

LOS ANGELES COUNTY OPERATIONAL AREA

FAMILY ASSISTANCE CENTER PLAN



Mission: to provide a place for families of disaster victims to obtain information about their loved ones, and obtain emotional, social and other support services.

JANUARY 31, 2014
VERSION 2

This project is managed and funded by the
Los Angeles County Office of Emergency Management and Los Angeles County Department of Mental Health.

HANDLING INSTRUCTIONS

The title of this document is the Los Angeles County Operational Area Family Assistance Center (FAC) Plan. The Los Angeles County Operational Area FAC Plan is provided to aid in the development and implementation of a FAC strategy for the Los Angeles County Operational Area. For more information, please contact:

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PLAN MODIFICATION REGISTER

The Los Angeles County Department of Mental Health leads the Los Angeles County Operational Area FAC Plan project. Any proposed changes to the Los Angeles County Operational Area FAC Plan must be reviewed and approved by the Los Angeles County Emergency Management Council Subcommittee. If written approval is obtained, the Los Angeles County Office of Emergency Management will incorporate changes into the plan. Each time a change is made, the date and version number reflected on the cover and interior pages must be updated. All approved changes must be recorded below. Additional Plan Modification Register pages may be added as necessary.

#	DESCRIPTION OF CHANGE	PAGE NUMBER	DATE OF CHANGE	AUTHORIZED SIGNATURE
Victim Services				
	Added the Victim Services Unit to the organization chart	15-16	10/02/13	
	Crafted language to describe the mission of the Victim Services Unit	19	10/02/13	
	Created a position checklist for the Victim Services Unit	193-196	10/02/13	
	Modified other position checklists to reference the Victim Services Unit	Multiple position checklists	10/02/13	
	Added contact information for the U.S. Department of Homeland Security and the U.S. Attorney's Office	65-67	10/02/13	
	Updated the staffing matrix to include Victim Services	77-82	10/02/13	
	Added information regarding agency liaisons and special considerations for high-profile federal incidents	44-45	10/02/13	
Red Cross				
	Updated recommended sources in the Position Mission Statements table to include Red Cross	17-23	10/02/13	
	Included language that the Red Cross validates the licensure and credentialing of its clinical staff	27	10/02/13	

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#	DESCRIPTION OF CHANGE	PAGE NUMBER	DATE OF CHANGE	AUTHORIZED SIGNATURE
	Updated the Red Cross and Los Angeles County Office of Emergency Management contact information in the Key Contacts table	65-67	10/02/13	
	Added a Safe and Well kiosk to the Administrative Supplies table	71	10/02/13	
	Deleted references to Intake Specialist and Form Review Specialist	N/A	10/02/13	
	Added Greeter responsibilities to Mental Health staff functions	36	10/02/13	
	Changed "Radiograph" to "X-ray"	119; 137	10/02/13	
Disability and Access and Functional Needs (AFN)				
	Revised "Specific Needs Unit" to "Disabilities and Access and Functional Needs Unit". Incorporated the term "disability" throughout the plan	Entire plan	10/07/13	
	Revised disability and AFN language	Entire plan	10/07/13	
	Referenced that Just-in-Time (JIT) Training is to include training on accommodation for people with disabilities or AFN	30	10/07/13	
	Added requirement for at least one (1) sign language interpreter and two (2) wheelchairs to be provided at the FAC	39; 68	10/07/13	
	Included information about the need for agreements with AFN vendors to quickly utilize their services	51	10/07/13	
	Updated the County's Disability and Civil Rights Section in Key Contacts table	65-67	10/07/13	
	Included AFN requirements for signage	68	10/07/13	
	Created all forms in 18-point font	All forms	10/07/13	

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#	DESCRIPTION OF CHANGE	PAGE NUMBER	DATE OF CHANGE	AUTHORIZED SIGNATURE
	Added language regarding the use of adaptive software, electronic boards, and other technology	Entire plan	10/07/13	
	Added three (3) additional disabilities to the ones currently listed	84	10/07/13	
	Revised the Disabilities and AFN Unit in the staffing matrix	77-82	10/07/13	
	Added a column to the Client Registration Sheet to ask "Does anyone in your family require special accommodations?"	113; 127	10/07/13	
	Added a column to the Staff Registration Sheet to ask "Do you require accommodations?"	112; 125; 126	10/07/13	
	Updated the Client Briefing diagram to include wheelchair and companion seating.	60	10/07/13	
FAC Forms				
	Added a Client Registration Sheet	113; 127	10/02/13	
	Added a Client Tracking List and Staff Registration Sheet	111-112	10/07/13	
	Revised the "flow" of client forms through the FAC	34-36	11/05/13	
	Updated position checklists to reflect the new "flow" of client forms	Multiple position checklists	11/05/13	
	Expanded the role of the Notification Group	Entire plan	11/05/13	
	Created a Notification Group Tracking Form and Tracking Form template	115-116	11/05/13	
	Amended "Tag #" to "Triage Tag#" and added "NCIC#" to all forms	All client forms	11/05/13	

