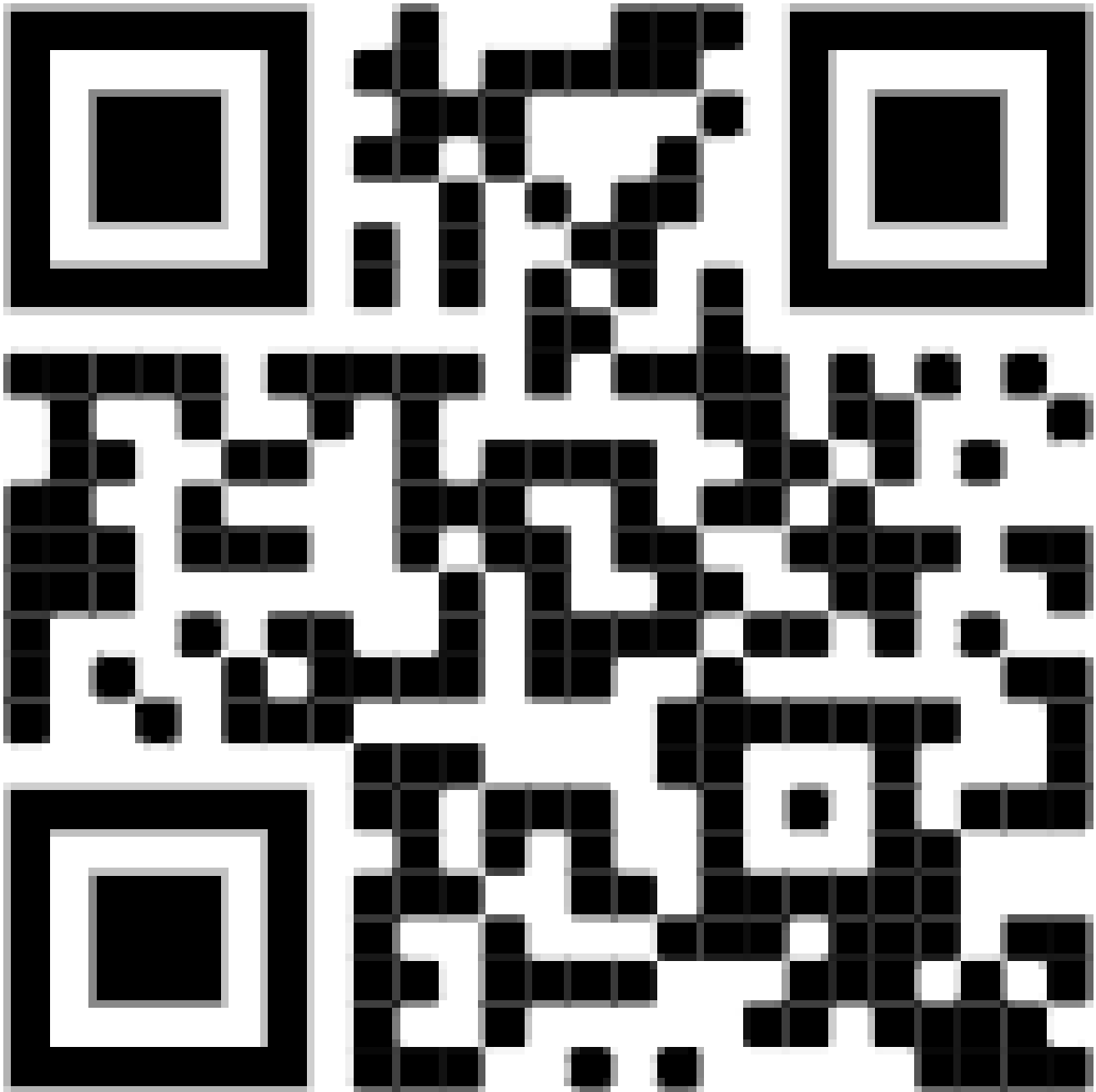
Instructions: Complete this form to give us basic information about the patient you are looking for.
If you are looking for more than one patient, please use a separate form for each patient.

Patient Information		
Last Name:	First Name:	Middle Name:
Nickname:	Age:	Date of Birth:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Languages Spoken:	Race/Ethnicity:
Street Address:		
Town/City:		
State, Zip code/Post code:		
Country:	Nationality:	
Cell Phone Number:		
Home Phone Number:		
Person Reporting		
Last Name:	First Name:	Middle Name:
Relationship To Patient:		
Contact Cell Phone Number:	Contact Email Address:	
Please email a photo of the patient to ****@*****; if the person is in a group photo, please clearly indicate their location (e.g., second person on the left). Please include the patient full name (LAST NAME, First Name, Middle Initial), followed by their two-digit month and four-digit year of birth (or age, if year not known) - e.g.: 02/1989 in the message subject line.		
TO BE COMPLETED BY FRC STAFF:		
Patient in EPIC: <input type="checkbox"/> Yes <input type="checkbox"/> No		MRN:
Checked by:		Facility:
Time/Date Checked:		Team Member ID:

Title: ***FAMILY REUNIFICATION & ASSISTANCE CENTER (FRC) PLAN***

Policy #:

Attachment D –Patient Locator Form



Title: ***FAMILY REUNIFICATION & ASSISTANCE CENTER (FRC) PLAN***

Policy #:

Attachment E –Family Member Interview Form

Attachment E follows:

