

Family Assistance Center Plan (Annex/Appendix)



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All three entities above have reviewed and approved this document.

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Approval & Implementation

This Family Assistance Center Plan is hereby approved for the **[insert name of institution]**. This plan is effective immediately and supersedes all previous editions.

[NAME]
[JOB TITLE]
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Date

Record of Changes

Change #	Date of Change	Description of Changes	Changed By

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Introduction

The establishment of a Family Assistance Center (FAC) is a critical component of the University's comprehensive emergency response strategy. In the event of a mass casualty incident (MCI)/mass violence incident (MVI) or other significant emergencies, the FAC serves as a centralized location to provide support, information, and resources to victims, survivors and their families. This plan outlines the procedures, roles, and responsibilities for setting up and operating a FAC, ensuring that the immediate needs of those affected are met with compassion and efficiency. By fostering a coordinated and empathetic response, the FAC aims to help individuals navigate the aftermath of a crisis, offering essential services and emotional support to aid in their recovery and resilience.

Purpose

The purpose of the FAC plan is to provide a structured and organized approach to delivering support and resources to victims, survivors, families, and loved ones affected by a mass casualty incident or other significant emergencies on campus. The FAC serves as a central hub where individuals can access vital information, emotional support, and practical assistance in the immediate aftermath of a crisis. This plan ensures that all FAC operations are carried out efficiently, compassionately, and in coordination with other emergency response efforts. By establishing clear guidelines and procedures, the FAC plan aims to mitigate the impact of the incident on those affected, promoting recovery and resilience within the campus community.

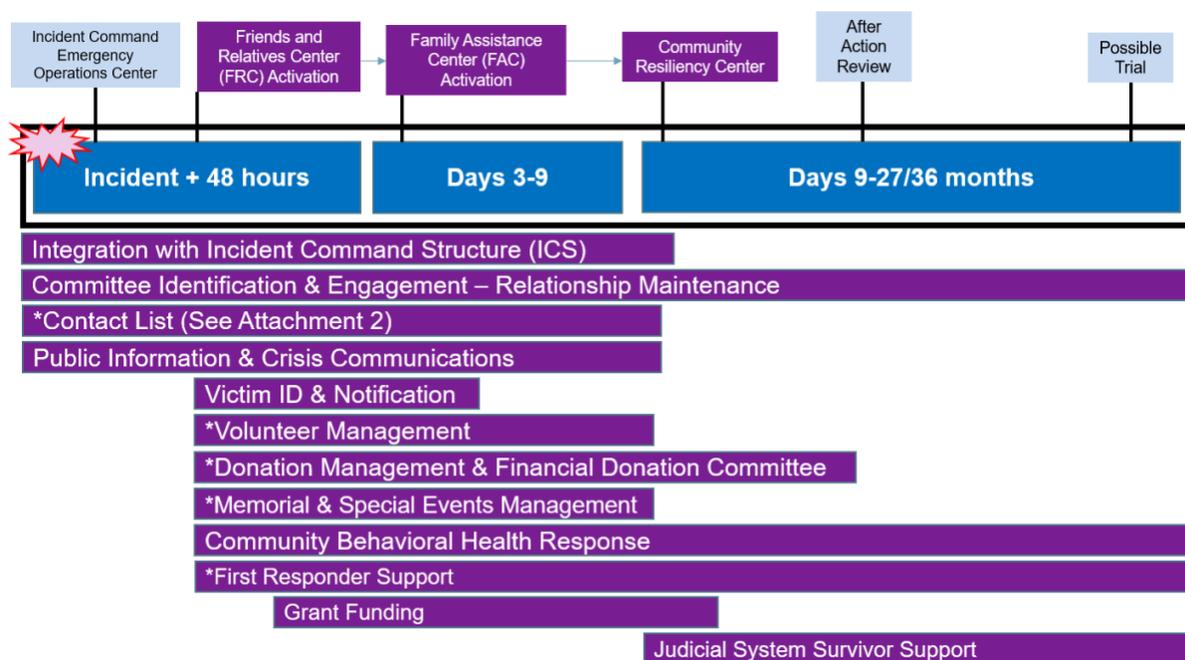
Scope & Applicability

An MCI involves an event where the number of injuries exceeds what local healthcare providers can manage under normal circumstances, such as in natural disasters or large accidents. An MVI specifically refers to acts of violence like shootings or terrorist attacks, where the focus is on law enforcement, threat neutralization, crime victim services and mental health support, in addition to medical care. The key difference lies in the cause of the incident and the nature of the response required. The type of incident is going to dictate who the overall lead agency will be to manage FAC operations. For an incident that happens within a surrounding jurisdiction involving campus students, staff, or faculty being impacted, the local jurisdiction will take the lead. For a large transportation-related incident including aviation, the National Transportation Safety Board (NTSB) coordinate with the airlines, etc. will oversee FAC operations. For a federal criminal incident, the Federal Investigation Bureau (FBI) will be the lead. In any of these types of incidents, the campus FRC staff will be in a supporting role and will need to integrate into the lead agency's operation, as requested. For this plan, it will focus on the

situations where the campus is the lead agency for FAC operations with the potential for external support. The Institution of Higher Education (IHE) must act in the best interest of victims and survivors and victims' families and treat victims and survivors and families with compassion and dignity. It's the right thing to do, there is legislative guidance, and it mitigates the impact on those affected. Additionally, the perceived quality of the victim, survivor, and family assistance response will affect the victims', families', and the general public's perception of the organization.

This plan pertains to any incident or accident of significance to [insert institutions name] that results in mass casualties/fatalities or missing individuals. The greater the number, or potential number of casualties/fatalities in any one incident, the more likely a FAC may be established, and this plan activated. The need to activate some or all components of this guide will be dictated by the specifics of the incident.

The Support or Family Assistance Response Timeline shown below is included to assist institutions of higher education (IHEs) in understanding how key concepts of the response are related to each other in time, and which key concepts have operational tasks during the incident. This timeline accounts for the full list of the 16 Best Practices that were developed by the Improving Community Preparedness to Assist Victims of Mass Violence and Domestic Terrorism: Training and Technical Assistance (ICP TTA) program funded by the Office for Victims of Crime. This template, however, will only focus on those items marked by an asterisk and focus on the FAC through the Resiliency Center (RC). Keep in mind, that this timeline is just a guide. Response timelines will vary based on each unique event.



Situations & Assumptions

Situation

- A. An MCI/MVI, although rare, poses unique challenges to disaster management and response agencies affiliated with [insert institution]. MCI/MVI response activities may include such components as human remains search and recovery, mortuary operations, transport and storage of human remains, victim identification, accumulation of ante- and post-mortem data, handling of personal effects and lastly, the release of human remains for final disposition.
- B. The [insert institution] FAC's goals are to:
- 1) Provide a private and secure space for families to gather and grieve that is free of the media and curiosity seekers.
 - 2) Address the informational, psychological, spiritual, medical and logistical needs of families, authorized visitors, and MCI/MVI survivors.
 - 3) Centralize and coordinate missing persons inquiries.
 - 4) Provide a centralized location and facilitate information exchange between participating medical entities and families to assist in identification of victims.
 - 5) Provide information about victims' rights and crime victims compensation (for MVIs)
 - a. To return personal effects to victims, survivors, and family members by law enforcement.

Assumptions

The following list of assumptions describe a large-scale incident and will be dependent on whether resources are available.

- A. The ratio of family members seeking assistance from the FAC to victims is estimated to be 10 to 1. Based on this ratio, if 10 casualties occur due to disaster, 100 family members, relatives and friends could seek services.
- B. Family members and friends will immediately self-report to or call the incident site, police and fire department(s), hospitals, clinics, emergency/non-emergency numbers, 911, etc. seeking information following an incident.
- C. English is not the native language of all visitors/guest, faculty, staff, students, and/or their respective family members. There are [##] other native languages spoken by [insert name of institution] local

community members. [English, Spanish, Hindi, Chinese, and French are the top five languages spoken within the local community].

- D. Some family members will not travel to the FAC. The [insert name of institution] must ensure these family members can still access services remotely.
- E. The [insert name of institution] and responding agencies must coordinate family member welfare inquiries, missing persons reports and patient tracking.
- F. The FAC will be operational with at least basic services within 24 hours of an MCI/MVI.
- G. Families will be receiving services at the FRC prior to the FAC being operational.
- H. The FAC will operate under extended hours and up to 24 hours/day during the initial days/weeks after an incident depending on the incident.
- I. For most incidents, the FAC will remain open at least one week and up to four weeks, but perhaps longer depending on how the situation evolves.
- J. Family members will need:
 - 1) Ongoing information and updates
 - 2) Immediate return of their loved ones
 - 3) Identification of the deceased
 - 4) Personal effects of their loved ones
 - 5) Support resource
- K. Victims and survivors will need:
 - 1) Ongoing information and updates
 - 2) Return on personal effects
 - 3) Support resources
 - 4) Basic need resources
- L. There will be a delay in obtaining victim identification and patient tracking depending upon the complexity of the incident.
- M. Family members of those affected who reside outside of the impacted area may travel to the incident site and may require accommodation and resources (e.g., toiletries, clothing, prescriptions, etc.) coordinated by the FAC. People who live in the impacted area may also seek accommodations especially in the initial days following the incident. This does not mean the FAC or [insert name of institution] will cover all clientele expenses, rather it means the FAC will streamline those processes by helping locate proper accommodation.
- N. Not all families grieve, respond to trauma, and/or process information the same way.

- O. Ethnic and cultural traditions will be important factors in how families grieve, respond to trauma, and interact with FAC staff.
- P. FAC staff may need to interview family members multiple times to collect sufficient antemortem information to assist with victim identification efforts.
- Q. The FAC will provide spiritual and mental health resources in coordination with [insert name of institution] policy.
- R. For crime related MVIs, the FAC will provide crime victims services in coordination with [insert name of institution] policy.
- S. The response to an MCI/MVI will be overwhelming and potentially lead to secondary traumatic stress; therefore, support for responders and staff at the FAC is essential.