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#	DESCRIPTION OF CHANGE	PAGE NUMBER	DATE OF CHANGE	AUTHORIZED SIGNATURE
	Included information that agencies may use their own forms	36	11/05/13	
	Added time stamps and additional information to Form 1A to aid in form tracking	111; 124	11/05/13	
	Omitted Form 9A	N/A	11/05/13	
	Revised form titles to indicate which group they belong to	Multiple forms	11/05/13	
Law Enforcement				
	Revised the Badging Group's role to no longer include verifying agency credentials	26-27	11/25/13	
	Referenced the use of volunteers to help with completing reports	35-36	11/25/13	
	Revised language to state that missing persons reports for minors should be fast tracked	36	11/25/13	
	Included information about establishing a missing persons hotline	45	11/25/13	
	Revised position checklists to prompt staff to ask whether the client witnessed anything at the incident site and to report witnesses to the Investigations Support Group	Multiple position checklists	11/25/13	
	Revised Form 1C to ask each client: "Did you witness the incident or do you have information?"	113; 127	11/25/13	
	Referenced California Department of Justice Dangerous Weapons Control Law Code 12020(a)1	39; 93	11/25/13	
	Revised language regarding media restrictions	33	11/25/13	
	Changed "emotionally disturbed" to "emotionally distraught"	Entire plan	11/25/13	

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#	DESCRIPTION OF CHANGE	PAGE NUMBER	DATE OF CHANGE	AUTHORIZED SIGNATURE
	Revised language regarding the release of patient information	Multiple position checklists	11/25/13	
Other				
	Revised Los Angeles County Department of Mental Health point of contact	ii	10/02/13	
	Addressed the need for Client Briefings to have a softer, more human- service oriented tone	39	10/02/13	
	Addressed the need for client in-take to be more service oriented	38-39	10/02/13	
	Replaced “Website” with “Email” in the Key Contacts table	65-67	10/02/13	
	Changed Information Technology (IT) Group and Site Communications Group to specialists, removed them from the organization chart, and changed the Communications Branch to a unit; added “Facility Liaison” to organization chart	16	12/02/13	
	Updated position checklists	Multiple position checklists	12/20/13	
	Grammar and technical edits, to included reorganizing sections and reducing length of Table of Contents	Entire plan	12/20/13	
	Grammar and technical	Entire Plan	01/30/14	
	Added detailed description of site selection process and Site Assessment Package	Appendix II	01/30/14	
	Added additional text to Plan Maintenance and Training and Exercise Sections	Appendix I	01/30/14	
	Revised facility diagrams for wheelchair locations, sign language interpreter location and information branch	61 - 62	01//30/14	

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#	DESCRIPTION OF CHANGE	PAGE NUMBER	DATE OF CHANGE	AUTHORIZED SIGNATURE
	Added language clarifying Registration Group coordination with JIT Trainer re: JIT training for late arriving in text and position checklists	27, 170, 181, 186	01/30/14	
	Changed position checklist from “DFN Unit” to “DFN Unit Leader:”		01/30/14	
	Format and technical edits	Entire Plan	01/31/14	

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ACKNOWLEDGMENTS

Version 1 of this plan was reviewed and approved by the Los Angeles County Operational Area Advisory Board and the Los Angeles County Emergency Management Council Subcommittee on December 2, 2010. Version 2 will be submitted to the Los Angeles County Emergency Management Council indicating the changes that have occurred since Version 1.

The Los Angeles County Operational Area FAC Plan is the result of collaborative partnerships and an ongoing commitment to excellence in emergency management. This project was initiated and led by the Los Angeles County Department of Mental Health and supported by an Operational Area -representative Steering Committee. Input was received from numerous agencies and organizations and support was provided by response partners throughout the Los Angeles County Operational Area. The following individuals served as Steering Committee members for this important project. Steering Committee members provided strategic guidance regarding Los Angeles County Operational Area FAC Plan development, training, and implementation.