Family Member Interview Form

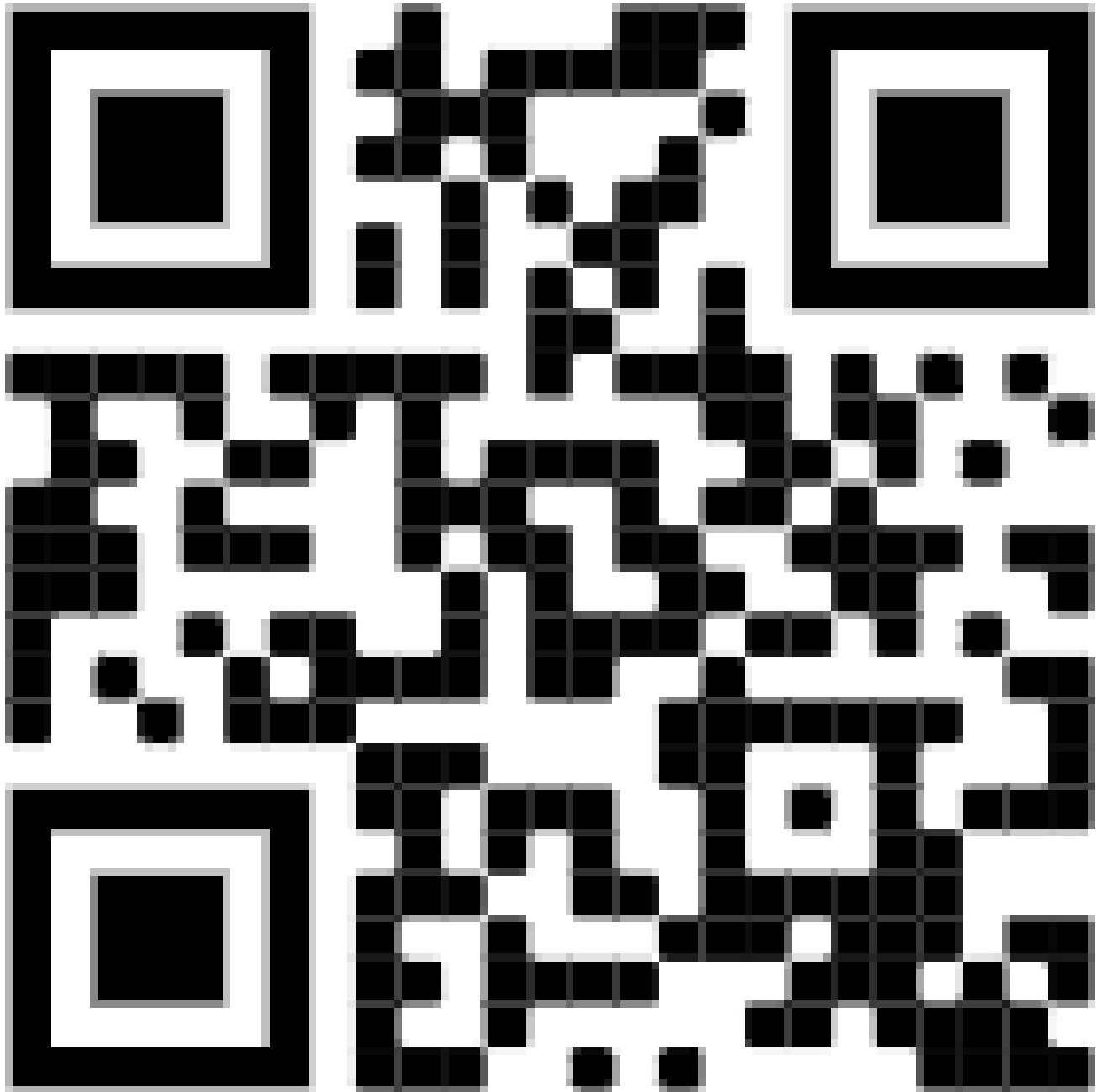
Instructions: Complete this form to give us detailed information about the patient you are looking for.
Please use a separate form for each patient.

Patient Information					
Last Name:		First Name:		Middle Name:	
Nickname:		Age:	Date of Birth:		<input type="checkbox"/> Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> None
Eye Color: <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Gray Other:		Hair Color: <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Blonde <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> White <input type="checkbox"/> Sandy <input type="checkbox"/> Bald Other:			
Hair Length:		Facial Hair: <input type="checkbox"/> Beard <input type="checkbox"/> Mustache Other:		Height (give units): Weight (give units):	
Previous surgeries (include any implants):					
If any of these apply, indicate where: Dental braces: Missing Teeth: Scars: Moles: Birthmark: Tattoo: Piercing: Medical Device: Other:					
Items Worn or Carried (inc. color/style): Shirt/Blouse: Pants/Skirt: Shoes/Socks: Dress: Jacket/Coat: Hat: Jewelry: Watch: Phone: Other items carried:					
Does the patient's family have a "safe" word?					
Name used to call parent/spouse/significant other?			Employer:		
School Grade/Year & Favorite Teacher's Name:					
Name of School:					
Is the patient traveling with anyone? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name:					
Date of Birth/Age:					
For the purposes of identification, has the patient got: Military service? If yes, which country, branch and years served? DNA Kit <input type="checkbox"/> 23andME <input type="checkbox"/> AncestryDNA <input type="checkbox"/> MyHeritage Other:					
Criminal history? If yes, which city/state/country?					
TO BE COMPLETED BY FRC STAFF:					
Patient in EPIC: <input type="checkbox"/> Yes <input type="checkbox"/> No		MRN:		Facility:	
Checked by:			Team Member ID:		
Time/Date Checked:					

Title: ***FAMILY REUNIFICATION & ASSISTANCE CENTER (FRC) PLAN***

Policy #:

Attachment E –Family Member Interview Form QR barcode



Title: ***FAMILY REUNIFICATION & ASSISTANCE CENTER (FRC) PLAN***

Policy #:

Attachment F –Patient Enquiry Log

The Patient Enquiry Log follows:

Patient Enquiry Log

Last Names starting with:

Name of Patient LAST, First, Middle	Approximate age or DOB (mm/dd/yy)	Enquirer Name LAST, First, Middle	Enquirer Contact Info (e.g. Phone number, email address, etc.)

Title: ***FAMILY REUNIFICATION & ASSISTANCE CENTER (FRC) PLAN***

Policy #:

Attachment G –Spiritual Care Log Sheet

Attachment G follows:

Spiritual Care Log Sheet

Incident Date/Time: _____ AM/PM

Chaplain: _____

Patient Label	Room	Name/DOB	Conf.	Patient Description: Race, Sex, Height, Weight, Hair, Features, Tattoos, Clothing:
		NOK Name:		
	Time:			
		Phone:		
		Relationship:		
Patient Label	Room	Name/DOB	Conf.	Patient Description: Race, Sex, Height, Weight, Hair, Features, Tattoos, Clothing:
		NOK Name:		
	Time:			
		Phone:		
		Relationship:		
Patient Label	Room	Name/DOB	Conf.	Patient Description: Race, Sex, Height, Weight, Hair, Features, Tattoos, Clothing:
		NOK Name:		
	Time:			
		Phone:		
		Relationship:		
Patient Label	Room	Name/DOB	Conf.	Patient Description: Race, Sex, Height, Weight, Hair, Features, Tattoos, Clothing:
		NOK Name:		
	Time:			
		Phone:		
		Relationship:		
Patient Label	Room	Name/DOB	Conf.	Patient Description: Race, Sex, Height, Weight, Hair, Features, Tattoos, Clothing:
		NOK Name:		
	Time:			
		Phone:		
		Relationship:		

Attachment H –Establishing the Family Reunification & Assistance Center (FRC)

1. Team members shall review Attachments A through C for an overview of FRC operations and Attachments J through N for applicable job action sheets.
2. Establishing an FRC will require involvement from a number of external stakeholders, including but not limited to:
 - a. Regional Healthcare Coalition (Disaster Medical Coalitions):
 - 1) Provides situational awareness and support information sharing among public health and health care entities.
 - 2) Coordinates resource needs among public health and health care partners.
 - 3) Coordinates access to human service needs in collaboration with municipal agencies.
 - b. Law Enforcement:
 - 1) Assists in identification, notification, protection, location, and reunification of adults & children and their parents/legal guardians.
 - 2) Provides direction and assistance regarding public safety and security.
 - 3) Receives and directs inquiries regarding reunification efforts.
 - 4) Works with child welfare agencies to ensure children are safe and have temporary and supportive care.
 - 5) Works with child welfare agencies to investigate the incident.
 - 6) Coordinates with the National Center for Missing & Exploited Children, as needed.
 - 7) Coordinates with other law enforcement agencies in conducting missing persons investigations and ensuring effective coordination between investigative efforts and survivor and family assistance efforts.
 - 8) Coordinates as needed with coroner/medical examiner for communicating death notifications to families, as required.
 - c. Medical Examiner's Office:
 - 1) Performs postmortem examination of bodies following a disaster.
 - 2) Aids in the identification of deceased people, including children; that is, identify human remains by comparing postmortem and antemortem information.
 - 3) Establishes death notification procedures in coordination with mental health professionals and spiritual support providers.
 - 4) Releases decedent(s) to the legal next of kin.
 - d. News Media:
 - 1) Aids in situational awareness.
 - 2) Supports the distribution of information regarding available resources to the public.
 - 3) Advises the public what they can do if they are looking for someone.
 - e. Foreign Embassies & Consulates:
 - 1) Provides direct support to non-US Citizen patients and their families.
 - 2) Assists with verification of identify of living and deceased patients.
 - 3) Assists with overseas death notifications.
 - f. Local Emergency Management Agencies:
 - 1) Locates and establishes a Family Assistance Center to support families in the impacted region.
 - 2) Coordinates transportation between area hospitals and their FAC/FRC, once established.
 - 3) Coordinates with the area Medical Examiner's Offices/Florida Emergency Mortuary Operations Service (FEMORS).
 - 4) Activates the 311 Call Center to manage enquiries.
 - 5) Establishes a Joint Information Center.

