

CHATHAM COUNTY EMERGENCY OPERATIONS PLAN

ESF-08 ANNEX
APPENDIX 8-3

FAMILY ASSISTANCE CENTER

NOVEMBER 2013



Family Assistance





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RECORD OF CHANGES

- New Document November 2013



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ACRONYMS

ADA	American's with Disabilities Act
ARC	American Red Cross
CASA	Court Appointed Special Advocates
CCOAD	Chatham Community Organizations Active in Disaster
CCPH	Chatham County Public Health
CEMA	Chatham Emergency Management Agency
DFCS	Department of Family and Children Services
DMORT	Disaster Mortuary Team
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
ESF	Emergency Support Function
FAC	Family Assistance Center
GEMA	Georgia Emergency Management Agency
ICS	Incident Command System
IT	Information Technology
JIC	Joint Information Center
NIMS	National Incident Management System
NTSB	National Transportation Safety Board
OSHA	Occupational Safety and Health Administration
PIO	Public Information Officer
SSFD	Southside Fire Department
UW	United Way
VIP	Victim Identification Program



DEFINITIONS

Family: In the context of the Family Assistance Center (FAC), family is defined as any individual (family, friend, partner, distant relative) that considers them to be a part of the victim's family, even if there is not a legal familial relationship. This is distinguished from the legal next of kin, who are the legally authorized individual(s) with whom the Coroner coordinates and who is authorized to make decisions regarding the decedent.

Family Assistance Center: The Family Assistance Center is a secure facility established to serve as a centralized location to provide information and assistance about missing or unaccounted for persons and the deceased. It is also established to support the reunification of the missing or deceased with their family members.

Family Reception Center: The Family Reception Center is an interim place where friends and family can gather to learn information and provide basic information on their unaccounted for loved ones. It is meant to serve as a bridge between the incident and the opening of a FAC.



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I. INTRODUCTION

- A. As a community, we are faced with potential threats which could result in multiple casualties or fatalities every day, such as transportation accidents, natural disasters, terrorism, and public health pandemics. In the hours and days after a mass casualty or mass fatality incident, families and friends will anxiously seek assistance in accessing information about the event and locating their family members. In this environment of uncertainty, worry, and need for information, Family Assistance Centers (FAC) are an important resource for helping a community meet the needs of family and friends, and supporting the overall incident response.
- B. In addition to providing a safe, protected and supportive environment for families to gather and receive updates and information, the FAC can play a critical role in coordinating patient tracking and missing person information and ensuring families have a mechanism for providing the critical information which will be pertinent to the Coroner in identifying the victims.
- C. A FAC is designed to deliver compassionate care to family members. FAC planning intersects with many mass fatality and casualty response functions including patient tracking, call center operations, behavioral health, public messaging, missing persons information management, and ante mortem information collection and management and victim identification.

II. PURPOSE

- A. The purpose of this plan is to guide Chatham Emergency Management Agency (CEMA), Chatham County Public Health (CCPH), and the Chatham Coroner's Office and their partners in coordinated family assistance responses related to the consequences of a mass fatality or casualty incident.
- B. The goals of a FAC are to:
 - 1. Provide a private and secure place for families to gather, receive information about the response and recovery
 - 2. Protect families from the media and curiosity seekers
 - 3. Facilitate information sharing with hospitals to support family reunification
 - 4. Address the informational, psychological, spiritual, medical and logistical needs of families



5. Centralize and coordinate missing person inquiries
6. Collect antemortem information on the missing or known deceased
7. Facilitate information exchange between the Coroner's office and families
8. Provide death notification and facilitate the processing of death certificates and release of human remains for final disposition as needed.

III. SCOPE

- A. The Chatham County Family Assistance Center Plan (FAC Plan) is applicable to all incidents not covered by Federal legislation, including non-aviation or passenger rail, mass fatality or mass casualty incidents requiring coordinated and centralized information, victim identification, or behavioral health services for the family/friends of missing or deceased persons.
- B. The FAC is in support of on-scene incident operations. FAC Planning includes missing person call center operations, antemortem data collection, notification to families, and providing information, behavioral health and support services to families.

IV. AUTHORITIES

- A. This Appendix is developed in accordance with the legal references listed below, and under the authority of the Chairman of the Board of the County Commission, Chatham County, Georgia; and the Director of the Chatham Emergency Management Agency (CEMA), Chatham County, Georgia.
- B. This Appendix supersedes similar and previous versions to date.
 1. FEDERAL:
 - a. National Response Framework, January 2008
 - b. Homeland Security Presidential Directive #5 (HSPD) – Management of Domestic Incidents.
 - c. Robert T. Stafford Disaster Relief and Emergency Assistance Act



2. STATE:
 - a. Georgia Emergency Management Act of 1981, as amended
 - b. Georgia Emergency Operations Plan (GEOP)
 - c. State licensing agency requirements
3. COUNTY:
 - a. Chatham County Emergency Operations Plan (EOP)
 - b. Chapter 4, Article III, of the Chatham County Code, Emergency Management, November 2012.