TABLE 1: VERSION 1 STEERING COMMITTEE MEMBERS

NAME	AGENCY
COUNTY	
Angela Davis	Los Angeles County Disability and Civil Rights
Barbara Engleman*	Los Angeles County Department of Mental Health
Brian Elias	Los Angeles County Department of Coroner
Elissa Fleak*	Los Angeles County Department of Coroner
Halla Alsabagh* – Initial Project Manager	Los Angeles County Department of Mental Health
Heather Gageby*	Los Angeles Operational Alliance
Jeanne O'Donnell* – Project Manager	Los Angeles County Office of Emergency Management
John Cvjetkovic*	Los Angeles County Department of Public Social Services
Kathy Cady	Los Angeles County District Attorney Victim Witness Assistance Program
Linda Boyd*	Los Angeles County Department of Mental Health
Pablo Valadez*	Los Angeles County Fire Department
Pamela Mottice-Muller*	Disaster Management Area Coordinator
Paul Hanley*	Los Angeles County Sheriff's Department
Paul Jernigan	Los Angeles Sheriff's Department
Rakdy Khlok – Project Manager	Los Angeles County Department of Mental Health

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NAME	AGENCY
Randy Alva*	Los Angeles County Fire Department
Renee Grand Pre*	Los Angeles County Department of Coroner
Sandra Shields*	Los Angeles County Emergency Medical Services (EMS) Agency (Department of Health Services)
Stan Brawer	Los Angeles County Fire Department
FEDERAL	
Debbie Deem	Federal Bureau of Investigation
Kendra Pospychalla	American Red Cross
LOCAL	
Al Poirier*	Los Angeles City Fire Department
Alen Pijuan	Los Angeles City Emergency Management Department
Amber Morales	Los Angeles Police Department
Andy Neiman*	Los Angeles Police Department
Christopher Cooper	Los Angeles City Fire Department
Kathy Colobong	Los Angeles City Attorney Victim Assistance
Keith Garcia*	Los Angeles City Emergency Management Department
William Ramirez	Los Angeles World Airports

NOTE: Original Steering Committee members are denoted with an asterisk.

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TABLE 2: VERSION 1 OTHER SUPPORT AGENCIES

COUNTY	
Disaster Management Area Coordinators	Los Angeles County Disability and Civil Rights
Los Angeles County Community and Senior Services	Los Angeles County District Attorney Victim Witness Assistance Program
Los Angeles County Department of Children and Family Services	Los Angeles County EMS Agency (Department of Health Services)
Los Angeles County Department of Coroner	Los Angeles County Fire Department
Los Angeles County Department of Mental Health	Los Angeles County Internal Services Department
Los Angeles County Department of Public Health	Los Angeles County Office of Emergency Management
Los Angeles County Department of Public Social Services	Los Angeles County Sheriff's Department
FEDERAL	
American Red Cross	National Center for Missing and Exploited Children
Amtrak	National Transportation Safety Board
Buddhist Tzu Chi Foundation	Providence Health and Services
Federal Bureau of Investigation	
STATE	
California Emergency Management Agency	
LOCAL	
Beverly Hills Office of Emergency Management	Los Angeles Police Department
Beverly Hills Public Library	Los Angeles World Airports
Burbank Fire Department	Medweb
Children's Hospital Los Angeles	New York City Office of Emergency Management
Emergency Network Los Angeles	Norwalk Office of Emergency Management
La Mirada Department of Public Safety	Pasadena Public Health Department
Long Beach Department of Health and Human Services	San Marino Fire Department
Los Angeles City Attorney Victim Assistance	San Marino Recreation Department
Los Angeles City Department on Aging	Santa Clarita Parks, Recreation and Community Services Department
Los Angeles City Department on Disability	Santa Monica Fire Department
Los Angeles City Emergency Management Department	Santa Monica Police Department
Los Angeles City Fire Department	West Angeles Church of God in Christ
Los Angeles City Office of Public Safety	

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INTRODUCTION

The Los Angeles County Operational Area is one of the nation's largest counties by population size. Diverse and expansive, the Operational Area is also subject to a number of natural and human-caused hazards, including threats from earthquakes, floods, tsunamis, terrorism and numerous others. Continuing its long-standing commitment to emergency planning and preparedness, the Operational Area has embarked on an ambitious FAC planning effort to enhance its readiness for both large and small-scale disasters.