Family Assistance Center Overview

Definitions

Acronym	Definition
ADA	Americans with Disabilities Act
AHJ	Authority Having Jurisdiction
ARC	American Red Cross
CERT	Community Emergency Response Team
CONOPS	Concept of Operations
EEI	Essential Elements of Information
EMC	Emergency Management Coordinator
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
EOC	Emergency Operations Center
FAC	Family Assistance Center
FERPA	Family Educational Rights and Privacy Act
HIPAA	Health Insurance Portability and Accountability Act
IC	Incident Commander
ID	Identification
IHE	Institutions of Higher Education
FRC	Information & Notification Center
IT	Information Technology

Acronym	Definition
JIC	Joint Information Center
LMHA	Local Mental Health Authority
MCI	Mass Casualty Incident
MVI	Mass Fatality Incident
MOU	Memorandum of Understanding
NIMAA	National Intercollegiate Mutual Aid Agreement
NGO	Non-Governmental Organization
PD	Police Department
PIO	Public Information Officer
SO	Safety Officer
UC	Unified Command
VOAD	Voluntary Organization Active In Disaster

Friends and Relatives Center

In the aftermath of an MCI/MVI on campus, the immediate need is to establish a Friends and Relatives Center (FRC) to manage the flow of information and initial support to those affected. The FRC serves as the critical interim step between the initial incident response and the activation of the Family Assistance Center (FAC). Its primary function is to act as the centralized point for gathering, verifying, and disseminating accurate information to survivors, families, and loved ones. This involves coordinating with first responders, healthcare facilities, law enforcement, and other relevant entities to ensure that the latest updates are available and communicated effectively.

The role of the FRC is crucial in bridging the gap between the chaotic and often confusing immediate aftermath of an incident and the more structured support environment provided by the FAC. By establishing the FRC quickly, the campus can ensure that all stakeholders have access to reliable information, reducing confusion and anxiety. The FRC also begins the process of identifying the needs of those affected, which helps in the seamless transition to the FAC. Once the situation stabilizes and the immediate threat is mitigated, the focus shifts to the FAC, where comprehensive support services are provided. This structured approach ensures a continuum of care and support from the moment of the incident through to the recovery phase, highlighting the essential role of the FRC in the overall emergency response strategy. (Insert reference to FRC Plan if separate from this plan as it lists the information specific to reunification and other services)

Planning Considerations for Virtual Support Services

When planning for virtual support services for an FRC/FAC it is crucial to recognize that the entire operation might be better served in a virtual capacity. This approach can provide greater flexibility and accessibility, ensuring that support is not always dependent on a physical location. Establishing a robust technology infrastructure, including reliable internet connectivity and secure communication platforms, is essential. Staff must receive thorough training on using virtual tools and maintaining confidentiality in a digital environment. Privacy and security measures, such as data protection policies and secure data storage, are crucial to safeguard sensitive information. Effective communication and coordination can be facilitated through regular virtual briefings, collaborative tools, and dedicated hotlines. Service delivery should include virtual counseling, remote case management, and ensuring resource availability. Accessibility features, such as translation services and support for individuals with disabilities, are vital for inclusive support. Outreach efforts should leverage multiple channels to inform the community about virtual services, while engagement strategies can help those unfamiliar with technology. Regular evaluations and feedback collection will help refine and improve virtual support services over time.

FRC-to-FAC Transition Thresholds

Thresholds for Activation

After an MCI/MVI, the decision to activate a FAC and where should be made as quickly as possible to support victim, survivor, and family inquiries, document potentially missing and deceased victims, and begin collecting antemortem information to aid in victim identification. Timely activation of an FRC and subsequently a FAC dramatically decreases the psychological burden on family members and loved ones of the missing and presumed dead, and it helps redirect the surge placed on other response systems such as 9-1-1, campus safety, hospitals, and local Medical Examiners/Coroners' Office. Therefore, the [insert name of institution] should determine early in the incident whether conditions warrant activation of one or more locally managed FACs, or whether state or federal assistance for centralized FAC operations should be requested.

Activating an FRC and/or FAC should be based on the number of casualties and fatalities, the nature of the incident, the resource capacity to staff an FRC and/or FAC, and the anticipated volume of information requests from the public. It is imperative for [insert name of institution] to open an FRC as quickly as possible and an FAC within 24–72 hours of a disaster or MCI/MVI, depending on the incident and circumstances of the time.

[An FRC and/or FAC will be activated as part of disaster response operations at the request of the on-scene IC, [insert individuals authorized to activate this plan]].

The following are guidelines for triggers to activate a FAC:

- A. An incident that results in the need for reunification and associated services;
- B. An incident that displaces many individuals requiring assistance, information, and reunification;
- C. Any event in which there are multiple casualties and/or fatalities; or
- D. Any other incident in which establishing a FAC will enhance response operations.
- E. [edit triggers above or add additional triggers]

Concept of Operations

The FAC operates as a coordinated response hub designed to provide compassionate care and comprehensive support to victims, survivors, and their families in the aftermath of a mass casualty incident. The FAC's primary objective is to meet immediate needs and facilitate long-term recovery by offering services such as emotional support, information dissemination, and practical assistance. The operation of the FAC involves seamless integration with the FRC, ensuring a smooth transition from initial incident response to sustained family support. Key functions within the FAC include setting up a secure and accessible facility, deploying trained staff, and establishing clear communication channels with external agencies and organizations. The FAC is organized into functional units, each responsible for specific services such as mental health crisis support, medical assistance, victim services (for MVIs) logistical support, and resource coordination. Regular briefings (morning and evening huddles), both in-person and virtual, ensure that staff are up to date with the evolving needs of those affected. By maintaining flexibility and readiness to adapt to the scale of the incident, the FAC aims to provide a compassionate and efficient response, helping victims, survivors, and families navigate the immediate aftermath and begin the process of recovery.

Scaling

Scaling a FAC response ahead of time is essential to effectively manage resources and address the varying needs of incidents of different magnitudes. A comprehensive chart and guide (Attachment 4, Scaling Guide/Layouts) was developed to help delineate the criteria for small, medium, and large events, ensuring that the response is proportional to the impact. Small events may involve a limited number of affected individuals and require minimal staff and resources that may be of handling with limited external support. Medium events might involve a larger

group of affected individuals, necessitating a moderate increase in personnel, services, and coordination efforts with external partners. Large events, characterized by significant casualties and widespread impact, require a full-scale activation of the FAC, including extensive resources, numerous staff, and multi-agency coordination possibly involving state and federal resources. By defining these criteria clearly, the FAC can be scaled appropriately, ensuring an efficient and effective response to any mass casualty incident.

The victim-count examples throughout this document serve as guidance; they might not be applicable or appropriate in every situation. For example, an MCI/MVI with 10 victims may result in 150 families seeking assistance at a FAC (based on a 1:10 victim-to-family ratio). In this situation, 150 families might be enough to require a significant FAC operation. However, if the 10 victims all belong to one family, a FAC operation might not be required. Consideration should also be given to the number of victims (survivors) versus decedents, as the greater the number of decedents, the more likely a FAC operation will be necessary.

Below is the chart that reflects scaling for [enter the institution name]. [this chart and attachment 4 should be updated to reflect your institution]

Level of Incident	Small	Medium	Large
Potential Fatalities	< 10	10-50	> 50
Family & Friends	< 100	100-500	> 500

Activation/Notification

The activation procedures for a FAC involve several critical steps to ensure timely and effective support for victims and their families. The process begins with an initial assessment by the Emergency Operations Center (EOC) [or entire the appropriate response team if different] to determine the necessity of activating the FAC based on the scale and impact of the mass casualty incident. The Incident Commander (IC), in consultation with the [EOC or enter response team name], makes the final decision to activate the FAC. Once the decision is made, all relevant stakeholders, including FAC staff, external partners, and local authorities, are notified promptly.

The next step involves determining the location of the FAC. The team evaluates pre-identified on-campus and off-campus locations to select the most suitable site based on the current situation. This selection is guided by existing Memoranda of Understanding (MOUs) with local facilities, ensuring that all logistical and operational requirements can be met. Typically, FAC location will be different from FRC location. In some cases, the entire FRC and FAC operation may be better served in a virtual capacity. Therefore, it is crucial not to assume that the

FRC and FAC will always be physical locations. Virtual support services must be integrated into the planning to provide flexibility and continuity of care.

Once the location is decided, the FAC activation team proceeds with setting up the center, ensuring that all necessary resources, equipment, and personnel are in place. Throughout the process, the focus remains on providing compassionate and comprehensive care to those affected, reinforcing the importance of empathy and support in the FAC's operations.

Organization and Responsibilities

A well-organized FAC is critical to supporting victims and their loved ones. FACs allow victims and their loved one’s access to multiple partner agencies, resources, and information. Almost all the services provided at the FRC will transfer over to the FAC except for Victim ID/Tracking and Notification/Reunification. In smaller incidents, these services may be complete prior to FAC activation whereas larger incidents will require these services to continue at the FAC. Each of these roles have been assigned to internal departments and can be referenced on Attachment 2 - FAC Contact List. [list should be updated to reflect your organization] To assist with determining how many staff members are needed to fill these roles in the different scales of response (small, medium, large, and catastrophic), use Attachment 3 – Staffing Determination Tool.

Below is a list of standard services provided at the FAC and their associated responsibilities.

