LOS ANGELES COUNTY

Family Information Center

Planning Guide for Healthcare Entities

June 28, 2013

This Microsoft Word version of the *Family Information Center Planning Guide for Healthcare Entities* is provided for ease of copying text to facility specific Family Information Center plans. If text is taken directly from this Guide, please credit the source. A graphic rich version is available on the Los Angeles County EMS Agency website at http://ems.dhs.lacounty.gov.

ACKNOWLEDGEMENTS

PROJECT OVERSIGHT GROUP

Development of the *Family Information Center Planning Guide for Healthcare Entities* was led by the Los Angeles County Emergency Medical Services Agency and developed in coordination with a multi-disciplinary Project Oversight Group. Project Oversight Group members provided strategic guidance regarding guide development, validation, and implementation.

PROJECT MANAGERS

Sandra Stark Shields, LMFT, CTS
Los Angeles County Department of Health Services EMS Agency

Millicent Wilson, MD
Los Angeles County Department of Health Services EMS Agency

PROJECT OVERSIGHT GROUP MEMBERS

Roel Amara, RN
Los Angeles County Department of Health Services EMS Agency

Ryan Burgess, RN, MSN
Hospital Association of Southern California

Barbara Engleman, LCSW
Los Angeles County Department of Mental Health

Elaine Forsyth, RN
Los Angeles County Department of Health Services EMS Agency

Rakdy Khlok
Los Angeles County Department of Mental Health

Connie Lackey, RN
Providence Saint Joseph Medical Center

Beth Maldonado, LCSW
Children's Hospital Los Angeles

Isabel Oropeza
PIH Health Hospital

John Quiroz, RN
Los Angeles County Department of Health Services EMS Agency

Trevor Rhodes
Community Clinic Association of Los Angeles County

Jacqueline Rifenburg, RN MICN
Los Angeles County Department of Health Services EMS Agency

Olester Santos, RN, BSN
Los Angeles County Department of Health Services EMS Agency

Carole Snyder, RN
PIH Health Hospital

Kathleen Stevenson, RN, BSN
Children's Hospital Los Angeles

Terry Stone, RN
Henry Mayo Newhall Memorial Hospital

Steven Storbakken, RN
Pomona Valley Medical Center

CONTRIBUTOR

Meg Femino
Beth Israel Deaconess Medical Center

CONSULTANTS

Constant and Associates, Inc. served as the project consultant.
The following individuals supported content development:

Michelle Constant
Jim Sims, MS
Aislynn C. Turner, MPA
Justin Cox

CONTENTS

ACKNOWLEDGEMENTS 1
ACRONYMS 7
SECTION I: INTRODUCTION 8
- OVERVIEW 8
- WHAT IS A FIC? 8
- SCOPE 8
- BACKGROUND 9
- GUIDE DEVELOPMENT PROCESS 9
- OBJECTIVES OF THE GUIDE 9
- HOW TO USE THIS GUIDE 10
- ASSUMPTIONS 10
- CODE OF CONDUCT 11

SECTION II: PLAN DEVELOPMENT 12
- PREINCIDENT ACTIONS 12
- PLAN MAINTENANCE 13
- TRAINING 13
- EXERCISES 14
- FIC PLAN CHECKLIST 15

SECTION III: ACTIVATION 18
- AUTHORIZE ACTIVATION 18

COORDINATE STAFFING 19
MAKE NOTIFICATIONS 23
COORDINATE SUPPLIES AND EQUIPMENT 24
PREPARE STAFF FOR ACTIVATION AND OPERATION 24
SAMPLE ACTIVATION CHECKLIST 25
Section IV: Operations 26
FAMILY REGISTRATION 26
REUNIFICATION PROCESS 27
FAMILY NOTIFICATION 28
OFFER SUPPORT SERVICES 28
UNACCOMPANIED MINORS 29
VIPS AND CELEBRITIES 30
COMMUNICATIONS 30
Section V: Demobilization 33
DEMOBILIZATION CHECKLIST 34

Appendix I: FIC FORMS 35
FIC SIGN-IN AND TRACKING FORM 35
UNACCOMPANIED MINOR SIGN-IN AND TRACKING FORM 37
FIC TRACKING LOG 38
Appendix II: FIC Location Setup 39
FIC LOCATION ASSESSMENT CRITERIA 39
FIC SITE DIAGRAMS 41
SUGGESTED MATERIALS AND SUPPLIES 46
Appendix III: Activation Flow Diagram 49
ACTIVATION FLOW DIAGRAM 49
Appendix IV: JIT Training Material 50
JIT TRAINING MATERIAL 50
STAFF BRIEFING CHECKLIST 52
FAMILY INFORMATION FACT SHEET 53
JOB ACTION SHEETS 54
Appendix V: Operations Flow Diagram 69

OPERATIONS FLOW DIAGRAM 69
Appendix VI: Patient Identification 70
PATIENT IDENTIFICATION 70
Appendix VII: Locating a Patient 72
CHECKLIST FOR LOCATING A PATIENT 72
Appendix VIII: Locating a Patient 74
REDDINET INFORMATION 74
Appendix IX: Mental Health Resources 75
MENTAL HEALTH RESOURCES 75

TABLES AND FIGURES

Figure 1. FIC Organization Chart 18
Table 1. FIC Position Responsibilities 20
Table 2. Sample FIC Staff Levels 22
Table 3. FIC Support Services 28
Table 4. Ideal Location Checklist 39
Figure 2. Sample FIC Layout 41
Figure 3. Sample Family Briefing/Waiting Area 42
Figure 4. Sample Child Care Area 43
Figure 5. Sample Notification/Counseling Room 44
Figure 6. Sample Call Center 45
Table 5. FIC Equipment and Supplies Checklist 46
Table 6. Call Center Equipment and Supplies Checklist 48

ACRONYMS

AFN	Access and Functional Needs
CCC	Confirmation Conference Call
CDC	Centers for Disease Control and Prevention
CPG	Comprehensive Preparedness Guide
DCFS	Department of Children and Family Services
DHV	Disaster Healthcare Volunteers
DHV	
DMH	Los Angeles County Department of Mental Health
DNA	Deoxyribonucleic Acid
DOB	Date of Birth
DOC	Department Operations Center
DPSS	Los Angeles County Department of Public Social Services
ED	Emergency Department
EOC	Emergency Operations Center
EMS	Emergency Medical Services
ESF	Emergency Support Function
FAC	Family Assistance Center
FEMA	Federal Emergency Management Agency
FIC	Family Information Center

GPS	Global Positioning System
HICS	Hospital Incident Command System
HIPAA	Health Insurance Portability and Accountability Act
ICS	Incident Command System
IT	Information Technology
JAS	Job Action Sheet
JIT	Just-In-Time (Training)
MAC	Medical Alert Center
MCI	Mass Casualty Incident
NCDMPH	National Center for Disaster Medicine and Public Health
NIMS	National Incident Management Systems
NOK	Next of Kin
OA	Operational Area
PIO	Public Information Officer
REDDINET	Rapid Emergency Digital Data Information Network
SEMS	Standardized Emergency Management System

SECTION I: INTRODUCTION

OVERVIEW

The purpose of the *Family Information Center* (FIC) *Planning Guide for Healthcare Entities* is to support healthcare partners in the development of a detailed plan to provide information, support services and reunification assistance to family members of disaster patients. This resource is meant to significantly enhance the capabilities of the Los Angeles County medical care system and provide an invaluable service for Los Angeles families.

Recent incidents demonstrate the importance of such an endeavor. The 2013 Boston Marathon Bombings, for example, resulted in three (3) deaths and two hundred and sixty-four (264) injured. Multiple healthcare facilities activated a FIC to provide services for families and help them to locate their loved ones. The 2013 Yucaipa Bus Accident resulted in eight (8) deaths and more than thirty (30) injured, including tourists from Mexico and San Diego. Among the lessons learned from this incident was the importance of providing a mechanism for family members to obtain information regarding the location and status of their loved ones.

"Family" is defined as any individual that considers him or herself to be part of the patient's family, even if there is not a legal familial relationship. This includes individuals other family members characterize as family. This is distinguished from legal next of kin, who may be the individual(s) legally authorized to make decisions regarding the patient.[1]

WHAT IS A FIC?

When activated at a healthcare facility, a FIC provides a secure and controlled area for families of patients, away from medical treatment areas, where information can be shared to facilitate family reunification, and to provide access to support services (social services/mental health, spiritual care). FICs are staffed by the host healthcare facility, and may be supplemented by Los Angeles County Disaster Healthcare Volunteers.

SCOPE

The scope of the *FIC Planning Guide for Healthcare Entities* includes instruction for hospitals, community clinics, and other healthcare entities located in Los Angeles County to create facility- or organization-specific plans for the activation, operation, and demobilization of a FIC. The Guide is scalable to enable implementation for large-scale disasters (e.g. earthquakes); smaller, more localized incidents (e.g. shooting, transportation disaster); as well as long-term events (e.g. widespread disease outbreaks). It is written in a manner that provides high level, quick reference information, while providing the background and operational level detail needed to develop a plan. Job Action Sheets (JAS) contain significant detail for staff who will use JAS as the primary tool for performing their duties at the FIC.

BACKGROUND

The Los Angeles County Emergency Medical Services (EMS) Agency, in partnership with healthcare and government agencies in Los Angeles, published the first draft of the FIC Planning Guide in 2007. This resource was intended to serve as a tool to ignite discussion regarding the need for FIC planning efforts in Los Angeles County. It was based on best practices obtained from the Israel Public Information Center model, as well as lessons learned from other disasters. Parallel to this effort, the Los Angeles County Operational Area initiated the design and development of the *Los Angeles County Operational Area Family Assistance Center (FAC) Plan* to address the provision of family assistance at the City or County level. The *Los Angeles County Operational Area FAC Plan* specifies how local governments will activate and operate a FAC following a major disaster. The *Family Information Center Planning Guide for Healthcare Entities* is designed to complement the *Los Angeles County Operational Area FAC Plan* by providing guidelines for the establishment of on-site FIC in healthcare facilities.

GUIDE DEVELOPMENT PROCESS

This important resource, completed in 2013, expands and enhances the previous version. The Project Oversight Group, comprised of representatives from County agencies, hospitals, and clinics, offered expertise in not only Guide revision but also in the expansion of content. The Project Oversight Group met monthly during the Guide development process to review and provide input for each section of the Guide. Lessons learned and best practices from past disasters were incorporated to produce a more comprehensive, capabilities-rich Guide. A workshop/demonstration was also organized and conducted, and the draft Guide was then revised and finalized based upon exercise findings.

This Guide is consistent with applicable statutes and regulations in effect as of the date of publication. However, planners should review all legal and regulatory requirements as part of plan development/refinement efforts to ensure compliance.

OBJECTIVES OF THE GUIDE

Objectives for the *FIC Planning Guide for Healthcare Entities* are as follows:

1. Provide guidance for healthcare entities in Los Angeles County regarding the activation, operation and demobilization of a FIC.

2. Build from, revise and enhance the 2007 FIC Planning Guide based on best practices and lessons learned.
3. Ensure that the *FIC Planning Guide for Healthcare Entities* supports and is in alignment with County and Operational Area plans and best practices.
4. Address special considerations for unaccompanied minors, access and functional needs (AFN) support, family member support services, and the reunification of unidentified patients with their loved ones.

HOW TO USE THIS GUIDE

This *FIC Planning Guide for Healthcare Entities* is intended as guidance, and is not prescriptive. A healthcare entity FIC Plan should be specific to that organization's needs and pre-existing procedures. However, the Guide is a rich resource for information and suggestions on how to prepare a FIC Plan. While designed primarily for FIC planning, the guide may also be utilized as a basis for developing plans for other family services.

The *FIC Planning Guide for Healthcare Entities* is organized in two (2) components, in alignment with the Federal Emergency Management Agency (FEMA) Comprehensive Preparedness Guide (CPG) 101:

1. A Base Guide explaining the FIC model and overall approach to management. This will include Incident Command System (ICS)–based role assignments.
2. Supplemental information (e.g., supplies and equipment checklists, JAS, mental health policy and resources, reunification best practices, etc.).

ASSUMPTIONS

Not every action described in this Guide will necessarily be completed during every FIC activation nor is every activity that may be conducted described in this Guide. Healthcare entities will use judgment and discretion to determine the most appropriate actions at the time of the incident/event. The following assumptions are suggested for FIC Plan development and FIC activation:

- If a mass casualty incident (MCI) occurs and the facility received, or expects to receive several patients or patient inquiries as a result of the incident or disaster, it is assumed that the entity's emergency operations ICS structure will be activated. Activation of a FIC will occur as directed by the healthcare entity authorized official or designee, and will support existing emergency operations plans. As such, functions that are typically addressed in emergency operations are not included herein. The National Incident Management System

(NIMS)/Standardized Emergency Management System (SEMS), as well as ICS protocols will be utilized to facilitate the notification and resource request processes.

- The activating entity assumes liability for FIC related costs and operations at their facility.
- A City/County FAC will be activated for an MCI near the incident site within two hours of the incident/event occurring. Partners and the Los Angeles County EMS Agency will facilitate the sharing of patient information with the FAC. (See the *Los Angeles County Operational Area FAC Plan* for more information).
- Family at the FIC who are ill or otherwise require medical treatment will be processed through the medical system at the healthcare facility. Medical care will not be provided inside the FIC.
- FIC staff should assume that families will not leave the FIC until they have been reunited with their loved one.
- The term "disaster" is used to describe an MCI or other incident that may call for FIC activation.
- The FIC should not be merged with services designed to provide support to families of healthcare facility employees.

CODE OF CONDUCT

FIC Staff should make every effort to conduct themselves in a discrete and helpful manner, with the traumatic nature of the event and the family's high level of emotional stress in mind. The FIC Plan should include a Code of Conduct to guide the actions of all FIC staff. All FIC staff members, including those who are from the public and private sector, paid employees and volunteer staff, contractors, consultants, and others who may be assigned to perform work or services for the FIC, should adhere to a Code of Conduct.

The following is a suggested Code of Conduct:

- Take responsibility and be accountable for your entire job requirements as outlined in the JAS and organizational policies.
- Do not share any information or provide access to the media without specific permission from your supervisor and expressed consent from patients and/or family members.
- Follow principles outlined in Health Insurance Portability and Accountability Act (HIPAA) policies.
- Act as an ambassador of the FIC by maintaining positive communication regarding the FIC, both inside and outside the facility. Communicate openly, respectfully, and directly with patients, family and staff. Do not criticize decisions in the presence of patients or family members. Handle conflict promptly and appropriately by asking for help and offering positive solutions to problems that are identified. Refrain from engaging in loud conversations, laughter, and other social conversations in the FIC.

- ⬛ Assist others in providing care and/or services promptly.
- ⬛ Clearly identify yourself and your position to patients, family members and staff and wear your nametag where it is clearly visible.
- ⬛ Protect the property and other assets entrusted to you by family members and others against loss, theft, or abuse.

SECTION II: PLAN DEVELOPMENT

Healthcare entities should develop a FIC Plan appropriate for the size of their facility. For example, clinics and smaller hospitals may have simpler plan development procedures. For larger facilities, these plans will be more detailed and complex.

Planners should implement policies to ensure that FIC documentation and practices are current and that those who are charged with implementing the FIC Plan regularly review it. Additionally, training and exercises to practice plan procedures and FIC operations should be carried out on a regular basis so that staff understand and are comfortable with their assigned role.

FIC Plan development can be accomplished by following these simple steps:

1. **Designate a Project Leader.** A project leader who is knowledgeable of all phases of operation of the healthcare facility, including patient admissions, record keeping, and emergency operations, should be designated to lead FIC Plan development.

2. **Organize a Working Group.** A small working group of five (5) to seven (7) members of healthcare facility staff should be organized, including representatives from admissions, emergency or urgent care, administration, patient care, security, and others as deemed necessary.
3. **Review Existing Policies and Procedures.** The working group should review the facility's existing policies for admissions, registration/check-in of patient family members, and emergency operations.
4. **Review the FIC Planning Guide.** The working group should review the Guide in detail and determine how the recommendations contained in the Guide apply to the specifics of the facility.
5. **Document and Approve A FIC Plan.** The working group should prepare a FIC Plan following the suggestions in the Guide, tailored to the needs and policies of the facility. Each group with FIC responsibilities should circulate a draft document for review and comment, revise/finalize the FIC Plan as needed, and submit it to the appropriate facility authority(s) for approval as required.