V. ASSUMPTIONS

- A. FAC Operations
 1. An activation of the FAC may occur as a result of many different types of incidents.
 2. The FAC will be part of a larger emergency response, requiring coordination and information sharing among multiple organizations and agencies.
 3. On average 6-8 family members will arrive or need assistance for each potential victim.
 4. Family members will immediately call or self-report to many agencies and/or locations seeking information. This includes the incident site, 911, 211, hospitals, and police stations.
 5. Not all family members will come to the FAC. Services need to be available virtually to support and provide information to those who are not physically at the site.
 6. The funding source for the FAC operations will not be known at the time the FAC is opened.
 7. Media will want to access the FAC and some family members will want to speak with them and others will not.
 8. Large media presence will necessitate on-site public information officer (PIO) assistance.



9. Speculative information (accurate and inaccurate), including about identities of the decedents, will spread quickly through social media sites.
10. Victim identification may take multiple days, weeks, months or a year or more depending on the nature of the incident.
11. Some decedents or remains may not be able to be identified.
12. Volunteers will come to support the incident and the FAC.
13. Staffing of involved agencies may be stretched.

B. Family Concerns

1. Families will grieve or process information differently.
2. Ethical and cultural practices will be important factors in how the families grieve and communicate about death, as well as how they handle remains.
3. Family dynamics may pose challenges and needs, especially regarding security and staff workload.
4. Family members may need assistance with basic resources such as lodging, toiletries, clothes, prescriptions, etc.
5. Family members who live locally may choose to stay at the FAC.

VI. IMPLEMENTATION

- A. The need to activate some or all components of this plan will be dictated by the specifics of this incident. While there is no hard and fast rule, general consensus has lead the Coroner's office and Public Health to agree an incident with 15 fatalities will trigger discussion around the need and scope of possible FAC implementation.
- B. This plan will be implemented upon the recommendation of the Director CEMA with the approval of the Chairman, Chatham County Board of Commissioners and concurrence of the Mayors of the Municipalities as appropriate. The Coroner's Office and the CCPH recommendations concerning the scale of the incident and the need of the family members shall be considered as an integral part of the FAC process.
- C. Once the decision is made to implement this Appendix, the designated ESF-08 representative will initiate the call system to alert the necessary staff for the activation of this Appendix.



VII. CONCEPT OF OPERATIONS

A. Activation

1. Following an incident, the size and scale of the incident should be assessed to determine the need for and magnitude of a FAC. Determination of the scale of an incident will inform the selection of the FAC site as well as the staffing and equipment/supplies planning.

Level of Incident	Small	Medium	Large
Potential Fatalities	<15	15-50	>50
Family and Friends	<120	120-400	>400

Table 8-1 : FAC Scaling Guide

2. Other factors potentially influencing the magnitude and duration of operations include:
 - a. Condition of disaster site
 - b. Access to disaster site
 - c. Condition of the remains
 - d. Duration of mortuary operations
 - e. Whether or not the disaster is an ongoing event
 - f. Open vs. Closed population
3. Activation Checklist and Timeframes
 - a. Upon decision to activate, CEMA Duty Officer in coordination with CCPH will begin to complete the Activation Checklist, Tab 1 of this plan.
 - b. Once the decision to activate a FAC, it is critical for parties to work together to get it activated and functional as quickly as possible. It is generally agreed upon the FAC will be operational within 12 hours of the incident, or at the beginning of the next business day. Tab A provides activation protocols general guideline on Activation Timeline.



B. Command and Control

1. CCPH will serve as the overall coordinating entities for ESF- 08 (Emergency Support Function) Public Health and Medical.
2. The local Emergency Operation Center (EOC) will serve as the coordinating entity for local, state, or federal resources or entities as appropriate.
3. CEMA will serve as the command for the FAC operations.
 - a. If the incident is criminal or suspected criminal event, the FAC will be managed under a unified command with representatives from law enforcement.
 - b. CEMA will evaluate the unified command structure and determine what agencies need to be included, based on each individual event.
 - c. In the event of an aviation or passenger rail accident, per the National Transportation Safety Board (NTSB) FAC plan, the NTSB will be the primary agency responsible for coordinating family assistance.