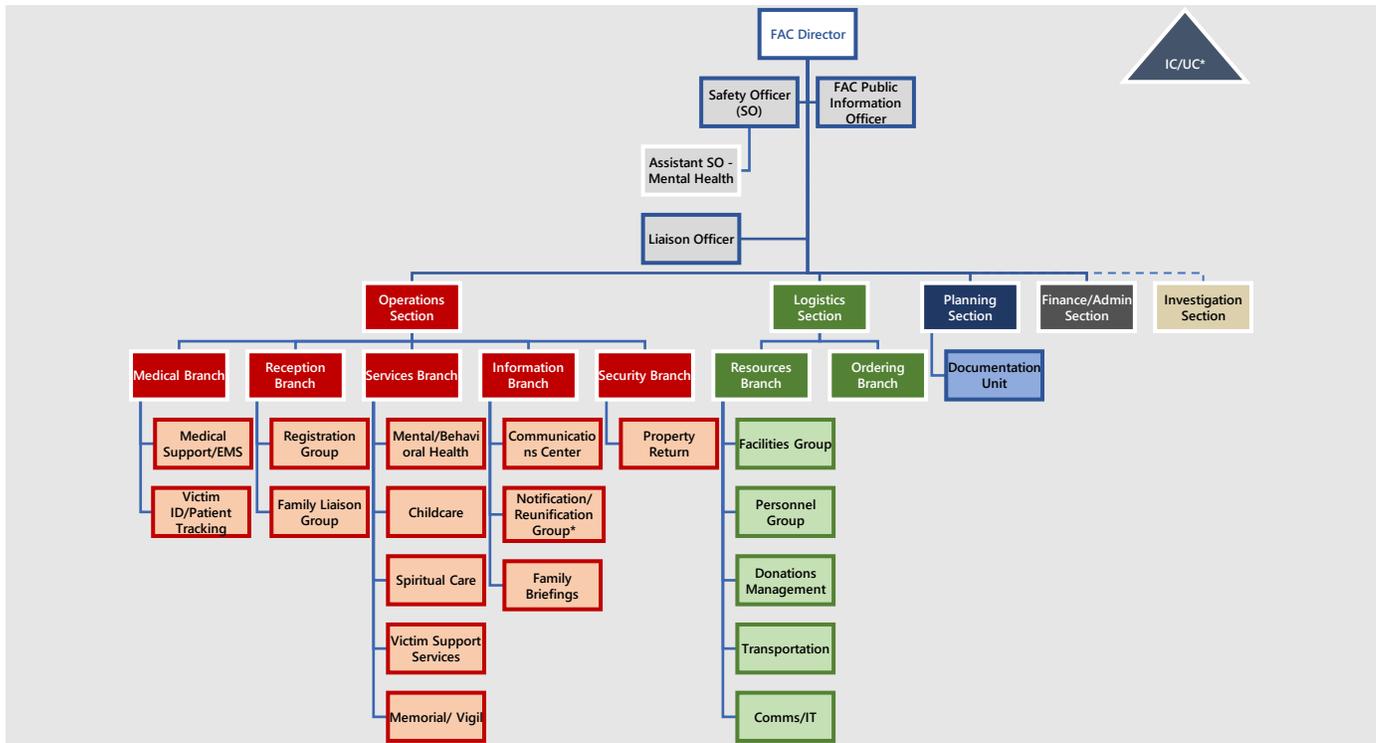
Role	Responsibilities
FRC Manager	Oversight for operation; Supervision of Activity Leads
Joint Family Support Operations Center (JFSOC)	Provides a central location where participating organizations’ leaders are brought together to monitor, plan, coordinate, and execute a family and survivor response operation. Participants should be agency decision-makers with the authority to meet requests.
Security/Safety	Lead for site safety and security of staff and victims/families. Assist PIO with ensuring media remains contained in designated location and away from families.
Logistics/Mass Care	Lead for site set-up and maintenance, lead for feeding and sheltering (if needed)
Liaison to Incident Command (IC)	Information conduit to and from Incident Command/EOC for Victim Services sites; Will assist with coordinating interviews with victims and survivors as needed.
Registration/Badging	Implement registration process for those impacted by the incident and for their families/families; Work with Liaison to Victim ID/Patient Tracking to implement process to contribute data.
Mental/Behavioral Health	Provide individual assistance to victims and families. Assist with coordinating additional support in virtual platforms or referrals to outside agencies.

Victim ID/Patient Tracking*	Key POC for the transmission of information about victims/patients/families to and from the Service Site. Must have strong communication with LE, hospitals, and the ME/coroner.
Notification/Reunification Team*	Implements plan for notifications including involvement in the incident, injury, missing status and death notifications.
Spiritual Care	Provide religious support to victims or families. Work with the Notification/Reunification Team to ensure families and families have individual support during and aftermath notifications.
Comms/IT	Ensure staff can communicate to and from the EOC. Establish network connections for any external agencies and provided any needed communication support.
Transportation	Assist with any traffic control (if applicable) issues at the site and any transportation needs for victims or families.
PIO or Liaison	Manages communication between IC/EOC and service sites; Works with Family B/Information Updates rep to ensure briefings for victims and survivors and families are on a periodic basis. Designates location for media to ensure they remain out of the service site or contained away from families.
Family Briefings/ Information Updates	Sets briefing schedule and coordinates with appropriate agencies and PIO to ensure there is representation at each briefing. May be delegated to FRC Manager.
Medical Support/EMS	Provides immediate medical care to those within the FAC and can be used to provide information on the status and location of injured individuals to ensure the health and well-being of survivors and their families.
Family Liaison	Assigned to families after receiving deceased notifications to offer compassionate support, guidance, and resources to help families navigate the aftermath of their loss. They become the direct point of contact for the family to assist with their needs.
Victims Support Services	Provide emotional, psychological, and practical assistance to victims to aid in their recovery and coping. May want to have an individual focused on handling special needs such as language or disability access. For MVIs, provide crime victims' rights and crime victims compensation information.
Personal Effects	Manage and return personal belongings to victims and their loved ones with sensitivity and care. Keep in mind if a criminal event then personal effects may initially be evidence. Regardless, for medium to large events this service is highly recommended to be contracted out as it can get overwhelming very quickly.
Memorial/ Vigil Events	Assist with coordinating a space for honoring and remembering victims, offering support and a sense of community for loved ones and survivors.
Childcare	Provide a temporary safe and supportive environment for children, allowing families to focus on receiving assistance and processing information.

Donations Management	Coordinate and distribute donated goods and services effectively, ensuring they meet the needs of victims, survivors, and their loved ones.
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* Services are only included if have not already been completed at the FRC.

Below is a sample organizational chart associated with these standard services at a minimum service level.



Along with the list above of standard services provided by the FAC, additional services that are specific to the needs of victims and their loved ones such as crime victim compensation and/or guidance for legal matters related to death or injury will be needed. Services provided may also be driven by the population of the affected area such as consulates or interpretation services.

External Support Agencies/Partners

FAC operations rely on collaboration with a variety of external support agencies and partners. These organizations provide essential resources, expertise, and services that complement internal efforts, ensuring comprehensive care and support for victims, survivors and their families. This section outlines the roles, responsibilities, and coordination mechanisms with key external partners, including local government agencies, non-profits, healthcare

providers, and community organizations. Establishing strong relationships and clear communication channels with these entities is critical for the successful activation and operation of the FAC. See Attachment 2 - FAC Contact List [list should be updated to reflect your organization]

Site Selection

If the pre-established locations for a FAC are not available, the [insert position/entity responsible] will coordinate with the city, county, and/or NGOs to assist with finding a location to host a FAC. The facility should meet the following requirements:

- 1) Be in proximity to, but not within walking distance or sight of the incident scene.
- 2) Prevent families from having to pass the incident site on their way to and from the FAC.
- 3) Has communication capabilities including high-speed internet and phone lines.
- 4) Offers space for 1:1 meetings with families.
- 5) Adequate parking.
- 6) Access to public transportation.
- 7) Occupancy limits appropriate to scale of incident – allowing adequate space for victims, families, and needed responders.
- 8) Appropriate for population impacted by the incident.
- 9) Location should be easily accessible to the families and friends of those affected by the MVI.
- 10) Location should have easily controlled access points, easing the process of establishing a security perimeter.
- 11) The FAC facility must be ADA compliant and also meet the Accessibility Standards established by the local state.

Preferably, the facility will be owned by the IHE which allows for more control of facility use and duration of operation. Potential on-campus locations are listed below.

Location	Address	Point of Contact Name and Number

If not owned by the IHE, an MOU between the facility owner and local government should be established well before the MCI/MVI occurs. Potential off-campus locations are listed below.

Name	Facility Address	Potential Locations	Point of Contact (POC) Name, Phone Number, and Email	MOU Dates

Donation Management

In most large emergencies involving deaths and casualties, people naturally want to donate. Donations may come in many forms, including in-kind food and water, clothing, toys, or cash. **[Insert specific information regarding jurisdiction’s donations management plan.]**

- A. Cash Donations: Money (cash) is the preferred form of donations because of its ease of acceptance, ease of management, and adaptability to filling disaster needs. The public may want to donate money to help those affected by the emergency necessitating the FAC. Staff at the FAC should never accept cash or checks, and local governmental agencies often have regulations against accepting cash donations.
- B. In-kind Donations: Businesses in the community may contact the FAC to offer meals or goods for those affected by the emergency. The public should be encouraged to donate money instead, but the in-kind donations framework should be used to redirect in-kind donations that arrive at the FAC.
- C. Food Donations: Only food that has been prepared in health department-certified kitchens should be accepted. Food cooked in an individual’s home should not be accepted. Re-routing or denying these donations should be handled tactfully.
- D. Used Clothing: Sometimes individuals or community groups offer donations that are not acceptable because of health and safety or logistical reasons. The FAC should not generally accept used clothing. A

best practice is to encourage cash donations to organizations involved with the response. The FAC Director should work with the EOC to identify alternative locations, NGOs, or community-based organizations where used clothing donations can be accepted and put to good use.

The most effective means to manage incoming donations is to coordinate public messaging through the PIO or Joint Information Center (JIC) of [insert name of jurisdiction] or the Regional JIC, encouraging the public to donate cash to responding nonprofit organizations and/or providing locations where in-kind donations are accepted. The EOC may coordinate with Volunteer Organizations Active in Disaster (VOAD) and local faith-based organizations to amplify the message. Even with this messaging, FAC staff should expect spontaneous in-kind donations at or near FAC sites and develop a plan to address these donations.

Volunteer Management

During emergencies, it is common for unaffected individuals to want to help. They may arrive at the incident site or the FAC to offer their services. While encouraging volunteerism, in general, is ideal, the FAC staff must be limited to persons with authorized FAC access to maintain safety and security. [Insert specific information regarding jurisdiction's volunteer management plan]. If volunteers arrive at the FAC spontaneously, the FAC Director may refer those individuals to nonprofit volunteer organizations such as the following:

- A. [Add additional local volunteer resources]

The [insert name of institution] EOC may also consider reaching out to the local/state VOAD for support in managing volunteer opportunities. Furthermore, the [insert name of institution] PIO could share volunteer opportunities on the jurisdiction's public messaging platforms such as traditional and social media.

There are two types of volunteers:

- A. Affiliated volunteers are associated with existing volunteer or professional organizations prior to the incident. They typically have received some training, have some experience with command structures and service expectations, and likely have been vetted by the organization with which they are affiliated.
- B. Unaffiliated, convergent, or spontaneous volunteers are individuals who appear at the scene and wish to participate in the response effort. Little can be assumed related to training, experience, skills, and vetting of these volunteers. For that reason, these volunteers should not be incorporated into the operation of the FAC.

Due to the sensitive nature of the FAC, [insert name of institution] should use only known affiliated volunteers and volunteer organizations that have been requested through the FAC or the EOC. All volunteers approved and reporting to the FAC should sign in and receive appropriate credentialing and report to the assigned FAC staff member for duty assignment. Credentials issued in the FAC are to authorize service in the FAC, but they do not address the professional licensure or special skills of the volunteers. Such credentials are the responsibility of the organization with which the volunteers are affiliated and/or of the FAC section overseeing the organization whose service is requested.