PREINCIDENT ACTIONS

In addition to developing a FIC Plan, it is important to prepare before an incident occurs to ensure that the organization is ready to respond quickly and effectively. The following is a list of pre-incident actions that can enhance the ability to respond:

1. Using this Guide, prepare a FIC Plan for your organization.
2. Identify the area within your facility that will be used for the FIC and call center. Use the "Recommended FIC Location Assessment Criteria" in the appendices to select an appropriate location. Keep in mind that a FIC can be established in an adjoining structure away from the main facility, or a nearby structure not associated with your facility. It may also be prudent to select an alternate location in the event that the primary location is unavailable. Ensure that the selected area(s) is ADA compliant.
3. Identify the individuals who will fill key positions in the FIC. Identify alternates as possible, to include those who can fill positions after normal business hours.
4. Pre-position supplies and equipment (see the suggested materials and supplies list in the appendices). If it is impractical to pre-position certain equipment, such as chairs and tables, identify where this equipment will be obtained. If assistance is needed to access supplies and equipment, ensure that procedures for 24/7 access are in place.
5. Prepare for the accommodation of children at the FIC. Using the Unaccompanied Minors section of the Ideal Location Checklist, identify a suitable location for the establishment of an unaccompanied minors safe area separate from existing staff child care area. If the facility does not have a child care specialist on staff, identify a trusted source for child care provider staff and establish procedures for obtaining assistance. In regards to identifying children's guardians and parents for reunification, refer to your organization's established procedures. If your organization has not yet developed procedures, refer to the recommendations within this Guide. Pre-establish release protocols.

6. Create a binder or "one sheet" of the step-by-step process for accessing ReddiNet. Ensure that this resource is maintained at the proposed FIC reception desk.
7. Clinics and smaller hospitals should establish contact with local faith-based and non-profit service providers that may be able to provide support.
8. Develop and maintain a current list of key contact information. The list should include, but not be limited to:
   Medical Alert Center (MAC):
   866-940-4401
   Department of Children and Family Services (DCFS): 213-351-5507
   DCFS Custody Hotline: 800-540-4000
   Department of Mental Health (DMH): 213-738-2408
   Regional Red Cross: 310-445-9900
   Other Potential Local Partners
9. Conduct training and exercises for staff who may be called upon to operate the FIC. This is especially important for people who will have leadership roles.

PLAN MAINTENANCE

A specific unit or person identified by position title should be designated to be responsible for maintaining the plan. The FIC Plan should be reviewed at least annually, and updated as necessary. In the interim the plan should be updated to incorporate lessons learned from exercises and/or actual events.

TRAINING

Two types of training are necessary to ensure that a FIC can be activated and operated successfully. First, those persons who have been pre-identified for key staff positions must be trained in advance in order to perform effectively. Advance training should include review of the FIC Plan, and walk-through of all aspects of FIC operations, from activation to demobilization. It is desirable to cross-train potential FIC staff in the various FIC functions.

Secondly, Just in Time (JIT) Training materials should be included in the FIC Plan. The purpose of JIT Training is to refresh the knowledge of those persons who have been pre-trained, and to provide persons with no prior training with the tools to perform their assigned functions. JIT Training should cover all aspects of FIC operation, including the use of ReddiNet.

A unit or individual, identified by position title, should be designated to coordinate training activities. Training should be conducted on a regularly scheduled basis, and documented.

EXERCISES

At a minimum, tabletop and other discussion-oriented exercises should be used to familiarize staff with plans, including recent updates. Drills, functional and full scale exercises provide opportunities for planners to test FIC management in a tactical manner and may include interaction with external partners, such as the EMS Agency, and others who may provide FIC staff.

If possible, all facilities, including clinics and smaller hospitals, should provide ReddiNet training to one or more staff members besides daily users of the system.

FIC PLAN CHECKLIST

The following checklist may be utilized as a guide to ensure that all sections of the plan are complete. A small sampling of the topic matter for each section is included under key sections; however, the Guide should be used to complete each area.

#	☐	INFORMATION TO INCLUDE IN FIC PLAN
1.		Acknowledgements
2.		Table of Contents
3.		Acronyms
	Section 1: Introduction	
4.		Purpose
5.		Scope
6.		Objectives
7.		Assumptions
8.		Code of Conduct
9.		Plan Maintenance
	Section 2: Activation	
10.		Authorize Activation ▪ Identify who is authorized to activate the FIC, as well as individuals who will fill key positions, to include the call center. Identify alternates for each position ▪ Identify a "trigger" for FIC activation ▪ Identify the area and alternate area within your facility that will be used for the FIC and call center

11.		Coordinate Staffing ▪ Identify where the FIC fits into the ICS organizational chart based on your facility's unique features ▪ Establish a strategy for determining staffing needs, such as by the number of patients and your facility's proximity to the incident ▪ Document FIC position responsibilities ▪ Identify a suitable location for the establishment of an Unaccompanied Minors Safe Area, as well as a trusted source(s) for child care provider staff
12.		Make Notifications ▪ Identify who is responsible for notifying and organizing staff ▪ Determine mechanisms for issuing notifications and document the strategy for issuing alerts
13.		Coordinate Supplies and Equipment ▪ Identify who is responsible for securing and positioning supplies ▪ Identify where FIC supplies and equipment can be obtained ▪ Determine the FIC set-up strategy

#	□	**INFORMATION TO INCLUDE IN FIC PLAN**

14.		Prepare Staff for Activation and Operations ▪ Create Job Action Sheets or tailor those within this Guide for your facility. Include within the Activation section of your Plan or as an appendix ▪ Develop JIT Training materials ▪ Document the method for conducting staff registration ▪ Create a binder or "one sheet" of the step-by-step process for accessing ReddiNet. Maintain the binder by the proposed FIC reception desk ▪ Develop and maintain a current list of key contact information, to include the MAC, DCFS main number and custody hot line, local Red Cross, and spiritual care, mental health, and social services providers that can be called upon during FIC activation ▪ Create an Activation Checklist
	Section 3: Operations	
15.		Perform Family Registration ▪ Document a process for registering families at the FIC and issuing them a distinctive badge or wristband ▪ Include appropriate forms for family check-in, to include a FIC Sign-in and Tracking Form, Unaccompanied Minors Sign-In and Tracking Form, and FIC Tracking Log ▪ Discuss special registration considerations for unaccompanied minors, to include taking and distributing photographs ▪ Develop a Fact Sheet to provide to families, or use the one in the FIC Guide
16.		Facilitate Reunification ▪ Identify procedures for reunifying families with patients, to include the importance of accessing ReddiNet ▪ Discuss the importance of contacting the MAC to determine if the FAC is open
17.		Perform Family Notification ▪ Include procedures for notifying families of patient status, to include death notifications
18.		Offer Support Services ▪ Discuss the support services to be included at the FIC and strategies for providing them

19.		Unaccompanied Minors ▪ Discuss procedures for handling unaccompanied minors in the FIC, to include the establishment of an Unaccompanied Minors Safe Area ▪ Document process to notify DCFS to determine appropriate legal guardian for discharge
20.		VIPs and Celebrities ▪ Discuss methods for interacting with VIPs and celebrities, as well as the media
21.		Communications ▪ Provide detailed information about how communications will occur with respect to: - General procedures - Staff - Command Center, Local EOC, and MAC - Public Media - Social Media - Incidents resulting from intentional acts
#	**□**	**INFORMATION TO INCLUDE IN FIC PLAN**
	Section 4: Demobilization	
22.		Determine Demobilization "Trigger" ▪ Suggest trigger points but should clearly indicate that the decision to demobilize is a subjective one ▪ Create a Demobilization Checklist
23.		Designate Authority ▪ State, by position title, who has authority to order FIC demobilization
24.		Notify Stakeholders ▪ As a demobilization date and time are decided, all participating agencies, family members at the FIC, and healthcare facility leadership (not involved in the FIC) should be notified

25.		Prepare Messaging ▪ Relevant information should be provided to the Public Information Officer to prepare messaging. FIC staff should particularly ensure that information is provided to specific needs populations ▪ A debrief should be scheduled as soon as possible following demobilization to identify and document "lessons learned" ▪ Consider including the establishment of "Drop In Centers" at key anniversaries of the event for staff to meet and discuss the event

SECTION III: ACTIVATION

The FIC Plan should establish a "trigger" point for activation, such as notification that the facility is expecting to receive patients from the incident and/or increased call activity is anticipated from families. The FIC should be activated as soon as possible following notification of an incident that may impact the facility. Initial activation should include minimum staffing for FIC functions and

provide for escalation of staffing as required. Activities listed herein should be taken as part of coordinated emergency operations as directed by the Incident Commander or designee. Key activation considerations include:

1. **Authorize Action.** Specify who is authorized to order FIC activation. This can be the Incident Commander or other designated individual.
2. **Coordinate Staffing.** Establish a strategy for determining staffing needs. This can be based on the number of patients, nature of the disaster, resources available, etc. Identify candidate staff.
3. **Make Notifications.** Identify who is responsible for notifying and organizing staff. Determine mechanisms for issuing notifications and document the strategy for issuing alerts.
4. **Coordinate Logistics.** Identify who is responsible for securing and positioning supplies. Review supplies and equipment needed to activate the FIC. Determine the FIC set-up strategy.
5. **Prepare Staff for Activation and Operation.** Activate the method for conducting staff registration. Conduct JIT Training; provide staff briefings and updates; and prepare staff for successful FIC operations.

Plan activation and escalation are assumed to be conducted in concert with ICS activation. Position titles listed on the following page reflect such activation.

AUTHORIZE ACTIVATION

Plan activation and escalation are assumed to be conducted in concert with ICS activation. Position titles listed on the following page reflect such activation.

Confirm who is responsible for FIC management at your facility. The person responsible for FIC management within your facility may be the person who is authorized to activate the plan and carry out FIC operations as described in this Guide. For the purposes of explaining the FIC staffing concept for this Guide, FIC staff are positioned as a Family Reunification Unit under the Operations Section. However, healthcare entities are encouraged to place this cadre of staff under an ICS designation appropriate for their organization. A Family Reunification Unit[1] can be pre-designated, and may include non-medical, non-clinical staff (i.e., a Chaplain could be assigned and trained to act as a supporting team member). For clarity, the person who is responsible for FIC management will be referred to as the Family Reunification Unit Leader.

Even before families arrive to the FIC, the healthcare facility may receive inquiries about missing loved ones via telephone. As such, the establishment of a call center will be a high priority item in the FIC activation process.

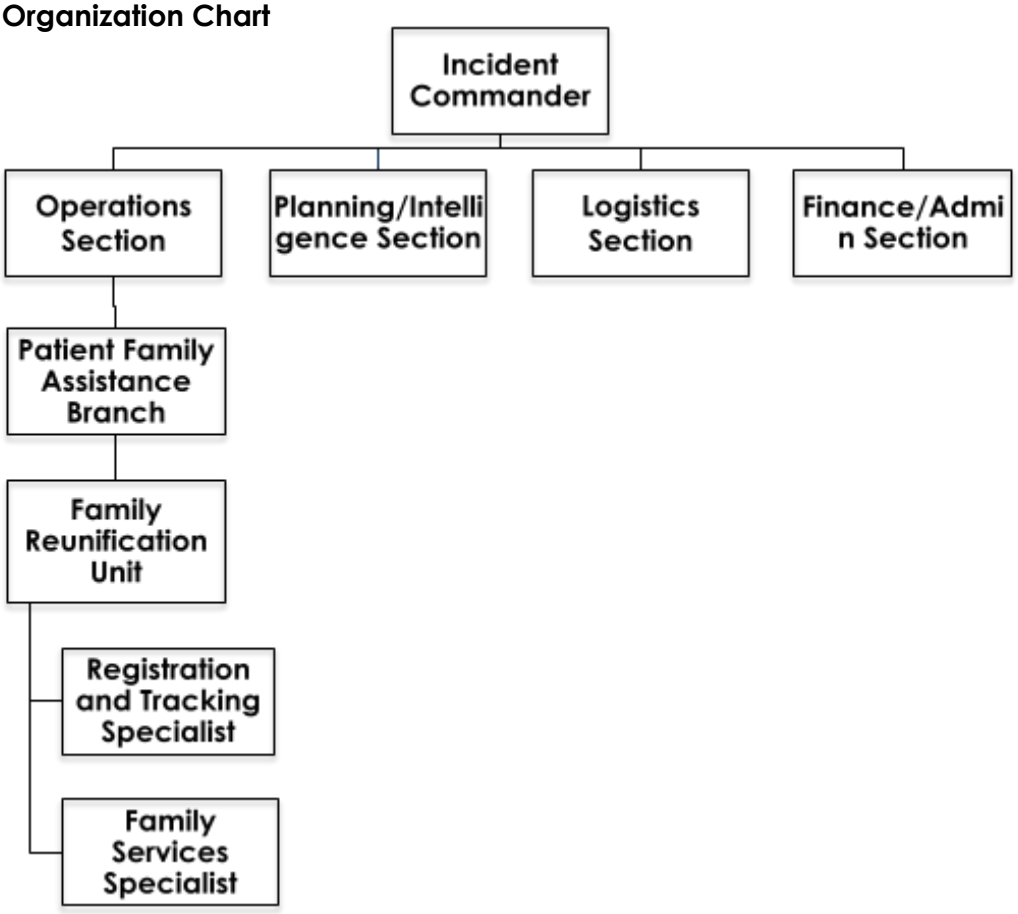
[1] Units are utilized in the Operations Section per HICS.

COORDINATE STAFFING

In the event of an MCI that would result in a healthcare facility receiving several patients and hosting convergent family members seeking information about their loved ones, many functional areas of healthcare operations would be affected. Therefore, it is assumed that any incident that would require activation of a FIC and call center would also require activation of the entity's ICS organizational structure (see Figure 1). The following example illustrates how the activation of the FIC Plan may be described in the FIC Plan:

The Family Reunification Unit Leader may activate the FIC Plan as directed by the Incident Commander or designee. The Family Reunification Unit Leader will report to the Patient Family Assistance Branch Director. Activation of this plan will be considered when patients are received from an MCI or when the Incident Commander determines that families seeking information regarding loved ones may overwhelm or impede medical treatment operations. If not already commenced, the Incident Commander or designee will facilitate notification of the FIC Plan's activation to facility emergency command staff and the Medical Alert Center (866-940-4401) by telephone or ReddiNet. Resources should be requested as needed.

Figure 1. FIC Organization Chart



The above organizational chart is illustrative. Each healthcare facility should modify the organization chart, including changing the branch and/or section that the FIC is under, based on the capabilities

and structure of their healthcare facility. The organization chart boxes listed as "Specialists" can be revised to "Groups" as more staff is added. This terminology is consistent with ICS.

The FIC would be supported by entity-wide services such as facility maintenance, procurement, and security, among others. Activities such as patient tracking and next of kin (NOK) notification should be conducted in accordance with existing policies and procedures.

Real-world disasters have demonstrated that obtaining staff for the FIC has not been an issue. On the contrary, staff made themselves readily available to provide support.

These services and procedures, while vital to FIC operations, would not be exclusive to the FIC. The organizational structure and staffing recommendations that follow include only those elements unique to FIC operations. Healthcare entities and organizations should outline criteria to determine the staff needed based on the type of incident and level of activation.

Clinics and smaller hospitals may need to tailor their staffing strategy based on their organizational structure. For example, marketing staff typically have access to contact information and could be used to contact family members. Business office staff could check-in families.

Use this guide to create the staffing approach for your plan. Staff for the FIC may come from one of three sources, or a combination of sources:

- ***Existing paid staff.*** These persons will be known and already vetted by normal standard operating procedures, and will have appropriate badges and/or identification.
- ***Pre-credentialed volunteer staff.*** These persons have a known history with the organization; however, if assigned to the FIC, they should be issued an identification badge authorizing entry.
- ***Staff from "trusted sources."***[2] This would include, for example, mental health staff provided by DMH; social workers from DPSS; and DHV. These persons will have been vetted and credentialed by their "home" organization; however, they should be issued FIC badges since healthcare staff may not know them.

Due to the sensitivity of FIC operations, it is recommended that FIC staff be from these sources only. No "spontaneous" volunteers should be permitted in the FIC.

[2] Depending on the type of incident, it may be more beneficial to utilize FIC staff who would ordinarily be assigned to a City/County FAC to deploy to a hospital or hospitals, instead or in addition to the FAC. Incidents will a high number of live patients transported to hospitals would be good candidates for this.