C. Planning

1. The planning function for the FAC will be coordinated and handled at the EOC.
2. The EOC Situation Branch Director or Planning Section Chief will work directly with the FAC Manager to compile Situation Status information.
3. FAC Documentation will be collected each shift, via runner, if necessary.

D. Location of FAC

1. In the immediate aftermath of the event, finding an ideal location for the FAC will be critical. Because the entire county is susceptible to a mass casualty/fatality event, having pre-identified locations is not feasible.
2. Designating the FAC location will be one of the top priorities upon notification of a mass fatality/casualty incident.



3. The FAC should create an atmosphere of calmness, professionalism, concern and care.
 4. Large hotels or conference centers are often ideal for a FAC location.
 5. Other criteria to consider:
 - a. One large FAC is preferred over several smaller ones
 - b. The FAC should be located close enough to the incident to allow staff personnel to move between the response site and the FAC but far enough away so family members/clients are not exposed to the scene.
 - c. Efforts should be made to prevent families from having to pass the incident site on their way to and from the FAC
 - d. The facility must conform to local and federal regulations
 - 1) Occupancy capacity regulations
 - 2) Occupational Safety and Health Administration (OSHA) facility requirements
 - 3) Americans with Disabilities Act (ADA) compliant or modifiable
 6. Upon notification of an event and a decision to open a FAC, CEMA staff in coordination with Law Enforcement and CCPH will work to identify an appropriate location, using the Tab B Prospective Site Assessment Worksheet
 7. Tab A provides a guideline checklist for use when considering the floorplan of the FAC, sample floorplans, and suggested FAC site specifications.
- E. Staffing
1. Staffing for the FAC must be flexible based on the incident size and complexity.
 2. Tab A has a general staffing overview chart intended for use as a guideline for events and determining appropriate staffing.



F. Equipment and Supplies

1. Setting up a FAC will require an ample amount of equipment and supplies which may not be readily on hand to first response agencies.
2. Tab A provides a scalable checklist to use for necessary supplies and equipment in the FAC.

G. Organizational Components

1. General
 - a. FAC Operations involve many different components. In some cases, staff may be able to perform multiple roles at once, or shift roles upon completion of duties for one.
 - b. Tab XX- Family Assistance Center Services checklist will help determine what services need to be provided and what positions within the organizational chart need to be filled out.
 - c. Scalable Organizational Chart for a Family Assistance Center (see next page)