B. BACKGROUND

In the immediate aftermath of a mass fatality incident (MFI) or mass causality incident (MCI), families will seek assistance. People will gravitate to where they believe their loved ones may be found or can obtain information. That may translate to the incident site or local hospitals (families may perceive that their loved ones are injured and have been transported to the nearest hospital). A surge of people at the incident site or hospitals can significantly impact and possibly hinder lifesaving operations. Experts in many fields including emergency management, public safety, medical services, mental health and victim assistance therefore recommended that Los Angeles County establish an Operational Area FAC Plan to aid the disaster response.

The Family Assistance Center model is a new and dynamic concept, especially as it pertains to implementation at the Operational Area level, led by government agencies.

The completion of this Operational Area plan will mark the first of its kind in the Nation.

The establishment of a FAC can help to alleviate these issues and better aid responders and support personnel to provide victims' families with the support and information they need. Family assistance is one of the most sensitive and complex operations in MFI/MCI response. FACs are the only type of assistance center to open immediately after an emergency as part of response¹ while still offering specialty support functions. The need for multiagency coordination in plan development is further underscored as multiple agencies and organizations fold under the response umbrella and begin to leverage the services provided via FACs. The challenges increase as family assistance staff work with families of differing cultures and beliefs – as such, family assistance must be provided in a way that is sensitive to the diverse population of Los Angeles County.

C. WHAT IS A FAC?

The FAC provides two types of benefits for families of victims:

- Information: This includes the provision of updates regarding incident recovery efforts and notifying families whether the victim is:
 - A decedent
 - Transported to a hospital
 - Still missing
- Services: This includes the provision of emotional support, spiritual care, health and social services.

D. PLAN DEVELOPMENT PROCESS

This Los Angeles County Operational Area FAC Plan was developed based on the FAC model utilized for aviation-related disasters designated under the Aviation Disaster Family Assistance Act of 1996 in

¹ A temporary Friends and Relatives Center may be activated in response to aviation disasters until a FAC activates.

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coordination with the National Transportation Safety Board (NTSB). This model employs best practices that have been continuously enhanced through implementation at aviation and rail disasters throughout the U.S.² While plans were in existence that specified the provision of FAC services in the event of an aviation disaster, there was no plan that outlined the provision of FAC services for other types of disasters. Using best practices derived from the NTSB model, the Los Angeles County Operational Area FAC Plan was designed to fill this gap – covering the provision of FAC services for a majority of disasters.

The Los Angeles County Operational FAC Plan operates in coordination with any existing jurisdiction-specific FAC Plans/Guides. When a disaster occurs within a city with a designated FAC Plan, that plan will be the primary plan consulted for the incident, with the FAC Plan supporting and providing guidance on any topics not covered in the jurisdiction-specific plan. When a disaster occurs in a non-incorporated area or in a city without a designated FAC Plan, the FAC Plan will be the primary plan guiding operations.

E. SCOPE

The scope of this plan includes activation, operation, and demobilization strategies for FACs within the Los Angeles County Operational Area (covering all 88 cities and unincorporated areas). As such, the plan seeks to provide a framework for establishing and managing FACs in the Operational Area during both large-scale MFI/MCIs (e.g., earthquakes) and smaller, more localized incidents involving multiple fatalities/casualties (e.g., explosion, shooting) to ensure consistency of response and management, and to establish a baseline of service.

This plan provides a structure and practice for city and County agencies/departments working within the FAC. **Cities will modify the staffing of these functions based on the unique attributes of their city and the availability of local resources.** Cities may request the County's support in staffing and/or managing the FAC if an incident occurs within a city's jurisdiction and the city is unable to activate the FAC on its own. If an incident occurs within an unincorporated area, the County is tasked with staffing and managing the FAC. Special consideration has been given to the identification of plan activation requirements, maximum/minimum services offered based on incident size and availability of resources, delineation of roles and responsibilities of each agency/organization, treatment and accommodation of people with disabilities or AFN, coordination of support services, information management and the like. Care was also taken to ensure that city- and County- initiated FAC activation and operation protocols were outlined.