Table 1. FIC Position Responsibilities

POSITION	MISSION	HOW TO MAKE THIS SCALABLE	RECOMMENDED SOURCES
Family Reunification Unit Leader	The Family Reunification Unit Leader is responsible for overall management of the FIC, including activation, direction of on-going activities, and demobilization. The Family Reunification Unit Leader reports to the Patient Family Assistance Branch Director.	A deputy can be assigned as needed.	• Healthcare entity staff
Registration and Tracking Specialist	The Registration and Tracking Specialist is responsible for the registration (and badging, if required) of staff and family members. This specialist maintains FIC Sign-In and Tracking Forms for staff and family in the FIC, and is responsible for tracking whether family members have been notified regarding the status of their loved one. This position is also responsible for coordinating the process of reunification of families with admitted patients, and ongoing maintenance of the disaster patient list.	This position can be expanded into a group to include family hosts, whereby each family is assigned a host to ensure that they have access to services and receive timely notification and updates.	• Healthcare entity staff • Pre-screened volunteer staff • Medical case workers

POSITION	MISSION	HOW TO MAKE THIS SCALABLE	RECOMMENDED SOURCES
Family Services Specialist	The Family Services Specialist is responsible for coordination of services provided for family members (e.g., social services/mental health, and spiritual care, call center).	This position can be expanded into teams for each of the functions represented (e.g., a Social Services Team, etc.) This function can be expanded to include an Unaccompanied Minors Specialist as needed.	• Healthcare entity staff • Red Cross • Los Angeles County DPSS • Local known/trusted provider
Call Center Specialist	The Call Center Specialist is responsible for the coordination and managing of call center activities.	This position can be expanded into a group of call center staff as needed.	• Healthcare entity staff • Los Angeles County DPSS • Local known/trusted provider

The FIC can be staffed according to capacity and need. When fewer than three (3) people are assigned to the FIC, an individual may perform more than one "mission".

Table 2 provides staffing levels for a sample plan activation. Healthcare entities are encouraged to modify these staff activation levels to accommodate the unique features of their organization and of the incident/event, taking into account such factors as the number of patients and family members, number of unaccompanied minors or unidentified patients, and whether additional patients are expected as a result of the incident. Key considerations when determining the necessary level of staffing include: 1) the number of patients expected; 2) the proximity of the incident to the facility; and 3) incident type. Ideally, there should be one staff member assigned to each family.

Table 2. Sample FIC Staff Levels

POSITION TITLE	MINIMUM ACTIVATION (1–2 patients)	LEVEL ONE ACTIVATION (3 – 5 patients)	LEVEL TWO ACTIVATION (6–10 patients)	LEVEL THREE ACTIVATION (11–20 patients)

Family Reunification Unit Leader	1	1	1	1 Lead, 1 Deputy
Registration and Tracking Group Staff	1	1	2	3
Family Services Group Staff		1	2	4
Call Center Staff	1	2	3	4

Experts suggest that planners should prepare for an average of eight (8) family members per patient.

MAKE NOTIFICATIONS

Describe how FIC staff will be notified. Describe the notification process used at your facility. For example, FIC staff will be notified by landline, cell phone and/or other emergency notification systems. Describe how other stakeholders will be notified. Develop a system for notifying key partners in the event of FIC activation. Create a table with a description of services, name of provider/organization and contact information. Include e-mail addresses, and more importantly, a 24/7 access telephone number for each, and note where this is located in your plan. Your facility may already have this information available. Examples of notifications include:

1. The host organization Command Center, executive staff (chief administrative official) and telephone operator or call center
2. Los Angeles County EMS Agency (via ReddiNet)
3. Incident FAC (if established)
4. City Emergency Operations Center (EOC) if activated, or City Emergency Manager

COORDINATE SUPPLIES AND EQUIPMENT

If possible, critical supplies and equipment should be pre-positioned. If not practical to pre-position, the source of needed supplies and equipment should be identified in the plan, as well as existing procedures for acquisition. Determine what supplies should be set-up first. For example, it would be prudent to establish check-in, a waiting area, and to pre-position social services/mental health staff first, while other areas of the FIC are being set-up, so that family members have a place to go away from treatment areas as soon as possible.

PREPARE STAFF FOR ACTIVATION AND OPERATION

1. **Conduct Staff Registration.** Healthcare facilities should follow their procedures for staff registration. All non-paid staff of the host facility should also be issued badges or other identification authorizing entry into the FIC consistent with facility policies. Unique apparel such as hats or vests would assist facility staff and family members in identifying FIC staff members.
2. **Conduct JIT Training.** JIT Training should be conducted for all FIC staff at the beginning of each shift and/or when any new staff member is assigned. This is important not only for staff unfamiliar with FIC operations, but also for previously trained staff who may need refresher training. Each facility should create a JIT Training program that is tailored for their facility. The plan should outline who is responsible for JIT Training conduct. Overall JIT Training should address: the mission of the FIC, objectives, code of conduct, organizational structure, flow of family members and key functions. Specific position JIT Training should address:
    - ⬛ Job Action Sheets (tailored, sample Job Action Sheets are included in Appendix IV).
    - ⬛ Organization chart with names, positions and missions, to include reporting relationships.
    - ⬛ Fact Sheet regarding FIC operations.
    - ⬛ FIC Layout.
    - ⬛ Documents and forms that will be utilized by that position.
    - ⬛ Talking points for the JIT Training instructor.
3. **Prepare Call Center Staff.** Ensure that staff and resources are immediately available to support the activation of a call center, or to augment an existing call center to receive inquiries from family members. Depending on the nature of the incident, call center staff may not have an opportunity to participate in JIT Training. As such, call center staff should be selected based on prior FIC or similar experience. Research from prior disasters indicates that social workers are strong candidates for this role. If available, at least one social worker should be in the call center. Call center staff should be briefed on permissible information for release and provided with a Q&A handout.

SAMPLE ACTIVATION CHECKLIST

Following a disaster, it is assumed that the Healthcare Incident Management System (HICS) will have been activated prior to activation of an FIC. The Command Center may make the decision to activate the FIC as follows:

- ☑ Command Center initiates call-down of pre-identified FIC staff
- ☑ Logistics Section secures pre-identified FIC location and prepares for occupancy
- ☑ Logistics Section obtains and positions equipment and supplies
- ☑ A call center is established as part of the FIC or existing center is augmented to handle increased volume. The healthcare facility operator is given the extension for the call center and staff are prepped to begin receipt of telephone inquiries
- ☑ FIC inspected for safety issues; identify and correct any safety hazards. FIC staff report to the FIC, register, and obtain badges, forms and supplies
- ☑ Security establishes security procedures
- ☑ Position directional signage at the facility entrance and elsewhere as needed to direct family members to the FIC. Arrange for family escorts if needed.
- ☑ Designated JIT Trainer conducts JIT Training
- ☑ The Family Reunification Unit Leader prepares the strategy for the first operational period. The Family Reunification Unit Leader conducts initial staff briefing
- ☑ The Family Reunification Unit Leader or designee notifies hospital administration and the Command Center that the FIC and call center are activated
- ☑ The Command Center notifies all staff that the FIC and call center are activated.

☑ The Command Center notifies the Los Angeles County EMS Agency, incident FAC, EOC of the city or county with jurisdiction, and media (as necessary) that the FIC is activated

SECTION IV: OPERATIONS

This section of the Guide describes the elements that should be included in the FIC Plan related to ongoing FIC operations. Each staff member in the FIC is responsible for the completion of all forms related to their duties, which can be found in Appendix 1. The Family Reunification Unit Leader has overall responsibility for ensuring that all forms are completed and maintained.

Key operation considerations include:

1. **Perform Family Registration.** All non-staff persons entering the FIC must be properly registered and issued a distinctive badge or wristband. Unaccompanied minors should receive special registration considerations.
2. **Facilitate Reunification.** FIC staff should coordinate reunification of admitted patients with family members within the healthcare facility.
3. **Perform Family Notification.** Once a missing patient has been located, the patient's family members at the FIC should be notified concerning the patient's status in private.
4. **Offer Support Services.** FIC staff should facilitate the provision of social services/mental health services and spiritual care for family members within the FIC as well as follow up for FIC staff as appropriate.

FAMILY REGISTRATION

Planners should ensure that language is included in the FIC Plan indicating that all family members in the FIC should be registered and issued a badge. FIC staff should follow their own facility's check-in procedures for visitors, but should issue a distinctive badge to distinguish people at the FIC. If possible, badging equipment and supplies should be procured in advance of an incident and pre-positioned.

The following is example language that may be used in facilities' FIC Plan:

"The Registration and Tracking Specialist is responsible for conducting registration and badging. Upon initial entry of each individual family member:

- *Complete the required registration forms with assistance from FIC staff.*
- *FIC staff enter basic information for each person into a simple spread sheet database.*
- *FIC staff add each family member to the check-in/check-out sheet and FIC Tracking Log".*

- *A FIC staff member host is assigned to each family.*
- *Each family is requested to designate a primary contact, and note this contact on the Registration and Tracking form.*

Family members in the FIC should be advised that the badge must be worn in a visible location on clothing at all times while in the FIC. Each family member should be provided with a copy of the Family Information Fact Sheet (sample included in the appendices). Other recommended forms for family registration are included in Appendix I.

If a person is unable to provide acceptable identification, FIC staff will ask families within the FIC whether they know the individual in question. In order to be admitted to the FIC, the individual must either be known by a present family or must provide acceptable identification.

The following considerations may be implemented with regard to the registration and badging of unaccompanied minors:

- Take photographs and mark the photograph with identification information. Insert the photograph with the unaccompanied minor's medical record.
- Document identification information including name, gender, age, the location of the unaccompanied minor within the facility. Input this information into ReddiNet.
- Provision of an identifying wristband attached in addition to the FIC identification badge.

A check-in/check-out sheet should be maintained at the entrance/exit to the FIC. All family members should be instructed to sign in and sign out each time they enter or leave the FIC, even if their destination is another location in the facility. It is essential that FIC staff know at all times who is in the FIC, and whether registered family members are not present.

Family members may include persons with disabilities, access or other functional needs. These may include hearing or reading limitations; limited English proficiency; mobility limitations; and other needs. All FIC staff members should be alert to identify access and functional needs as families check-in. A specific FIC staff person should be charged with the responsibility for ensuring that the access and functional needs of all family members are met.

REUNIFICATION PROCESS

The primary service provided at the FIC will be the notification to family members whether or not their loved one is at the facility. Most of the family members at a healthcare facility will be there because they know, or have reason to believe, that their loved one is there. As such, the reunification function will heavily leverage existing healthcare facility procedures and protocols. FIC staff responsible for the reunification process should primarily apply then build upon existing healthcare facility procedures.

Before beginning reunification activities, responsible FIC staff should contact the FAC, if activated, to determine whether law enforcement moved uninjured people to a designated location and whether this has been communicated to healthcare facilities.

In the event that the patient the family member is looking for is not at the facility, or if it is unknown whether the patient is at the facility, the following procedures may be followed:

- ***Access ReddiNet.***[3] Information regarding patients received as part of an MCI should be logged in ReddiNet. This enables providers to determine the location of patients.
  In the event that a patient is unidentified, ReddiNet contains fields that allow for the input of other descriptive data regarding the patient (e.g., male in mid thirties, scar on left arm, etc.). It also allows photos to be attached via the MCI module. See the appendices for additional ReddiNet information.
- ***Call patient care area.*** In instances where patients are still being received as part of disaster management efforts, patient names may not be entered in ReddiNet by the time FIC staff attempt to retrieve them. As such, it may be prudent to assign a staff member to call or send a runner to the patient care area to determine whether the patient has been received.
- ***Contact other facilities.*** Other healthcare facilities may have received the patient. If another healthcare facility has received the patient, family members can be advised that the patient is at another facility. The name of the
  facility can be provided. Per HIPAA, information concerning the medical disposition of the patient cannot be shared.
- ***Contact the FAC.*** The City/County FAC may have additional information regarding the status of the patient.
- ***Contact the EMS Agency.*** The EMS Agency is a valuable resource for acquiring additional information (i.e. ReddiNet data).

Additional measures to identify patients are provided in the appendices.

FAMILY NOTIFICATION

Family notification can be a very sensitive issue, particularly if the patient is in critical condition or deceased. The procedure should be handled with the utmost care and attention to detail, both from an etiquette and administrative perspective. Healthcare providers should follow their normal policy and procedure when making notifications to family members regarding patient status. Notifications should be conducted in a separate, private area.

OFFER SUPPORT SERVICES

[3] A joint City/County Task Force recently completed a study to develop high-level requirements and an implementation plan to design and deploy a Patient Tracking System in Los Angeles County. When fully implemented, the system would have the capability to track multi-casualty incident patients from "first touch" to discharge, and would be accessible to all care providers involved in caring for patients of the incident. However, implementation of the system will take several years. In the interim, healthcare facilities should be sure to enter and update patient information into ReddiNet, to include the patient's tracking number and/or Disaster Number, to ensure that the information is accessible to other healthcare entities and accessible by the FIC.

In addition to providing information and facilitating family reunification, the mission of the FIC includes the facilitation of support services to family members. The Family Services Specialist coordinates the facilitation of support services. Specific support services that should be addressed in the FIC Plan are highlighted in Table 3.

The mental health/behavioral health services provided to patients, family members and FIC staff should be in alignment with the facility's disaster plan, specifically, the sections pertaining to the management of the psychological consequences of disasters for patients, family members, and staff. FIC support services may also include the use of the PsySTART Disaster Mental Health Triage Systems.[4]

Table 3. FIC Support Services

SOCIAL SERVICES	CHILD CARE	SPIRITUAL CARE
FIC staff may facilitate several support elements to family members, to include crisis intervention referrals. Social services is integrated with mental	The presence of minors in the FIC may call for special considerations. If unaccompanied minors are present in the FIC, an Unaccompanied Minors Safe Area should be established	FIC staff should also arrange for spiritual care as needed by family members.

[4] PsySTART Disaster Mental Health Triage Systems Concept of Operations (CONOPS) Toolkit for the Los Angeles County Emergency Medical Services Agency, (April, 2013)

health services. The FIC staff should address the mental health needs of patients and their families by facilitating support, assistance and treatment. FIC staff may also help coordinate referrals for on-going services.	and staffed. An Ideal Location Checklist with a specific unaccompanied minors section is provided in the appendices.[5]	

UNACCOMPANIED MINORS

Previous disasters have shown that unaccompanied minors may present at a healthcare facility seeking information or whereabouts of loved ones (e.g., their parent/guardian is the patient). These unaccompanied minors will require special considerations.[6]

Staff should also complete applicable sections of the Unaccompanied Minors Sign-In and Tracking Form for adults unable or unwilling to provide positive identification.

Unaccompanied minors presenting at the FIC will require taking a number of specific actions to ensure their safety, security and health. The following actions should be taken immediately upon learning that an unaccompanied minor is in the FIC:

- Assign an Unaccompanied Minors Specialist in the FIC.
- Establish an Unaccompanied Minors Safe Area.
- Establish security measures to ensure the safety and security of the Safe Area. Consider instances that the minor may need to be escorted out of the FIC, such as to use the restroom.

[5] The information provided in this section of the Guide draws extensively on the document *Issues at Hand Pediatric Reunification: National Consensus Conference Recommendations 2008.*

[6] The information in this section draws extensively from the National Center for Disaster Medicine and Public Health (NCDMPH) on-line *Tracking and Reunification of Children in Disasters: A Lesson and Reference for Health Professionals.* If possible, staff who have been pre-identified as potential for provision of support to unaccompanied minors should take this on-line course. The course is approved for CME/CE credit for most health and health-related professions, and can be completed in 30 minutes or less.

- ⬛ Ensure that there is a plan for assessing mental health needs of unaccompanied minors.
- ⬛ Implement enhanced procedures to document the identity of unaccompanied minors, including physical description; information provided by the minor; description of clothing and jewelry; distinguishing scars, birthmarks, and tattoos; and photographs. Input this information into ReddiNet as possible.
- ⬛ Take a photograph of the unaccompanied minor and attach it to his/her medical record. Insert descriptive text into ReddiNet – not the photograph.
- ⬛ If not already in place, establish protocols and safeguards for the release of unaccompanied minors to adults.

The following considerations may be implemented with regard to the registration and badging of unaccompanied minors:

- ⬛ Document identification information including name, gender, age, triage tag number, and the location of the unaccompanied minor within the facility.
- ⬛ Provision of an identifying wristband attached in addition to the FIC identification badge.

"Unaccompanied minors" are defined as: "Children who have been separated from both parents, legal guardians, and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so."

VIPS AND CELEBRITIES

Healthcare facilities should be prepared for the possibility that elected officials, celebrities, and/or other VIPs may be present in the FIC. If available, existing policies should be followed. If the facility does not have existing policies, the FIC plan should address how FIC staff will manage the presence of VIPs and celebrities. In general, VIPs should be escorted at all times by administration personnel or the Public Information Officer.