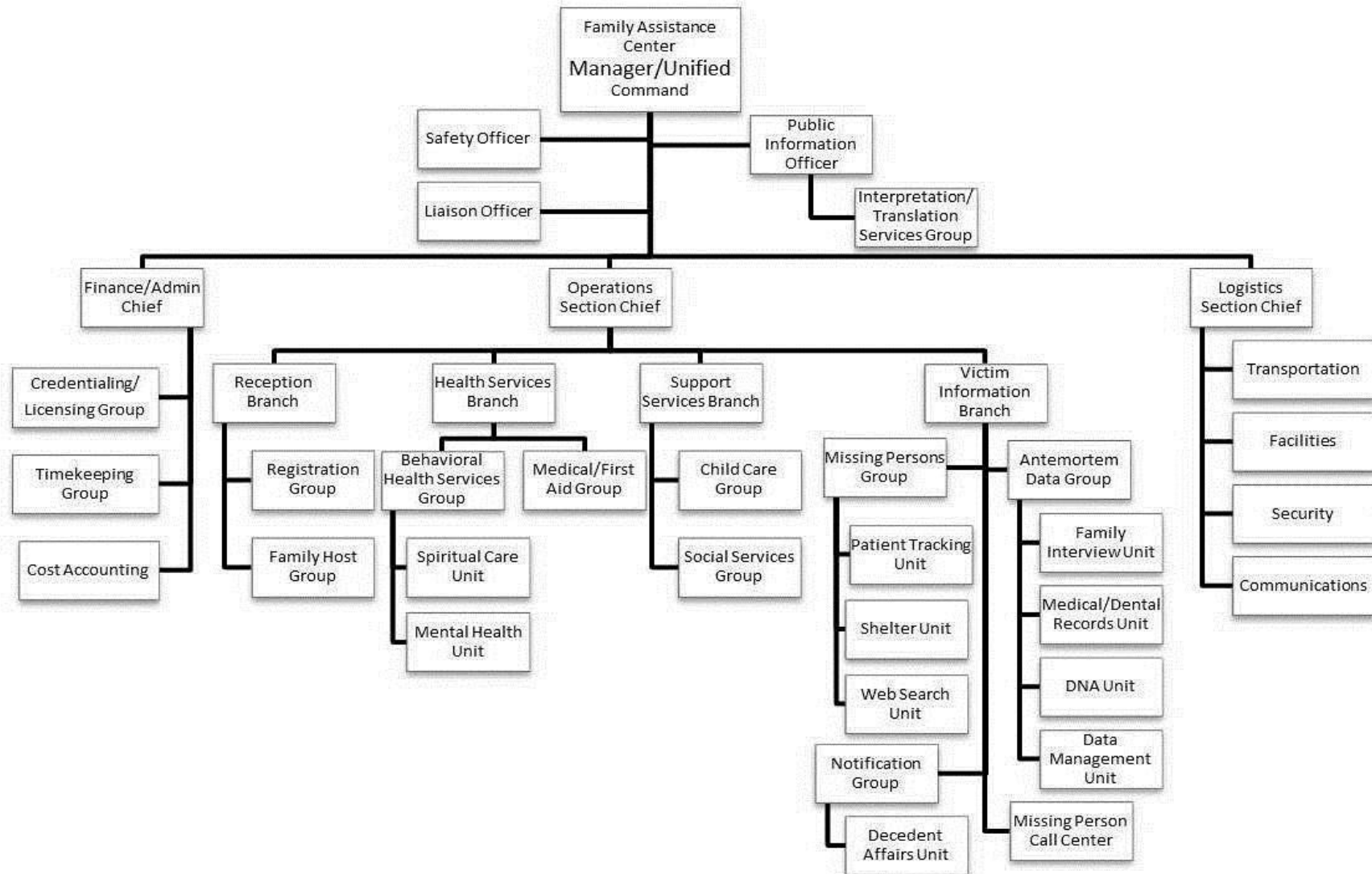


Figure 8.1 – Family Assistance Center Organization Chart



2. Command Staff
 - a. FAC Manager/Incident Command
 - 1) Oversees FAC Operations
 - 2) Coordinates with Incident Command, CCPH and Coroner's office for objectives for each operational period
 - 3) Determines staffing levels of the FAC
 - 4) Lead agency for coordinating staffing: CEMA
 - b. Safety Officer
 - 1) Ensures safety of staff, volunteers, families, and visitors of the FAC
 - 2) Make recommendations concerning safety and health issues
 - 3) Conduct safety briefings
 - 4) Lead agency for coordinating staffing: Chatham County Sheriff's Office
 - c. Liaison Officer
 - 1) Coordinates information sharing and requests with outside stakeholder agencies
 - 2) Provides leadership to other liaison officers
 - 3) Provides updates, issues, concerns from outside agencies or responders to FAC Command staff
 - 4) Lead agency for coordinating staffing: CEMA
 - d. Public Information Officer
 - 1) PIO
 - a) Coordinate messaging to the public and media concerning FAC Operations
 - b) Provide messaging to JIC or key stakeholders



- c) Coordinate Family Briefings
- d) Support messaging to Family Briefings
- 2) Interpretation/Translation Services
 - a) Due to the diversity of the population served, an important part of the FAC operations will be translation and interpretation services, including American Sign Language and TTY.
 - b) There may be a need for interpretation at many steps throughout the FAC process, especially during family interviews, notifications, and completing FAC paperwork and antemortem data records.
 - c) Interpretation and translation staff should be pre-identified.
 - d) Information materials should be translated appropriately in advance, where possible, and as soon as possible at opening if the materials are not yet available in needed languages.
 - e) Lead agency for coordination of Interpretation/Translation Services:
CEMA/ESF-15 PIO Association
- 3. Operations Branch
 - a. Reception Branch
 - 1) Registration Group:
 - a) Families entering the FAC will be greeted and directed to the reception and registration desk to check in. Reception and registration will set the tone for the FAC and will provide families with information regarding the FAC, missing persons, victim information, behavioral health, and support services. Throughout the registration process, translation, interpretation, American Sign Language, and braille services should be on hand to assist with needs. Behavioral health providers should also be on



hand during client welcoming and registration to provide services as needed.

- b) Lead agency for Reception Group: Department of Family and Children Services (DFCS)
- 2) Family Host Group:
- a) If resources allow, there should be family hosts available to families visiting the FAC. Family Hosts will provide clients a brief overview of services provided at the FAC, a tour of the facility, and answer any questions the family may have. The family hosts will also coordinate necessary resources and information the family may need. This may include physical resources as well as informational resources.
 - b) Lead Agency for Reception Group: Law Enforcement Victim Advocates. Possible Staff: Court Appointed Special Advocate Association (CASA)
- b. Health Services Branch
- 1) Medical/First Aid Group
- a) Basic medical services including first aid will be provided at the FAC. At any time, family members may find themselves in need of medical assistance whether due to injury, reactions from stress, grief, or emotional trauma, or as a result of other chronic medical conditions. Medical staff will also serve as a liaison to other medical resources available within the community.
 - b) Lead Agency for Medical/First Aid Group: Southside Fire/EMS. Possible Staff: Medical Reserve Corps or School Nurses.
- 2) Behavioral Health Group Services
- a) From the onset of FAC Operations, it is essential to have behavioral health services available for both the families and the responders/staff. This includes both mental



and spiritual care services. The behavioral care group is responsible for ensuring mental health and spiritual health providers are on hand to provide services.

