

CHATHAM COUNTY EMERGENCY OPERATIONS PLAN

ESF ANNEX 8 APPENDIX 8-3 TAB A

ACTIVATION AND SETUP PROTOCOLS AND TOOLS

NOVEMBER 2013



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A-1 ACTIVATION CHECKLIST

| Ц | Public Health, and the Coroner will activate the Family Assistance Center Plan | | | | | | |
|---|---|--|--|--|--|--|--|
| | Based on the incident size, number of victims, and other factors listed in the plan determine the approximate scale of the event | | | | | | |
| | Incident Type | | | | | | |
| | Date Time | | | | | | |
| | Incident Type Time Date Time Approximate number of victims Estimated number of family/friend to arrive at FAC Estimated Incident size | | | | | | |
| | Logistics: review site assessment worksheets and select the location of the FAC facility | | | | | | |
| | FAC Facility Activation Information | | | | | | |
| | Facility Name Date | | | | | | |
| | Street AddressStateZip Code | | | | | | |
| | Contact Person: | | | | | | |
| | Contact Person: Email | | | | | | |
| | Identify services that will be provided at FAC (check all that apply) Reception/Registration Family Briefings Victim Information Services Health Services Missing Persons Services Support Services Childcare services Translation/Interpretation Services Social Services (List Below) 1 | | | | | | |
| | Finance/Administration: identify all staff and volunteers | | | | | | |
| | • | | | | | | |
| | Coordinate with partners and local agencies to fill any resource or staff needs | | | | | | |
| | Set-up FAC Facility | | | | | | |
| | | | | | | | |



| | Ensure Information Technology needs are met and tested (Television/Cable, Phones, Internet, Cell Phones, Fax Machines, Radios) |
|----|---|
| | Law Enforcement: establish and implement tactical security plan for the facility |
| | Open FAC Facility and coordinate messaging with Public Information Officer; location, hours, and services. |
| So | ocial Services that may be required at a FAC |
| | at all services will be necessary at a FAC facility; the list below provides suggestions possible social services that may be necessary Animal Care Basic Medical Care Benefits Counseling/Assistance Child/Youth and Family Services Communications (phone and internet) Crime Victims Assistance Disability Information Educational Services Financial Services Financial Assistance Financial Services Health Care Information Services Housing Assistance Identification Replacement Services Insurance Advocacy Legal Assistance Mail Material Goods/Personal Property Replacement Medical Assessment Physical Health Provision of Medications Public Benefits Relocation Assistance Senior Citizens Service Small Business Assistance Tax Benefits/Extensions Therapy Dogs Transportation Unemployment benefits Veterans Affairs Translation/Interpretation Services Workers Compensation |



A-2 PROSPECTIVE SITE ASSESSMENT WORKSHEET

| General site information | n | Date | |
|------------------------------|--------------------|---|--------|
| Facility name | | | |
| Year Built | | Total Square Footage | |
| Street Address | _ | | |
| | | Zip Code | |
| ☐ Non-Profit ☐ Faith-Ba | ased □ City □ St | tate □ For Profit □ Other | |
| First Contact: | | | |
| Name | _ | Position | |
| Phone | _ | Email | |
| Second Contact: | | | |
| Name | _ | Position | |
| Phone | _ | Email | |
| What times of the year is | s the site availab | ole: | |
| | _ | | |
| Can this site be opened | within: 2 hrs | ☐ 4 hrs ☐ 6 hrs ☐ 12 hrs ☐ 24 hrs Other | |
| Site Appropriate for wha | t size event: □ | Small ☐ Medium ☐ Large ☐ Catasti | rophic |
| Is this site familiar to the | local population | n:□ Yes □ No | |
| Current MOU Agreemen | t with this site □ | l Yes □ No Describe: | |



Building specifications:

| Specifications | Y/N | Comments | Available for Use Y/N: |
|---|-----|---|------------------------------|
| Number of Rooms | | # rooms: | |
| Capacity of Rooms * (See Room Assessment Worksheet for more details on each room) | | Capacity of Room: | |
| Equipment Supply Area | | Dimensions: | |
| Ability to lock the site | | Describe: | |
| Loading Docks | | # of Bays: Forklift on site Y/N: Operator Available Y/N: Electrical Power Available Y/N: Explain: Material Handling Equipment Y/N: | |
| Number of Restrooms | | # of Men's # of Women's: # of Family/Unisex # of ADA Accessible: | |

A-4

| CEMA | |
|------|--|
| | |

| Baby Changing Areas | # of sites: | |
|---|--|--|
| | Where located: | |
| | Capacity of food prep areas: | |
| Food preparations and consumptions facilities | Capacity of Food Consumption area (for staff and families): | |
| Type of Food Preparation Areas | ☐ Full Commercial ☐ Warming ☐ Partial ☐ Walk-in refrigerator/Freezer | |
| | Size: Type: | |
| Refrigeration | Temp Controlled Y/N: | |



Accessibility:

| Specifications | Y/N | Comments | Available for use: Y/N |
|---------------------------------|-----|---|------------------------------|
| | | # of spaces for staff: # of spaces for clients: | |
| | | Cost of Parking per car | |
| Primary Parking Lot | | Validation Available? Y/NCost: Valet Available? Y/N | |
| | | Is Parking Secured? Y/N Describe: | |
| Secondary Parking Lot | | # of spaces: | |
| Adequate Road Access | | Describe: | - |
| ADA Accessible | | # Stairs: ADA adaptable Y/N: ADA Compliant Y/N: (Refer to ADA checklist for Emergency Shelters) | |
| Public Transportation | | Stop Name/Line: | |
| Proximity to Local Hospitals | | Hospital name: | |

| | * | |
|---|------|---|
| * | CEMA | Λ |
| (| | 7 |
| | | |

| Security | # of Officers Security System Provider: Surveillance Cameras on site: Y/N | |
|--|---|--|
| Coordination with EMS, Fire, Police Response | ☐ YES ☐ NO Describe: | |