Attachment H –Establishing the Family Reunification & Assistance Center (FRC)

- g. Department of Children & Families:
 - 1) The Florida Department of Children & Families (DCF) operate a tiered response system, similar to the Mass Casualty Incident levels, but based on the estimated number of juvenile or pediatric victims involved:
 - a) Tier I - 5-10 juvenile patients;
 - b) Tier II - 11-20 juvenile patients;
 - c) Tier III - 21+ juvenile patients;
 - d) Tier IV - 100+ juvenile patients;
 - e) Tier V - 1,000+ juvenile patients.
 - 2) Following notification, the DCF Central Region will activate their regional response team, who will travel to the Authority Having Jurisdiction's FAC/FRC to provide area support. DCF responders can assist with the following areas:
 - a) Utilizing vital statistics records searches to locate/narrow down family connections.
 - b) Help establish whether there are any no-contact orders or restrictions on releasing a juvenile/pediatric patient to a particular person.
 - c) Take custody of unaccompanied juvenile/pediatric patients who do not have a family member available through the use of the State of Florida child protection system and/or Guardian Ad Litem program.
- h. Public School Districts:
 - 1) School districts are required to have a family reunification plan to reunite students with guardians after a school emergency. School districts may already have established processes to:
 - (a) Utilize their student database to confirm student-parent/guardian relationship(s) before minors are reunited.
 - (b) Use their mass notification system to send coordinated messaging to parents/guardians on AHJ FRC activations; outlining supporting document requirements needed to show family connections; share emergency contact telephone numbers, etc.
 - (c) Send school district representatives to the AHJ FRC and/or area hospitals as liaisons.
 - (d) Work with city/county EOCs.
 - 2) Due to child protection laws, school districts may be unable to provide information directly to healthcare facilities. However, they may be able to provide information via law enforcement liaisons or the AHJ's Emergency Operations Center.
- 3. Location And Staffing:
 - a. The FRC will be limited in scope and designed to fill an immediate need as a short- to medium-term resource, but staffing is the most essential component of reunification operations. Due to the highly sensitive operations of an FRC, it is critical that staff, employed or volunteer, are appropriately trained and qualified to provide services as dictated by their respective roles and responsibilities.
 - b. The FRC provides:
 - 1) A private and secure place for families to gather, receive, and provide information regarding children and other loved ones who may have been involved in the incident.
 - 2) A secure area for these families away from the media and curiosity seekers.
 - 3) A location for the efficient sharing of information among hospitals and other response partners to support family reunification.
 - 4) Identify and support the psychosocial, spiritual, informational, medical, and logistical needs of family members to the best of the hospital's ability.
 - 5) A location to coordinate death notifications, when necessary.

Attachment H –Establishing the Family Reunification & Assistance Center (FRC)

- c. Where the facility layout allows, it is preferable for the FRC to be located away from the facility lobby, media staging area and Emergency Department. The HICS shall determine the most suitable locations, based on the situation, staffing and other factors.
- d. All FRC services shall accommodate for persons with disabilities and provide information in multiple languages.
- e. FRC operations are managed by a Family Reunification & Assistance Center Branch Director, reporting to the site HICS/ICS Operations Section Chief. The quantity of staff needed should be determined at the time of the incident, based on its complexity and the estimated number of potential victims.
- f. The Family Reunification & Assistance Center Branch Director must be supported by other team members who take lead in the following areas:
 - 1) Hospital FRC Management;
 - 2) Patient Tracking and Identification;
 - 3) Communications;
 - 4) Decedent Management.
- g. FRC operations shall be supported internally by multidisciplinary hospital services, including, but not limited to:
 - 1) Chaplains;
 - 2) Child Life;
 - 3) Clinical staff;
 - 4) Family Medicine;
 - 5) Food & Nutrition;
 - 6) Interpreters;
 - 7) Pediatrics;
 - 8) Psychiatry/Psychology/CIRT teams;
 - 9) Security;
 - 10) Social work.
- h. FRC Job Action Sheets for several FRC staff positions are available in Attachments J through N.
- i. FRC Team member behavior:
 - 1) FRC team members must make every effort to conduct themselves in a discrete and helpful manner, with the traumatic nature of the event and the families high level of emotional stress in mind.
 - 2) FRC team members shall protect the privacy of the victims and families. Do not share any information or provide access to the media without specific permission from the HICS/ICS Incident Commander and express consent from the families. Follow principles outlined in Health Insurance Portability and Accountability Act (HIPAA) policies.
 - 3) Conduct FRC-related business with integrity and in an ethical manner.
 - 4) Clearly identify themselves and their position to families and wear nametags at eye level.
 - 5) Be sensitive to an environment where a number of clients will be grieving. Refrain from engaging in loud conversations, laughter, and other social conversations in client areas.
 - 6) Communicate openly, respectfully, and directly with families in order to optimize services and to promote mutual trust and understanding. Handle conflict promptly, appropriately and in the correct environment by asking for help and offering positive solutions to problems that are identified. Be prepared to provide information in writing to support a family's better understanding of complex information during an emergency situation.
- j. <insert organization name> Security Department Support:
 - 1) Provide for the safety and security of visitors and team members located in the FRC.

Attachment H –Establishing the Family Reunification & Assistance Center (FRC)