COMMUNICATIONS

1. General Communication Procedures.

Because of the extreme sensitivity of information concerning patients, HIPAA policies, and the damage that can occur as a result of inaccurate or premature release of information, FIC staff should exercise great care in safeguarding information and disseminating it appropriately. A few general rules apply to information handling:

- ⬛ Disseminate information only to persons with a "need to know."
- ⬛ Sensitive information should not be transmitted by landline or cellular telephone if it can be avoided.
- ⬛ Sensitive information should not be transmitted on the Internet except via password-protected systems.

- ⬛ Conduct verbal communications in a location and manner that ensure that unauthorized individuals do not overhear them.
- ⬛ Disseminate patient information only when authorized by proper authority.
- ⬛ Use plain language. Avoid codes, abbreviations, acronyms and jargon.
- ⬛ Be concise and be brief.

2. Communications with Staff.

The FIC Plan should outline communication policy aimed at keeping staff informed of key decisions and updates. Internal staff communications may include:

- ⬛ All-FIC staff meetings. Generally these will occur at the beginning of each operational period or shift change, or as a result of an occurrence of an event that must be conveyed to all staff.
- ⬛ Unit and Group meetings. Called at the discretion of the supervisor.
- ⬛ One-on-one and informal communications.
- ⬛ When communicating with other staff not in your unit, or in another physical location, verify and document the name, unit, and position title of the person you are communicating with. Document communications with persons outside your Group using ICS Form 213 or equivalent (hard copy or electronic).

FIC staff must also maintain communications with other healthcare staff including medical, administrative, facilities, etc. The Family Reunification Unit Leader should designate the person or persons with responsibility for intra-hospital or clinic communications with non-FIC staff.

3. Communications with the Command Center, Local EOC, FAC, and MAC.

If a MCI occurs and the healthcare facility receives, or expects to receive a number of injured patients, it is probable that the healthcare facility Command Center/EOC and the MAC will have been activated. The Plan should specify responsibility for communications with the Command Center/EOC/MAC. Generally this should occur at the peer level, i.e., the FIC Reunification Unit Leader and specialists will coordinate with their counterparts in the Command Center/EOC.

The **Command Center, EOC, FAC, and MAC** should be notified when:

- ⬛ The FIC is activated and ready to receive family members.
- ⬛ Upon demobilization of the FIC.

The **Command Center only** should be notified when:

- ⬛ At the completion of each shift change.
- ⬛ Upon the occurrence of any unusual or significant unexpected event.
- ⬛ Upon any breach, or suspected breach of security (also notify the facility security and/or law enforcement agency with jurisdiction as necessary).
- ⬛ Upon discovery of any safety hazard or other condition that could compromise FIC operations.
- ⬛ Upon the unauthorized release, or suspected unauthorized release of confidential information.

- Resource requests.
- Reports of incidents occurring, or threats to the FIC, staff or family members (also notify appropriate law enforcement agency).
- Requests, or responses to requests for information from outside agencies.
- Requests, or responses to requests for information from elected officials, or other VIPs.

If the Command Center/Local EOC has not been activated, FIC staff should advise the healthcare organization Emergency Manager and/or Administrator if any of the above occur.

In any situation requiring the activation of a FIC, it is assumed that the EMS Agency will have activated the MAC, and will be entering information concerning the transport of patients to care facilities into ReddiNet. During an MCI, the MAC functions as the central point for information concerning the status and location of patients. Thus, it is the best source for reliable information. FIC staff should utilize ReddiNet as the primary information source. However, inquiries may be directed to the MAC if information is not immediately available on ReddiNet. Examples of information the MAC may be able to provide include:

- Estimates of the number of patients that the facility may be expected to receive.
- Identification of confirmed fatalities.
- Location of patients transported to other care facilities.
- Alerts that unidentified patients, or minors, are being transported to the facility.

4. Communication with Public Media.

The healthcare entity Public Information Officer should handle all communications with public media. All staff should be cautioned not to provide information to any media representative without specific authorization from the Public Information Officer. An area for media contacts/interviews/briefings should be designated away from the FIC.

5. Communication via Social Media.

Communications via social media have become increasingly important in our society. While extremely valuable for communications purposes, communication via social media is virtually impossible to control, and is subject to misunderstanding and dissemination of misinformation. Social media is also a common source of rumors and speculation. FIC staff should adhere to their facility's established social media policy. If no such policy exists, facilities should seek to minimize the potential harm of dissemination of misinformation via social media by:

- Urging family members to refrain from disseminating information concerning patients, FIC conditions, or other sensitive information via social media.
- Advising staff to refrain from disseminating information concerning the FIC, family members, or patients via social media.
- Requesting staff and family members to advise the FIC Information Officer if they discover inappropriate information concerning the FIC, family members, or patients via social media.

- ⬛ Advising staff and family members to be alert to rumors or speculation being disseminated via social media, and to inform the FIC Information Officer of any occurrence.

6. Communication Regarding Incidents Resulting from Intentional Acts.

If an incident is known or suspected to have occurred as a result of an intentional act, the designated representative should coordinate with the law enforcement agency having jurisdiction prior to release of any information.

SECTION V: DEMOBILIZATION

The Planning Section will begin planning for demobilization soon after FIC activation. A sample demobilization checklist is included here. In addition, the Job Action Sheets included in the appendices list demobilization actions for each position.

In preparation for demobilization, the FIC Plan should include the following:

1. **Determine Demobilization "Trigger".** Examples of triggers for demobilization could be a) fewer than three families in the FIC; or b) no unidentified patients remaining. The plan should suggest trigger points but should clearly indicate that the decision to demobilize is a subjective one.
2. **Designate Authority.** The plan should state, by position title, who has the authority to order FIC demobilization.
3. **Notify Stakeholders.** As soon as a demobilization date and time are decided, all participating agencies, family members at the FIC, and healthcare facility leadership (not involved in the FIC) should be notified.
4. **Prepare Messaging.** Furthermore, relevant information should be provided to the Public Information Officer to prepare messaging. FIC staff should particularly ensure that information is provided to people with disabilities or those who have other access and functional needs.

As soon as possible following demobilization, a debrief should be scheduled to identify and document "lessons learned" and to recommend changes in the plan if indicated.

The FIC Plan may also include provisions for scheduling "Drop In Centers" at key anniversaries of the event (e.g., at one month, six months, one year) for staff to have the opportunity meet and discuss the event, accommodating for both individual and institutional response.

DEMOBILIZATION CHECKLIST

The FIC should be demobilized upon the direction of the Command Center. Demobilization will occur when it is determined that the FIC is no longer necessary. The following steps will be followed to demobilize the FIC:

- ☑ Reroute call center inquiries to the facility operator. Provide talking points for the operator as needed.
- ☑ Return all equipment and supplies to the appropriate storage area or other location.
- ☑ Collect and secure all forms, checklists, and other written material utilized in the FIC and give them to the Operations Chief in the Command Center for disposition.
- ☑ If any family members remain in the FIC, escort them to the regular facility visitor waiting area, or as may be otherwise directed by the Command Center.
- ☑ Conduct a debriefing of FIC staff. Document significant events and issues, positive and negative concerning FIC operations for the After Action Report.
- ☑ Notify healthcare entity administration, the Command Center, and the media when the FIC has been demobilized.
- ☑ Request the Command Center to notify Los Angeles County EMS Agency, incident FAC, EOC of the city or county with jurisdiction, and media (as needed) that the FIC has been demobilized.
- ☑ As soon as possible after demobilization, schedule and conduct a debrief to include all staff who participated in the FIC.
- ☑ As soon as possible after demobilization, schedule "drop in" events for participating staff at key anniversaries (e.g., one month, six months, one year after the event) for participating staff to meet and discuss FIC operations to maintain staff and institutional awareness.

APPENDIX I: FIC FORMS

FIC SIGN-IN AND TRACKING FORM

The FIC Sign-In and Tracking Form is given to each family that enters the FIC in order obtain information about the patient that the family is looking for, as well as family information, to include the number of people in the FIC per family.

LAST NAME	FIRST NAME		DATE OF BIRTH	AGE	GENDER ☐ M ☐ F
EYE COLOR	HAIR COLOR		LANGUAGES SPOKEN		
HEIGHT	WEIGHT	RACE	DISTINGUISHING MARKS	LOCATION LAST SEEN	
OTHER DESCRIPTIVE INFORMATION					
FAMILY PRIMARY CONTACT			PREFERRED CONTACT Name: Telephone: ☐ CALL ☐ TEXT	SECONDARY CONTACT Name: Telephone: ☐ CALL ☐ TEXT	
RELATIONSHIP					
ALL ADDITIONAL FAMILY MEMBERS MUST BE LISTED USE REVERSE SIDE OF FORM FOR ADDITIONAL NAMES IF NEEDED			STATUS Date: _____ Time:_____ ☐ Waiting for patient ☐ Waiting for reunification ☐ Reunited ☐ Waiting for patient location ☐ Departed to actual location Wish to speak to media? ☐ YES ☐ NO LISTED IN REDDINET? ☐ YES ☐ NO		

Incident Date/Time	Incident Name	Family Arrival Date/Time	Family Departure Date/Time

ICS Form 400 FIC Sign-In and Tracking Form

UNACCOMPANIED MINOR SIGN-IN AND TRACKING FORM

The Unaccompanied Minor Sign-in and Tracking Form is completed by a staff member for each unaccompanied minor present in the FIC. The staff member should speak with the minor to obtain the necessary information. This form will be used to reunify the individual with his/her guardian.

FIC ID#:_____ MEDICAL RECORD # (IF ADMITTED TO FACILITY): _____

HAS LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES BEEN CONTACTED?
□ YES □ NO IF YES, INDICATE DATE, TIME: _____

Los Angeles County Department of Children and Family Services: 213-351-5507
Los Angeles County Department of Children and Family Services Custody Hotline: 800-540-4000

LAST NAME OF MINOR		**FIRST NAME OF MINOR**		
ARRIVAL DATE/TIME	**RACE**	**AGE**	**GENDER** □ M □ F	**LANGUAGE**
HAIR COLOR	**EYE COLOR**	**DOB**	**HEIGHT**	**WEIGHT**
DISTINGUISHING MARKS	**SIBLINGS**	**BROUGHT IN BY**	**LISTED IN REDDINET?** □ YES □ NO	
OTHER DESCRIPTIVE INFORMATION				
LOCATION FOUND		**HOME ADDRESS/TELEPHONE IF KNOWN**		

STATUS
☐ **Identified Time:_____**
☐ **Reunited Time:_____**
☐ **Waiting for guardian/family to be identified Time:_____**
☐ **Guardian/family is on his/her way Time:_____**
☐ **Waiting for guardian/family to be contacted Time:_____**
Guardian's Telephone:_____ Estimated Arrival Time:_____

COMPLETE THE FOLLOWING WHEN THE MINOR LEAVES THE SAFE AREA:

TIME OUT	TO	ESCORT BY	TIME RETURNED

DEPARTURE DATE/TIME	GUARDIAN ID CHECKED □ YES □ NO	GUARDIAN ID#	GUARDIAN TELEPHONE NUMBER
NAME OF GUARDIAN	SIGNATURE OF GUARDIAN	STAFF NAME	STAFF SIGNATURE
INCIDENT NAME		INCIDENT DATE/TIME	

ICS Form 401 Unaccompanied Minor Sign-In and Tracking Form

FIC TRACKING LOG

The FIC Tracking Log displays information about each non-staff person in the FIC. A staff member should use the FIC Sign-In and Tracking Forms collected upon registration to fill in the FIC Tracking Log.

Person Seeking Information				Patient Name		Status
#	Last Name	First Name	Contact Telephone Number	Last Name	First Name	Was notification made? What services were provided? Other:
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

ICS Form 400A FIC Tracking Log

APPENDIX II: FIC LOCATION SETUP

FIC LOCATION ASSESSMENT CRITERIA

Identification of a FIC location is a key component of pre-event planning efforts. Use the checklist included here to identify a location for the FIC and its call center. Be creative regarding the use of space; candidate sites may involve repurposing conference rooms or utilization of sites adjacent to the main facility. Identify alternate FIC and call center locations as possible. Include a diagram of the FIC and call center in the FIC Plan.

Table 4. Ideal Location Checklist

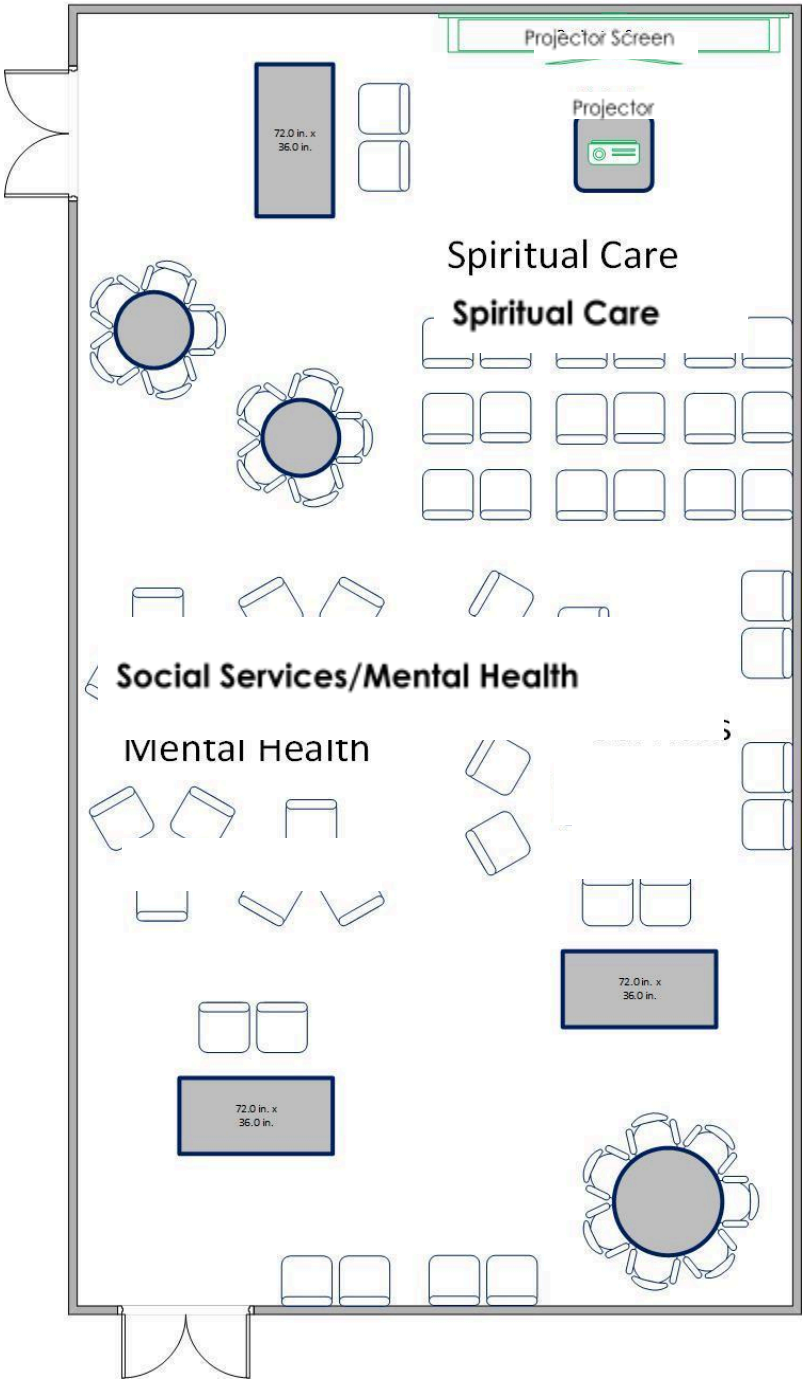
#	☐	Location Criteria
1.		**Size of FIC** Considerations: ● Large enough to accommodate multiple families ● Provides space for seating ● Provides space for a minimum of one table
2.		**Size of Call Center** Considerations: ● Large enough to accommodate one common table and two chairs
3.		**Distance of FIC and call center from the Emergency Department or treatment area** Considerations: ● Select an area(s) that is far enough from the Emergency Department that families will not congregate in medical treatment areas, but may be close enough to receive timely notification from staff
4.		**Security area near entrance and exit of FIC** Considerations: ● Limited access to FIC and call center ● Number of security staff required ● Security equipment required ● Description of how access is limited ● Description of special parking arrangements for families using the FIC
5.		**Reception area with capacity to meet families** Considerations: ● Number of staff required ● Large enough to accommodate multiple families
6.		**Waiting/briefing area** Considerations: ● Large enough to accommodate multiple families ● Availability of comfortable furniture and television(s) ● Description of who will monitor the area

#	□	Location Criteria
7.		**Safe, enclosed area for minors** Considerations: ● Description of child safety measures and how your facility has accomplished them, to include a) secure windows; b) area clear of stairwells and elevators; c) area clear of hazardous materials, cleanings supplies, medical supplies, sharp containers, choking hazards, electrical cords, supply carts, and electrical outlets; d) safe fans and heaters; and e) area to safely nap without risk of falling ● Designated area for diapering with hand washing facilities nearby as well as supplies for diaper changes (wipes, diapers, and cover for floor/bed) ● Separate areas for various age groups, if needed
8.		**An area that is accessible to disabled populations and others who may need extra support** Considerations: ● Description of accessibility challenges in the room(s) you selected and how your facility plans to overcome them
9.		**Limited or no access by media** Considerations: ● Interested families could meet with the press in another location
10.		**Side rooms (or partition to allow privacy) that can be used by medical, social services, or spiritual care to counsel and/or notify families in private**
11.		**Staff work and break areas near the FIC**
12.		**Easy access to restrooms** Considerations: ● Number of women's restrooms ● Number of men's restrooms ● Number of handicapped accessible restrooms
13.		**Telephone lines for the FIC** Considerations: ● A minimum of two incoming lines ● A minimum of two outgoing lines
14.		**Telephone lines for the call center** Considerations: ● Capability of receiving calls transferred from the operator
15.		**Computer connection with internet access** Considerations: ● Ability of staff to access ReddiNet ● Ability of family members to access online reunification systems such as Red Cross Safe and Well ● Number of laptops/computers available ● Number of internet ports available
16.		**Outside garden space and/or chapel**
17.		**Refreshment (snacks, drinks) area**

FIC SITE DIAGRAMS

The following diagrams are sample layouts of various rooms in the FIC. Each healthcare facility should modify their layouts based upon its available spaces.