Supplies/IT/Utilities:

| Specifications | Y/N | Comments | Available for use: Y/N |
|----------------------|-----|---|------------------------------|
| Tables | | # on site: | |
| Chairs | | # on site: | |
| Beds | | # Adult beds/cots on site: # Pediatric beds/cribs on site: | |
| Childcare equipment | | Describe: | |
| Temporary Partitions | | # on site: | |
| Computers | | # on site: | |
| FAX machines | | # on site: | |
| Copiers | | # on site: | |
| Telephones | | # on site: | |



| Televisions | # on site: | |
|---------------------------|--|--|
| Scanners | # on site: | |
| Shredders | # on site: | |
| File Storage Container | # on site: | |
| Podium | # on site: | |
| Audio/Visual Equipment | # on site: Description: | |
| Industrial Fans | # on site: | |
| Janitorial Services | # of trash cans on site: Describe removal methods: Sharps Container Y/N and #: | |
| Fire Safety System | ☐ Sprinklers ☐ Alarms ☐ Smoke Detectors ☐ Carbon Monoxide Detector Date of last test/inspection: # of Extinguishers: | |
| Radio | # and Type: Known interference or Shielding Y/N: | |
| Internet | Service provider: Type of Internet:□ Wi-Fi □ Hardwire □ Satellite Known interference or Shielding Y/N: | |



| Cable TV | Service provider: | |
|-------------------------|---|--|
| Phone | Service provider: Known interference or Shielding Y/N: | |
| Electricity | Service provider: | |
| Overhead Lighting | Sufficient for FAC Operation Y/N: | |
| Generator | Sufficient for FAC Operation Y/N: Transfer switch for trailer mounted generator Y/N: | |
| Water | Service provider: □ Hot □ Cold □ Potable | |
| Heat/AC | Heat Y/N: AC Y/N: Type : □ Electric □ Gas | |
| Gas | Services Provider: | |
| Transportation vehicles | Describe: | |

A-9



Services the facility will continue to provide:

| Service: | Y/N | Comments/Contact Information |
|----------------------|-----|------------------------------|
| Janitorial | | |
| Food Preparation/ | | |
| Cleaning | | |
| Restroom | | |
| Maintenance | | |
| Facility Maintenance | | |
| Security | | |

Necessary documents to be attached:

| Document | Y/N | Comments |
|--|-----|----------|
| MOU or contract for the site | | |
| Fire and Capacity Regulations | | |
| Evacuation Plan of site | | |
| Floor Plan of site | | |
| Photographs of Site (Including Satellite images) | | |
| Maps | | |



CHECKLIST FOR RECOMMENDED FAC FUNCTIONAL AREAS AT PROSPECTIVE SITE

Check the box for each functional area that can be accommodated by prospective site Main Service Areas

| | Reception and Registration |
|------------|---|
| | Family Interview/Notification Rooms |
| | Behavioral Health Services ☐ Private Consultation Areas ☐ Staff Meeting Room ☐ Staff Break Room Missing Persons Call Center (could be off site) |
| | Waiting Area |
| | Family briefing area (for families and responders to gather and brief) |
| | Television room (located away from the waiting room) |
| | Computer/Phone Bank |
| | Childcare Area |
| | Food Preparations Area |
| | Dining Area |
| | Family Meeting/Gathering area (for families to meet one another) |
| | Media Station (secured location far enough away from the FAC but sufficient for |
| | briefings) |
| | Memorial area (wall, room, table) |
| | Incident site map/diagram area |
| | Secondary Services area (social services area) |
| 5 , | |
| | Office Areas |
| | Staff Check-in |
| | Staff Work Area |
| | Command Staff Area |
| | Staff Conference Rooms |
| | Staff Break Room |



ROOM ASSESSMENT WORKSHEET

| Room Name: | Capacity of Room: |
|-----------------------------------|---------------------------------------|
| Potential Use of the Room: | |
| Number of Phone Ports | Number of Internet ports |
| Number of Electrical Sockets | Able to be divided Y/N |
| Number of Windows | Lighting (Describe) |
| | e □ Linoleum □ Cement □ Wood □ Other: |
| | |
| | |
| Room Name: | Capacity of Room: |
| Potential Use of the Room: | |
| Number of Phone Ports | Number of Internet ports |
| Number of Electrical Sockets | Able to be divided Y/N |
| Number of Windows | Lighting (Describe) |
| Type of Flooring: □ Carpet □ Tile | □ Linoleum □ Cement □ Wood □ Other: |
| Notes: | |
| | |
| Room Name: | Capacity of Room: |
| Potential Use of the Room: | |
| Number of Phone Ports | Number of Internet ports |
| Number of Electrical Sockets | Able to be divided Y/N |
| Number of Windows | Lighting (Describe) |
| Type of Flooring: □ Carpet □ Tile | ☐ Linoleum ☐ Cement ☐ Wood ☐ Other: |
| | |
| | |



SUGGESTED FAC SITE SPECIFICATION

General Information:

- A FAC should be close to the incident site but should no be in view of the incident. Family/friends should not have to pass the incident site on their way to/from the FAC.
- One large FAC is preferred over several smaller ones
- Ideally the FAC could be activated within 12 hours of an incident
- Sites should be community neutral, ideally faith-based organizations are not preferred for a FAC site
- In a mass fatality incident with a separated population of affected residents, workers, business owners, and those who have not lost a friend or family, a separate facility for secondary services should be established to provide other secondary services. If a secondary services facility is establish near the FAC the two facilities should have separate entrances.