- 2) Sets up perimeters and keep media, onlookers and other unauthorized persons away.
 - 3) Direct visitors and media to the identified locations.
 - 4) Ensure, as much as reasonably possible, that media do not enter the FRC without HICS/ICS Incident Commander approval.
- k. Medical/Behavioral Support:
- 1) Clinical team members shall be assigned to the FRC to provide direct medical support to families.
 - 2) Social Workers who are licensed mental health therapists and/or clinical social workers shall to be assigned to the FRC to provide behavioral support.
 - 3) Critical Incident Stress Management (CISM) teams, made up of <insert organization name> Critical Incident Protocol Teams and/or external partners shall, once activated, respond to identified location(s) and provide behavioral support to team members through critical incident defusings and debriefings.
- A. Identification of Family Reunification Site:
1. The physical place where patients are reunited with their loved ones must be located away from the FRC and the Pediatric Safe Area (PSA). This is to permit the reunification to occur in a safe, well-controlled area located well away from the noise and distractions of the other areas. The Family Reunification Site should also allow for secure and simple departure from the hospital.
 2. Separation of the Family Reunification Site from the FRC is also important to prevent creating additional trauma for families still waiting in the FRC who are not yet reunited with their children but who would otherwise be watching reunifications happening in front of them.
- A. Identification of a Pediatric Safe Area (PSA):
1. Children who have experienced a recent disaster will be under a tremendous amount of stress and may have limited ability to process instructions or other information. They will need qualified clinical personnel to distract, calm, and reassure them to help reduce long-term mental health effects. To ensure the pediatric patients' safety, as well as to help patients cope, a Pediatric-Safe Area (PSA) must be established in an appropriate area that allows children to play and move about safely.
 2. A child's behavior may regress to an earlier developmental stage, or otherwise be different from the child's baseline behavior. It is important to understand that individual children will have different reactions to stress, and the staff of the PSA will need to recognize when pediatric patients need to be referred to mental health professionals. Sometimes, it may be helpful to consider asking older pediatric patients to assist younger pediatric patients if PSA staff determine that it is appropriate and helpful for the older pediatric patients.
 3. Pediatric patients may develop new medical symptoms after the initial evaluation; clinical staff must be available to reassess children in the PSA, as needed.
 4. All personnel, including <insert organization name> Team Members, shall be recorded as entering/exiting the PSA using the form in Attachment I. Team members must be recorded using their Team Member ID number instead of their contact phone number.
 5. The PSA team shall ensure that regular updates (as established in discussions with the FRC Branch Director and the HICS Operations Section Chief) are provided.
 6. Update information shall include the number of minors in the PSA and the length of time they have been waiting for reunification.
 7. PSA Location:
 - a. The PSA is a controlled and supervised space for unaccompanied minors who are uninjured, or who have been treated and released, and are waiting for reunification. The PSA should be located in an area separate from both the Emergency Department, FRC and media staging areas, and have a Security Officer present or readily available.
 - b. The PSA location must:
 - 1) Allow for sufficient space to accommodate children of different ages with age-appropriate activities for each group; consider leveraging an existing infrastructure such as a child care center.

Attachment H –Establishing the Family Reunification & Assistance Center (FRC)

- 2) Ideally, the location should have a minimum capacity of 20 square feet per person (based on the Educational Classroom Code standards).
 - 3) Provide nearby access to smaller rooms or adjacent spaces that may be used for younger children such as babies or for children with sensory integration issues.
 - 4) Ensure that restrooms are easily accessible and appropriate for pediatric patients:
 - 5) Access to the PSA and restrooms must be able to be controlled, and security must be assured around and within the site.
 - 6) No child, regardless of age, should ever use a restroom alone.
 - a) PSA staff shall make efforts to always take children to the bathroom in groups; always take a minimum of three people. Either two adults and one child or one adult and two children.
 - b) Ensure the restroom is unoccupied before allowing children to use the facilities.
 - c) If assisting young children in the toilet stalls, the door to the stall must remain open.
 - d) If multiple children are in the bathroom and do not need assistance, staff shall stand in the doorway to provide auditory supervision. This allows privacy for the children and protection for the staff (i.e. not being alone with a child).
 - 7) Where possible, the PSA location and activities shall be monitored/recorded through the use of close-circuit television cameras.
 - 8) Consideration must be given early in the incident on sleeping arrangements for minors in the PSA.
 - 9) A list of recommended supplies is in Attachment O.
- c. The PSA must be staffed with Pediatric Social Workers and Child Life, who help children and adolescents cope and assist caregivers in understanding their reaction to the situation. Staffing should also consider that at least two FRC staff members are needed to supervise each room or other enclosed space:
- 1) If two adults are supervising and one must step away, there must be at least two children present in the room and the door must be open.
 - 2) If a staff member finds themselves alone with a child, they must promptly move to a location where they can be observed by other FRC staff member.
 - 3) If a child needs one-on-one direction, due to disciplinary issues, tears, etc., FRC staff can still have private conversation with child if it takes place in plain sight of the other staff.
- d. While the exact number of minors arriving during an event cannot be predetermined, the event size is to be used to estimate the number of staff initially needed and then staff to child ratios listed below are to be used to adjust staffing as needed.
- 1) Staff to Child Ratio for Short-Term Care:
 - a) Aged 2 and under – Staff ratio of 1:2
 - b) Aged 2-3 – Staff ratio of 1:3
 - c) Aged 3-5 – Staff ratio of 1:6
 - d) Aged 6-8 – Staff ratio of 1:8
 - e) Aged 9-12 – Staff ratio of 1:10
 - f) Aged 12-15 – Staff ratio of 1:12
 - g) Aged 16-17 – Staff ratio of 1:20
 - 2) Staff to Child Ratio for PSA overnight care:
 - a) Aged under 3 – Staff ratio of 1:2
 - b) Aged 3-4 – Staff ratio of 1:3
 - c) Aged 6-8 – Staff ratio of 1:6
 - d) Aged 9-12 – Staff ratio of 1:8
 - e) Aged 12-15 – Staff ratio of 1:10
 - f) Aged 16-17 – Staff ratio of 1:15

Attachment H –Establishing the Family Reunification & Assistance Center (FRC)


- e. Entertainment:
 - 1) No televised, broadcasted, or streamed media news content should be played in the PSA.
 - 2) Staff is responsible for the setting-up of age-appropriate activities and entertainment.
 - f. Food & Nutrition:
 - 1) Ensure the space has an area for food and beverage; ensure attention to patients with possible food allergies.
 - 2) Food and drink can be ordered for the PSA by the Family Reunification & Assistance Center Branch Director.
 - 3) The PSA is recommended to begin with snacks, and then meals if needed for a prolonged response.
 - g. Emergency and Safety Situations:
 - 1) Abducted or Lost Child: If a child is lost or abducted, PSA team members will initiate a Code Pink response to recover the child (see Reference D).
 - 2) Evacuation: In the event of substantial building damage or other emergency requiring an evacuation, children will be relocated to an alternate facility determined by Hospital Incident Command.
 - 3) Medical Emergencies: Medical emergencies requiring immediate care will be handled by the Person Down team, in accordance with Reference O.
 - h. PSA Sign-out:
 - 1) Children must finish any medical sign out/registration/discharge before leaving with a relative/guardian/caregiver.
 - 2) The EHR must be updated to show a photograph of the person taking possession of the child.
- B. All children being signed-out must be documented in Attachment I.
- C. Identification of quiet room(s):
- 1. The Family Reunification & Assistance Center Branch Director shall identify room(s) to allow families to separate from others.
 - 2. Where health and safety conditions allow, lighting shall be subdued and the quiet room(s) shall have seating for individuals and family groups.
 - 3. A list of recommended supplies is in Attachment O.
- D. Identification of notification room(s):
- 1. The Family Reunification & Assistance Center Branch Director shall identify room(s) for the purposes of speaking with families to gather further information on a patient(s); for family interviews or death notifications.
 - 2. A list of recommended supplies is in Attachment O.
- E. Identification of staff break/respice room:
- 1. Team members supporting the FRC must have an area located away from the FRC operations.
 - 2. The team member break/respice room must have beverages and snacks available.
 - 3. A member(s) of the Employee Assistance Program (EAP)/Critical Incident Response Team (CIRT) shall be available for team member support, where required.