- b) Behavioral health providers should be available at group meetings with families and available to meet with families or staff individually as needed.
- c) Providers should be available to circulate through aspects of FAC operations, including dining areas, child care areas, staff respite areas, interviews, briefings, family notification and at the reception and registration area.
- d) Lead Agencies: ESF-06 and DFCS. Possible staff: behavioral health contractors via American Red Cross (ARC) contacts, agency chaplains, Salvation Army, Chatham Community Organizations Active in Disaster (CCOAD)
- e) Mental Health services are available to:
 - (i) Assist family members and FAC staff and volunteers in understanding and managing the full range of grief reactions
 - (ii) Triage mental health needs to identify at risk individuals
 - (iii) Provide psychological first aid, crisis intervention, mediation, and management of family members, including children and adolescent
 - (iv) Provide referrals, as requested to mental health professionals and support groups in the family members local area
- f) Spiritual Care services are available to:
 - (i) Provide interdenominational pastoral counseling and spiritual care for people of faiths who request it



- (ii) Conduct religious services and provide worship opportunities
 - (iii) Provide emotional support/crisis intervention and assist mental health staff as needed
 - (iv) Offer a bridge to faith resources
- c. Support Services Branch
- 1) The need and the scale of support services will heavily depend on the type and size of the incident. Support service needs may also change throughout the duration of the FAC operations. Staff should monitor the request and needs of families to ensure they are able to access appropriate services.
 - 2) Child Care Group
 - a) Childcare services will be provided at the FAC to provide a safe and secure area for the children of families during FAC hours of operation.
 - b) For the safety, security, and well-being of the children, child care services will be provided by licensed childcare providers.
 - c) The childcare area should be safe, friendly, and healthy environment for short-term care to allow families to attend to necessary business and provide a period of respite for parents/guardians.
 - d) Child care area should provide support and activities for children representing a range of areas and should be structured and staff to provide appropriate monitoring and support for children's needs.
 - e) There will be a proper check-in/check-out procedure and documentation. If possible, staff will take a digital picture of the children and their guardian for reference during check-out.



- f) Another option is hand-stamping parents and children with a black light ink with a unique matching number to provide another layer of security.
- g) Lead agency for Child Care group coordination: DFCS
- 3) Social Services Group
 - a) Depending on the nature of the incident and the needs of the family, a number of additional social services may be necessary.
 - b) Additional services which may be needed:
 - (i) Animal Care
 - (ii) Crime Victim's Assistance
 - (iii) Disability Information
 - (iv) Educational Services
 - (v) Employment Services
 - (vi) Food Services
 - (vii) Housing Assistance
 - (viii) Identification Replacement Services
 - (ix) Immigration Assistance
 - (x) Insurance Advocacy
 - (xi) Legal Assistance
 - (xii) Mail
 - (xiii) Personal Property Replacement
 - (xiv) Public Benefits
 - (xv) Relocation Assistance
 - (xvi) Senior Citizens Service



- (xvii) Small Business Assistance
- (xviii) Tax Benefits/Extensions
- (xix) Transportation
- (xx) Veterans Affairs
- c) Lead agency for Social Services Group: DFCS
- d. Victim Information Branch
 - 1) This branch coordinates information gathering and reconciliation concerning missing persons, potential victims, unidentified patients, and postmortem information. The victim information branch works to reconcile missing persons and ante mortem information to appropriately reunite families.
 - 2) Missing Persons Call Center Group
 - a) Following an incident, CEMA will activate a missing person call center in coordination with local partners to provide a critical communication link to families and the public seeking information about missing family members.
 - b) In the initial hours after an incident, this will take the form of a website where people can report people as possibly involved in the incident. At the same time, CEMA will activate a phone number with a recorded message directing people to this website.
 - c) CEMA will coordinate with United Way (UW) 2-1-1 staff as well as other trained call center staff to place them on standby to take calls.
 - d) After time has passed and more information is known about the incident, CEMA will determine whether to activate the operator component of the contact center. If activated, the operator component will consist of staff members taking information from callers.