Building Specifications:

Room Capacity: (See Site Scaling Guide – Excel document)

Private Counseling rooms for Behavioral Health:

- Recommended ratio of 1:15 private counseling rooms to families
 Antemortem Interview Rooms:
 - Recommended ratio of 1:15 private interview rooms to families

Childcare Area:

- Preferably have a separate space with one entrance and exit
- If possible, separate in to age appropriate areas
- Remove all potential hazards (sharp corners/objects, objects with a potential to fall, open sockets and wires, etc.)
- Expected capacity ratio of 3:10, children to # of families

Entrances/Exits:

- Preferably the facility could be locked down to monitor security and control ingress/egress
- Ensure the facility is ADA compliant

Loading Docks:

- Have enough space to bring in and unload multiple large trucks simultaneously
- Have material handling equipment on site

Restrooms:

10 stalls per 300 users



- If possible have a separate staff restroom
- Assure there is a handicap accessible restroom for men and women

Accessibility:

Public Transportation:

- Distance to nearest public transportation should be no more than ¼ mile *Proximity in the community:*
 - Visitors should not pass the disaster site to arrive at the FAC
 - Visitors should not be able to see the disaster site while at the FAC
 - FAC site should have accessible road or transportation to area hospitals

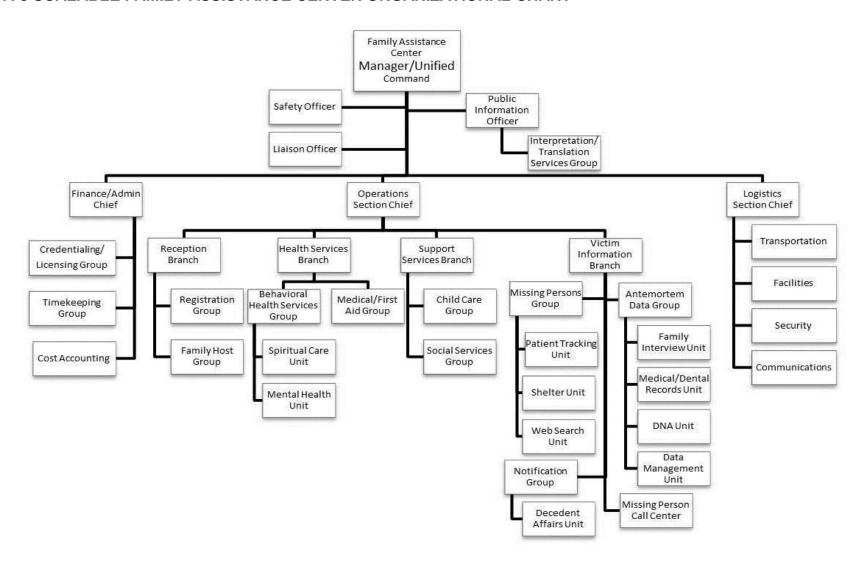
Supplies/IT/Utilities:

Radio/Internet/Telephone:

• Should have no known disruption to communications services



A-3 SCALABLE FAMILY ASSISTANCE CENTER ORGANIZATIONAL CHART





A-4 STAFFING OVERVIEW

This staffing model is an example. Depending on the event positions may be combined, eliminated, or managed by CEMA or the EOC. Not all staff positions will be active during specific timelines of response.

| will be active during specific unleint | | | Lorrica |
|--|-------|---------|-------------|
| Detential Fatalities | Small | Medium | Large |
| Potential Fatalities | <15 | 15-50 | >50 >400 |
| Family and Friends FAC Director/Incident Commander/Unified Commander | <120 | 120-400 | >400 |
| | 0 | 1 | 1 |
| Deputy Officer in Charge/Deputy FAC Commander | 0 | 1 | 1 |
| PIO Populty PIO Family Priofings | 1 | 1 | 1 |
| Deputy PIO Family Briefings | 0 | 1 | 1 |
| Interpretation/Translation Services | 1 | 1 | 1 |
| Safety Officer | 1 | 1 | 1 |
| Liaison Officer | TDD | 1 | TDD |
| America Red Cross Liaison | TBD | TBD | TBD |
| Local Human Services Liaison | TBD | TBD | TBD |
| Law Enforcement Liaison | TBD | TBD | TBD |
| EOC Liaison | TBD | TBD | TBD |
| Impacted Public/Private Sector Liaison | TBD | TBD | TBD |
| Command Staff Total | 5 | 7 | 7 |
| Logistics Section Chief | 1 | 1 | 1 |
| Deputy Logistics Chief | 0 | 1 | 2 |
| Security Group Supervisor | 1 | 1 | 1 |
| Security Group Staff | 0 | 1 | 1-2 |
| Communications Group Supervisor | 1 | 1 | 1 |
| Communications Group Staff | 1 | 2 | 2 |
| Transportation Group Supervisor | 1 | 1 | 1 |
| Transportation Group Staff | 1 | 1-2 | 2-3 |
| Facilities Group Supervisor | 1 | 1 | 2 |
| Facilities Group Staff | 0 | 1-2 | 2-3 |
| Logistics Section Total | 7 | 11-13 | 15-18 |
| Operations Section Chief | 1 | 1 | 1 |
| Deputy Operations Section Chief | 0 | 1 | 1 |
| Victim Information Branch Director | 1 | 1 | 1 |
| Deputy Victim Information Branch Director | 0 | 1 | 1 |
| Public Information Contact Center Group Supervisor | 1 | 1 | 1 |
| Phone Operators | 3 | 5 | 7 |
| Data Entry Staff | 2 | 3 | 4 |
| Unaccounted for Persons Group Supervisor | 1 | 1 | 1 |
| Unaccounted for Persons Team Lead | 1 | 1 | 2 |
| Unaccounted for Person Data Management Staff | 1-2 | 2-5 | 5-10 |
| Unaccounted for Persons Staff | 3-4 | 0 | 0 |
| Patient Tracking Liaison | 0 | 1 | 1 |
| - | | | |