Figure 2. Sample FIC Layout



*Note: This diagram depicts a FIC established for six (6) or more families.

Figure 3. Sample Family Briefing/Waiting Area

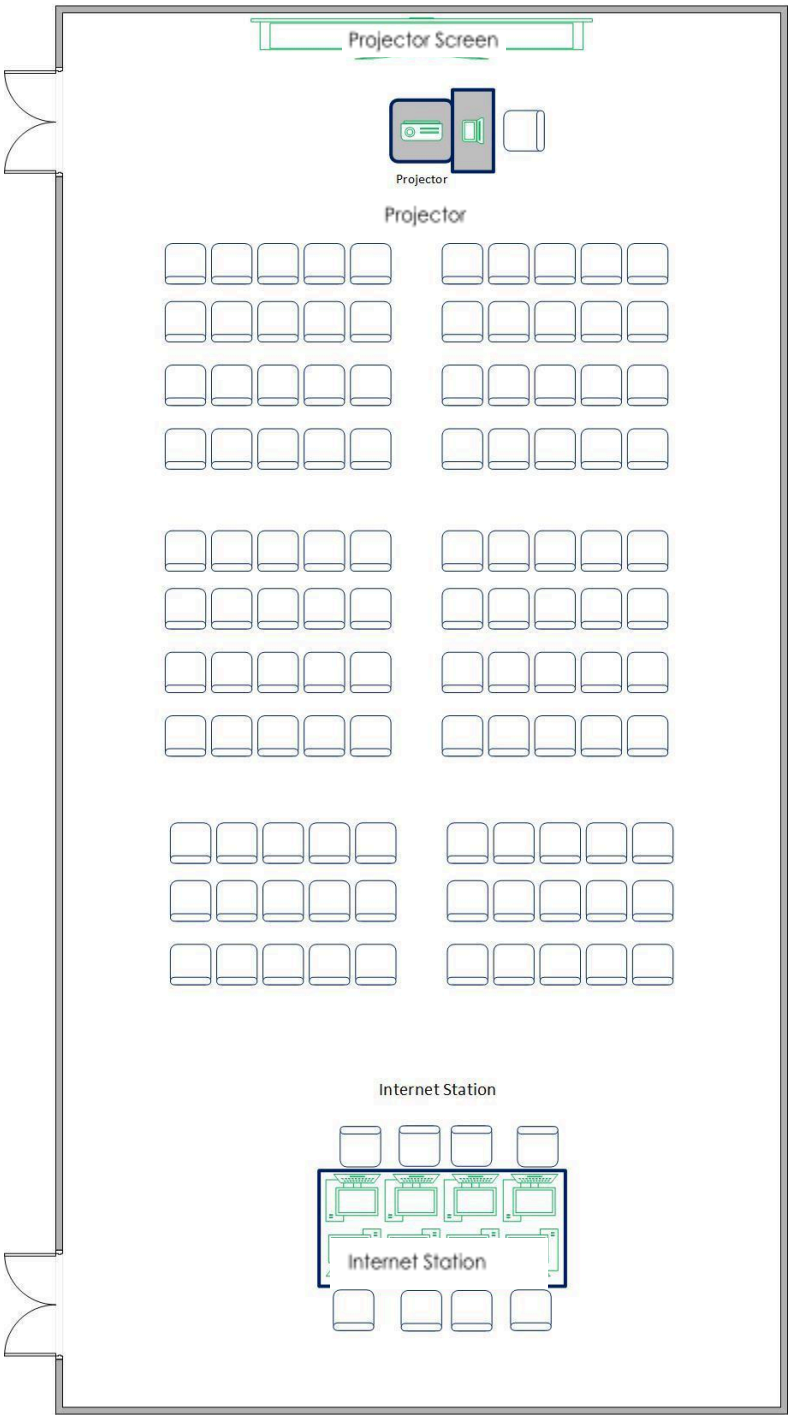


Figure 4. Sample Child Care Area

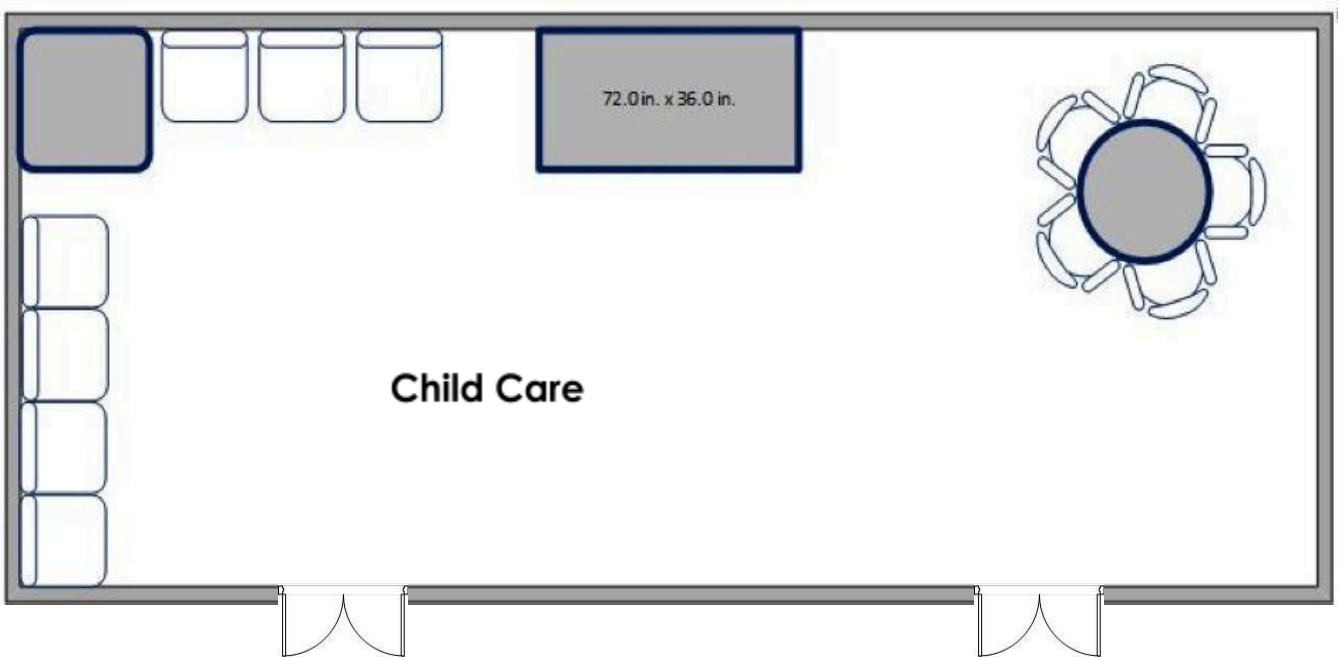


Figure 5. Sample Notification/Counseling Room

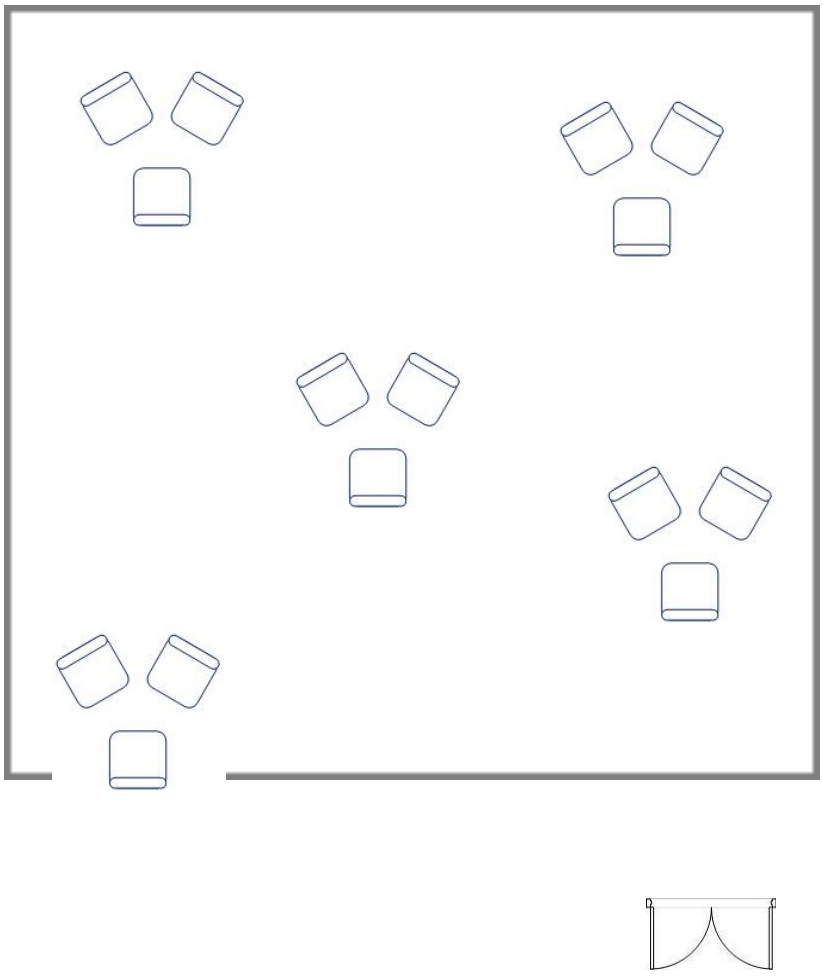
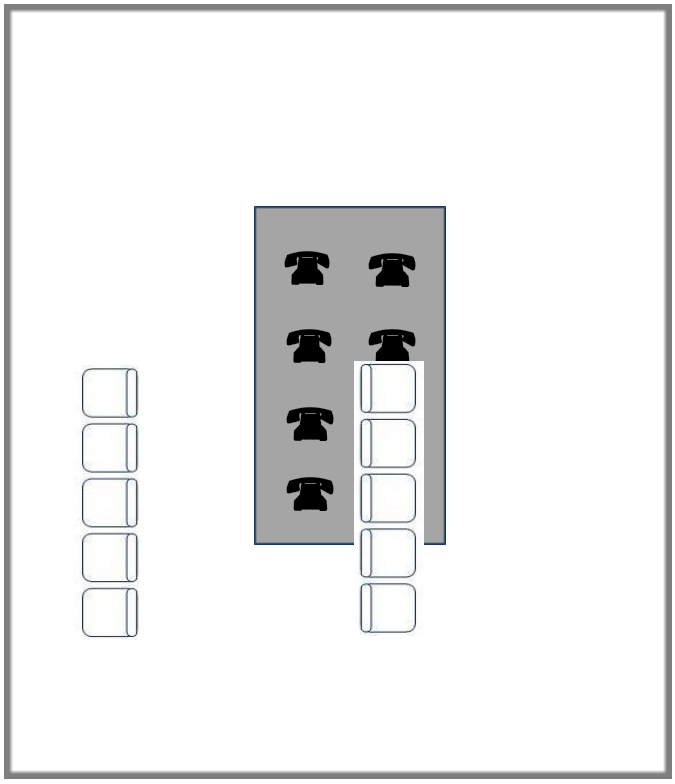
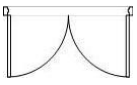


Figure 6. Sample Call Center





SUGGESTED MATERIALS AND SUPPLIES

Equipment lists for the FIC are noted below.

Table 5. FIC Equipment and Supplies Checklist

#	☐	Requirements/Considerations
18.		**FIC Forms** Considerations: ● FIC Sign-in and Tracking Form ● Unaccompanied Minor Sign-in and Tracking Form ● FIC Tracking Log
19.		**ReddiNet access/terminal** Considerations: ● Number of laptop or desktop computers ● Capability of Internet access ● Capability of ReddiNet access
20.		**Internet Station, for family access to online reunification systems** Considerations: ● Number of laptop or desktop computers ● Capability of Internet access
21.		**Telephones** Considerations: ● Minimum of two telephones for incoming calls ● Minimum of two telephones for outgoing calls
22.		**Fax machine** Considerations: ● Number of fax machines ● Paper, ink, and toner
23.		**Office Supplies** Considerations: ● Notepads, sticky notes, clipboards ● Pens, pencils, markers, highlighters ● Stapler, staple remover, tape, white out, paper clips ● Extension cords, power strips, surge protectors, duct tape
24.		**Printer/Copier** Considerations: ● Number of printers and connecting cables ● Paper, ink, and toner
25.		**Identification system/machine to identify families and staff who have access to the family reunification center**
26.		**Televisions** Considerations: ● Number of televisions varies based on FIC layout needs

#	☐	Requirements/Considerations
27.		**Tables and chairs** Considerations: ● Number of tables and chairs varies based on FIC layout needs ● Availability of comfortable seating in the waiting area
28.		**Supplies to child proof the room(s) used** Considerations: ● Availability of instructions about how to set-up child proof supplies
29.		**Hygiene Needs** Considerations: ● Kleenex/tissues, trash cans, and hand sanitizer
30.		**Books and magazines** Considerations: ● Availability of a variety of materials ● Availability of materials in multiple languages
31.		**Toys and supplies** Considerations: ● Toys, paper, crayons, markers
32.		**Overnight supplies** Considerations: ● Sleeping materials, cribs, cots, mattresses ● Shower/bathing supplies
33.		**Refreshments** Considerations: ● Snacks, water ● Utensils, napkins, cups ● Number of people that can be served ● Procedures for requesting snacks, water, and supplies
34.		**Brochures** Considerations: ● Availability of mental health, social services, and child care information ● Availability of materials in multiple languages
35.		**First Aid Kit**