F. OBJECTIVES

FAC operations are designed to meet the following objectives:

- Provide accurate and timely information to the family and friends of victims (referred to as "clients") regarding the incident.
- Provide a mechanism to coordinate efforts between law enforcement, EMS, and coroner personnel to facilitate identification of victim status and client notification.
- Provide emotional support and spiritual care services to clients.
- Facilitate the provision of additional health and social services based on the type of incident and available resources.
- Establish a secure and appropriate facility that allows agencies to interact sensitively and effectively with clients.

² The Rail Passenger Disaster Family Assistance Act of 2008 requires Amtrak to have FAC plans in place to support legislated accidents.

G. HOW TO USE THIS PLAN

The plan was developed using the U.S. Department of Homeland Security Comprehensive Preparedness Guide (CPG) 101 and is organized into two primary components, a base plan and appendices. The base plan provides an overview of the Los Angeles County Operational Area FAC model, overall approach to FAC management and basic concept of operations. The base plan is organized into subsections, to include Activation, Operation, and Demobilization. The appendices provide detailed reference material, to include position checklists, site selection criteria, security policy and the like. The plan lists information in chronological order, as possible. To successfully implement the plan, it is recommended that plan users (command staff and section chiefs at minimum) review the plan in its entirety, and participate in training and exercise events prior to plan activation.³ The plan is intended to provide comprehensive guidance and recommendations. Utilization of position checklists is recommended during activation.

H. ASSUMPTIONS

The following assumptions were presumed in the development of the plan:

- Implementation of this plan assumes that the disaster occurs in the Los Angeles County Operational Area.
- National Incident Management System (NIMS)/Standardized Emergency Management System (SEMS)/Incident Command System (ICS) protocols will be utilized to facilitate the notification and resource request processes among government agencies.
- For city FAC activations, the decision to initiate FAC activation is made by the city Emergency Operations Center (EOC) Director unless otherwise documented in local plans.
- Cities within the Los Angeles County Operational Area are responsible for the implementation of this plan in their respective city. This includes coordination of and participation in FAC related training and exercise events. This also includes the development and tailoring of local plans, policies and resource deployment strategies to support FAC operations.
- The Los Angeles County Office of Emergency Management is responsible for the implementation of this plan in unincorporated areas and within incorporated areas that do not have a designated FAC Plan. This includes coordination of and participation in FAC related training and exercise events. This also includes the development and tailoring of County plans, policies and resource deployment strategies to support FAC operations.
- The activating entity assumes liability for FAC cost and operations.
- County departments and agencies assigned to a FAC will work within the FAC structure listed herein. City agencies will modify the mission and staffing of these functions based on the unique attributes of their city and the availability of local resources.
- The Los Angeles County Office of Emergency Management is responsible for facilitating the delivery of tasks assigned to the Los Angeles County Emergency Operations Center (CEOC) if the CEOC has not been activated.
- For purposes of this document, the terms “family,” “friends,” and “relatives” are used to refer to those people who have a relationship to a person involved in the accident. Although these terms have slightly different meanings, they are used interchangeably throughout the document. When referring to those family, friends, and/or relatives who have reported to the FAC for services, the term “client” may be used.

³ See Appendix I: Plan Maintenance, Implementation and Validation.

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- Most, if not all, family members of seriously injured victims will travel to where the injured are hospitalized. Once the injured are released from the hospital, these family members and the injured victims will return home.
- All actions described in this plan will not necessarily be completed during every event nor is every activity that may be required described in this plan. Agencies and organizations listed herein and other response partners will use judgment and discretion to determine the most appropriate actions at the time of the incident.

I. CODE OF CONDUCT

All FAC staff members, including those who are from the public and private sector, paid employees and volunteer staff, contractors, consultants, and others who may be temporarily assigned to perform work or services for the FAC must follow the below listed code. All staff shall abide by the code of conduct and behavior policies of their agency or organization. Failure to do so can result in removal from the FAC.

The purpose of the FAC is to provide a safe place for families to obtain services and information regarding victims who were injured or killed during a disaster. FAC staff should make every effort to conduct themselves in a discrete and helpful manner, with the traumatic nature of the event and the client's high level of emotional stress in mind.