| | 1 | | |
|--|-------|--------|-------|
| | Small | Medium | Large |
| Supporting Staff | 0 | 2-3 | 2-4 |
| Shelter Liaison | 0 | 1 | 1 |
| Supporting Staff | 0 | 2-3 | 2-4 |
| Web Search Liaison | | | |
| Web Search Liaison | 0 | 1 | 1 |
| Supporting Staff | 0 | 2-3 | 2-4 |
| Antemortem Data Group Supervisor | 1 | 1 | 1 |
| Deputy Antemortem Data Group Supervisor | 0 | 1 | 1 |
| Medical Examiner Advisor | 1 | 1 | 1 |
| Antemortem Data Group Staff | 4-5 | 0 | 0 |
| Medical/Dental Records Team Lead | 0 | 1-2 | 2-3 |
| Medical Records Staff | 0 | 2-4 | 4-8 |
| Dental Records Staff | 0 | 2-4 | 4-8 |
| DNA Unit Team Lead | 0 | 1 | 1-2 |
| DNA Specialist | 0 | 2-4 | 4-8 |
| DNA Counselors | 0 | 1 | 1-2 |
| Data Management Team Lead | 0 | 1 | 1 |
| Data Management Staff | 0 | 2-5 | 5-10 |
| Family Interview Team Lead | 1 | 1-2 | 2-5 |
| Family Interviewers | 3-5 | 5-10 | 10-30 |
| Family Interview Coordinator | 1 | 2 | 2-4 |
| Notification and Referral Group Supervisor | 1 | 1 | 1-2 |
| Notification and Referral Group Staff | 2-4 | 4-10 | 10-20 |
| Decedent Affairs Unit Team Lead | 0 | 1 | 1 |
| Decedent Affairs Staff | 0 | 2-3 | 4-8 |
| Support Service Branch Director | 1 | 1 | 1 |
| Deputy Support Services Branch Director | 0 | 1 | 1 |
| Support Services Staff | 3 | 0 | 0 |
| Child Care Supervisor | 1 | 1 | 1 |
| Child Caregivers | TBD | TBD | TBD |
| Social Services Supervisor | 0 | 1 | 1 |
| Social Services Team Lead | 0 | 1 | 1 |
| Social Services Staff | 0 | 2-3 | 3-5 |
| Health Services Branch Director | 1 | 1 | 1 |
| Deputy Health Services Branch Director | 0 | 1 | 1 |
| Medical/First Aid Group Supervisor | 1 | 1 | 1 |
| Nurses/EMTs/Medics | 1 | 1-2 | 2-3 |
| Infection Control Specialist (as needed) | TBD | TBD | TBD |
| Behavioral Health Group Supervisor | 1 | 1 | 1-2 |
| Behavioral Health Group Staff | 3-4 | 0 | 0 |
| Mental Health Team Lead | 0 | 1 | 1-3 |
| Mental Health Workers | 0 | 1-4 | 4-20 |
| Spiritual Care Team Lead | 0 | 1 | 1-3 |
| Opinidai Odio Todini Ledd | U | | 1.0 |



| Small | Medium | Large |
|--------|--|---|
| 0 | 1-4 | 4-20 |
| 1 | 1 | 1 |
| 0 | 0 | 1 |
| 3 | 0 | 0 |
| 0 | 1-2 | 2 |
| 0 | 1 | 1-2 |
| 0 | 2 | 2-3 |
| 0 | 2-3 | 3-4 |
| 0 | 2 | 2-4 |
| As | As | As |
| Needed | Needed | Needed |
| 0 | 1 | 2 |
| 0 | 1-2 | 2-4 |
| | | |
| 1 | 1 | 1 |
| 0 | 0 | 1 |
| 2 | 2 | 2-3 |
| As | As | As |
| Needed | Needed | Needed |
| 1 | 1-2 | 2-3 |
| 0 | 0 | 1 |
| 1 | 1 | 1-2 |
| 0 | 1-2 | 2-3 |
| 0 | 1 | 1 |
| 0 | 1 | 1-2 |
| 5 | 8-10 | 12-17 |
| | | |
| | 0 1 0 3 0 0 0 0 0 As Needed 0 0 0 2 As Needed 1 0 1 0 2 As Needed | 0 1-4 1 1 0 0 3 0 0 1-2 0 1 0 2 0 2 As As Needed Needed 0 1 1 1 0 0 2 2 As As Needed Needed 1 1-2 0 0 1 1 0 1-2 0 1 0 1 0 1 0 1 |



A-5 EQUIPMENT AND SUPPLIES

Prior Agreements or Stock piles of Supplies: *list any prior agreements with suppliers for the quick delivery of necessary supplies, or any stock piles that will be accessed*

| Supplier | General Contents of shipment | | | | |
|----------|------------------------------|--|--|--|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