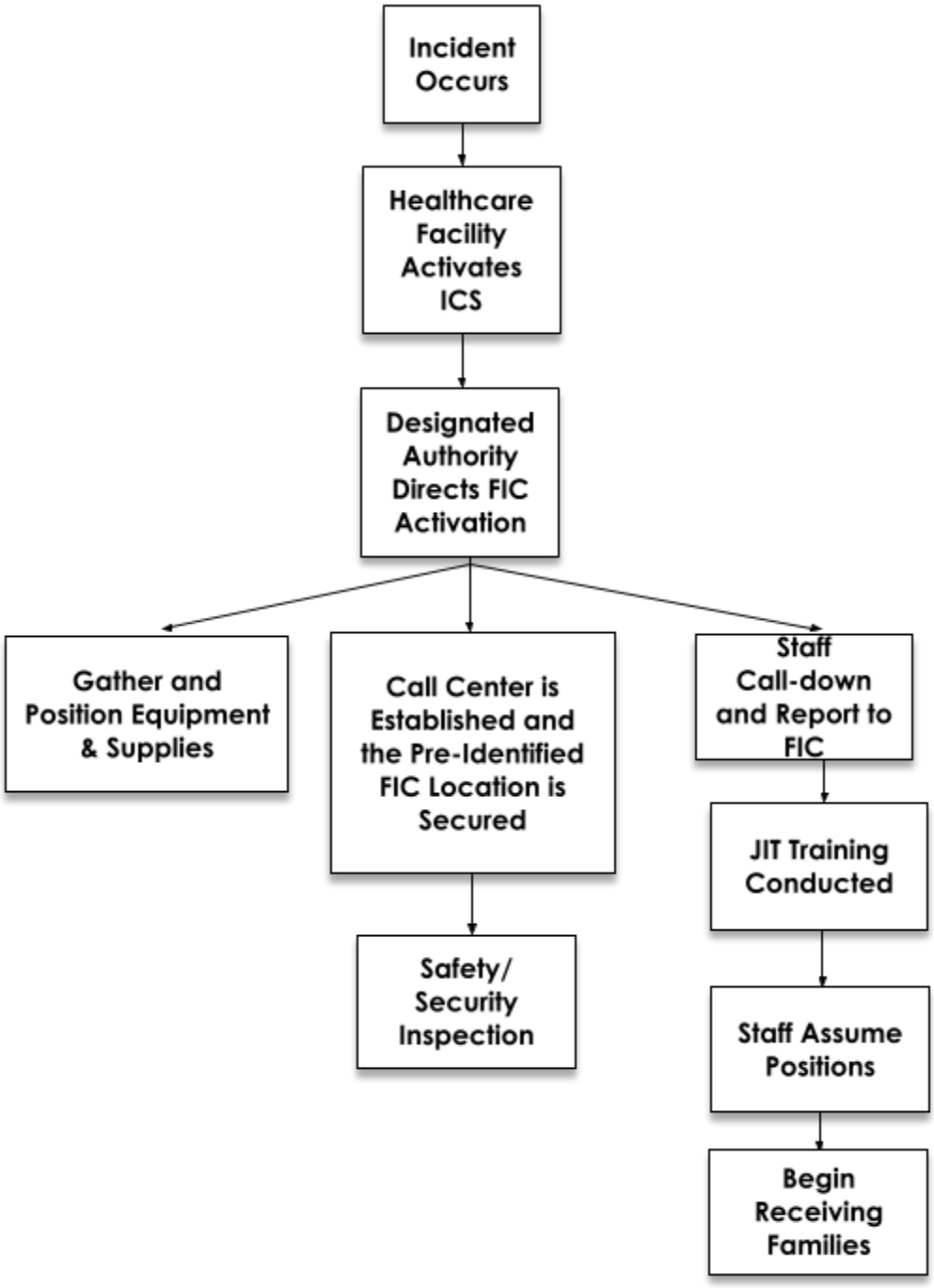
Table 6. Call Center Equipment and Supplies Checklist

#	☐	Requirements/Considerations
1.		**ReddiNet access/terminal** Considerations: ● Number of laptop or desktop computers ● Capability of Internet access ● Capability of ReddiNet access
2.		**Telephones** Considerations: ● Multiple telephones for incoming calls ● Minimum of two telephones for outgoing calls
3.		**Fax machine** Considerations: ● Number of fax machines ● Paper, ink, and toner
4.		**Office Supplies** Considerations: ● Notepads, sticky notes, clipboards ● Pens, pencils, markers, highlighters ● Stapler, staple remover, tape, white out, paper clips ● Extension cords, power strips, surge protectors, duct tape
5.		**Printer/Copier** Considerations: ● Number of printers and connecting cables ● Paper, ink, and toner
6.		**Tables and chairs** Considerations: ● Number of tables and chairs varies based on call center layout needs
7.		**Hygiene Needs** Considerations: ● Kleenex/tissues, trash cans, and hand sanitizer
8.		**First Aid Kit**

APPENDIX III: ACTIVATION FLOW DIAGRAM

ACTIVATION FLOW DIAGRAM

This diagram provides a visual display of how FIC activation procedures should be fulfilled.

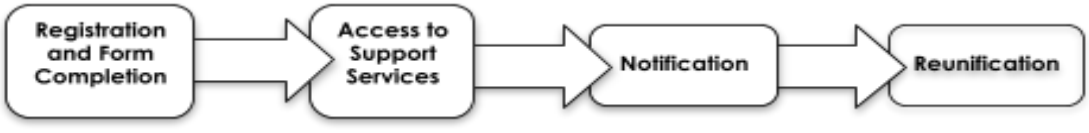


APPENDIX IV: JIT TRAINING MATERIAL

JIT TRAINING MATERIAL

Just-In-Time Training should cover all information listed below and should be tailored based on the incident type and scope.

1. **Mission of the FIC.** The FIC provides a secure and controlled area for families of patients to go, removed from medical treatment areas, where information can be obtained and provided to facilitate family reunification, and to provide access to support services (mental health, spiritual care, social services, child care).
2. **Objectives.** FIC operations are designed to:
   Provide accurate and timely information to family members regarding the incident.
   Provide a mechanism to coordinate efforts to facilitate identification of patient status, family member notification, and reunification.
   Provide emotional and spiritual services to family members and facilitate the provision of additional health and social services.
   Establish a secure and appropriate area that allows staff to interact sensitively and effectively with family members.
3. **Code of Conduct.** All staff should make every effort to conduct themselves in a discrete and helpful manner, with the traumatic nature of the event and the family's high level of emotional stress in mind, and should adhere to the following Code of Conduct:
   - ⬛ Protect the privacy of patients and family members.
   - ⬛ Communicate openly, respectfully, and directly with patients, family, and staff in order to optimize services and to promote mutual trust and understanding.
   - ⬛ Conduct FIC related business with integrity and in an ethical manner.
   - ⬛ Be sensitive to the environment where families may be grieving.
   - ⬛ Assist others in providing care and/or services promptly.
   - ⬛ Clearly identify yourself and your position to patients, family members, and staff.
   - ⬛ Protect the property and other assets entrusted to you.
   - ⬛ Take responsibility and be accountable for your entire job requirements.
4. **Organizational Structure.** The Patient Family Assistance Branch fits into the healthcare organization chart under the Operations Section and contains a Family Reunification Unit Leader, Registration and Tracking Specialist, and Family Services Specialist
5. **Flow of Family Members.** Family members will flow through the FIC as indicated in the diagram:



6. **Key Functions.** The following are key functions of the FIC:

- ⬛ Family Registration and Badging: All family members must be registered and issued a badge. Unaccompanied minors require special documentation and badging.
- ⬛ Reunification Process: In order to locate patients and reunify them with family members at the FIC, staff should access ReddiNet to retrieve patient information, call patient care areas and describe the patient, contact other healthcare facilities, and contact the EMS Agency.
- ⬛ Family Notification: Staff should follow the normal policy and procedure of the healthcare facility.
- ⬛ Support Services: Consider providing mental health support, spiritual care, social services, and child care.
- ⬛ Communications: Information should be safeguarded and disseminated in a sensitive manner. The FIC needs to maintain communications with the Command Center, EOC, MAC, Public Media, and other FICs.

Once JIT Training is complete, staff should divide into their respective groups to receive **position-specific training**, which should cover the following:

- ⬛ Job Action Sheets
- ⬛ Organization chart with names, positions and missions, to include reporting relationships
- ⬛ Fact Sheet regarding FIC operations
- ⬛ FIC Layout
- ⬛ Documents and forms that will be utilized by that position

STAFF BRIEFING CHECKLIST

This checklist contains all of the information that should be covered during the staff briefing.

- ☑ Provide a summary of the incident, to include the number of incident related patients currently at the facility and the number anticipated to arrive.
- ☑ Review the layout of the FIC. Point out sensitive areas (e.g., notification area, unaccompanied minor area, etc.) Advise staff of the FIC call center location and extension.
- ☑ Provide the shift time frame.
- ☑ Review safety considerations.
- ☑ Ensure that the staff know their position and whom they report to.
- ☑ Provide copies of the Job Action Sheets as needed.
- ☑ Review the flow of family members into the FIC and the form matching process.
- ☑ Review confidentiality practices, and the policy for handling media requests.
- ☑ Provide a briefing regarding radio use.
- ☑ Introduce staff members to their supervisor.

FAMILY INFORMATION FACT SHEET

This fact sheet is to be given to each family in the FIC in order to provide them with an understanding of the FIC's function.

☑ ABOUT THE FAMILY INFORMATION CENTER

Provides a secure and controlled area for families of patients to go, removed from medical treatment areas, where information can be obtained and provided to facilitate family reunification, and to provide access to support services.

☑ INFORMATION WE HAVE ACCESS TO

Information regarding patients that are at our facility. We can also contact other healthcare facilities to determine if the patient is at another facility.

☑ INFORMATION WE CAN SHARE

Location of patients/victims.

☑ INFORMATION WE <u>CANNOT</u> SHARE

We do not share information to the general public or the media. Sensitive information concerning a patient's medical condition such as diagnosis and specific health information.

☑ RESOURCES THAT WE HAVE ACCESS TO

Nursing services to answer questions about medical conditions. Other support services such as a social worker/mental health counselor, chaplain, brochures.
Referrals for support services can be mad available as needed.

☑ THINGS TO REMEMBER

This is a secure area – everyone must sign in and out. No press/media are allowed.
We only share information to the intended recipient.

JOB ACTION SHEETS

Job Action Sheets are included for the following FIC positions:

- Family Reunification Unit Leader
- FIC Family Services Specialist
- FIC Registration and Tracking Specialist
- FIC Unaccompanied Minors Specialist
- FIC Call Center Specialist
- FIC "Start Up" Job Action Sheet

Specialists in the FIC are responsible for specific functional areas and can be expanded into "groups" as required by the number of family members reporting to the FIC. In FIC activation, initial staffing may include only one Family Reunification Unit Leader, Registration and Tracking Specialist and Family Services Specialist. Additional staff as well as an Unaccompanied Minors Specialist and call center staff may be added as required. It is assumed that other support services, including security, mental health counseling, spiritual support, facility maintenance, and nursing will be provided as needed by existing units within the healthcare entity.

In some cases, a single person may be assigned the responsibility to "start up" and operate the FIC until additional staffing can be provided. The "Start Up" Job Action Sheet is provided for this purpose.

FAMILY REUNIFICATION UNIT LEADER

Mission: Organize and manage the operations of the FIC, including personnel, equipment, and supplies.

Date:	Start:	End:	Position Assigned to:	Initial:
Position Reports to: ICS Patient Family Assistance Branch Director			Signature:	
Command Center Location:			Telephone:	
Fax:		Other Contact Info:	Radio Title:	

Immediate (Operational Period 0-2 Hours)	**Time**	**Initial**
Receive appointment and briefing from the Patient Family Assistance Branch Director.		
Read this entire Job Action Sheet and review incident management team chart (ICS Form 207).		
Notify your usual supervisor of your FIC assignment.		
Establish a call center as part of the FIC or notify the facility's existing call center regarding the anticipated increase in calls from families seeking patient information. Obtain the extension for the call center.		
Determine need for and appropriately appoint FIC team members, distribute corresponding Job Action Sheets / Information Sheets and position identification. Complete the Group Assignment List.		
Contact the MAC to determine if the FAC is activated. Ensure that the FAC telephone number (for use by designated FIC staff only, not for families), and the FAC address, are noted. Obtain a primary contact for the FAC and for other FICs that may be activated.		
Document all key activities, actions, and decisions in an Operational Log (ICS Form 214) on a continual basis.		
Brief the FIC team members on current situation; outline action plan and designate time for next briefing.		
Ensure that the FIC has been inspected and that any unsafe conditions have been corrected.		
Coordinate with Security to ensure that appropriate security arrangements have been put into place.		
Confirm the designated FIC area is available, to include the call center, and begin distribution of personnel and equipment resources.		
Assess problems and needs; coordinate resource management.		
Instruct all FIC team members to periodically evaluate equipment, supply, and staff needs and report status to you; collaborate with Logistics Section Supply Group Supervisor to address those needs; report status to supervisor.		

Notify the Command Center and administrative staff that FIC is activated. Request that the Command Center notify appropriate external stakeholders including EMS, the incident FAC, and the jurisdictional EOC.		
Document all communications (internal and external) on an Incident Message Form (ICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		
Intermediate (Operational Period 2-12 Hours)	**Time**	**Initial**
Meet regularly with supervisor for status reports, and relay important information to FIC team members.		
Continue coordinating activities in the FIC.		
Ensure prioritization of problems when multiple issues are presented.		
Coordinate use of external resources; coordinate with Liaison Officer if appropriate.		
Develop and submit a FIC Incident Action Plan or a portion thereof, to supervisor if requested.		
Ensure documentation is completed correctly and collected.		
Advise your supervisor immediately of any operational issue you are not able to correct or resolve.		
Ensure staff health and safety issues being addressed; resolve with the Safety Officer or other available safety supervisor.		
If unaccompanied minors are present at the FIC, request Unaccompanied Minor Group staff be assigned to the FIC, and **initiate establishment of an Unaccompanied Minor Safe Area**.		
Provide regularly and frequent updates to staff regarding the incident and FIC operations.		
Extended (Operational Period Beyond 12 Hours)	**Time**	**Initial**
Continue to monitor the FIC team's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Coordinate assignment and orientation of external personnel sent to assist.		
Work with the Operations Chief and Liaison Officer, as appropriate, on the assignment of external resources.		
Rotate staff on a regular basis.		
Document actions and decisions on a continual basis.		
Continue to provide the Patient Family Assistance Branch Director with periodic situation updates.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		

Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Employee Health & Well-Being Group Supervisor. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		
Demobilization/System Recovery	**Time**	**Initial**
As needs for the FIC decrease, return staff to their normal jobs and combine or deactivate positions in a phased manner, in coordination with the Demobilization Group Supervisor.		
Ensure the return/retrieval of equipment/supplies/personnel.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, brief the Patient Family Assistance Branch Director on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, **ensure all documentation and FIC Operational Logs (ICS Form 214) are submitted** to the Patient Family Assistance Branch Director.		
Submit comments to the Patient Family Assistance Branch Director for discussion and possible inclusion in the After Action Report; topics include: 1. Review of pertinent position descriptions and operational checklists 2. Recommendations for procedure changes Branch accomplishments and issues		
Participate in stress management and after action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools

- Incident Action Plan
- ICS Form 207 – Incident Management Team Chart
- ICS Form 213 – Incident Message Form
- ICS Form 214 – Operational Log
- FIC Activation/Operational Plan
- FIC Assignment List
- Hospital emergency operations plan
- Hospital organization chart
- Hospital telephone directory
- Key contacts list (including ReddiNet, LAC DMH, DHV, and others)
- Radio/satellite phone

FIC REGISTRATION AND TRACKING SPECIALIST

Mission: Responsible for the registration (and badging, if required) of staff and family members. This specialist maintains the FIC Sign-In and Tracking Forms and FIC Tracking Log for staff and family in the FIC, and is responsible for tracking whether family members have been notified regarding the status of their loved one.

Date:	Start:	End:	Position Assigned to:	Initial:
Position Reports to: Family Reunification Unit Leader			Signature:	
Command Center Location:			Telephone:	
Fax:		Other Contact Info:	Radio Title:	

Immediate (Operational Period 0-2 Hours)	**Time**	**Initial**
Receive appointment and briefing from the Family Reunification Unit Leader.		
Read this entire Job Action Sheet and review incident management team chart (ICS Form 207). Put on position identification.		
Notify your usual supervisor of your FIC assignment.		
Coordinate with IT/IS Unit to ensure access to IT systems with e-mail/intranet communication including ReddiNet.		
Implement the FIC Plan to access patient information.		
Document all key activities, actions, and decisions in an Operational Log (ICS Form 214).		
Document all communications (internal and external) on an Incident Message Form (ICS Form 213).		
Contact law enforcement to determine whether they have moved uninjured people to a designated location and whether this has been communicated to healthcare facilities.		
Review information obtained from families in the FIC and compare with admitted patient data.		
Intermediate (Operational Period 2-12 Hours)	**Time**	**Initial**
Greet all incoming family members. Ensure completion of registration and tracking forms. **Ensure all family members are issued appropriate identification.**		
Notify the Family Reunification Unit Leader immediately if unaccompanied minors are present in the FIC.		
Continue to monitor ReddiNet for patient location information.		
Continue to coordinate with medical staff concerning the location and condition of patients.		

Continue to implement the FIC Plan to access patient information and compare with information from family members concerning suspected patients.		
If positive match between admitted patients and family members in the FIC can be made, coordinate with medical and social service staff to **facilitate reunification**.		
Upon confirmation that the patient that family members are seeking has not been admitted and is not in transit, seek to determine location via ReddiNet, contact with incident FAC, or contact with other receiving healthcare entities. Advise family members of patient location if determined.		
If an unidentified patient has been admitted that potentially matches description provided by family members, advise family members and **request assistance from Family Support Group if mental health or spiritual care counseling is needed**.		
Monitor ReddiNet for notification that a patient may be on the way to the facility. The EMS representative at the FAC will send information via ReddiNet when the FAC determines that a patient is in transit, to include any known injuries or treatment needs.		
If patient is confirmed deceased, follow standard procedures for NOK notification. Request assistance from Family Support Group as needed.		
Identify need for assistance or equipment and report to the Family Reunification Unit Leader.		
Advise the Family Reunification Unit Leader immediately of any operational issue you are not able to correct or resolve.		
Extended (Operational Period Beyond 12 Hours)	**Time**	**Initial**
Continue to meet regularly with the Family Reunification Unit Leader for status reports.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Continue activities listed in Intermediate section above.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to appropriate Employee Health & Well Being Group Supervisor. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		
Demobilization	**Time**	**Initial**
Upon deactivation of your position, ensure all documentation and Operational Logs (ICS Form 214) are submitted to the Family Reunification Unit Leader.		
Upon deactivation of your position, brief the Family Reunification Unit Leader on current problems, outstanding issues, and follow-up requirements.		