- Protect the privacy of the victims and clients. Do not share any information or provide access to the media without specific permission from your supervisor and express consent from the clients. Follow principles outlined in Health Insurance Portability and Accountability Act (HIPAA) policies.⁴
- Communicate openly, respectfully, and directly with clients and staff in order to optimize services and to promote mutual trust and understanding. Handle conflict promptly, appropriately and in the correct environment by asking for help and offering positive solutions to problems that are identified.
- Conduct FAC related business with integrity and in an ethical manner.
- Be sensitive to an environment where a number of clients will be grieving. Refrain from engaging in loud conversations, laughter, and other social conversations in client areas.
- Assist others in providing care and/or services promptly. Act as an ambassador of the FAC by maintaining positive communication regarding the FAC, both inside and outside the facility.
- Clearly identify yourself and your position to clients and staff and wear your nametag at eye level.
- Be understanding and sensitive to the difficult situation that clients face. Do not criticize decisions in the presence of clients.
- Protect the property and other assets entrusted to you by clients and others against loss, theft, or abuse.
- Take responsibility and be accountable for your entire job requirements as outlined in position checklists and organizational policies.

⁴ See Appendix XIV: HIPAA Exemptions During Incident Response.

SECTION I: ACTIVATION

The FAC is activated as part of disaster response operations. The decision to activate a FAC is made at the discretion of the jurisdiction's EOC Director. If the jurisdiction's EOC has not been activated or is in the process of being activated, the Incident/Unified Commander may coordinate with the EOC Director/lead emergency management designee to initiate FAC activation. In order to meet the immediate demands associated with family assistance, the FAC should be operational within two hours⁵ of incident response. A FAC may be activated in response to the following:

- Mass fatality incident or the potential for 5 or more fatalities⁶ at a single incident
- A single incident resulting in 5 or more missing persons
- Mass casualty incident⁷ resulting in 10 or more⁸ seriously injured persons who have been transported to hospitals for treatment
- Large scale disaster
- In response to a request from the NTSB in support of airline or rail disasters

A. INITIATE COUNTY ACTIVATION PROCESS

The decision to initiate FAC activation is made by the CEOC Director or designee. County-based FAC activation:

- The incident occurs in an unincorporated area of the County or a local jurisdiction requests the County to activate a FAC in response to an incident within that jurisdiction or a request is initiated by the Los Angeles County Department of Coroner
- The Incident/Unified Commander requests the CEOC to establish a FAC or the CEOC Director initiates the FAC activation, or the CEOC determines that due to the scope and severity of the incident and its effects on multiple jurisdictions within the Operational Area that one or more FAC(s) are needed
- The CEOC coordinates the deployment of the FAC with Incident/Unified Command. The CEOC initiates notification of FAC activation as prescribed by NIMS/SEMS
- The CEOC leads coordination efforts for FAC logistical resources. The CEOC leads coordination efforts to staff the FAC according to Appendix V: Staffing Guidelines. The CEOC escalates resource requests (if needed) as prescribed by NIMS/SEMS

B. INITIATE CITY ACTIVATION PROCESS

The decision to initiate FAC activation is made by the city EOC Director unless otherwise documented in local plans. City-based FAC activation:

- The incident occurs in one city

⁵ A minimal level of service may only be available at the two hour period of time.

⁶ The Los Angeles County Department of Coroner considers a MFI to involve five or more decedents.

⁷ The Los Angeles County EMS Agency (Department of Health Services) defines a MCI as the combination of numbers of ill/injured patients and the type of injuries going beyond the capability of an entity's normal first response.

⁸ Per Los Angeles County EMS Agency (Department of Health Services) policy for the management of MCIs, reference number 519.

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- The Incident/Unified Commander requests a FAC to be established via the city EOC or the EOC Director initiates the FAC activation
- The city EOC coordinates the deployment of the FAC with Incident/Unified Command. The city EOC notifies the CEOC of FAC activation as prescribed by NIMS/SEMS
- The city EOC leads coordination efforts for FAC logistical resources. The city EOC leads coordination efforts to staff the FAC according to Appendix V: Staffing Guidelines
- The city EOC requests County resources through the CEOC as prescribed by NIMS/SEMS (as needed). CEOC coordinates the deployment of appropriate County resources to the city FAC

In the event of an incident where County, State, and/or Federal resources (e.g., Los Angeles County Sheriff's Department or Los Angeles County Fire Department) respond to an incident in a city, the city will be notified through standard notification protocols.⁹ The city is responsible for making the decision to activate the FAC as indicated above.