General/Scalable guideline for supplies

| Supplies/Equipment Item | Small | Medium | Large | Number Available On- Site |
|---|-------|---------|-------|---------------------------------|
| Potential Fatalities | <15 | 15-50 | >50 | |
| Family and Friends | <120 | 120-400 | >400 | |
| Administrative Supplies | | | | |
| AED | | | | |
| Age Appropriate Toys | | | | |
| Audio/Visual Equipment (projectors, microphones, screens, speakers, remote control) | | | | |
| Badge processing equipment | | | | |
| Barrier Tape (Caution, restricted, etc.) | | | | |
| Cell phone charging station | | | | |
| Cell Phones (with chargers) | | | | |
| Chairs | | | | |
| Clipboards (1 per client at registration) | | | | |
| Comfort Items | | | | |
| Communication Boards/White Boards | | | | |
| Computers | | | | |
| Conference Call Phones | | | | |
| Cribs/cots | | | | |
| Diaper Changing Tables | | | | |
| Digital Camera | | | | |
| Extension Cords [3 pronged] | | | | |

| Supplies/Equipment Item | Small | Medium | Large | Number Available On- Site |
|-------------------------------------|-------|--------|-------|---------------------------------|
| FAX machines | | | | |
| File Storage (e.g. file | | | | |
| cabinets, crates, boxes) | | | | |
| Fire Extinguishers | | | | |
| First Aid Kits | | | | |
| Flashlights | | | | |
| Folding Screens/Partitions | | | | |
| Hygiene Supplies (Tissues) | | | | |
| Ink Cartridges | | | | |
| Internet | | | | |
| Internet and Power Cables | | | | |
| Janitorial Supplies | | | | |
| Language Boards | | | | |
| Linens, blankets, pillows | | | | |
| Lockable boxes | | | | |
| Maps (local area, facility, | | | | |
| incident site) | | | | |
| Paper (boxes) | | | | |
| Paper Shredders/ Burn bags | | | | |
| Parking/Food Passes (If applicable) | | | | |
| Photocopiers | | | | |
| Podium | | | | |
| Printers | | | | |
| Radio (2 way radios) | | | | |
| Radio 800MHz | | | | |
| Religious resources | | | | |
| Rest Mats | | | | |
| Scanners | | | | |
| Signs (see signage list) | | | | |
| Slot-top collection box | | | | |
| Small Refrigerator | | | | |
| Surge Protectors | | | | |
| Tables | | | | |
| Telephone books (if no internet) | | | | |

| Supplies/Equipment Item | Small | Medium | Large | Number Available On- Site |
|---|-------|--------|-------|---------------------------------|
| Telephone Lists | | | | |
| Telephones | | | | |
| Televisions | | | | |
| Transportation vehicles | | | | |
| Trash Cans | | | | |
| Whiteboards or Easels with Poster paper | | | | |
| Window Covering | | | | |

Resource Breakdown by Functional Area

| Resource | Scaling Guide | Quantity Required | Description/Comment | |
|--|--|----------------------|---|--|
| Reception/Registration | | | | |
| Administrative Supplies | As Needed | | | |
| Badging Equipment | 1 badging machine per 50 clients | | | |
| Chairs | Number of Tables x2 | | | |
| Clipboards | 1 per client at registration | | | |
| Extension Cords | 1 per 2 computers | | | |
| FAC Forms | 1 per client | | | |
| Locked Box | 1 per 50 badges | | To store badges in as they are returned | |
| Staff Computer | 1 per filled position | | | |
| Signage | As Needed | | | |
| Surge Protectors | 1 per 2 computers | | | |
| Tables | 1 per 2 filled positions | | | |
| Telephones | 1 per 2 filled positions | | | |
| Telephone Lists | 1 per telephone | | | |
| Family Briefing Area | | | | |
| Chairs | Based on incident, enough for all clients (if no auditorium) | | | |
| Communications Boards | 1 or more as needed | | | |
| Audio/Visual Equipment (microphones, speakers, projectors, remote) | 2 microphones, 4 speakers, 1 projector, 2 screens,1 remote | | | |
| Podium | 1 (if not already in the room) | | | |
| Signage | | | | |

| 4 | * | |
|---|-----|---|
| * | CEM | 4 |
| | | _ |

| | ı | |
|-------------------------------|-----------------------------|--|
| | 1 telephone with speaker | |
| Telephone | phone and conference call | |
| | capabilities | |
| Tables | As needed | |
| Family Interview/Notification | Rooms | |
| Administrative Supplies | As Needed | |
| Chairs | 6 for family, 1-2 for staff | |
| Extension Cords | 1 per 2 computers | |
| Signage | | |
| Staff Computer | 1 | |
| Surge Protectors | 1 per 2 computers | |
| Tables | 1 | |
| Telephone | 1 | |
| Telephone List | 1 per telephone | |
| Tissues | As Needed | |
| Child Care Area | | |
| Age Appropriate Toys | As Appropriate | |
| Cribs/cots | | |
| Diaper Changing Tables | | |
| Digital Camera | 1 | |
| First Aid Kit | 1 | |
| Folding Screens/Partitions | As Needed | |
| Linens, blankets, pillows | | |
| Rest Mats | | |
| Small Refrigerator | 1 per childcare area | |
| Client Computer/Telephone E | Bank | |
| Chairs | 2 per computer, 2 per | |
| Chairs | telephone | |
| Computers with internet | 1 per 15 clients in the | |
| • | facility | |
| Extension Cords | 1 per 2 computers | |
| | 1 per 2 computers (as | |
| Tables | resources allow), 1 per 4 | |
| Tables | telephones (as resources | |
| | allow) | |
| Telephone | 1 per 15 clients in the | |
| ' | facility | |
| Signage | | |
| Surge Protectors | 1 per 2 computers | |
| Food Services Area | | |
| Chairs | 2 per table (rectangular), | |
| 5 | 8 per table (round) | |
| Food | 3 meals a day throughout | |
| . 554 | duration of operations | |