Submit comments to the Family Reunification Unit Leader for discussion and possible inclusion in the after-action report; topics include: ▪ Review of pertinent position descriptions and operational checklists ▪ Recommendations for procedure changes ▪ Group accomplishments and issues		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		
Documents/Tools		
▪ Incident Action Plan ▪ ICS Form 207 – Incident Management Team Chart ▪ ICS Form 213 – Incident Message Form ▪ ICS Form 214 – Operational Log ▪ FIC Activation/Operational Plan ▪ FIC Assignment List ▪ Hospital emergency operations plan ▪ Hospital organization chart ▪ Hospital telephone directory ▪ Key contacts list (including ReddiNet, LAC DMH, DHV, and others)		

FIC FAMILY SERVICES SPECIALIST

Mission: Manage and coordinate provision family support services in the FIC, and/or provide referrals to appropriate internal or external units.

Date:	Start:	End:	Position Assigned to:	Initial:
Position Reports to: Family Reunification Unit Leader			Signature:	
Command Center Location:			Telephone:	
Fax:		Other Contact Info:	Radio Title:	

Immediate (Operational Period 0-2 Hours)	**Time**	**Initial**
Receive appointment, briefing, and appropriate forms and materials from the Family Reunification Unit Leader.		
Read this entire Job Action Sheet and review incident management team chart (ICS Form 207). Put on position identification.		
Notify your usual supervisor of your FIC assignment.		
As needed, identify, assign and brief staff to provide social services/mental health, spiritual care, call center, and/or unaccompanied minor support. Arrange for regular briefings with staff.		
Document all key activities, actions, and decisions in an Operational Log (ICS Form 214) on a continual basis.		

Meet with family members to determine family support needs. Request assistance as needed from other internal organizational units (mental health, nursing, chaplain, etc.)		
Provide referrals to external agencies for support services as required.		
Be alert to family members with disabilities, mobility and other functional needs. Request needed supplies, equipment, and services from Logistics as required.		
Document all communications (internal and external) on an Incident Message Form.		
Intermediate (Operational Period 2-12 Hours)	**Time**	**Initial**
Communicate and coordinate with the Family Reunification Unit Leader on the availability of staff and resources needed to support family members.		
Continue to ensure the provision of support for family members with disabilities and mobility and other functional needs.		
Ensure that appropriate support and/or referrals are being provided to family members.		
Ensure patient records information is kept confidential.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Advise the Family Reunification Unit Leader immediately of any operational issue you are not able to correct or resolve.		
Report equipment and supply needs to the Family Reunification Unit Leader.		
Ensure staff health and safety issues are being addressed; resolve with Family Reunification Unit Leader and Employee Health and Safety Unit Leader, when appropriate.		
Extended (Operational Period Beyond 12 Hours)	**Time**	**Initial**
Continue monitoring the need for, and provision of family support services.		
Continue to keep the Family Reunification Unit Leader apprised of current conditions.		
Observe staff, volunteers, and patients for signs of stress and inappropriate behavior. Report concerns to FIC Director.		
Continue to document actions and decisions on an Operational Log (ICS Form 214) and send to the Family Reunification Unit Leader at assigned intervals and as needed.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		
Demobilization	**Time**	**Initial**
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Upon deactivation of your position, brief the Family Reunification Unit Leader on current problems, outstanding issues, and follow-up requirements.		

Upon deactivation of your position, ensure all documentation and Operational Logs (ICS Form 214) are submitted to FIC Director.		
Submit comments to FIC Director for discussion and possible inclusion in after action report. Comments should include: ▪ Review of pertinent position descriptions and operational checklists ▪ Procedures for recommended changes ▪ Group accomplishments and issues		
Participate in after-action debriefings. Participate in other briefings and meetings as required.		
Documents/Tools		
▪ Incident Action Plan ▪ ICS Form 204 – Branch Assignment List ▪ ICS Form 207 – Incident Management Team Chart ▪ ICS Form 213 – Incident Message Form ▪ ICS Form 214 – Operational Log ▪ FIC Activation/Operational Plan ▪ Contact information for external services (Red Cross, LAC DMH, etc.)Hospital emergency operations plan ▪ Hospital organization chart ▪ Hospital telephone directory ▪ Radio/satellite phone		

FIC UNACCOMPANIED MINORS SPECIALIST

Mission: Provide support, care, and a secure environment for unaccompanied minors in the FIC.

Date:	Start:	End:	Position Assigned to:	Initial:
Position Reports to: Family Reunification Unit Leader			Signature:	
Command Center Location:			Telephone:	
Fax:		Other Contact Info:	Radio Title:	

Immediate (Operational Period 0-2 Hours)	**Time**	**Initial**
Receive appointment and briefing from the Family Reunification Unit Leader.		
Read this entire Job Action Sheet and review incident management team chart (ICS Form 207). Put on position identification.		
Notify your usual supervisor of your FIC assignment.		
Confirm the set-up of the unaccompanied minor area as specified in the FAC Plan.		
Ensure that you are familiar with facility policy regarding unaccompanied minors.		
Coordinate with IT/IS Unit to ensure access to IT systems with e-mail/intranet communication including ReddiNet.		
Implement the FIC Plan to access patient information.		
Document all key activities, actions, and decisions in an Operational Log (ICS Form 214).		
Notify LAC Department of Child and Family Services if any unaccompanied minors are present in the FIC.		
Document all communications (internal and external) on an Incident Message Form (ICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit		
Upon direction of the Family Reunification Unit Leader and using the Ideal Location Checklist, specifically the section pertaining to Unaccompanied Minors, **oversee establishment of the Unaccompanied Minor Safe Area.**		
Go to http://ncdmph.usuhs.edu/KnowledgeLearning and review the on-line course "Tracking and Reunification or Children in Disasters." Review takes less than 30 minutes.		
Review information obtained from families in the FIC and compare with admitted patient data.		
Coordinate with Security to ensure that appropriate security measures are in place for the Safe Area.		
Intermediate (Operational Period 2-12 Hours)	**Time**	**Initial**
Obtain clearance from LAC Department of Children and Family Services before releasing any unaccompanied minor from the FIC.		
Continue to implement the FIC Plan to access patient information and compare with information from family members concerning suspected patients.		
Ensure continuous monitoring of the Safe Area. Provide for age-appropriate activities for all unaccompanied minors in the safe area.		
Establish procedures for documentation of identity information to include information provided by the minor; physical description including identifying scars, birthmarks or tattoos; clothing and jewelry; name of school or child care facility. Take photographs.		

Coordinate with Family Support Group to obtain mental health, social services, or other need support services.		
Coordinate with the Reunification Group to facilitate reunification of unaccompanied minors with patients.		
Ensure that unaccompanied minors are not released to an adult without positive identification of an appropriate relationship.		
Request assistance from the Family Support Group if any support services are needed.		
Notify Security and the Family Reunification Unit Leader immediately if any security, safety, or health threat to unaccompanied minors is detected.		
Extended (Operational Period Beyond 12 Hours)	**Time**	**Initial**
Continue to meet regularly with the Family Reunification Unit Leader to obtain and provide updates.		
Continue activities listed in Intermediate section above.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to appropriate Employee Health & Well Being Unit Leader.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		
Demobilization	**Time**	**Initial**
Upon deactivation of your position, ensure all documentation and Operational Logs (ICS Form 214) are submitted to the Family Reunification Unit Leader.		
Upon deactivation of your position, brief the Family Reunification Unit Leader on current problems, outstanding issues, and follow-up requirements.		
Submit comments to the Family Reunification Unit Leader for discussion and possible inclusion in the after-action report; topics include: ▪ Review of pertinent position descriptions and operational checklists ▪ Recommendations for procedure changes ▪ Group accomplishments and issues		
Participate in after-action debriefings. Participate in other briefings and meetings as required.		
Documents/Tools		

▪ Incident Action Plan ▪ ICS Form 207 – Incident Management Team Chart ▪ ICS Form 213 – Incident Message Form ▪ ICS Form 214 – Operational Log ▪ ReddiNet ▪ http://ncdmph.usuhs.edu/KnowledgeLearning ▪ Ideal Location Checklist ▪ FIC Activation/Operational Plan ▪ Hospital emergency operations plan ▪ Hospital organization chart ▪ Hospital telephone directory ▪ Radio/satellite phone ▪ Access to appropriate IT systems		

FIC CALL CENTER SPECIALIST

Mission: Organize and manage a FIC call center, including personnel, equipment, and supplies.

Date:	Start:	End:	Position Assigned to:	Initial:
Position Reports to: Family Reunification Unit Leader			Signature:	
Command Center Location:			Telephone:	
Fax:		Other Contact Info:	Radio Title:	

Immediate (Operational Period 0-2 Hours)	**Time**	**Initial**
Receive appointment and briefing from the Family Reunification Unit Leader.		
Read this entire Job Action Sheet and review incident management team chart (ICS Form 207).		
Notify your usual supervisor of your FIC assignment.		
If applicable, notify your facility telephone operator of the establishment of a call center and the process of forwarding calls to call center staff that pertain to families seeking patient information.		
Determine need for and appropriately appoint call center staff. As needed, identify, assign and brief staff to provide call center support to include but not limited to social services, referrals and the provision of patient information.		
Establish a call center as part of the FIC to respond to the anticipated increase in calls from families seeking patient information to include all personnel, equipment and supplies.		
Ensure that appropriate information and/or referrals are being provided to family members.		
Ensure proper processes and procedures regarding sensitive and confidential information.		
Intermediate (Operational Period 2-12 Hours)	**Time**	**Initial**
Continue to coordinate the provision and support of call center services.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		

Advise the Family Reunification Unit Leader immediately of any operational issue you are not able to correct or resolve.		
Extended (Operational Period Beyond 12 Hours)	**Time**	**Initial**
Continue to meet regularly with the Family Reunification Unit Leader to obtain and provide updates regarding call center services.		
Continue call center activities.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to appropriate Employee Health & Well Being Unit Leader.		
Demobilization	**Time**	**Initial**
As needs for the FIC decrease, return staff to their normal jobs and combine or deactivate positions in a phased manner, in coordination with the Demobilization Group Supervisor.		

Documents/Tools

- Incident Action Plan
- ICS Form 207 – Incident Management Team Chart
- ICS Form 213 – Incident Message Form
- ICS Form 214 – Operational Log
- FIC Activation/Operational Plan
- FIC Assignment List
- Support Services Referral List
- Hospital emergency operations plan
- Hospital organization chart
- Hospital telephone directory
- Key contacts list (including ReddiNet, LAC DMH, DHV, and others)
- Radio/satellite phone

FIC "START-UP" JOB ACTION SHEET

Mission: Organize and manage the operations of the FIC until additional staff can be assigned. Coordinate with normal facility units to obtain support services as needed.

Date:	Start:	End:	Position Assigned to:	Initial:
Position Reports to: ICS Patient Family Assistance Branch Director			Signature:	
Command Center Location:			Telephone:	
Fax:	Other Contact Info:		Radio Title:	

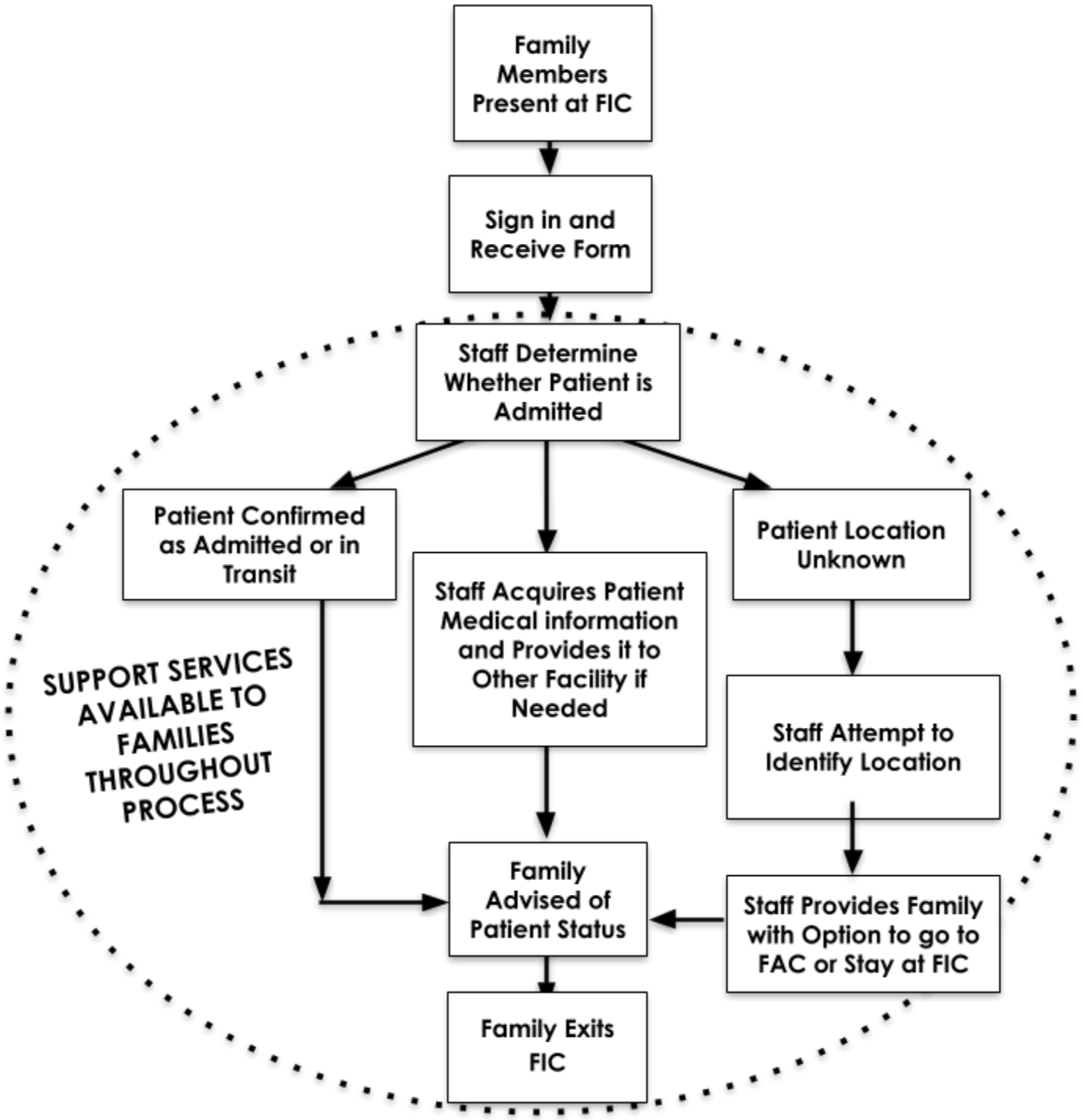
Immediate (Operational Period 0-2 Hours)	**Time**	**Initial**
Receive appointment and briefing from the Patient Family Assistance Branch Director. Obtain FIC activation packet.		
Read this entire Job Action Sheet.		
Notify your usual supervisor of your FIC assignment.		
Establish a call center as part of the FIC or notify the facility's existing call center about the anticipated increase in calls from families seeking patient information.		
Contact the MAC to determine if the FAC is activated.		
Review the JIT Training materials.		
Document all key activities, actions, and decisions in an Operational Log (ICS Form 214) on a continual basis.		
Establish contact with key facility support services to coordinate availability, if needed. (Support services may include nursing/medical, mental health counseling, security, and facility maintenance, among others.)		
Establish contact and procedures with medical staff and admissions to track patient status.		
Log on to ReddiNet and monitor for relevant information, and update as required.		
Confirm the designated FIC area is available; required equipment and supplies are in place; and the area is appropriately configured.		
Ensure that the FIC has been inspected and that any unsafe conditions have been corrected.		
Coordinate with Security to ensure that appropriate security arrangements have been put into place.		
Notify the Command Center and administrative staff that the FIC is activated. Request that the Command Center notify appropriate external stakeholders.		
Contact the MAC and advise them that that FIC is activated. Determine if one or more FACs or FICs have been activated. Note contact information for the FAC and other FICs.		