- e) If someone matching the name and description is on a list shared by hospitals, the caller will be directed to contact the specific hospital. If the name is not on any list of known people at a hospital or shelter, the operator will include it in a list of possible decedents to be reviewed at the FAC.
 - f) Primary functions of a public information contact center:
 - (i) Provide a centralized number for families or the public to call regarding inquiries about missing or potentially deceased persons. This should help reduce the burden of calls to other local emergency lines, such as 911 and hospitals.
 - (ii) Collect reports regarding individuals who are unaccounted for following a mass fatality or casualty incident.
 - (iii) Serve as primary communication point for families unable to come to a physical FAC location
 - (iv) Funnel and triage calls to the FAC.
 - g) Lead agency: CEMA. Possible staff: Answering Service staff or UW 2-1-1 staff.
- 3) Missing Person Group
- a) The missing person group is responsible for collecting information on unaccounted for persons to reunite families. The Missing Persons group will be receiving information from reports from the Missing Person Contact Center, hospitals, shelters, law enforcement and family interviews.
 - b) The missing person group will also be receiving patient reports unidentified patients from local hospital and alternate care facilities; list of shelter residents and antemortem data from family interviews.



- c) The missing persons group will receive postmortem data from the coroner's office and will assimilate information to identify the location and status of missing persons and reunite families.
 - d) The missing persons group will consist of the Patient tracking unit, shelter unit, and web search unit.
 - e) Lead agency for Missing Person Group: Law Enforcement
- 4) Antemortem Data Group
- a) Antemortem data is collected from family members of victims to aid in the identification of their family members. Antemortem data is collected through family interviews using Disaster Mortuary Team (DMORT) Victim Identification Program (VIP) (TAB), medical/dental records and DNA samples.
 - b) Interviewers will use the DMORT VIP form in place of standard protocols if the FAC is activated.
 - c) Families will have questions concerning antemortem data collection and the identification process, requiring a representative from the Coroner's office or the Medical Examiner office to be available at the FAC to answer questions from the families and interviewers.
 - d) Collection of antemortem data will be done by trained personnel only.
 - e) The antemortem data group will consist of the Family Interview unit, Medical/Dental records unit, DNA unit, and Data Management unit.
 - f) Lead agency for Antemortem Data Group: Coroner's or Medical Examiner's office supported by Law Enforcement.



- 5) Notification Group
 - a) Family notifications and referrals can be made at several states in the identification process. Referrals can occur if an unaccounted for person has been identified at a hospital, alternate care facility, or shelter.
 - b) Notifications can be made after the tentative and official identification of a decedent by the Coroner's or Medical Examiner's office.
 - c) Notifications and referrals will be made in a quiet and private place by a team comprised of notification and referral staff, a coroner's representative, missing person group representative, behavioral health work, translation/interpretation staff, and other relevant staff.
 - d) Families will be informed if a probable match is made in the identification of the location of their family member. The missing person group will sign off on the match and then the notification team will inform the family and make arrangements for their transportation.
 - e) Families will be notified if their family member is now considered missing, as opposed to unaccounted for, once the decedents have been identified. A notification team will notify the family, explain efforts taken to find their family members and make any arrangements for the family.
 - f) It may be necessary for the legal next of kin to be notified of a tentative identification before a scientific identification is complete. This could occur if there is a delay in the scientific notification due to DNA processing, the body of the victim is highly fragmented or other circumstances.
 - g) Death notification is the process of notifying the legal next of kin or family members about the positive identification of their loved one. If



possible notification should be made in person and at the FAC by the notification group. If family members cannot come to FAC, notifications can be made at their home.

- h) The decedent affairs group within the Notification group is responsible for coordinating remains release, personal effects release and disposition service for family after identification is complete. The FAC will use the standard Coroner's process for this.
- i) Lead agency for the Notification group is the Coroner's office and Law Enforcement.

4. Logistics section

- 1) The Logistics Section is responsible for coordinating equipment, supply, and services necessary to operate the FAC.
- 2) Most logistics requests will be handled through the Emergency Operations Center via a Logistics coordinator on scene at the FAC. The Logistics Coordinator can request additional logistical support, when necessary to ensure logistical needs are met.
- 3) Lead agency for providing logistical coordinator: CEMA.
- 4) Logistical needs for the FAC include:
 - a) Food
 - (i) Ensuring family and staff have three basic meals each day as well as healthy snacks and beverages throughout the day. Staff and family should have separate dining areas.
 - (ii) Food is an important aspect of cultural and ethnic traditions. Whenever possible, the FAC will provide food choices sensitive to cultural/ethnic practice of the family/friends.