Volunteer registration and a credentialing area should be designated in the FAC to expedite the verification process and get volunteers incorporated into operations as quickly and efficiently as possible. If space is a challenge, the affected jurisdiction could consider establishing a staging area for volunteer registration and credentialing before they are deployed to the FAC.

Core Components

Reception & Information Desk

- A. Welcome and Check-In families and visitors to the FAC to ensure FAC security, assess immediate needs of the victim, survivor, and family members, and assist families in accessing services. Members of the media and curiosity seekers are not permitted entry into facility or on premises.
- B. Provide photo ID badges (change daily) to those entering FAC and take photo ID badges of those leaving FAC, if available. Use of position specific vest may be helpful as well.
- C. Greeters are there to welcome individuals and loved ones as they arrive at the center, provide them with initial information about the services available, and/or assist them with registration. Greeters play a crucial role in creating a welcoming and supportive environment for those seeking assistance during difficult times, helping to ease their transition into the FAC and ensuring they feel supported and cared for from the moment they arrive.
- D. Family Escorts/Ushers (with crisis training) are available to bring families around the FAC and personally assists families with any questions/needs related to the FAC.
- E. Logistical Suggestions:
 - 1) Filing cabinets/portable boxes to store forms/documents generated during FAC operation.
 - 2) General Office Technology and supplies available (binders, pens, paper, fax machine, copy machine, printer with surplus ink, computers/laptops, shredders, landline/cellular service, etc.).

- 3) Parking permits for families and visitors if patron parking available to ensure parking lots are only used by FAC patrons.
- 4) Materials for photo ID badges available (lanyards, stickers, badge holders, etc.).
- 5) Directive Signage identifying Reception & Information Desk and other available services within the facility.
- 6) Available maps of facility floor layout and local area.
- 7) Bulletin Board to post important information.
- 8) QR codes to help with expediting registration.

Family Briefings

- A. Provide families with the most recent information regarding the incident response and victim identification process.
- B. FAC Director or equivalent position, medicolegal authority representative, law enforcement representative, search and recovery representative, mortuary operations representative, PIO representative must attend all briefings.
- C. Same individuals present should speak at each briefing to establish continuity and recognition with FAC patrons.
- D. Develop a daily family briefing schedule to ensure families and loved ones are receiving updated information before the media even if there is not major update to report. Briefings can also occur “as needed,” when time-sensitive, important information becomes known.
- E. Family Briefings Schedule posted throughout FAC and provided to the call center if activated.
- F. Information disseminated in plain language and simple terminology with important information repeated often and translators/interpreters present to assist families.
- G. Room Logistical Suggestions:
 - 1) Should have more seating than needed. Do not use round tables. Set up chairs in rows, auditorium style.
 - 2) Available conference/video call bridge line that allows families to call in and hear updates if they are off-site or if they choose not to go to a FAC. Access by media not permitted.
 - 3) Handout packets for families containing transcript of the briefing information and list of available resources/services.

- 4) Podium with audio capabilities provided to speaker; elevated platform needed if there's high attendance in FAC briefings.
- 5) Consider projectors and screens for audiovisual presentation aid.

Victim Identification

- A. Collects, processes, and manages antemortem data collected through formal interviews with families and antemortem data questionnaire.
- B. Responsible for death notification that notify next-of-kin on loss of life once positively identified. Death notification includes representatives from medical examiner's office, crisis counselor, and/or clergy.
- C. Staff experienced working with law enforcement, missing persons services, death management processes/death notification, and knowledgeable in medical terminology.
- D. Guideline Suggestions:
 - 1) Allow 2 hours/family interview with 30-minute break in between each interview.
 - 2) Coordinate with your local coroner/medical examiner/appropriate agency to determine their requirements for collecting specific records for identification.
 - 3) Conduct interviews over the phone if families are not present at FAC. DNA sample collection can be coordinated with local medica/law enforcement authority.
 - 4) Arrange for DNA sample collection (buccal swab, blood, etc.) for kinship analysis while being as open/transparent as possible to avoid misunderstandings/issues.
 - 5) Assemble death notification support team prepared with fact sheet (identification method details) who meet with next-of-kin following the death notification.
 - 6) In case of fragmented remains, inform families on available options for disposition on identified remains.
 - 7) Document family's decision on disposition with a Release Authorization form and offer crisis assistance.

Call Center/Hotline

- A. Receives initial missing persons intake information and may transition into an informational hotline on the later part of the incident.
- B. Establish central, toll-free and local number numbers (for international and Wi-Fi calling) that are widely distributed to an array of media outlets and social media platforms.

- C. Develop a pre-scripted message with standardized answers to some frequently asked questions ensuring message consistency.
- D. Use electronic/hard copy intake forms to record messages prioritizing known missing, possible missing, and not known individuals.
- E. Don't make promises/guarantees, keep information confidential, show patience, respect, sensitivity, and compassion to all callers.
- F. This service may be contracted out. In these situations, procedures should be in place in how to activate and ensure accurate information is being provided to the operators and information on caller trends should be collected.
- G. Logistical Suggestions:
 - 1) Sufficient number of phone lines with headsets for call takers at each station.
 - 2) Call Intake Forms: take caller's name, call-back number, other contact method; if reporting missing person has been found, take information on caller and found individual to forward to law enforcement/medicolegal authority.
 - 3) Maintain Reference Binder (hotel/transport information, list of provided services, list of standardized answers to frequent questions, latest press releases, updated numbers of fatalities/injuries/missing persons for reference).

Medical First Aid Station

- A. Doctors, nurses, local or college EMS staffing first aid stations tend to minor medical issues and provide initial, rapid evaluations of emergency medical issues.
- B. Medical First Aid staff are positioned around the FAC during large events and arrange for transportation to hospital for those with worsening conditions.
- C. Pharmaceutical procedures are to be incorporated into the medical first aid station.

Mental/Behavioral Health Services

- A. Provides psychological first aid, crisis intervention services, and educational materials at all operational hours with option for private behavioral health services held in an open, empty room.

- B. Provide referrals, as requested, to local behavioral health professionals (social workers, family and child therapists, marriage counselors, etc.) in families' hometowns. Have one vetted referral list that all partners utilize.
- 1) Stabilize: Establish a relationship with the person through honesty, by exhibiting patience, reassurance, treating them with respect and dignity, addressing them by name, and avoiding false promises.
 - 2) Acknowledge: Recognize the impact of the crisis by listening to their story and reactions.
 - 3) Facilitate: Assist and enable understanding by providing normalization and reassurance.
 - 4) Encourage: Encourage effective coping mechanisms by ensuring basic needs are met and make sure stress is being handled positively and healthily with or without assistance from others.
 - 5) Referral: Provide the person with a referral for continued support if necessary.
- C. Behavioral Health Science Services staff avoid confrontation, placing blame, criticism, sarcasm, and phrases that downplay severity of circumstances like the following:
- 1) Use "This is a challenging situation, Im here to support you" instead of "It could be worse"
 - 2) Use "I'm listening," "I'm here for you," and "Your feelings are valid" instead of "I understand"
 - 3) Use "It's okay to feel sad," "Your emotions are understandable" instead of "Don't feel bad"
 - 4) Use "It's okay to cry," "Let your emotions flow" instead of "Don't cry"
 - 5) Use "This is a difficult time for many," "We're here to support you," instead of "It's God's will"
 - 6) Use "You don't have to go through this along," instead of "You're strong. You'll get through this"
- D. Optional assistance in coordinating site visits and memorials:
- 1) Briefing attendees is necessary to better prepared them for what they will face (see/hear/smell/potential emotions).
 - 2) Friends and family of victims involved crew members, incident survivors, and ground survivors were allowed to attend.
 - 3) For active site visits, coordinate with IC, FAC Coordinator, and EMC.
- E. Provide stress management training to all staff members and brief staff members about what to expect during their respective shifts.

Spiritual Care Services

- A. Provided services should be broad and go across boundaries of different faiths through interreligious/spiritual counseling while feeling no pressure to adhere to certain faith.

- B. Clergy may conduct services and worship opportunities as well as serve as members of the death notification team if families agree.
- C. Spiritual counselors should be readily available and stationed throughout FAC to interact with families/staff providing emotional support if families request it upon needs assessment.
- D. Private rooms for spiritual counselors to meet with families/staff/etc. should be made available.

Childcare Services

- A. Determine whether your childcare centers staff or recreational center staff operating inside of an FAC requires a license to operate or background checks for staff if not in operation for more than three (3) weeks or 40 consecutive days in a 12-month period.
- B. Offers a range of activities to keep children occupied.
- C. Chosen childcare area far enough away from the family briefing room and antemortem information and free of televisions tuned into the news media or other broadcasters covering the MCI/MVI. However, should still be in eyesight of adult caregivers whenever possible.
- D. Enforces procedures for checking in and checking out their children from this area.
- E. Behavioral Health Suggestions:
 - 1) Keep children away from the media and bystanders, any traumatic sights/sounds, and from distressed individuals.
 - 2) Keep children with loved ones or caregivers whenever possible.
 - 3) Speak to children using age-appropriate language and explanations.
 - 4) Never force a child to speak if they refuse to talk as children should not be forced to recount traumatic memories or feelings before they are ready.
 - 5) Give children the option to express their feelings through writing, drawing, or playing with toys.
 - 6) Do not use metaphors with children as it could negatively impact other aspects of their life after the MCI/MVI.

Translation & Interpreter Services

- A. Provide translation and interpretation services during individual/family meetings and family briefings.
- B. Support FAC services by translating FAC materials (documents/posters/signage/flyers/etc.) and antemortem records.

Memorials, Vigils, and Special Events

Memorial vigils and special events tend to be very spontaneous - both in timing and location. They require flexibility and rapid response by the community to ensure safety. [insert agency/department] shall plan to manage or assist with site visits, memorials, vigils, and other special events that arise. Events will include, but are not limited to, dignitary visits, politician visits, and candlelight services. Memorials and special events may be hosted or coordinated by numerous entities including, but not limited to, jurisdictions, victims, survivors, families, community members, and private organizations.

- A. When family/friends plan an event, [insert name of institution] (will/will not) provide support to assist with event coordination if requested.
- B. When family/friends plan an event, [insert name of institution] (will/will not) serve as a liaison if requested.
- C. When private organizations plan an event, [insert name of institution] (will/will not) provide support if requested.
- D. For events that initiate outside of the official response, (insert role/agency) will decide if support is needed.