Title: **FAMILY REUNIFICATION & ASSISTANCE CENTER (FRC) PLAN**

Policy #:

Attachment I –Pediatric Safe Area (PSA) Check-In/Check-Out Sheet

Pediatric Safe Area Check-In/Check-Out Sheet

#	Name of Child LAST, First, Middle	MRN & Age	Arrival Date/Time (AM/PM)	Discharge Date/Time (AM/PM)	Disposition	Responsible Adult Name LAST, First, Middle & Relationship <small>(inc. Team Member ID number if <organization name> staff)</small>	Responsible Adult Signature	Responsible Adult Contact Phone Number & ID Details
1	SMITH, Paul James	T4518254 11	01/01/1980 6:31PM	01/02/1980 1:22AM	R	SMITH, Mike Thomas Father		(407) 555-1212 Driver's License # C-11111-111-111

Disposition – (R) Released to Responsible Adult.

(U/R) Unidentified minor released to Department of Children & Families/Other (state which).

(O) Other (state which).

Title: **FAMILY REUNIFICATION & ASSISTANCE CENTER (FRC) PLAN**

Policy #:

Attachment J –FRC Activation Checklist Quick Reference

Section I: Initial Call

Task	Person/Team Responsible	✓
Activation of the Family Reunification Center (FRC)	HICS/ICS	
Receiving briefing on incident and gathering information below: Incident Type: Date/Time of incident: Approximate # of victims: Approximate time of arrival at facility: Are victims going to other facilities?: Estimated # of family (victims x 8)	FRC Branch Director	
Identify location and resources for FRC: Contact Conference Services for support Contact I.T. for computer/phone setup Contact Security, Clinical & Spiritual Care Contact HICS/ICS Information Officer (PIO) for FRC messaging Contact psychosocial support Contact Corporate Emergency Management to request city/county help	FRC Branch Director HICS/ICS Operations Section Chief HICS/ICS Logistics Section Chief HICS/ICS Information Officer (PIO) Corporate Emergency Management	
Establish: Family Reunification Site Pediatric Safe Area (inc. Staffing) and Audio/Video needs Quiet room(s) Notification room(s) Staff break/respite area Public-facing contact number	FRC Branch Director HICS/ICS Operations Section Chief HICS/ICS Logistics Section Chief	
Set up beverages and snacks	FRC Branch Director Food & Nutrition	
Establish: FRC Team Leads Staffing for Patient Match Team Runners FRC Escorts (to guide families from entrances to FRC) FRC Case Workers Patient Match Teams	FRC Branch Director HICS/ICS Operations Section Chief HICS/ICS Logistics Section Chief	
Determine FRC staffing levels	FRC Branch Director HICS/ICS Section Operations Chief	
Review messaging, briefing and media plan with Information Officer (PIO)	FRC Branch Director HICS/ICS Information Officer (PIO)	

Title: <i>FAMILY REUNIFICATION & ASSISTANCE CENTER (FRC) PLAN</i>	Policy #:
<i>Attachment J –FRC Activation Checklist Quick Reference</i>	

Section II: Activating the FRC Teams

Task	Person/Team Responsible	✓
Brief FRC Team Leads on the following: Incident and FRC Plan Approximate # of FRC staff needed (plan ahead for shifts) Activation Plan	FRC Branch Director	
Activate Family Member Check-in Case Workers	FRC Branch Director	
Contact Cultural & Language Services Department for interpreters	FRC Branch Director	
Designate and communicate location for FRC paper and electronic record storage	FRC Branch Director	

Section III: FRC Setup

Task	Person/Team Responsible	✓
Brief FRC team members on assignments and shifts	FRC Branch Director or designee	
Retrieve FRC Go-Kit	FRC Branch Director or designee	
Retrieve FRC Check-In forms, documents and flyers from Go-Kit	FRC Branch Director or designee	
Set up directional signs from all customer entrances through to the FRC	FRC Branch Director or designee	
Set up Check-In area, processes and supplies	FRC Branch Director or designee	
Review FRC Security Plan	FRC Branch Director FRC Security	
Notify HICS/ICS when FRC is operational and able to receive families	FRC Branch Director	

Title: ***FAMILY REUNIFICATION & ASSISTANCE PLAN***

Policy #:

Attachment K –FRC Branch Director Job Action Sheet

The FRC Branch Director Job Action Sheet follows:

FRC BRANCH DIRECTOR JOB ACTION SHEET

Mission: Oversees the organization and management of operations/teams within the FRC, including communications with the HICS, personnel, equipment and supplies unless otherwise designated to another job role.

Position Reports to: Hospital Incident Commander/Administrative Supervisor		
Position Contact Information: Phone: () _____ - _____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: () _____ - _____ Fax: () _____ - _____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	Time	Initial
<p>Initial Activation Duties</p> <ul style="list-style-type: none"> • Receives notification from the HICS/Administrative Supervisor activating FRC; notification should include the following: <ul style="list-style-type: none"> ○ Incident Type ○ Date/Time of incident ○ Approximate # of victims ○ Approximate time of arrival at facility ○ If victims going to other facilities ○ Estimated # of family (Estimated family = victims x 8) ○ Any preference on the location of: <ul style="list-style-type: none"> ▪ Family Reunification Site ▪ Pediatric Safe Area (inc. Staffing) and Audio/Video needs ▪ Quiet room(s) ▪ Notification room(s) ▪ Staff break/respice area • Notify your usual supervisor of your FRC assignment. • Review this entire Job Action Sheet. • Use the FRC Activation Checklist [see FRC Plan] and oversee set-up of the FRC. • Review security plan with Security Department. • Coordinate with Language Service for interpreter(s), if available. • Contact PIO Position about scheduling family briefings in FRC and messaging plans. • Assume the role of FRC Branch Director and put on position identification (e.g., position vest). • Assign staff to retrieve FRC Go-Kit, review check-in forms, documents and flyers from Go-Kit. • Set up directional signs from all customer entrances through to the FRC • Establish Check-in area, processes and supplies • Review FRC Security Plan with FRC staff • Notify HICS when the FRC is operational and able to receive families 		