- (iii) Food coordination will be coordinated through the EOC with the Logistical Coordinator as the Point of Contact.
- b) Communication
 - (i) FAC data and voice communications need to be established, including secure internet access and land-line phones for staff and family members.
 - (ii) Communications/Information Technology (IT) support should be on-site at the FAC.
- c) Security
 - (i) Law enforcement will coordinate internal and external security at the FAC. Additional staffing needs will be coordinated through the ESF-13 desk at the EOC.
 - (ii) Security will be in charge of ensuring staff and family have their identification checked upon entry and are badged.
 - (iii) Security is responsible for ensuring enforcement of a no picture policy within the FAC.
- d) Transportation
 - (i) Coordinate transportation needs of family to and from the FAC facility as well as to any local hospitals, alternate care facilities, or shelters as necessary.
- e) Facilities: Coordinates with working with location staff to ensure space is utilized in line with the needs of the FAC.
- f) Supplies: Logistics Coordinator will work with the EOC to procure supplies needed for the FAC.



5. Finance and Administration (F/A) Branch

- 1) The F/A Section is responsible for ensuring FAC Staff sign in and out.
- 2) The F/A Section is responsible for coordinating, deploying, and checking the licensing/credentialing of staff for the FAC.
- 3) The F/A Section is responsible for recruiting, credentialing, and developing a Just-In-Time Training for staff.
- 4) Training should be in an admin area and not near operations of the FAC.
- 5) Tracking costs associated with FAC operations
- 6) Ensures staff members working at or visiting the FAC have access to resources for mental and spiritual care.
- 7) Lead agency for F/A Branch: Chatham County Finance

H. Communications

1. Family Briefings

- a. Coordinated by the PIO in conjunction with the FAC Manager and the Coroner's office.
- b. Occur twice a day on a regular schedule.
- c. Families present at the FAC should be able to attend and there will be a conference call and a transcript option for families not able to attend.
- d. The Coroner or designee should attend family briefings.

2. Staff Briefings

- a. Staff meetings should be held on a regular basis to receive updated information on FAC Operations, recovery and identification efforts, unaccounted for persons investigations, and any changes



- b. Staff should attend an All Staff FAC briefing at the beginning of each operational period.
 - c. Command Staff should also attend two command briefings per operational period, one at the beginning and one towards the end.
 - d. Sections may hold their own briefings to communicate pertinent information.
 - e. Staff briefing agenda should include the following:
 - 1) Goals and objectives
 - 2) New initiatives
 - 3) Status of rescue, recovery, and identification efforts
 - 4) Status of incident investigation
 - 5) Status of secondary services
 - 6) Status of disposition and return of remains
 - 7) Return of personal effects
 - 8) FAC operations and demographic data
3. Communications with Incident Site
- a. FAC should maintain regular communications with the incident site through the Liaison Officer or the Liaison Officer group.
 - b. Critical information should be passed along to the FAC Manager.
4. Elected Officials
- a. Communication with Elected Officials will be handled by the FAC PIO in consultation with the FAC Manager and the Coroner's office.
 - b. If a JIC has been established, the FAC PIO should coordinate messages with the lead PIO before communicating with elected officials.



- c. In the event an elected official appears on site at the FAC, they should be greeted and briefed by the FAC Manager and PIO. If they insist on entering the FAC Manager may, at his/her discretion allow them to enter operations, if escorted by the FAC Manager or PIO
5. Public Communications
 - a. Public communications concerning the FAC will be managed by the FAC PIO in coordination with the JIC and other relevant partner agencies.
 - b. Messaging will be communicated to families at the FAC before they are released to public.
 6. Media
 - a. Members of the media are not permitted inside the FAC.
 - b. Communicates with the media will take place offsite away from the FAC.
 - c. Family and friends who wish to speak with the media should not be prevented, but must take place offsite and not within the FAC.

VIII. RESPONSIBILITIES

- A. CEMA is the overall coordinator for Chatham County in disasters and emergency management; CEMA is responsible for the following activities when a FAC needs to be activated:
 1. Coordination and management of the Emergency Operations Center
 2. Coordination of the activation of the FAC
 3. Coordination with local agencies and partners for the acquisition of proper location, equipment, and supplies
 4. Locating and securing staff for many roles outlined throughout the plan
- B. Chatham County Public Health
 1. Support the FAC through expedited Death Certificate services