| Signage | | |
|--------------------------------|---|---|
| Tables | 1 per 2 clients (rectangular) or 1 per 8 clients (round) | |
| Trash Cans | clients (round) | |
| Behavioral Health Services | | |
| | As Needed | |
| Administrative Supplies Chairs | As Needed | |
| Clipboards | | |
| | 1:8 Staff Members | |
| Computers Forms | 1.6 Stall Members | + |
| Tables | 1 per counseling room | |
| Family Waiting Area | 1 per couriseiing room | |
| Administrative Supplies | As Needed | |
| Chairs | # clients X .25 | |
| Tables | As resources allow | |
| Signage | As resources allow | |
| Staff Registration/Badging | /Credentialing | |
| Administrative Supplies | As Needed | |
| Badging Equipment | 1 badging machine per 50 staff | |
| Chairs | Number of Tables x2 | |
| Extension Cords | 1 per 2 computers | |
| Locked Box | 1 per 50 badges | To store badges in as they are returned |
| Staff Computer | 1 per filled position | they are returned |
| Surge Protectors | 1 per 2 computers | |
| Tables | 1 per 2 filled positions | |
| Telephones | 1 per 2 filled positions | |
| Telephone Lists | 1 per telephone | |
| Staff Work Area | <u> </u> | |
| Administrative Supplies | As Needed | |
| Chairs | 1 per staff member | |
| Extension Cords | · | |
| FAX machine | 1 | |
| Paper Shredder | 1 | |
| Photocopier and supplies | 1 | |
| Printer | 1 | |
| Slot-Top Collection Box | 1 per 50 tables | For paper to be shredded |
| Staff Computer | 1 per staff member, 2 for every staff member accessing antemortem | |

| | database (1 for database | |
|--|---|--|
| | and 1 for internet access) | |
| Surge Protectors | | |
| Tables | 2 staff per table, or long oval tables | |
| Telephone | 1 per 2 staff | |
| Telephone List | 1 per telephone | |
| Command Staff Area | <u> </u> | |
| Administrative Supplies | As Needed | |
| Chairs | 1 per staff | |
| Conference Call Phones | 1 | |
| Extension Cords | 3 | |
| FAX machine | 1 | |
| ICS Forms | 2 sets per operational period | |
| Audio/Visual Equipment | 2 microphones, 4 speakers | |
| Photocopier and supplies (ink cartridges, paper, etc.) | 1 | |
| Printer | 1 | |
| Radio | 1 for each member command staff, section chief, branch directors and group leaders. Others if resources allow | |
| Staff Computers | 1 per staff member | |
| Signage | 1 | |
| Surge Protectors | 3 | |
| Tables | Long oval table or equivalent to seat all command staff | |
| Telephone | 3 | |
| Telephone List | 1 per telephone | |
| Staff Break Room | | |
| Chairs | 2 per table (rectangular) 1 8 per table (round) | |
| Food | 3 meals a day for the duration of operations | |
| Signage | | |
| Tables | 1 per 4 staff (rectangular), 1 per 8 staff (round) | |
| Trash Cans | | |
| Other Supplies | | |
| AED | 1 | |
| First Aid Kit | 2 | |
| | - | |

EOP / ESF - 08 ANNEX / APPENDIX 8-3 / TAB A ACTIVATION AND SETUP PROTOCOLS AND TOOLS

| Fire Extinguisher | 1 | |
|---------------------|---|--|
| Janitorial Supplies | | |
| Flashlight | | |

Attach to this sheet any invoices or order forms for supplies

| Supplier | Invoice Attached Y/N |
|----------|----------------------|
| | |
| | |
| | |
| | |
| | |



SIGNAGE

| Required Signs for the FAC: | | | | |
|--|--|--|--|--|
| ☐ signs for each service | | | | |
| □ reception □ waiting areas □ interview areas □ quiet rooms □ staff work space, staff only spaces □ storage rooms □ staff break rooms □ family briefing rooms □ child care areas □ memorial area □ social services □ Behavioral Health services areas □ Medical/First Aid services areas | | | | |
| ☐ signs for client movement through services (arrows, station signs, etc) | | | | |
| ☐ signs for any urgent or important updates about the incident | | | | |
| ☐ signs for entrances and exits | | | | |
| ☐ signs for handicapped areas, parking, and services | | | | |
| ☐ signs for bathrooms | | | | |
| ☐ signs for food and beverage | | | | |
| ☐ signs for security personnel | | | | |
| ☐ signs for public transportation/parking lots | | | | |
| ☐ Language Board | | | | |
| ☐ Signs in American Sign language | | | | |
| ☐ Incident map/Diagram | | | | |
| ☐ Local area maps | | | | |



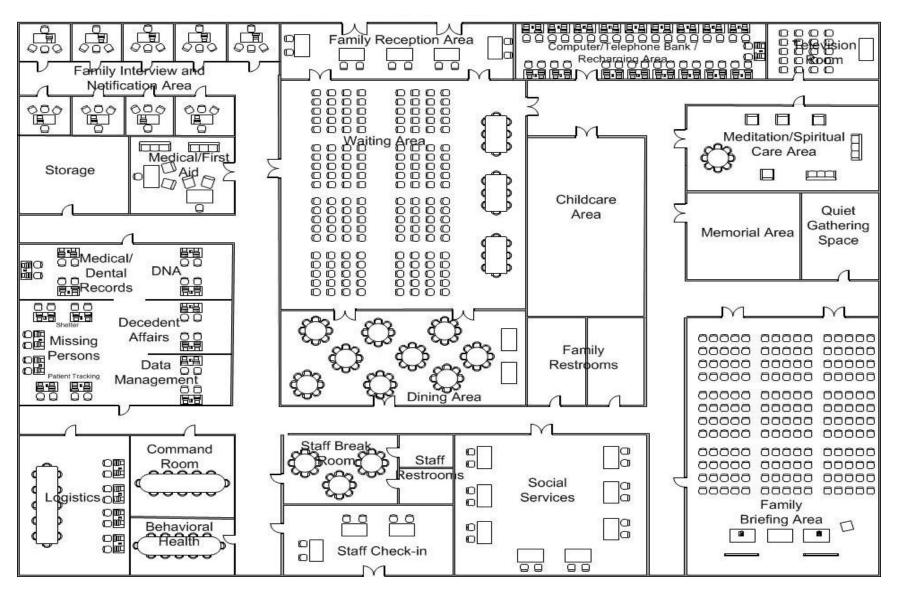
A-6 FACILITY FLOOR PLAN SET-UP GUIDELINES