FRC BRANCH DIRECTOR JOB ACTION SHEET

<p>Operations (performed in conjunction with HICS Operations & Logistics Sections) - continued</p> <ul style="list-style-type: none"> • Determine staffing needs. Identify: <ul style="list-style-type: none"> ○ FRC Team Leads ○ Staffing for Patient Match Team ○ Runners ○ FRC Escorts ○ FRC Case Workers • Contact Conference Services for support. • Contact I.T. for computer/phone setup. • Contact Security, Clinical & Spiritual Care. • Contact Information Officer (PIO) for FRC messaging. • Contact psychosocial support. • Coordinate beverages and snack for FRC staff, and arriving families • Brief FRC Team on the following: <ul style="list-style-type: none"> ○ Incident details ○ FRC Plan and team member assignments and shifts • Establish: <ul style="list-style-type: none"> ○ Family Member Check-In Process ○ Location for FRC paper and electronic records storage <p>Communications and Documentation</p> <ul style="list-style-type: none"> • Provide periodic updates to, and maintain communications, with the Hospital Incident Command Center. • Maintain contact with Communications Department and Family Briefing Coordinator to: <ul style="list-style-type: none"> ○ Plan for family briefings with the FRC. ○ Assist with other communications/media/messaging about FRC. ○ Ensure accurate and timely information is being released about FRC as appropriate. ○ Document all communications (internal and external) and decisions 		
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Intermediate Response (2 – 12 hours)	Time	Initial
<p>Activities</p> <ul style="list-style-type: none"> • Assess issues, priorities, and needs. • Ensure that patient and personnel safety measures and risk reduction actions are followed. • Advise the HICS immediately of any operational issues you are not able to correct or resolve. • Coordinate contact with external agencies through HICS Liaison Officer, if necessary. • Monitor FRC staffing needs and ability to meet workload demands by: <ul style="list-style-type: none"> ○ Instructing all FRC Team Leads to periodically evaluate and report on staffing needs. ○ Rotating staff/shift assignments regularly. ○ Providing for staff rest periods and relief. ○ Using the Logistics Section staff labor pool as needed. • Ensure staff health and safety issues are being addressed by resolving health and safety issues with assistance of Employee Health and/ HICS Safety Officer as needed. • Observe staff for signs of stress and inappropriate behavior – Utilize EP as an additional resource to observe and intervene with staff. • Monitors FRC supply needs by: <ul style="list-style-type: none"> ○ Asking all FRC Team Leads to periodically evaluate and report on supply needs. ○ Coordinate with Food Services and Supply Chain Services to re-supply after initial orders (initial orders are part of team specific activation plans). ○ If there are supply needs that are not available at your site, coordinate with HICS Logistics Section to obtain external resources. • Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques. • As need for the FRC decreases, return staff to their normal jobs and combine or deactivate positions in a phased manner, in coordination with the HICS Operations & Logistics Chiefs. 		

FRC BRANCH DIRECTOR JOB ACTION SHEET

Extended Response (greater than 12 hours)	Time	Initial
<p>Ongoing Operations</p> <ul style="list-style-type: none"> • Assess issues, priorities, and needs. • Ensure that patient and personnel safety measures and risk reduction actions are followed. • Advise the HICS immediately of any operational issues you are not able to correct or resolve. • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the HICS Safety Officer and the Logistics Section. • Provide for personnel rest periods and relief. <p>Handoff/Shift Change</p> <ul style="list-style-type: none"> • Brief your replacement on the status of all ongoing operations, issues, and other relevant incident information. • Ensure all FRC documentation and records from shift are completed correctly and collected. <p>Demobilization</p> <ul style="list-style-type: none"> • Upon deactivation of your position, brief the HICS on current problems, outstanding issues, and follow-up requirements. • Upon deactivation of your position, ensure all documentation and FRC Operational Logs are submitted to the HICS Planning Section. • Debrief staff on lessons learned and procedural/equipment changes needed. • Ensure return/retrieval of equipment and supplies. • Submit comments to Corporate Emergency Management for discussion and possible inclusion in the after-action report; topics include: <ul style="list-style-type: none"> ○ Review of pertinent position descriptions and operational checklists. ○ Procedures for recommended changes. ○ Section accomplishments and issues. • Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required. • Send message to all FRC direct reports/FRC staff encouraging participation in stress management and after-action debriefings. 		
<p>Safety and security</p> <ul style="list-style-type: none"> • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section • Provide for personnel rest periods and relief • Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques 		
Documents and Tools		
<ul style="list-style-type: none"> <input type="checkbox"/> Incident Action Plan (IAP) <input type="checkbox"/> HICS 213 - General Message Form <input type="checkbox"/> HICS 213 RR – Resource Request Form <input type="checkbox"/> HICS 214 - Activity Log <input type="checkbox"/> Family Reunification Center Forms <input type="checkbox"/> Hospital Policies & Procedures <input type="checkbox"/> Hospital organization chart <input type="checkbox"/> Hospital telephone directory <input type="checkbox"/> Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication 		

Title: ***FAMILY REUNIFICATION & ASSISTANCE PLAN***

Policy #:

Attachment L – FRC Check-In Leader Job Action Sheet

The FRC Check-In Leader Job Action Sheet follows:

FRC CHECK-IN LEADER JOB ACTION SHEET

Mission: Manage and coordinate Check-In teams.

Position Reports to: FRC Branch Director		
Position Contact Information: Phone: () _____ - _____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: () _____ - _____ Fax: () _____ - _____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	Time	Initial
<p>Initial Activation Duties</p> <ul style="list-style-type: none"> • Receive notification from the Family Reunification & Assistance Center Branch Director. • Notify your usual supervisor of your FRC assignment. • Review this entire Job Action Sheet. • Assume the role of FRC Check-In Leader and put on position identification (e.g., position vest). • Notify/inform team members about assignments and shifts. • Retrieve FRC Go-box and bring to FRC Location (may delegate). • Use the FRC Activation Checklist to coordinate setup of check-in, hospitality, and common areas of FRC. • Utilize team member(s) to complete activation checklist tasks as they arrive. • Call Clinical Engineering/Facility Engineering to set up TVs or projectors in the waiting room and a TV with DVD in the child care areas if needed. Ensure TVs do not have the ability to receive a live TV feed. <ul style="list-style-type: none"> ○ Contact HICS Logistics Section Supply chain and use supply list to send initial order: Check with other Team Leads for any changes to order (FRC Unit Lead is normal liaison). ○ Contact Child Care Team Lead to change/add items for hospitality area’s initial food and nutrition order. • Brief team members on incident and complete just-in-time training for team members. • Document all key activities, actions, and decisions. • Contact FRC Branch Leader when activation plan complete. 		
<p>Operations (performed in conjunction with HICS Operations & Logistics Sections)</p> <ul style="list-style-type: none"> • Manages and ensures check-in team follows protocol to greet, screen, register, and give wristbands to families and friends. • Manage hospitality and support team ensuring that team: <ul style="list-style-type: none"> ○ Assists family/friends while in the common/waiting areas of the FRC. ○ Helps families navigate FRC. ○ Escorts families to FRC and within FRC. ○ Maintains waiting /common area and refreshments. • Assists staff in determining if someone is withholding information or is giving false information to gain entry to the FRC. • Advise the FRC Unit Lead immediately of any operational issues you are not able to correct or resolve. • Ensure that team members escort unaccompanied minors to pediatric safe area. 		