Document all communications (internal and external) on an Incident Message Form (ICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		
Greet all incoming family members. **Ensure that all family members are registered and receive appropriate identification.** Maintain check-in/check-out procedures.		
Monitor all family members in the FIC to detect any support needs or signs of mental or physical distress. Request support from appropriate facility support services as needed.		
Keep family members informed of patient status in coordination with medical staff. Follow established procedures for NOK notifications and family briefings in the event of serious or critical injury.		
If positive identification of admitted patients is made, coordinate with facility medical and social service staff to **facilitate reunification**.		
Refer to ReddiNet and/or contact the MAC for assistance in locating un-admitted patients who are being sought by family members in the FIC or via telephone inquiries.		
Documents/Tools		
▪ Incident Action Plan ▪ ICS Form 213 – Incident Message Form ▪ ICS Form 214 – Operational Log ▪ FIC Sign In and Tracking Form ▪ ICS Form 400A FIC Tracking Log ▪ Unidentified Adult/Unaccompanied Minors Sign-In and Tracking Form ▪ Ideal Location Checklist ▪ FIC Activation/Operational Plan ▪ Hospital emergency operations plan ▪ Hospital organization chart ▪ Hospital telephone directory ▪ Key contacts list (including ReddiNet, LAC DMH, DHV, and others) ▪ Radio/satellite phone ▪ Access to email, ReddiNet, and internet		

APPENDIX V: OPERATIONS FLOW DIAGRAM

OPERATIONS FLOW DIAGRAM

This diagram provides a visual display of how FIC operations procedures should be fulfilled.



APPENDIX VI: PATIENT IDENTIFICATION

PATIENT IDENTIFICATION

Proper patient identification is paramount to family notification and reunification, and allows for expeditious patient processing. Patient identification begins at the very moment that the patient enters the healthcare facility, as this is the first opportunity that healthcare staff are able to collect vital information about the patient.

If the patient is able to speak for him or herself, staff should collect basic identifying information as soon as possible. This information should be verified with a government issued photograph identification (e.g., driver's license or passport).

If the patient is unconscious, deceased, or otherwise unable to speak for him or herself, information must be obtained from personal identification documents, from whoever brought the patient to the healthcare facility, or from relatives or friends, if known. Each healthcare facility should develop and implement standard identifiers for documentation.

These should include, at a minimum:

- ⬛ Name
- ⬛ Gender
- ⬛ Ethnicity/race
- ⬛ Eye color
- ⬛ DOB
- ⬛ Photo (if available)
- ⬛ Fingerprints (if available)
- ⬛ Other distinguishing characteristics (i.e. birthmarks, tattoos, scars)

For each patient brought to the healthcare facility whose **identification is known**, staff should:

1. Assign a "unique patient identifier" (e.g., medical record number) to each patient.
2. Input the patient's identification information into ReddiNet, to include descriptive information and the unique patient identifier. The number is distinctive from the patient's tracking number and should be entered into the "Comments" box. Follow existing facility policy regarding the photograph of patients to ensure HIPAA compliance and should not include the patient's social security number or medical diagnosis.
3. Ensure that this information can be accessed by the FIC.

For each patient brought to the healthcare facility whose **identification is not known**, staff should:

1. Assign a "unique patient identifier" to each patient. Visibly pin that number to the patient's clothing, if possible.
2. Take a photograph of the patient before any fluids or medications are administered, and print the photograph. If the patient's unique patient identifier was not pinned on their clothing for the picture, write the unique patient identifier on the back of the photograph.
3. Input the patient's identification information into ReddiNet, to include descriptive information and the unique patient identifier. The unique patient identifier is distinctive from the patient's tracking number and should be entered into the "Comments" box. Do not upload the patient's photograph to ReddiNet. Rather, attach the photograph to the patient's medical chart. Follow existing facility policy regarding the photograph of patients.
4. Ensure that this information can be accessed by the FIC.
5. Regularly deliver the printed patient photographs to the FIC to be matched with patients described by family members.

APPENDIX VII: LOCATING A PATIENT

CHECKLIST FOR LOCATING A PATIENT

Use the following checklist as a guide to determine where to contact to obtain patient location information. Create a contact list based on the categories provided.

<table>
<tr><td colspan="2">Internal Call Center Hot Line: Activated: Y / N
County Call Center Hot Line: Activated: Y / N
2-1-1 Activated: Y / N</td></tr>
<tr><td rowspan="2">Access ReddiNet. Information regarding patients received as part of an MCI should be logged in ReddiNet. This enables providers to determine the location of patients. In the event that a patient is unidentified, ReddiNet contains fields that allow for the input of other descriptive data regarding the patient (e.g., male in mid thirties, scar on left arm, etc). The patient's photograph should NOT be uploaded into ReddiNet. See the appendices for additional ReddiNet information.</td><td>ReddiNet Web Address: www.reddinet.net

ReddiNet User Name:</td></tr>
<tr><td>ReddiNet Password:</td></tr>
<tr><td rowspan="2">Call patient care area. In instances where patients are still being received as part of disaster management efforts, patient names may not be entered in ReddiNet by the time FIC staff attempt to retrieve them. As such, it may be prudent to assign a staff member to call or send a runner to the patient care area to determine whether the patient has been received.</td><td>Emergency Department Telephone Number:</td></tr>
<tr><td>Other Patient Care Area Telephone Number:
Location:</td></tr>
<tr><td rowspan="2">Contact other facilities. Other healthcare facilities may have received the patient. If another healthcare facility has received the patient, family members can be advised that the patient is at another facility. The name of the facility can be provided. Per HIPAA, information concerning the medical disposition of the patient cannot be shared.</td><td>Hospital Closest to Incident
Name:
Telephone Number:
Address:</td></tr>
<tr><td>Clinic Closest to Incident
Name:
Telephone Number:
Address:</td></tr>
<tr><td>Contact the FAC. The City/County FAC may have additional information regarding the status of the patient.</td><td>FAC Telephone Number:
FAC Address:</td></tr>
</table>

Contact the EMS Agency. The EMS Agency is a valuable resource for acquiring additional information.	**MAC Telephone Number:** *866-940-4401*
Community Partner: **Service:**	**Telephone Number:** **E-mail:** **Physical Address:**
Community Partner: **Service:**	**Telephone Number:** **E-mail:** **Physical Address:**
Community Partner: **Service:**	**Telephone Number:** **E-mail:** **Physical Address:**
Community Partner: **Service:**	**Telephone Number:** **E-mail:** **Physical Address:**
Community Partner: **Service:**	**Telephone Number:** **E-mail:** **Physical Address:**
Community Partner: **Service:**	**Telephone Number:** **E-mail:** **Physical Address:**
Community Partner: **Service:**	**Telephone Number:** **E-mail:** **Physical Address:**
Community Partner: **Service:**	**Telephone Number:** **E-mail:** **Physical Address:**

APPENDIX VIII: LOCATING A PATIENT

REDDINET INFORMATION

The information below contains steps and other useful information regarding how to use ReddiNet to respond to a disaster.

RESPONDING TO AN MCI:

1. **General Notification:** Click on **Stop Alert!** Read the message. Notify Emergency Department Staff of MCI.

2. Emergency Department Capacity Poll: Enter data on how many Immediate, Delayed and Minor patients you can take.

3. If an ambulance is sent to your hospital, a box will pop up and notify you of this. Click on **Stop Alert,** then click on **Close**.

4. When that ambulance arrives, click on blue **Arrive** link in the Ambulance section in the bottom left side of the screen. A pop-up box will appear to verify the actual arrival time. If the time is different than the actual time, edit the time by clicking on the up and down arrows. Click on close.

5. To **Add a Patient**, this can be done one of 3 different ways:
   - ⬛ Click on the **Add Patient** link in the top portion of the Patient section. A box will appear in the lower section of the MCI screen. Enter ALL data. Click on **Submit** icon.
   - ⬛ Right-click in the Patient section in the bottom right side of the screen. Right-Click on **Add Patient.** A box will appear in the lower section of the MCI screen. Enter ALL data. Click on **Submit** icon.
   - ⬛ Click on the **Add Patient** link in the top section of the screen. A box will appear in the lower section of the MCI screen. Enter ALL data. Click on **Submit** icon.

6. To **Edit** patient information, highlight the Patient Name, right-click on Change Patient Information. A box will appear in the lower section of the MCI screen with all of the previously entered patient information. Change the data and Click on **Submit** when finished.

APPENDIX IX: MENTAL HEALTH RESOURCES

MENTAL HEALTH RESOURCES

The following resources provide valuable mental health information that can be utilized for the FIC.

Coping With a Disaster or Traumatic Event
The effects of a disaster, terrorist attack, or other emergency can be long-lasting, and the resulting trauma can reverberate even with those not directly affected by the disaster. This page provides strategies to promote mental health resilience. **http://www.bt.cdc.gov/mentalhealth/**

Listen, Protect, and Connect
There are three steps of "psychological first aid" for your child after a disaster. We are very pleased to announce that the "Listen, Protect and Connect" web version for parents (with their children) "LPCweb" psychological first aid for children by parents) is available at the University of California Irvine Center for Disaster Medical Sciences at: **http://www.cdms.uci.edu/lpc**

The U.S. Department of Homeland Security link for the parent version is available at: **http://www.ready.gov/sites/default/files/documents/files/PFA_Parents.pdf**

Neighbor to Neighbor, Family to Family:
http://www.cdms.uci.edu/protect.pdf

Schools: **http://www.ready.gov/sites/default/**
files/documents/files/PFA_SchoolCrisis.pdf

U.S. Department of Education Guidelines for Using Listen, Protect, Connect: **http://www.ready.gov/sites/default/files/documents/files/HH_Vol3Issue3.pdf**

Spanish version for parents:
ht t p://w w w. ready.gov/translat ions/span ish/n inos/_ downloads/E schca r_ Protege ryCo - nectar.pdf

Los Angeles County Department of Mental Health Disaster Services
Responds to the community´s disaster service needs by providing emergency psychiatric intervention, clinical services to mental health consumers who are disaster victims, and various other services.
http://dmh.lacounty.gov/wps/portal/dmh/our_services/disaster_servics

Managing Response: Tips for Managing and Presenting Stress, A Guide for Emergency Response and Public Safety Workers
Gives organizational and individual tips for stress prevention and management for emergency

response workers and public safety workers.
http://store.samhsa.gov/product/Tips-for- Managing-and-Preventing-Stress/ KEN010098R2

Pediatric Disaster Preparedness in the Medical Setting: Integrating Mental Health
The inclusion of mental health concerns into pediatric disaster preparedness may help pre- vent further and unnecessary psychological harm to children and adolescent survivors following a disaster.

Gold J.I., Montano Z., Shields S., Mahrer N.E., Vibhakar V., Ybarra T., Yee N.,
Upperman J., Blake N., Stevenson K., and Nager A.L. (2009). Pediatric Disaster Preparedness in the Medical Setting: Integrating Mental Health. American Journal of Disaster Medicine, Volume 4 (Issue 3), 137-146.

Practitioner perceptions of Skills for Psycho- logical Recovery: a training programme for health practitioners in the aftermath of the Victorian bushfires
Following Australia's worst natural disaster, the Australian Centre for Posttraumatic Mental Health, in collaboration with key trauma experts, developed a three-tiered approach to psycho- logical recovery initiatives for survivors with training specifically designed for each level. The middle level intervention, designed for de- livery by allied health and primary care practitioners for survivors with ongoing mild-moderate distress, involved a protocol still in draft form called Skills for Psychological Recovery (SPR). SPR was developed by the US National Center for PTSD and US National Child Traumatic Stress Network.

Forbes D, Fletcher S, Wolfgang B, Varker T, Creamer M, Brymer MJ, Ruzek JI, Watson P, Bryant RA.

Preparing Hospitals and Clinics for the Psychological Consequences of a Terrorist Incident or Other Public Health Emergency
Train hospital and clinic staff about how to prepare for and respond to the psychological consequences of large-scale disasters. Curriculum includes: an overview for administrative and disaster planning staff, a module de- signed for clinical, mental health, and a third module designed specifically for Los Angels County disaster mental health staff who may be deployed to support hospitals and clinics following disasters.
http://ems.dhs.lacounty.gov/Disaster/DisasterTrainingIndex.htm

Prioritizing "Psychological" Consequences for Disaster Preparedness and Response: A Frame- work for Addressing the Emotional, Behavioral, and Cognitive Effects of Patient Surge in Large- Scale Disasters
This framework specifies structural components (internal organizational structure and chain of command, resources and infrastructure, and knowledge and skills) that should be in place before an event to minimize consequences. The framework also specifies process components (coordination with external organizations, risk assessment and monitoring, psycho- logical support, and communication and information sharing) to support evidence-in- formed intervention.

Meredith, L., Eisenman, D., Tanielian, T., Taylor, S., Basurto-Davila, R., Zazzali, J., Diamond, D., Cienfuegos, B., and Shields, S. (2010). Prioritizing "Psychological" Consequences for Disaster Preparedness and Response: A Framework for Addressing the Emotional, Behavioral, and Cognitive Effects of Patient Surge in Large- Scale Disasters. American Medical Association, Volume 5 (Number 1). doi:10.1001/ dmp.2010.47.

Psychological Effects of Patient Surge in Large- Scale Emergencies: A Quality Improvement Tool for Hospital and Clinic Capacity Planning and Response

Novel and practical quality improvement tool for hospitals and clinics to use in planning for and responding to the psychological consequences of. This paper describes the development of the tool, presents data on facility preparedness from 31 hospitals and clinics in Los Angeles County, and discusses how the tool can be used as a benchmark for targeting improvement.

Meredith, L., Zazzali J., Shields, S., Eisenman, D., and Alsabagh, H. (March-April 2010). Psycho- logical Effects of Patient Surge in Large-Scale Emergencies: A Quality Improvement Tool for Hospital and Clinic Capacity Planning and Response. Pre-hospital and Disaster Medicine, Volume 25 (Number 2). Retrieved March 6, 2012, from http://pdm.medicine.wisc.edu.

Psychological First Aid for First Responders When you work with people during and after a disaster, you are working with people who may be having reactions of confusion, fear, hopelessness, sleeplessness, anxiety, grief, shock, guilt, shame, and loss of confidence.
http://store.samhsa.gov/product/
sma11disaster

Psychological Simple Triage and Rapid Treatment provides methods to link mental health to disaster system of care and ICS compliant job action sheets.

http://www.cdms.uci.edu/disaster_mental _health.asp

Readiness for Events with Psychological Emergencies Assessment Tool (REPEAT)

REPEAT is designed to help hospitals and clinics assess their capacity to deal with the surge of psychological causalities resulting from large- scale emergencies.
http://ems.dhs.lacounty.gov/Disaster/BW/ Tool_REPEAT.pdf

Taking Care of Your Emotional Health After a Disaster

When we experience a disaster or other stressful life event, we can have a variety of reactions, all of which may be common responses to difficult situations. Here is some information on how to recognize your current feelings and tips for taking care of the emotional health of you, your family, and friends.
http://ems.dhs.lacounty.gov/Disaster/Care- ForEmHealth.pdf

Substance Abuse and Mental Health Services Association 24 Hour Hotline
1-800-662-HELP (4357)

Tips for Survivors of a Traumatic Event: What to Expect in Your Personal, Family, Work, and Financial Life

The effect of a disaster goes far beyond its immediate devastation. There may be changes in living conditions that cause changes in day-to-day activities, leading to strains in relationships.

http://store.samhsa.gov/product/Tips-for-Survivors-of-a-Traumatic-Event-What-to-Expect-in-Your-Personal-Family-Work-and-Financial- Life/NMH02-0139

Tips for Talking to Children After a Disaster: A Guide for Parents and Teachers

Children respond to trauma in many different ways. Knowing the signs that are common at different ages can help parents and teachers to recognize problems and respond appropriately.

http://store.samhsa.gov/shin/content/KEN0-0093/KEN01-0093.pdf

Funding for this project was made possible by grant number 6U3REP090253 from the
U. S. Department of Health and Human Services Assistant Secretary for Preparedness and Response
Hospital Preparedness Program.

LOS ANGELES COUNTY
BOARD OF SUPERVISORS

Gloria Molina
FIRST DISTRICT

Mark Ridley-Thomas
SECOND DISTRICT

Zev Yaroslavsky
THIRD DISTRICT

Don Knabe
FOURTH DISTRICT

Michael D. Antonovich
FIFTH DISTRICT

LOS ANGELES COUNTY
DEPARTMENT OF HEALTH SERVICES

Mitchell H. Katz
Director

LOS ANGELES COUNTY
EMERGENCY MEDICAL SERVICES AGENCY

Cathy Chidester
Director

William Koenig
Medical Director