2. Coordinate with the Coroner's office and CEMA on the need for a FAC
 3. Support FAC staffing as available
- C. Chatham County DFCS
1. Coordinate closely with the EOC on needs at the FAC.
 2. Oversee, coordinate, and manage the Registration Group of the FAC
 3. Oversee, coordinate, and manage the Behavioral Health Services Group. Coordinate with other agencies to ensure appropriate staffing and support for both mental health and spiritual care services.
 4. Oversee, coordinate, and manage the Support services branch of the FAC. Assess and coordinate child care and other social services potentially needed in the FAC.
- D. Chatham County Sheriff's Department
1. Provide security coordinator at the FAC.
 2. Oversees security staff assigned to the FAC
- E. Chatham County Coroner's Office
1. Coordinates with agencies to determine the need for a FAC
 2. Works closely with the FAC to share information on victim recovery and identification operations and antemortem data
 3. Provide staffing for the antemortem and notification groups
- F. Chatham County Finance Department
1. Provide staffing for the Finance/Admin Section of the FAC
 2. Provide Just-In-Time training for FAC Staff
 3. Ensure the F/A area of the FAC is not near the operations of the FAC and not in the area of family members.
 4. Track costs associated with FAC Operations



5. Monitors staff members for signs of stress and reports to the FAC Manager.
- G. Emergency Medical Services Provider: Provide medical support for family members and staff at the FAC
- H. Hospitals
1. Immediately following a mass fatality or mass casualty incident, the hospitals may need to set up a temporary Family Reception Service area within their facilities.
 2. Be prepared to provide incident information, behavioral health services, and collect minimal identifying information on the unaccounted for family member at least until a call center is activated.
 3. Providing updated patient lists to the unaccounted for Persons Group to assist in family reunification.
- I. ESF-01: Provide a liaison at the FAC and to the EOC to support transportation of family members to and from locations.
- J. ESF-02
1. Provide a liaison at the FAC to ensure communications and information technology is supported at the FAC.
 2. Ensures call center is working appropriately
 3. Provides venue and procedure for providing phone service to families needing it.
- K. ESF-06
1. ESF -06 partners will work from both the EOC and the FAC to ensure mass care and social services are provided for families at the FAC.
 2. Coordinate with the CCOAD to provide for unmet needs of family members, for both short term and long term.
- L. ESF-07
1. Provides logistics coordinator to the FAC
 2. Coordinates needs for the FAC to include service and support



- M. ESF-08
 - 1. ESF-08 partners will work from both the EOC and the FAC to ensure Public Health and Medical services are provided for families.
 - 2. ESF-08 partners will support the Coroner's office and Law Enforcement agencies on public health related issues.

- N. ESF-13
 - 1. Provide security at the FAC
 - 2. Provide staffing for Missing Person, Antemortem Data Group, and Notification Group of the FAC
 - 3. Coordinate with Victim Advocates to support staffing at the FAC

- O. ESF-15
 - 1. Coordinate Interpretive and Translation services for the FAC
 - 2. Coordinate public information and briefings both to Families as well as Media
 - 3. Ensure Media understands the FAC is off limit to media and where and how they can receive information
 - 4. Coordinate with the CCPIO association for staffing and support
 - 5. Updates websites and monitors governmental social media sites and relays information to the Missing Persons Unit.

IX. APPENDIX MANAGEMENT AND MAINTENANCE

- A. Executive Agent: CEMA is the executive agent for Appendix management and maintenance. The Appendices and supporting documents will be updated periodically as required to incorporate new directives and changes based on lessons learned from exercises and actual events. This section establishes procedures for interim changes and full updates of the Appendices.

- B. Types and Changes: Changes include additions of new or supplementary material and deletions. No proposed change should contradict or override authorities or other plans contained in statute, order, or regulation.



- C. Coordination and Approval: Any department or agency with assigned responsibilities within the Appendices may propose a change to the plan. CEMA is responsible for coordinating proposed modifications to the Appendices with primary agencies, support agencies and other stakeholders. CEMA will coordinate review and approval for proposed modifications as required.

- D. Notice of Change: After coordination has been accomplished, including receipt of the necessary signed approval supporting the final change language, CEMA will issue an official Notice of Change. The notice will specify the date, number, subject, purpose, background, and action required, and provide the change language on one or more numbered and dated insert pages replacing the modified pages in the EOP, Annex, or supporting documents. Once published, the modifications will be considered part of the EOP for operational purposes pending a formal revision and re-issuance of the entire document. Interim changes can be further modified or updated using the above process.

- E. Distribution: CEMA will distribute the Notice of Change to participating agencies. Notice of Change to other organizations will be provided upon request. Re-issuance of the individual annexes or the entire EOP will take place as required. Working toward continuous improvement, CEMA is responsible for an annual review and update of the EOP to include related annexes, and a complete revision every four years (or more frequently if the County Commission or Georgia Emergency Management Agency deem necessary). The review and update will consider lessons learned and best practices identified during exercises and responses to actual events, and incorporate new information technologies. CEMA will distribute revised EOC Annex documents for the purpose of interagency review and concurrence.