When the jurisdiction agrees to lead or assist with memorials or other special events, a planning group shall be convened. This group will be led by [insert position/agency/team]. This planning group, in coordination with [insert role/agency/entity, if needed] will determine when a memorial or special event should be hosted. While [enter name of security team] will provide safety/security services for approved memorial and special events, below are a list of additional services to consider.

Responsibility	Agency/Organization Managing	POC Name and Contact Information
Transportation routes and street closures		
Obtaining permits or other approvals (See ...)		
Tracking costs and obtaining funding approvals		

Securing transportation for victims and families, if needed		
Documentation (photos, articles, etc.)		
Monitoring social media for information about events planned outside of official response		
Other		

It's important to provide safe locations to host memorials and special events. Below is a list of preplanned facilities/locations for memorials, vigils, and special events – other than site visits which will occur at the incident scene.

Facility Name/ Area	Facility Address (if applicable)	Size/Area of Facility/ Area	Facility POC, if applicable

Spontaneous memorials near the incident will result in a significant number of cards, photos, flowers, stuffed animals, and other items. Items left at spontaneous memorials will be [insert general guidance for managing items]. [Insert role/agency] shall be responsible for collecting items left at spontaneous memorials. Items left in honor of a specific victim shall be offered to that victim's family. The family shall determine whether to keep, dispose of, or donate the item(s) to a future permanent memorial. They may also decide they are not yet ready to make this decision. All collected items shall be packaged and catalogued until final determination of disposition

is made. Some of the memorial items may be placed in a permanent display or archived in the future to preserve the memorials. The [insert location(s) where you will store items] will be used to store these items until a plan is finalized. The finalization of a plan may take years.

Support Ideas & Activities

- A. Memorial Table: space families place mementos/photos/letters honoring loved ones.
- B. Heroes Board: laminated photographs/biographies more personal than obituary.
- C. Incident Site Diagrams/Charts: visually communicate where their loved ones were helps process MCI/MVI.
- D. Incident Site Visits: families stay if needed with mental health professionals, chaplains/clergy, certified crisis comfort/therapy dogs with vetted trauma-trained handlers waiting to support & keep site visitors comfortable.
- E. Families Connecting with Other Families: interested families with opportunities to share information/develop relationships/form support groups.
- F. Incident Remnant Vials: reminders of where loved one perished.
- G. Special Support Activities: events provide a brief reprieve for families.
- H. Memorial Services & Support: important milestone in grieving process & allows families to move on with potential recorded video of service.

Demobilization

- A. Demobilization Parameters established by []
 - 1) The last victim is identified/family member is notified.
 - 2) Public memorial service conducted.
 - 3) Reduced number of FAC Clients throughout the day.
 - 4) Resiliency Center has been established.
- B. Demobilization Tasks
 - 1) Finalize demobilization plan timeline.
 - 2) Notify all participating agencies/venue & address long-term family assistance management issues.
 - 3) Provide demobilization timeline to all clients/service agencies & give relevant information to PIO for public release preparation.
 - 4) Establish ongoing case management, counseling, and/or a hotline number has been established.

- 5) Collect contact information from all FAC service providers/agencies.
- 6) Ensure all deployed equipment is returned to their original.

Post-Incident

Resiliency Center

The Resiliency Center (RC) or program will focus on the longer-term needs of victims, survivors, their loved ones, and/or the local community—depending on the funding secured. The center provides a safe and supportive healing environment for individuals and groups seeking improved emotional and physical health related to the MCI/MVI. A RC is a central hub which provides a framework for long-term recovery by offering 360-wrap around victim advocacy, mental, medical, behavioral health, and legal services or provide navigation to such services. It’s essential to ensure that all RC partners, to include victim services, are involved in the committee responsible for resilience planning efforts. The following departments/agencies/organizations will be included in the resilience planning process. [this may also be handled by the EOC]

Planning Group Members	Point of Contact (POC) and Contact Information	Alternate POC and Contact Information

There are four types of RCs---brick and mortar, virtual, hybrid, and first responder. The type of center(s) most appropriate for the community should be determined based on community dynamics and the size and scale of the incident. There may even be a need for more than one type of RC and more than one brick-and-mortar structure.

- A. Brick-and-mortar: A semi-permanent location and should be housed in a physically accessible facility with adequate parking space and transportation options. The facility should be located an appropriate distance from the incident site and typically a separate location from the FRC and FAC.
- B. Virtual: Accessible online rather than in-person.
- C. Hybrid: Includes both a brick-and-mortar facility and a virtual component.

D. First Responder: Located separate from a victim RC. The center can be brick-and-mortar, virtual, or hybrid. First responders for an incident include traditional first responders, as well as initial on-site persons who attended to victims until traditional responders arrived, FRC/FAC staff, etc.

Both traditional and non-traditional partners are key to assist with staffing. The following roles shall be filled for the RC. [insert agency/department] is responsible for finding staff to fill the roles of the RC.

Role	Responsibilities
Program Director	Development and oversight of RC/Program
Case Managers/Navigators	Conduct needs assessments with victims and links to needed services
Community Outreach Coordinator	Ensures community awareness of services; identifies needed services in the community and facilitates agency involvement in RC
Clinical Coordinator	Oversees all Behavioral Health resources available through the RC; ensures appropriate training of Behavioral Health providers;
Media Specialist	POC for all media interactions with the RC
Resource Coordinator	Develops material and services resources for use at the RC; ensures incorporation of needed alternative interventions (yoga, mindfulness, supportive gatherings)
Other	Other

Clear communication is needed with victims and their loved ones and it is essential they are made aware of the transition from a FAC to a RC.

- A. [insert agency/department] will be responsible for ensuring clear communication is made to all FAC clients, staff, and external partners regarding the transition from a FAC to an RC. Ideally a RC would open the next business day following the closure of a FAC.
- B. For the duration of the RC activities, outreach will be an important component of the RC. [insert agencies/department] will be responsible for developing and executing the outreach plan.

- C. Communities often struggle with the closure of an FAC. [insert agency/department] will be responsible for developing a transition plan that is positive, acknowledges progress, and facilitates handover of services to local providers. This plan will be shared with victims through a [insert primary communication avenue], allowing them ample time to adjust.

First Responder Support

In the aftermath of a mass casualty incident, it is essential to provide comprehensive support to both traditional first responders (such as law enforcement, fire, and emergency medical services) and non-traditional first responders, including FRC and FAC staff. The term first responder in this plan encompasses both. The emotional and psychological toll on all first responders can be significant, and ensuring their well-being is crucial for maintaining effective operations.

Support for traditional first responders include access to mental health services, and peer support programs to help them process the traumatic events they have encountered. It is equally important to extend similar services to FRC and FAC staff, who may be dealing with the emotional burden of assisting victims and their families. Providing counseling services, stress management resources, and opportunities for rest and recovery can help mitigate the impact of their experiences.

Additionally, clear communication and coordination between all first responders, traditional and non-traditional, are vital for seamless operations. Regular briefings, well-defined roles, and responsibilities, and ongoing support throughout the response and recovery phases ensure that all responders are equipped to perform their duties effectively while maintaining their own well-being.

- A. [insert plans, policies, procedures, and/or training materials] address the need for first responders to plan to receive behavioral health care prior to being released from the scene/FRC/FAC and following mass casualty incidents.
- B. [insert process used] will ensure behavioral health services are available for families of first responders.
- C. [insert agency/department] will be responsible for coordinating organizations who provide complementary wellness services to first responders.
- D. [insert agency/department] will be responsible for coordinating organizations who can provide onsite day care services.
- E. Annual observances should also provide services specific to first responders. These events and any private ceremony for first responders should not be publicized outside the target group, should be in a

safe environment, and should be tailored to the current needs of responders. [insert agency/department] will be responsible for coordinating annual observance ceremonies or events for first responders.

- F. [insert agency/department] will be responsible for coordinating the activation of a First Responder Care/RC(s).
- G. [insert agency/department] will be used to coordinate and collaborate with mental health providers, peer support staff, and chaplains to ensure they are invited to show up at incidents frequently enough to ensure first responders recognize these individuals.

Administration & Support

Reporting

- A. Provide the IC with an appropriate level of situational awareness reporting during the FAC operation that will be made available to other leaders responding to the MCI/MVI as needed.
- B. Requests for an IAP or other pertinent information made by the IC be relayed during EOC briefings.

Record Maintenance

- A. The [insert agency/department] requires documentation of all times sheets, mileage sheets, and any other expense documentation available to track all FAC-related expenditures.

Incident Review & After-Action Reporting

Effective incident debriefing and after-action reporting are critical components of the FAC operations. These processes ensure continuous improvement and readiness for future incidents by capturing lessons learned and best practices. Responding agencies and departments should keep an FAC activity log/ICS 214 as all staff involved in FAC will be asked to participate in an after-action report organized by [insert agency/department].

- A. **Initial Tactical Debriefing:** Conduct a preliminary tactical debriefing session immediately following the demobilization of the FAC. This session should involve all key personnel and stakeholders, including FAC staff, volunteers, and external partners. The objective is to gather initial impressions, immediate concerns, and critical issues encountered during the operation.
- B. **Structured Tactical Debriefing Sessions:** Schedule comprehensive debriefing sessions within a week after the FAC demobilizes. These sessions should use structured formats to systematically review each

aspect of the FAC operation, from activation to demobilization. Utilize standardized debriefing tools and questionnaires to ensure all critical areas are covered.

- C. **Stakeholder Feedback:** Collect feedback from all involved parties, including victims, survivors, families, and external support agencies. This feedback can be obtained through surveys, interviews, and focus groups to provide a holistic view of the FAC's performance.

Training and Exercises

By regularly practicing this plan, the campus can identify potential gaps, improve response efficiency, and enhance coordination among various campus units and external agencies. Moreover, engaging with external collaborators, including local emergency services and community organizations, fosters a collaborative, cohesive approach to crisis management, which is essential when the campus's resources alone might be insufficient to address a large-scale incident. By conducting table-top exercises and drills, institutions also raise awareness and preparedness levels, both within the campus community and among external partners, ultimately enhancing the likelihood of a successful and swift reunification process in times of need. In sum, the regular training and exercising of reunification as well as assistance plans not only contribute to the safety of all involved but also promote resilience and a culture of readiness within and beyond the campus environment.