Below are important guidelines to consider when setting up the floor plan for a Family Assistance Center

- 1. Childcare area, dining area, and family restrooms should be situated close to waiting areas.
- 2. Childcare areas should have a single point of ingress/egress and be within view of the waiting areas if possible.
- 3. Family Interview/notification areas should not be located directly adjacent to quiet rooms or waiting areas
- Families and staff should have separate reception/check-in areas and separate entrances if possible
- 5. Staff should have separate restrooms and dining areas if possible. Staff dining areas can be combined with a staff break room.
- 6. Medical/First Aid area should be close to the family interview/notification area and the waiting area.
- 7. The television room should be far enough away from the waiting area that families who do not need to hear the news if they do not wish to.
- 8. The media should be in a secured location far enough away from the FAC but sufficient for briefings
- 9. Any time a staff area is adjacent to a family are, out of respect for the families staff should be aware of their noise level and laughter.



A-7 SAMPLE FAMILY ASSISTANCE CENTER FACILITY LAYOUT





A-8 SUGGESTED FAC SITE SPECIFICATIONS

This exhibit is an excel spreadsheet used to help determine the number of square footage and the number of rooms needed for a FAC. Please refer to spreadsheet



A-9 FAMILY ASSISTANCE CENTER TIMELINE

<u>Incident Occurs During Business Hours</u>

- Incident occurs
- Clock Starts upon the CEMA Duty Officer receiving notification of a mass casualty / mass fatality incident:
 - Area Commander notified of incident (via Duty Officer or other means)

Within 60 minutes

- Missing Person Contact Center (MPCC)
 - Website scripting prepared
 - Recorded messages drafted
 - Agencies notified to prepare staff for call center activation
- Reception Center(s)
 - o Determine need for near-scene reception center set up by first responders
 - Determine need for hospitals to implement reception center and begin using modified information form to help identify patients (if needed)
- Physical FAC
 - Begin discussions on need for physical FAC

90 minutes

- MPCC
 - Website live
 - Recorded message line activated
 - Push url and recorded message line out to all dispatch centers, hospital PIOs, traditional media and social media
 - o Begin revising scripts for possible call center
- Reception Center(s)
 - Secure staff / trained volunteers (number needed dependent on size of incident and number of reception centers) to deploy to centers to answer questions and provide support.
- Physical FAC
 - Determine whether to start the process of opening a FAC.

3 hours

- MPCC
 - Confirm whether call center will be activated for the incident
 - Begin confirming staff availability with participating agencies
 - If goal is to have training at four hours, staff may need to be confirmed earlier
 - Establish appropriate activation time for call center function
- Reception Center(s)
 - Continue to provide support in answering questions
- Physical FAC
 - Research possible locations and make contact to determine availability.



4 hours

- MPCC
 - Provide just in time training to call center staff
 - Begin sorting through information received via website and from hospitals, medical examiner and other venues (5-6 hours in an after-hours scenario when staff are able to access information from remote locations)
- Reception Center(s)
 - Continue to provide support in answering questions
- Physical FAC
 - Confirm locations
 - Begin securing needed supplies based on possible number of decedents
 - Alert partners (law enforcement, local emergency management, ARC) to FAC decision
 - Reach out to workforce and PHRC volunteers

6 hours

- MPCC
 - Go live with call center IF need for real-time information sharing
 - Begin calling back people who reported someone online who matches information held by hospitals
- Reception Center(s)
 - Continue to provide support in answering questions
 - Alert gathered family members and friends to opening of FAC. Provide location and basic information.
- Physical FAC
 - Visit site and begin discussions with event, catering and facility staff (if at hotel) about set-up, technology needs, privacy needs and other logistics. If staff will not be available until morning, plan for FAC opening at Noon on first day instead of 8 a.m.
 - Begin set-up of FAC.

8 hours

- MPCC
 - Begin slow demobilization, releasing operators to other functions
- Reception Center(s)
 - Assist with transportation arrangements if family members and friends plan to go directly to the FAC.
- Physical FAC
 - Alert staff and volunteers to location of FAC, roles and time to report.



12 hours (or later depending on when initial incident occurred – want to open FAC at start of new day)

- MPCC
 - Return to an automated system directing people to the FAC and sharing the hours and brief message on what to expect.
- Reception Center(s)
 - Demobilize
- Physical FAC
 - Training and briefing for arriving staff at least one hour prior to opening of FAC
 - Depending on when incident occurred, open FAC at 8 a.m. or noon on the day after the incident to begin making appointments for antemortem interviews and briefing families on the FAC and the status of the investigation and incident.

24 hours

- MPCC
 - Consider operators for virtual FAC call center component gathering antemortem information from loved ones of those likely involved in incident who cannot come in to a physical FAC
- Physical FAC
 - Operations continue for duration of incident.