FRC CHECK-IN LEADER JOB ACTION SHEET

<p>Staffing & Supplies</p> <ul style="list-style-type: none"> • Floats team members between positions as needed to handle high demand especially during initial surge. • Reports equipment and supply needs appropriately - document all equipment and/or supply requests from other departments if you are the liaison. • Ensure staff health and safety issues are being addressed by: <ul style="list-style-type: none"> ○ Providing staff rest periods and relief. ○ Observing and responding to reports of staff stress and inappropriate behavior. ○ Reporting and resolving concerns with FRC Branch Director, FRC Psychosocial Lead, EAP Liaison, and/or Employee Health as appropriate. • Ensure you and your team’s physical readiness through proper nutrition, water intake, rest, and stress management techniques. • As need for the FRC decreases, return staff to their normal jobs and combine or deactivate positions in a phased manner, in coordination with the FRC Unit Lead. <p>Communications and Documentation</p> <ul style="list-style-type: none"> • Keeps master check-in list and other documentation. • Document actions and decisions and send to the FRC Branch Director at assigned intervals and as needed. • Provide periodic updates and maintain communications with the FRC Branch Director 		
Intermediate Response (2 – 12 hours)	Time	Initial
<p>Activities</p> <ul style="list-style-type: none"> • Assess issues, priorities, and needs. • Ensure that patient and personnel safety measures and risk reduction actions are followed. • Advise the FRC Branch Director immediately of any operational issues you are not able to correct or resolve. • Manages and ensures check-in team follows protocol to greet, screen, register, and give wristbands to families and friends. • Manage hospitality and support team ensuring that team: <ul style="list-style-type: none"> ○ Assists family/friends while in the common/waiting areas of the FRC. ○ Helps families navigate FRC. ○ Escorts families to FRC and within FRC. ○ Maintains waiting /common area and refreshments. • Assists staff in determining if someone is withholding information or is giving false information to gain entry to the FRC. • Advise the FRC Branch Director immediately of any operational issues you are not able to correct or resolve. • Ensure that team members escort unaccompanied minors to pediatric safe area. 		
Extended Response (greater than 12 hours)	Time	Initial
<p>Ongoing Operations</p> <ul style="list-style-type: none"> • Assess issues, priorities, and needs. • Ensure that patient and personnel safety measures and risk reduction actions are followed. • Advise the FRC Branch Director immediately of any operational issues you are not able to correct or resolve. • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the FRC Branch Director, HICS Safety Officer and the Logistics Section. • Provide for personnel rest periods and relief. <p>Handoff/Shift Change</p> <ul style="list-style-type: none"> • Receive briefing from previous Shift Team Lead about FRC status and previous shift activities. • Check with other leaders about any environmental cleanliness issues to address during shift. • Brief incoming team members on incident and complete just-in-time training for new team members. • Set priorities of issues to address during shift. 		

FRC CHECK-IN LEADER JOB ACTION SHEET

Extended Response (greater than 12 hours)	Time	Initial
<p>Ongoing Activities</p> <ul style="list-style-type: none"> • Maintain FRC Check-In operations. • Assess issues, priorities, and needs. • Ensure that patient and personnel safety measures and risk reduction actions are followed. • Advise the FRC Branch Director immediately of any operational issues you are not able to correct or resolve. • Manages and ensures check-in team follows protocol to greet, screen, register, and give wristbands to families and friends. <p>Demobilization</p> <ul style="list-style-type: none"> • Brief the FRC Branch Director on current problems, outstanding issues, and follow-up requirements. • Ensure all documentation is submitted to FRC Branch Director. • Ensure return/retrieval of equipment and supplies. • Submit comments to FRC Branch Director for discussion and possible inclusion in after-action report. Comments should include: <ul style="list-style-type: none"> ○ Review of pertinent position descriptions and operational checklists. ○ Procedures for recommended changes. ○ Section accomplishments and issues. • Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required. 		
<p>Safety and security</p> <ul style="list-style-type: none"> • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the FRC Branch Director • Provide for personnel rest periods and relief • Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques 		
Documents and Tools		
<ul style="list-style-type: none"> <input type="checkbox"/> Incident Action Plan (IAP) <input type="checkbox"/> HICS 213 - General Message Form <input type="checkbox"/> HICS 213 RR – Resource Request Form <input type="checkbox"/> HICS 214 - Activity Log <input type="checkbox"/> Family Reunification Center Forms <input type="checkbox"/> Hospital Policies & Procedures <input type="checkbox"/> Hospital organization chart <input type="checkbox"/> Hospital telephone directory <input type="checkbox"/> Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication 		

Title: ***FAMILY REUNIFICATION & ASSISTANCE PLAN***

Policy #:

Attachment M – FRC Reunification Leader Job Action Sheet

The FRC Reunification Leader Job Action Sheet follows:

FRC REUNIFICATION LEADER JOB ACTION SHEET

Mission: Manage and coordinate family interview and reunification teams.

Position Reports to: FRC Branch Director		
Position Contact Information: Phone: () _____ - _____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: () _____ - _____ Fax: () _____ - _____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	Time	Initial
<p>Initial Activation Duties</p> <ul style="list-style-type: none"> Receive notification from the Family Reunification & Assistance Center Branch Director. Notify your usual supervisor of your FRC assignment. Review this entire Job Action Sheet. Assume the role of FRC Check-In Leader and put on position identification (e.g., position vest). Notify/inform team members about assignments and shifts. Use the FRC Activation Checklist to coordinate set up of interview/reunification rooms and patient match work rooms. Utilize team member(s) to complete activation checklist tasks as they arrive. Get Workstations-on-Wheels from IT and pre-programmed phones if available or verify IT has set-up phones, computers, and other equipment. Brief team members on incident and complete just-in-time training Document all key activities, actions, and decisions. Contact FRC Branch Director when activation plan complete. 		
<p>Operations (performed in conjunction with HICS Operations & Logistics Sections)</p> <ul style="list-style-type: none"> Coordinate the processes of Family Interview and Reunifications Teams. Ensure that teams are maintaining confidentiality and proper documentation. Assist team members in troubleshooting barriers to accessing information about patient location, status, identity, or identifying characteristics. Monitor overall status of patient care areas, patient arrivals, patient census as possible to determine its effects on FRC patient identification and reunification activities. Work with complex cases such as patient’s death, custody issues, patients not found, caregivers not found, and lack of identifying information. Access or assist in accessing information from outside of FRC including but not limited to other medical locations, using Hospital Incident Command. Immediately contact FRC Branch Director of any family reunification case in which patient is deceased. Advise the FRC Branch Director immediately of any operational issues you are not able to correct or resolve. 		

FRC REUNIFICATION LEADER JOB ACTION SHEET

<p>Communications and Documentation</p> <ul style="list-style-type: none"> • Keeps master check-in list and other documentation. • Document actions and decisions and send to the FRC Branch Director at assigned intervals and as needed. • Provide periodic updates and maintain communications with the FRC Branch Director 		
<p>Staffing and Supplies</p> <ul style="list-style-type: none"> • Floats team members between positions as needed to handle high demand. • Report equipment and supply needs to appropriate leader - document all equipment and/or supply requests from other departments. • Ensure staff health and safety issues are being addressed by: <ul style="list-style-type: none"> ○ Providing staff rest periods and relief. ○ Observing and responding to reports of staff stress and inappropriate behavior. ○ Reporting and resolving concerns with FRC Branch Director, CIRT/Wellbeing Lead, and/or Occupational Health as appropriate. • Ensure you and your team's physical readiness through proper nutrition, water intake, rest, and stress management techniques. • As need for the FRC decreases, return staff to their normal jobs and combine or deactivate positions in a phased manner, in coordination with the FRC Branch Director. 		
Extended Response (greater than 12 hours)	Time	Initial
<p>Ongoing Operations</p> <ul style="list-style-type: none"> • Maintain Family Interview and Reunification activities • Assess issues, priorities, and needs. • Ensure that patient and personnel safety measures and risk reduction actions are followed. • Receive briefing from previous shift FRC Reunification Leader about FRC status and previous shift activities. • Brief incoming team members on incident and complete just-in-time training for new team members. • Ensure team members know how to: <ul style="list-style-type: none"> ○ Consult the CIRT/Wellbeing Team for extra assistance. ○ Contact Security if needed to de-escalate an interaction. • Set priorities of issues to address during shift. <p>Handoff/Shift Change</p> <ul style="list-style-type: none"> • Brief your replacement and FRC Unit Lead on the status of all ongoing operations, issues, and other relevant incident information. • Ensure all FRC documentation and records from shift are completed correctly and collected. 		
Extended Response (greater than 12 hours)	Time	Initial
<p>Demobilization</p> <ul style="list-style-type: none"> • Brief the FRC Unit Lead on current problems, outstanding issues, and follow-up requirements. • Ensure all documentation is submitted to FRC Unit Lead. • Ensure return/retrieval of equipment and supplies. • Submit comments to FRC Unit Lead for discussion and possible inclusion in after-action report. Comments should include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists. • Procedures for recommended changes. • Section accomplishments and issues. • Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required. • Send message to all FRC Psychosocial Team Staff encouraging participation in stress management and after-action debriefings. 		