Attachments

Attachment 1 – Potential List of Internal and External Partners

[this should be a tool to use when updating Attachment 2 for your institution]

<u>Service</u>	<u>Planning Considerations</u>	<u>Potential Internal Partners</u>	<u>Potential External Partners</u>
Mental/ Behavioral Health	<ul style="list-style-type: none"> • Need to have the ability to have services and/or providers service both staff and students • Coordinate with EAP contractor to determine level of support in a crisis • Develop MOUs with surrounding Universities for additional support • Need to continue to provide services in existing venues/systems, if possible (i.e. dorms) • Provide virtual and in-person assistance • Need to have specific training in evidence-based trauma and grief crisis response • Develop one resource list that is shared by all parties 	<ul style="list-style-type: none"> • Student Health Center • Counseling Center • EAP Services • Student Affairs • Academic Health System • Campus Public Health • Wellness Center • Disability Services Center • Telehealth • Student CARE team (Case Management, Advocacy, Resources and Essential Needs – connects students to resources and assists with non-clinical challenges) • Behavioral Intervention Team 	<ul style="list-style-type: none"> • EAP Contracts • Victim Services Providers • Crisis Response Teams (State/County) • Health Care Coalitions • Local/State Government/FBI Victim Services • Tribal Governments • Peer Support • Dept. Criminal Justice Services • Disaster Medical Assistance (DMAT) Teams • Behavioral Assistance Response Teams • FEMA • Red Cross Disaster Mental Health Team
Spiritual Care	<ul style="list-style-type: none"> • If these services are not readily available on campus, consider working with outside groups. This should not be a service handled by student groups/ organizations • Need to identify/consider representing different 	<ul style="list-style-type: none"> • EAP Services • Academic Health System Spiritual Center • Chaplaincy • Campus Spiritual Life Groups/Ministry Leaders 	<ul style="list-style-type: none"> • Spiritual leader in local area • Volunteer Organizations Active in a Disaster • Hospital Chaplaincy Coordinators • Local Non-profits • Red Cross Disaster Spiritual Care Team

	campus religions and cultures		
Victim ID/ Tracking	<ul style="list-style-type: none"> • Need to have several methods used to coordinate with the hospitals • Send a campus representative other than PD with authorization to receive updates on patient information (i.e. Social Services Rep) • Pre-determine personnel authorized to release • Identify the trauma centers in your area • HICS 254 for ICS use 	<ul style="list-style-type: none"> • Campus Social Workers • EAP • Academic Health System • Registrar's Office/Strategic Enrollment • Executive Group of Student EMS / EM • Student Life/Dean of Students • General Counsel (info sharing agreements) 	<ul style="list-style-type: none"> • Local/State Government/FBI Victim Services • Social Workers • County EMS • Health Care Agency • American Red Cross • FBI Victim Services • Coroner • Regional Advisory Councils • Health Care Coalition • 211 • Public Health
Reunification/ Notification Team	<ul style="list-style-type: none"> • Individuals who implement plans for notification including involvement in the incident, missing status, and death notifications • Preidentified personnel authorized to make corresponding notifications • Trained in FBI's Trauma Notification Training 	<ul style="list-style-type: none"> • Campus Social Workers • Counseling Center • Campus PD/Safety • Student Affairs • Minor Protection (camps) • Student CARE team (Case Management, Advocacy, Resources and Essential Needs – connects students to resources and assists with non-clinical challenges) 	<ul style="list-style-type: none"> • Coroner • Local/State Government/FBI Victim Services • American Red Cross • Contract Services (i.e. Empathia) • US Dept of State (foreign victims) • US DOJ
Transportation/ Travel Assistance	<ul style="list-style-type: none"> • Have this information already laid out and available in a template to quickly push out • Include transportation from airport, parking information, transportation to hotels, etc. • Be prepared to provide info on local hotels 	<ul style="list-style-type: none"> • Parking & Transportation services • Campus bus/shuttle service • Fleet • University Events & Conference Services (information on hotels) 	<ul style="list-style-type: none"> • Local School Districts • Uber/Lyft Contracts • Hotel shuttle services • Existing charter contracts • Sports & Recreation • Paratransit • Public Transit • Rental car services • International Travel (Department of State).

	<p>(work with local visitor's bureau or other agency to get current information)</p> <ul style="list-style-type: none"> Identify individuals who can be greeters at the airport for inbound families Possible MOU with travel agency 	<ul style="list-style-type: none"> Athletics (bus rentals, etc.) 	
Comms/IT	<ul style="list-style-type: none"> Cell phones and/or computers that work to allow individuals to update their status Service providers offer program for first responders to assist with obtaining phones Additional wi-fi hotspots/capability 	<ul style="list-style-type: none"> OIT (Office of Information and Technology) 	<ul style="list-style-type: none"> GETS/WPS Service Providers (Verizon, AT&T, etc.) Cellular on wheels/COW/COLT. Local governments first responder communications
Logistics/ Mass Care	<ul style="list-style-type: none"> Determine what level of service campus food service vendor could provide Leverage existing contracts Have information on what is acceptable for donations and procedures for coordinating those in a template to quickly push out Leverage campus food pantries if available 	<ul style="list-style-type: none"> Campus Dining Special Events & Protocol Campus Housing Campus Facility/ Maintenance Student Center/Arts/Events Facilities Operations Alumni Athletics Procurement 	<ul style="list-style-type: none"> Local Non-profit organizations specific to providing food and mass care National/Regional Non-profit (ARC, Salvation Army) Local business leaders Contractors Local Community/Volunteer Organizations Active in Disasters (COAD)/(VOAD)
Safety/ Security	<ul style="list-style-type: none"> Depending on the incident, law enforcement may be present to conduct interviews If not required, consider using non-uniform officers especially inside the FAC Leverage CSOs/CSAs/PSOs/PSAs 	<ul style="list-style-type: none"> Campus PD Public Safety Officers Community Safety Ambassadors Contracted security Fire Marshal & Building Inspectors EH&S Minor Protection 	<ul style="list-style-type: none"> Local law enforcement officials Sherriff's office Contracted security FBI

	<ul style="list-style-type: none"> • Develop process to manage self-deployed agencies 		
Registration	<ul style="list-style-type: none"> • Greeter vs. Registration • Personnel filling this role should be prepared to do quick case management on what the individual's needs are and get them to the right resource within the FAC or direct them to the Victims Support Providers • They should expect to address the major issues and know where to direct them, such as: <ul style="list-style-type: none"> ○ Notification of involvement ○ Victim Accounting • Information about the incident and recovery plan • Provide maps and handouts with pertinent information, contact numbers, and services available • They should be trained in crisis response such as Psychological First Aid 	<ul style="list-style-type: none"> • Employee Experience Center • Special Events & Protocol • Mental Health First Aid Instructors • CERT • Student Affairs • Residence Life • Athletics • Conference services 	<ul style="list-style-type: none"> • Volunteer Organizations Active in a Disaster • Local/Regional/National non-profits • County volunteers • Local school district staff • Volunteer management groups, i.e. Americorps St. Louis, Salvation Army. Etc.
PIO/Media	<ul style="list-style-type: none"> • Shall conduct briefings with information prior to it being released to the media • Messaging needs to be consistent across all platforms • Encourage internal and external stakeholders to share official campus messaging verses drafting new 	<ul style="list-style-type: none"> • PIO/ News Office/ Enterprise Communication 	<ul style="list-style-type: none"> • PIOs from surrounding cities • Local/state public safety mutual aid PIOs • Contracts with local school districts/universities • MAAs • NIMAA

	<p>messaging as well as to ensure misinformation/false information is not spread</p> <ul style="list-style-type: none"> • Pre-establish media locations for each FAC location that are not inside the FAC and do not impede on the safe/security of FAC clients • Consider creating templates describing an FAC, what services are there, etc. • Determine location for JIC and resource needs • Coordinate messaging with other agencies 		
Joint Family Support Operations Center (JFSOC)	<ul style="list-style-type: none"> • Ensure all agencies are represented • This will change based on the services provided within the FAC and the needs of the survivors/loved ones 	<ul style="list-style-type: none"> • Representatives from all internal services located in the FAC 	<ul style="list-style-type: none"> • Representatives from all external partners represented in the FAC
Medical Support/EMS	<ul style="list-style-type: none"> • Stand-by, ALS capability • Separate evaluation area • They can coordinate with the local hospitals if additional medical support is needed 	<ul style="list-style-type: none"> • Student EMTs • Campus Health Services • Outdoor Programs 	<ul style="list-style-type: none"> • Local EMS • State/Local task force • DMAT
Family Liaison	<ul style="list-style-type: none"> • Works directly with a victim's family to address needs/concerns and provide university services • Serve as family's primary point of contact for the duration • If more than 5 victims, a Liaison Team Lead will supervise 5 Family Liaisons 	<ul style="list-style-type: none"> • Office of Development and University Relations • Admissions • Human Resources • Wellness Professionals 	<ul style="list-style-type: none"> • Local religious leaders

	<ul style="list-style-type: none"> • Does not provide counseling • Must be fluent in family's language • May require providing support to staff/volunteers selected for this function 		
Victims Support Providers	<ul style="list-style-type: none"> • Provide crisis support to victims, survivors, and families • Provide information on victim rights • Provide information on justice system updates (if applicable) • Assist victims in completing crime victim compensation application at FAC 	<ul style="list-style-type: none"> • Campus Sexual Assault Advocate • Campus Police Department Victim Services 	<ul style="list-style-type: none"> • FBI Victim Services Division • Law Enforcement Victim Services • Prosecuting Attorney Victim Services • Attorney General Victim Services • State Crime Victim Compensation Office • Community based non-profit victim service agencies
Personal Effects	<ul style="list-style-type: none"> • Secure, offsite storage, screening, and retrieval facility • Documentation and accountability • Potential for effects to be considered evidence • Chain of custody • Who decides what can be released to family and how 	<ul style="list-style-type: none"> • Facilities Management • Event Services • Campus Police Department 	<ul style="list-style-type: none"> • Mini-storage facilities • Law enforcement • FBI Victim Services Division
Family Briefings	<ul style="list-style-type: none"> • Minimum of two briefings per day (am and pm) • High-ranking University officials brief or are in attendance • Interpreters if needed (spoken and sign language) 	<ul style="list-style-type: none"> • President/Provost • Mental Health Services • Campus Police/Safety 	<ul style="list-style-type: none"> • Local/state responders • Victim Service Providers (Local/FBI)
Memorial/ Vigil Events	<ul style="list-style-type: none"> • May develop spontaneously or independently of university management • May need to provide indirect support 	<ul style="list-style-type: none"> • Campus Spiritual Life • Student Life/Dean of Students • Student leadership • President/Provost 	<ul style="list-style-type: none"> • Local Government/FBI Victim Services