A-10 FAMILY ASSISTANCE CENTER FUNCTIONS

* indicates primary/lead

| * indicates primary/lead | | | | |
|--|---|--|--|--|
| Family Assistance Center Functions | | | | |
| Functions | Agency/Organization | | | |
| Family briefings | *Coroner Office | | | |
| | Local Response Agency | | | |
| | Affected Industry Agencies | | | |
| Collection of antemortem data for | * Coroner Office | | | |
| identification of human remains | DMORT FAC Team if used | | | |
| Death notification to next of kin. | * Coroner Office | | | |
| | Law Enforcement | | | |
| | Chaplains | | | |
| Management/coordination of all family | Varies by community - Coroner Office, | | | |
| assistance operations, including all | Health, Human Services, Social Services | | | |
| involved organizations and personnel | agencies | | | |
| | *Coroner Office should always be involved | | | |
| Family support services: | A wide array of agencies, organizations, | | | |
| Call center, | and volunteers that work collaboratively | | | |
| Reception and information desk, | under the direction of the agency in charge | | | |
| Spiritual care, | of family assistance, for example: | | | |
| Mental health services, | Department of Mental Health, Alcohol and | | | |
| ■ First aid/medication, | Drugs, and/or Behavioral Health. | | | |
| Translation/interpreter services, | American Red Cross. | | | |
| Child care, and | Salvation Army | | | |
| Food services/mass care. | Faith-based organizations and churches. | | | |
| Web Search/Lead Investigation Center | Nonprofit organizations. | | | |
| (if the mass fatality involves large | Local volunteer agencies. | | | |
| numbers of missing persons). | | | | |
| A wide range of additional services that | | | | |
| are based on the incident. These may | | | | |
| include: lodging, clothing, | | | | |
| transportation, financial assistance, | | | | |
| financial services, legal services, crime | | | | |
| victims services, etc. | | | | |



A-11 FAMILY ASSISTANCE CENTER ACTIVITIES

| Site | Purpose | Location | Services | Special Considerations |
|--------------------------------|---|---|--|--|
| Reception Center | Immediate location for friends/family to gather and await information on rescue/recovery efforts | Located in close proximity to disaster site or where victims are receiving care (i.e. airport, healthcare facility) | Information Exchange Mental Health and Spiritual Care Basic First Aid Refreshments | Security Preserving Privacy of Family/Friends Resources to manage Increased emotional reactions |
| Call Center/ Crisis Hotline | Provides information regarding incident management and available services Gathers missing persons information/family inquiries | Located away from disaster site (i.e. local call center, local EOC, 211, television station, radio station, etc) | Information regarding incident management and available services Screens/directs calls Provides emotional support and referrals Collects missing persons information/family inquiries | Quick setup Able to accommodate increased call volumes Availability of mental health resources Computerized tracking database |
| Respite Center | Provides area for rest, food, mental health, spiritual care, and other supportive services for responders | Located in close proximity to disaster site | Provides rest area, showers, food & beverage Basic First Aid Message Therapy Mental health & Spiritual Care | Preserve privacy of rescue and recovery workers Availability of mental health and spiritual care resources |
| Family Assistance Center | Intermediate/Long term location for friends/family to gather to await reunification, death notification, or support services | Located away from the disaster site (i.e. hotels, convention centers) | Mental Health & Spiritual care Information Exchange Other Support Services Coordination of VIP, Injury & Death notification, Visits to disaster site | Who is managing site? Co-Location of multiple agencies Political issues Cultural Issues |

A-34 NOVEMBER 2013



A-12 STAFF REQUEST FORM

| REQUESTOR INFORMATION | | | | | | | | |
|--|----------------|--------|------------------------|-------|-----------------|-----|--|--|
| Request Date: | | | Request Time: | | | | | |
| Requestor: | | | Location of Requestor: | | | | | |
| Contact Name: | | | Contact Phone: | | | | | |
| REQUEST INFORMATION | | | | | | | | |
| Priority (bold or circle) | High | | Me | edium | | Low | | |
| Role: | | Staff? |) Y | N | PHRC? Y | N | | |
| Number of staff needed: | Reporting Date | |) : | | Reporting Time: | | | |
| Duration (hours / days | Reporting Loca | | on: | | | | | |
| needed): | | | | | | | | |
| Hours Days | | | | | | | | |
| Name and phone number of person to report to: | | | | | | | | |
| | | | | | | | | |
| Parking provided? Y N Location of parking if provided: | | | | | | | | |
| Meals provided? Y N | | | | | | | | |
| Languages they need to speak: | | | | | | | | |
| Equipment they need to bring: | | | | | | | | |
| Skills needed: | | | | | | | | |
| Specific duties: | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Additional information: | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| EOC STAFF TO COMPLETE | | | | |
|-----------------------|----------------|----------------------------------|--|--|
| Date received: | Time received: | Assigned to: | | |
| Date filled: | Time filled: | Assignment information given to: | | |
| Notes: | | | | |
| | | | | |



Instructions for Completion of Form

| REQUESTOR INFORMATION | | | | | |
|---------------------------------|--|--|--|--|--|
| Request Date | Date when staff are needed | | | | |
| Request Time | Time when staff are needed | | | | |
| Requestor | Business continuity staff, section director, section chief | | | | |
| Location | Where the person requesting the staff is located (e.g. HMAC, Incident Command) | | | | |
| Contact Name | Name of the person who needs the personnel | | | | |
| Contact Phone | Phone number for the person who needs the personnel | | | | |
| REQUEST INFORMATION | | | | | |
| Role | Title (e.g. Death Investigator, Human Remains Photographer) | | | | |
| Number needed | Number needed per shift | | | | |
| Reporting date | Date they are to report | | | | |
| Reporting time | Time they are to report | | | | |
| Duration (days or Hours) | For how long they are needed | | | | |
| Reporting location | Name of facility and address | | | | |
| Parking/Meals | Where to park / are meals provided or should they bring something | | | | |
| Skills needed | Any specific skill set needed | | | | |
| Language needed | Other than English | | | | |
| Equipment needed | Do they need to pick up / bring with them any equipment | | | | |
| Specific Duties | Outline of the duties they will undertake | | | | |
| Additional information | Anything that will help find the right person | | | | |
| EOC STAFF TO COMPLETE | | | | | |
| Date Received | Date request was received | | | | |
| Time Received | Time request was received | | | | |
| Assigned to | Staff person assigned to fill request | | | | |
| Date Filled | Date request was filled | | | | |
| Time Filled | Time request was filled | | | | |
| Assignment information given to | Who has been assigned | | | | |