FRC REUNIFICATION LEADER JOB ACTION SHEET

Safety and security <ul style="list-style-type: none">• Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the FRC Branch Director• Provide for personnel rest periods and relief• Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques		
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Documents and Tools		
<ul style="list-style-type: none"><input type="checkbox"/> Incident Action Plan (IAP)<input type="checkbox"/> HICS 213 - General Message Form<input type="checkbox"/> HICS 213 RR – Resource Request Form<input type="checkbox"/> HICS 214 - Activity Log<input type="checkbox"/> Family Reunification Center Forms<input type="checkbox"/> Hospital Policies & Procedures<input type="checkbox"/> Hospital organization chart<input type="checkbox"/> Hospital telephone directory<input type="checkbox"/> Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication		

Title: ***FAMILY REUNIFICATION & ASSISTANCE PLAN***

Policy #:

Attachment N – FRC Check-In Staff Job Action Sheet

FRC CHECK-IN STAFF

Mission: Support family members through the check-in process at the FRC.

Position Reports to: FRC Check-In Leader		
Position Contact Information: Phone: () _____ - _____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: () _____ - _____ Fax: () _____ - _____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	Time	Initial
<p>Initial Activation Duties</p> <ul style="list-style-type: none"> • Receive notification from the Family Reunification & Assistance Center Check-In Team Leader or FRC Branch Director. • Notify your usual supervisor of your FRC assignment. • Review this entire Job Action Sheet. • Assume the role of FRC Check-In Staff and put on position identification (e.g., position vest). • Complete just-in-time training. • Support FRC Check-In Leader with setup of FRC check-in, hospitality and common areas. 		
<p>Operations</p> <ul style="list-style-type: none"> • Ensure all visitors to the FRC enter/exit through the Check-In Area. • Be alert to family members with disabilities, mobility, and other functional needs. • Request supplies, equipment, and services as needed. • Report equipment and supply needs to your Team Lead • Advise your Team Lead immediately of any operational issues you are not able to correct or resolve. • Determine if the individual/group are visiting the FRC for the first time. • If first-time FRC visitor: <ul style="list-style-type: none"> ○ Determine if person/group is the family member or friend of a possible patient. ○ Have one person from each group sign in. ○ If searching for multiple patients, ask the family to complete one form for each missing person. ○ Give each person a wristband. ○ Record group members on the master check-in log. • If repeat FRC visitor: <ul style="list-style-type: none"> ○ Check each returning visitor for wristband before re-entry into the FRC. ○ Visitors must be recorded for each entry. • If the person is not a family member or friend of a possible patient: <ul style="list-style-type: none"> ○ Do not continue check in. ○ Politely direct the person/group away from the area. ○ Escalate if needed to Security and/or the Check-In Team Leader. 		

FRC CHECK-IN STAFF

<p>Be alert to the following situations:</p> <ul style="list-style-type: none"> ○ Issue: Long lines or surge of visitors at check-in. ○ Solution: Inform Check-In Leader; Have Check-In Staff get clipboards, check-in log and wristbands and register visitors in line. ○ Issue: Visitor intentionally presents false information or withholds information to enter the FRC. ○ Solution: Contact Security and/or Check-In Team Leader. ○ Issue: Family members angry, frustrated, aggressive, challenging, etc. ○ Solution: Immediately contact Security and Check-In Team Leader. ○ Issue: Unaccompanied minor (persons under 18 without adult) arrives at Check-In. ○ Solution: Contact Check-In Team Leader. Escort minor to Pediatric Safe Area (PSA). ○ Issue: Media attempts to enter the FRC. ○ Solution: Contact Check-In Team Leader and/or Media Relations. ○ Issue: Visitor needs interpretation. ○ Solution: Contact Check-In Team Leader to coordinate FRC interpreters. 		
Extended Response (greater than 12 hours)	Time	Initial
<p>Ongoing Operations</p> <ul style="list-style-type: none"> ● Assess issues, priorities, and needs. ● Continue immediate response activities. ● Ensure that patient and personnel safety measures and risk reduction actions are followed. ● Advise the FRC Check-In Team Leader immediately of any operational issues you are not able to correct or resolve. ● Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the FRC Check-In Team Leader. ● Provide for personnel rest periods and relief. Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required. <p>Handoff/Shift Change</p> <ul style="list-style-type: none"> ● Brief Check-In Team Leader on current problems, outstanding issues, and follow-up requirements. ● Submit all documentation to the Check-In Team Leader. 		
<p>Safety and security</p> <ul style="list-style-type: none"> ● Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the FRC Check-In Leader. ● Provide for personnel rest periods and relief ● Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques 		
Documents and Tools		
<ul style="list-style-type: none"> <input type="checkbox"/> Incident Action Plan (IAP) <input type="checkbox"/> HICS 213 - General Message Form <input type="checkbox"/> HICS 213 RR – Resource Request Form <input type="checkbox"/> HICS 214 - Activity Log <input type="checkbox"/> Family Reunification Center Forms <input type="checkbox"/> Hospital Policies & Procedures <input type="checkbox"/> Hospital organization chart <input type="checkbox"/> Hospital telephone directory <input type="checkbox"/> Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication 		

Title: **FAMILY REUNIFICATION & ASSISTANCE PLAN**

Policy #:

Attachment O -FRC Supply Considerations (example)

Food & Nutrition:

Age-appropriate food (consider potential for allergies).
Formula (and any appropriate guidance for preparation and serving).
Snacks/food and drink.
Towels/wash clothes.

Informational:

Adjustable direction boards to FRC Room.
Age-appropriate activities (eg, board and card games, books, movies, video games, art supplies).
Easel stands.
Informational leaflets.
Language interpreters.
Laptop running PowerPoint.
Monitors to display information updates.
Note pads/pens.
Posted contact information for any available community disaster resources and information.
Sign-in/sign-out sheets for those presenting at the FRC, with name, contact number, and time of sign-in–sign-out for tracking purposes.
Wellness handouts for stress reduction/guides.
Writing utensils/paper/clipboards.

Hygiene:

Diapers.
Hand sanitizer.
Tissues.
Toileting and sanitation, including diaper-changing area.

Data sharing/accessibility:

Access to appropriate support assistance and resources (eg, psychological or spiritual support).
Cell phone chargers.
Internet access.
IT access to ****@***** email address to upload photos of the loved ones to assist with the reunification process.
Phone chargers with multiple kinds of plugs.

Other:

Chairs and tables.