	<ul style="list-style-type: none"> • Additional, ongoing recognition may take place at other university gatherings (ex. sporting events) 	<ul style="list-style-type: none"> • Special Events • Sports & Recreation 	
Childcare Services	<ul style="list-style-type: none"> • Certified staff • Separate but proximate space 	<ul style="list-style-type: none"> • Worklife/Childcare Centers • Education degree students if they have childcare clearances • Recreation Center Staff 	<ul style="list-style-type: none"> • Contracted childcare provider
Donations Management	<ul style="list-style-type: none"> • Team to manage a wide variety of donations, including: • Monetary • Volunteer man-hours • Items 	<ul style="list-style-type: none"> • University Foundation (monetary donations management) • HR Donations Manager • Conference & Events • Procurement • Finance Office 	<ul style="list-style-type: none"> • NGOs • Salvation Army • Churches • Thrift Stores • CERT • National Compassion Fund

Attachment 2 – FAC Contact List

Service	Internal Resources	Contact Information	External Resources	Contact Information
Mental/ Behavioral Health				
Spiritual Care				
Victim ID/Tracking				
Reunification/ Notification Team				
Comms/IT				
Transportation				
Logistics/ Mass Care				
Safety/Security				
Registration/Badging				
PIO/Media				
Family Briefings/ Information Updates				
Joint Family Support Operations Center (JFSOC)				
Medical Support/ EMS				
Family Liaison				

Victim Support Providers				
Personal Effects				
Memorial/ Vigil Events				
Childcare Services				
Donations Management				

Attachment 3 – Staffing Determination Tool

This staffing model is an example. Depending on the event, positions may be combined, eliminated, or managed by lead agency. Not all staff positions will be active during specific timelines of response. This should be updated to reflect what your institution has categorized for each of these types of incidents.

A/N = As needed

TBD = To be determined at the time of the incident

	Small	Medium	Large	Catastrophic
Potential Fatalities	<15	15-50	101-500	>500
Family and Friends	<150	160-800	800-4,000	>4,000
Family Assistance Center Leadership				
FAC Director/Site Manager	1	1	1	1
Deputy Branch Director/Site Manager	0	1	1	1
Public Information Officer	A/N	1	1	1
Safety Officer	1	1	1	1
Liaison Officer	A/N	1	1	1
Leadership Staff Total	2	5	5	5

Operations Section				
Operation Section Chief	1	1	1	1
Reception Group				
Reception Group Supervisor	1	1	1	1
Usher Unit				
Usher Unit Leaders	1	TBD	TBD	TBD
Ushers	TBD	TBD	TBD	TBD
Registration Unit				
Registration Unit Leader	1	1	1	2
Registration Unit Staff	1	1	2-3	3-4
Greeter Unit				
Greeter Unit Leader	1	1	1	1
Greeters	2	TBD	TBD	TBD
Family Liaison Unit				
Family Liaison Unit Leader	1	1	1	1
Family Liaisons	TBD	TBD	TBD	TBD
Call Center Unit				
Call Center Unit Leader	1	1	1	1
Call Center Unit Staff	TBD	TBD	TBD	TBD
Resource Desk Unit				
Resource Desk Unit Leader	1	1	1	1
Resource Desk Unit Staff	TBD	TBD	TBD	TBD
Reception Group Total				

Medical Examiner / Coroner Group

Medical Examiner/Coroner Group Supervisor	1	1	1	1
Family Interview Unit				
Family Interview Unit Leader	1	1	1	1
Family Interview Unit Staff	2	2-4	4-8	8-12
Notification Unit				
Notification Unit Leader	1	1-2	2-4	4-8
Notification Unit Staff	2-4	4-10	10-20	20-50
Medical Examiner Group Total	5-7	8-17	17-33	33-71

Medical Group				
Medical Group Supervisor	1	1	1	1
Psychological Support Unit				
Psychological Support Unit Leader	1	1	1	1
Psychological Support Staff	TBD	TBD	TBD	TBD
First Aid / EMS Unit				
First Aid / EMS Unit Leader	1	1	1	1
First Aid / EMS Unit Staff	TBD	TBD	TBD	TBD
Medical Support Services Unit				
Medical Support Services Unit Leader	1	1	1	1
Medical Support Services Unit Staff	TBD	TBD	TBD	TBD
Medical Group Total				

Special Needs Group				
Special Need Group Supervisor	1	1	1	1
Interpreter Unit				
Interpretation Unit Leader	1	1	1	1
Interpreters and Translators	TBD	TBD	TBD	TBD
Child Sitting Unit				
Child Sitting Unit Leader	1	1	1	1
Child Sitting Staff	TBD	TBD	TBD	TBD
Disabilities Unit				
Disabilities Unit Leader	1	1	1	1
Disabilities Unit Staff	TBD	TBD	TBD	TBD
Special Needs Group Total				

Security Group				
Security Group Supervisor	1	1	1	1
Internal Security Unit				
Internal Security Unit Leader	1	1	1	1
Internal Security Staff	TBD	TBD	TBD	TBD
External Security Unit				
External Security Unit Leader	1	1	1	1
External Security Unit Staff	TBD	TBD	TBD	TBD

Traffic Control Unit				
Traffic Control Unit Leader	1	1	1	1
Traffic Control Unit Staff	TBD	TBD	TBD	TBD
Security Group Total				

Logistics Section				
Logistics Section Chief	1	1	1	1
Communication / IT Unit				
Communication / IT Unit Leaders	1	TBD	TBD	TBD
Communication / IT Unit Staff	TBD	TBD	TBD	TBD
Nutrition Unit				
Nutrition Unit Leader	1	1	1	2
Nutrition Unit Staff	1	1	2-3	3-4
Supply Unit				
Supply Unit Leader	1	1	1	1
Supply Unit Staff	2	TBD	TBD	TBD
Facilities Unit				
Facilities Unit Leader	1	1	1	1
Facilities Unit Staff	TBD	TBD	TBD	TBD
Site Visit Coordination Unit				
Site Visit Coordination Unit Leader	1	1	1	1
Site Visit Coordination Unit Staff	TBD	TBD	TBD	TBD
Logistic Section Total				

Grand Total				
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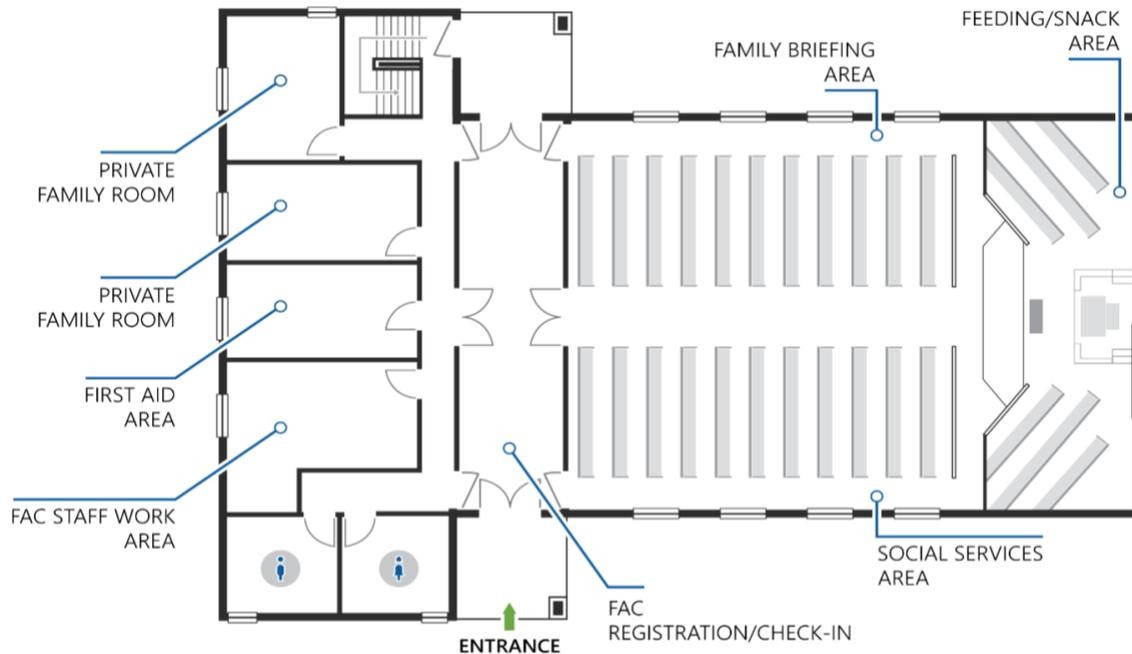
Attachment 4 – FAC Scaling Guide/Layouts

This scaling guide is an example. Depending on the resources available at your institution the numbers for what constitutes as small, medium, and large-scale event will vary. Update the chart below and the corresponding sections highlighted in yellow. The layouts are just samples and should be updated to reflect your pre-designated FAC locations.

Level of Incident	Small	Medium	Large
Potential fatalities	< 10	10-50	> 50
Family & friends	< 100	100-500	> 400

Small-scale response: Typically involves incidents with a limited number of victims that can be managed by local jurisdiction resources without significant external assistance. This may include incidents less than **10 casualties**, where local emergency services can effectively provide medical care and support to the affected individuals.

- JFSOC
- Registration
- Family Briefing Area & Feeding
- Childcare
- Transportation
- Private Rooms
- Security



Name	Facility Address	Potential Locations	Point of Contact (POC) Name, Phone Number, and Email	MOU Dates
		EX: Gym, Amphitheater, Community Center		

Medium-scale response: Involves incidents with a larger number of victims that exceed the capacity of local resources no manage solely but can still be managed within the capabilities of regional or mutual aid resources. This may include incidents with **10-50 casualties**, where additional support from neighboring jurisdictions or specialized response teams may be required.

- JFSOC
- Registration
- Family Briefing Area
- Feeding Area
- Childcare
- Transportation
- Access to More Private Rooms
- Security
- Responder/Staffing Area
- Forensic Command Center

Name	Facility Address	Potential Locations	Point of Contact (POC) Name, Phone Number, and Email	MOU Dates
		EX: Conf Room, Banquet Hall		

Large-scale response: Involves incidents with a significant number of victims that overwhelm local, regional, or mutual aid resources, requiring a coordinated response involving state, federal, and/or international assistance.

This may include incidents with more than **50 casualties**, where specialized resources, such as mass casualty incident teams, medical evacuation assets, and disaster response agencies, are mobilized to provide support and assistance.

- JFSOC
- Increased Staffing for Client Registration
- Volunteer/Staff Registration
- Large Family Briefing Area
- Childcare
- Transportation
- Extensive Access to Private Rooms
- Security
- Feeding Area
- Responder/Staffing Area
- Forensic Command Center

Name	Facility Address	Potential Locations	Point of Contact (POC) Name, Phone Number, and Email	MOU Dates
		EX: Conf Room, Banquet Hall		

POSSIBLE FAMILY ASSISTANCE CENTER (FAC) LAYOUT*



* THIS DIAGRAM IS A SCHEMATIC. THESE ARE OPERATIONAL/SERVICE PROVISION AREAS NOT DRAWN TO SIZE OR MEANT TO INDICATE LOCATION. SPECIFIC FAC LAYOUT WILL BE BASED ON THE PHYSICAL FACILITY. *
 * AREAS HIGHLIGHTED IN ORANGE ARE CRITICAL AREAS THAT SHOULD BE CONSIDERED WHEN DETERMINING THE LAYOUT OF A FAMILY ASSISTANCE CENTER. *

Attachment 5 – Transition Timeline

The timelines presented in the following tables are provided to guide the transition between FRC and FAC operations. These timelines are fluid and should be adaptable for the incident scale. The two charts are broken up by time of the incident: during business hours or after business hours.

FRC/FAC Transition Timeline (Incident During Business Hours)

<i>Within the timeline below, it is assumed that the incident occurred during business hours. The response clock starts upon the incident commander receiving notification of an MCI/MVI.</i>			
Timeframe	Call Center Action	Friends and Relatives (FRC) Action	Family Assistance Center (FAC) Action
<60 Minutes	<ul style="list-style-type: none"> • Website scripting prepared • Recorded messages drafted • Activation of call center activation • Initiate process for collecting information on missing persons 	<ul style="list-style-type: none"> • Identify potential FRC locations and make contact to determine availability • Confirm location • Activate FRC response team • Notify external partners 	<ul style="list-style-type: none"> • Begin discussions on need for physical FAC activation
90 Minutes	<ul style="list-style-type: none"> • Website live • Recorded message line activated • Push website link and recorded message line out to all dispatch centers, hospital public information officers, and traditional and social media 	<ul style="list-style-type: none"> • Secure staff and trained volunteers (number of staff needed is dependent on the size of incident and number of FRCs) to deploy to answer questions and provide support • Ensure go-kit is available for staff to begin structuring the FRC to meet immediate needs 	<ul style="list-style-type: none"> • If a physical location is required, determine the capability to host on campus or if an off-campus site location is required

Within the timeline below, it is assumed that the incident occurred during business hours. The response clock starts upon the incident commander receiving notification of an MCI/MVI.

Timeframe	Call Center Action	Friends and Relatives (FRC) Action	Family Assistance Center (FAC) Action
3 Hours	<ul style="list-style-type: none"> • Confirm whether dedicated call center will remain open through duration of incident • Begin arranging staff availability with participating agencies for extended operations, if applicable 	<ul style="list-style-type: none"> • Continue to meet the immediate needs of individuals • Ensure personnel or service gaps are being reported to the EOC to fill 	<ul style="list-style-type: none"> • For on campus locations, contact the Facility Manager for availability • For off campus activate memorandum of agreements
4 Hours	<ul style="list-style-type: none"> • Begin sorting through information received via website and hospitals, medical examiner, and other venues • If using a contracted call center, ensure updates are being provided and feedback on types of calls is being collected 	<ul style="list-style-type: none"> • Continue to meet the immediate needs of individuals • Ensure personnel or service gaps are being reported to the EOC to fill 	<ul style="list-style-type: none"> • Confirm locations • Begin securing needed supplies based on number of victims • Alert partner agencies to FAC decision and activation logistics • Identify FAC staff

Within the timeline below, it is assumed that the incident occurred during business hours. The response clock starts upon the incident commander receiving notification of an MCI/MVI.

Timeframe	Call Center Action	Friends and Relatives (FRC) Action	Family Assistance Center (FAC) Action
6 Hours	<ul style="list-style-type: none"> • Begin calling back people who reported someone online who matches information held by hospitals • If using a contracted call center, ensure updates are being provided and feedback on types of calls is being collected • Ensure call center is provided date/time and location of the FAC activation 	<ul style="list-style-type: none"> • Continue to provide support in answering questions • Inform gathered FRC Clients about the transition to the FAC • Provide location and basic information 	<ul style="list-style-type: none"> • Visit site and begin discussions with event, catering and facility staff (if at hotel) about set-up, technology, privacy, and other needs and logistics • If staff will not be available until morning, plan for FAC opening at noon on the first day instead of 8 a.m. • Begin set-up of FAC • Ensure the date/time of activation is being disseminated through all communication channels
8 Hours	<ul style="list-style-type: none"> • Gather antemortem information from loved ones of those likely involved in incident who cannot come into a physical FAC 	<ul style="list-style-type: none"> • Assist with transportation arrangements if family members and friends plan to go directly to the FAC 	<ul style="list-style-type: none"> • Alert staff and volunteers to the location of the FAC, time to report, and associated roles
12 Hours (or later depending on when the initial incident occurred; aim to open the FAC at the start of the new day)	<ul style="list-style-type: none"> • No new actions 	<ul style="list-style-type: none"> • Demobilize 	<ul style="list-style-type: none"> • Training and briefing for arriving staff at least one hour prior to opening of FAC • Begin making appointments for antemortem interviews and briefing families on the FAC and the status of the investigation and incident

Within the timeline below, it is assumed that the incident occurred during business hours. The response clock starts upon the incident commander receiving notification of an MCI/MVI.

Timeframe	Call Center Action	Friends and Relatives (FRC) Action	Family Assistance Center (FAC) Action
24 Hours	<ul style="list-style-type: none"> Determine length of call center operations in coordination with FAC operations 		<ul style="list-style-type: none"> Continue operations for duration of incident

FRC/FAC Transition Timeline (After Hours Incident)

Within the timeline below, it is assumed that the incident occurred after business hours, during the middle of the night, or on a holiday. The response clock starts upon the incident commander receiving notification of an MCI/MVI.

Timeframe	Call Center Action	Friends and Relatives (FRC) Action	Family Assistance Center (FAC) Action
Within 1.5 – 2 Hours	<ul style="list-style-type: none"> Website scripting prepared Recorded messages drafted Activate call center 	<ul style="list-style-type: none"> Identify potential FRC locations and make contact to determine availability Confirm location Secure staff and trained volunteers (number of staff needed is dependent on the size of incident and number of INCs) to deploy to answer questions and provide support <ul style="list-style-type: none"> Ensure go-kit is available for staff to begin structuring the FRC to meet immediate needs 	<ul style="list-style-type: none"> Begin discussions on need for physical FAC

Within the timeline below, it is assumed that the incident occurred after business hours, during the middle of the night, or on a holiday. The response clock starts upon the incident commander receiving notification of an MCI/MVI.

Timeframe	Call Center Action	Friends and Relatives (FRC) Action	Family Assistance Center (FAC) Action
2-3 Hours	<ul style="list-style-type: none"> • Website live • Recorded message line activated • Push website link and recorded message line out to all dispatch centers, hospital public information officers, and traditional/social media sources 	<ul style="list-style-type: none"> • Secure staff and trained volunteers (number of staff needed is dependent on the size of incident and number of FRCs) to deploy to answer questions and provide support 	<ul style="list-style-type: none"> • Determine whether to start the process of opening a FAC
5-6 Hours	<ul style="list-style-type: none"> • Provide just in time training for incoming call center staff 	<ul style="list-style-type: none"> • Continue to meet the immediate needs of individuals • Ensure personnel or service gaps are being reported to the EOC to fill 	<ul style="list-style-type: none"> • Research possible locations and make contact to determine availability

Within the timeline below, it is assumed that the incident occurred after business hours, during the middle of the night, or on a holiday. The response clock starts upon the incident commander receiving notification of an MCI/MVI.

Timeframe	Call Center Action	Friends and Relatives (FRC) Action	Family Assistance Center (FAC) Action
8-10 Hours	<ul style="list-style-type: none"> • Begin sorting through information received via website and from hospitals, medical examiner/coroner/justice of the peace and other venues (5-6 hours in an after-hours scenario when staff are able to access information from remote locations) • If using a contracted call center, ensure updates are being provided and feedback on types of calls is being collected • Ensure call center is provided date/time and location of the FAC activation 	<ul style="list-style-type: none"> • Continue to meet the immediate needs of individuals • Ensure personnel or service gaps are being reported to the EOC to fill 	<ul style="list-style-type: none"> • Confirm locations • Begin securing needed supplies based on possible number of victims • Alert partners to FAC activation decision • Reach out to staff and volunteers

Within the timeline below, it is assumed that the incident occurred after business hours, during the middle of the night, or on a holiday. The response clock starts upon the incident commander receiving notification of an MCI/MVI.

Timeframe	Call Center Action	Friends and Relatives (FRC) Action	Family Assistance Center (FAC) Action
10-12 Hours	<ul style="list-style-type: none"> • Begin calling back people who reported someone online who matches information held by hospitals • If using a contracted call center, ensure updates are being provided and feedback on types of calls is being collected 	<ul style="list-style-type: none"> • Continue to provide support in answering questions • Inform FRC Clients about the transition to the FAC (provide location and basic information) 	<ul style="list-style-type: none"> • 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 the first day instead of 8 a.m. • Begin set-up of FAC
14-18 Hours	<ul style="list-style-type: none"> • Gather antemortem information from loved ones of those likely involved in incident who cannot come into a physical FAC 	<ul style="list-style-type: none"> • Assist with transportation arrangements if family members and friends plan to go directly to the FAC 	<ul style="list-style-type: none"> • Alert staff and volunteers to location of FAC, reporting time, and roles
18-20 Hours (depending when the incident occurred, open FAC at 8 a.m. or noon on the day after the incident)	<ul style="list-style-type: none"> • No new actions 	<ul style="list-style-type: none"> • Demobilize 	<ul style="list-style-type: none"> • Training and briefing for arriving staff at least one hour prior to opening of FAC • Begin making appointments for antemortem interviews and briefing families on the FAC and the status of the investigation and incident
24 Hours	<ul style="list-style-type: none"> • Determine length of call center operations in coordination with FAC operations 		<ul style="list-style-type: none"> • Operations continue for duration of incident