C. INITIATE OTHER ACTIVATION PROCESS

1. Aviation Or Rail Disaster

In the event of an aviation or rail disaster that triggers the Aviation Family Assistance Act or Rail Passenger Disaster Family Assistance Act, the NTSB will coordinate with the air carrier or rail carrier to establish a FAC. If the air or rail carrier activates a FAC, this plan can be used to support their operations. If the Aviation Disaster Family Assistance Act or Rail Passenger Disaster Family Assistance Act is invoked and the air or rail carrier requests city/County support, this FAC Plan will be used as the primary policy set.

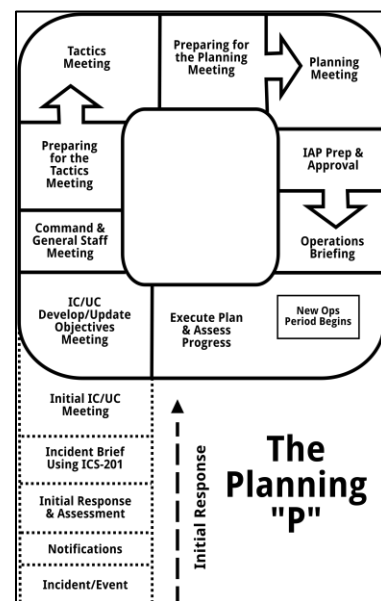
2. Aviation Or Rail Disaster Involving Other Fatalities

If a disaster occurs that involves the Aviation Disaster Family Assistance Act or Rail Passenger Disaster Family Assistance Act that also impacts victims not on the aircraft or train (e.g., an airplane crashes into a suburban area and there are fatalities on the airplane and fatalities in the suburban area due to the impact), the affected jurisdiction will coordinate with air/rail carrier to conduct FAC operations.

D. CONDUCT INITIAL BRIEFING WITH STAFF

Prior to FAC activation, FAC command staff should ensure that staff have a clear understanding of the incident objectives, their role, and the flow of operations. At a minimum, FAC command staff and section chiefs should review the FAC base plan and familiarize themselves with the type of information available in the appendices. Further, an initial briefing and subsequent planning activities should be conducted, as depicted in the "Planning P". The initial briefing may include the following:

- Review of completed ICS 201 form
- A brief synopsis of the incident
- Priorities and objectives
- Code of Conduct



⁹ As a form of redundant notification, the County duty officer will also notify the affected city of the incident.

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- Logistics and layout
- A brief synopsis of the services provided at the FAC, to include disability and AFN services: emphasize the quality care of clients
- Staffing organization and work tasks
- The date, time and location that the FAC will be activated
- Resources available for maintaining situational awareness (e.g., the FAC Information Branch, Disaster Management Area Coordinators (DMAC), local activated EOCs)

E. DETERMINE THE SERVICE LEVEL

The FAC Director will determine the scale of potential FAC operations based on the number of victims and type of incident as described in Appendix V: Staffing Guidelines. This should include the identification of which support services will be offered. Service levels may vary by incident, however the following may serve as a guide for determining the appropriate level of service.

- **EXAMPLE - MINIMAL LEVEL OF SERVICE:** In incidents with 50 or fewer fatalities, the following services should be provided at a minimum:
 - Notification to clients regarding the status of the victim
 - Provision of updates regarding recovery efforts
 - Provision of mental health, spiritual care providers and other services as referenced in Appendix V: Staffing Guidelines
- **EXAMPLE - EXPANDED LEVEL OF SERVICE:** In incidents with 51-999 fatalities or persons with serious injuries, the following services should be provided at a minimum:
 - Social Services Group
 - Public Health Services Group
 - Victim identification
 - Provision of mental health and spiritual care providers
 - Child care
 - Adult dependent care support
 - Other staff and services as described in Appendix V: Staffing Guidelines
- **MULTIPLE FACS:** For a catastrophic incident involving more than 1000 fatalities or persons with serious injuries, the activation of multiple FACs should be considered.

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The following organization charts are meant to serve as a guide and starting point to aid in the implementation of an ICS compliant approach to organization. The entity responsible for FAC activation will (a) determine an ICS compliant organization strategy based on incident scope and (b) fill additional roles as necessary.

FIGURE 1: MINIMAL LEVEL OF SERVICE ORGANIZATION CHART - EXAMPLE

The FAC Director may elect to activate a FAC with fewer services if fewer resources are available or if there is not a high demand for services (e.g., smaller incident). In such cases, responsibilities tasked to positions not shown here should be carried out by the next highest filled position in that section. Staff can be added as necessary.

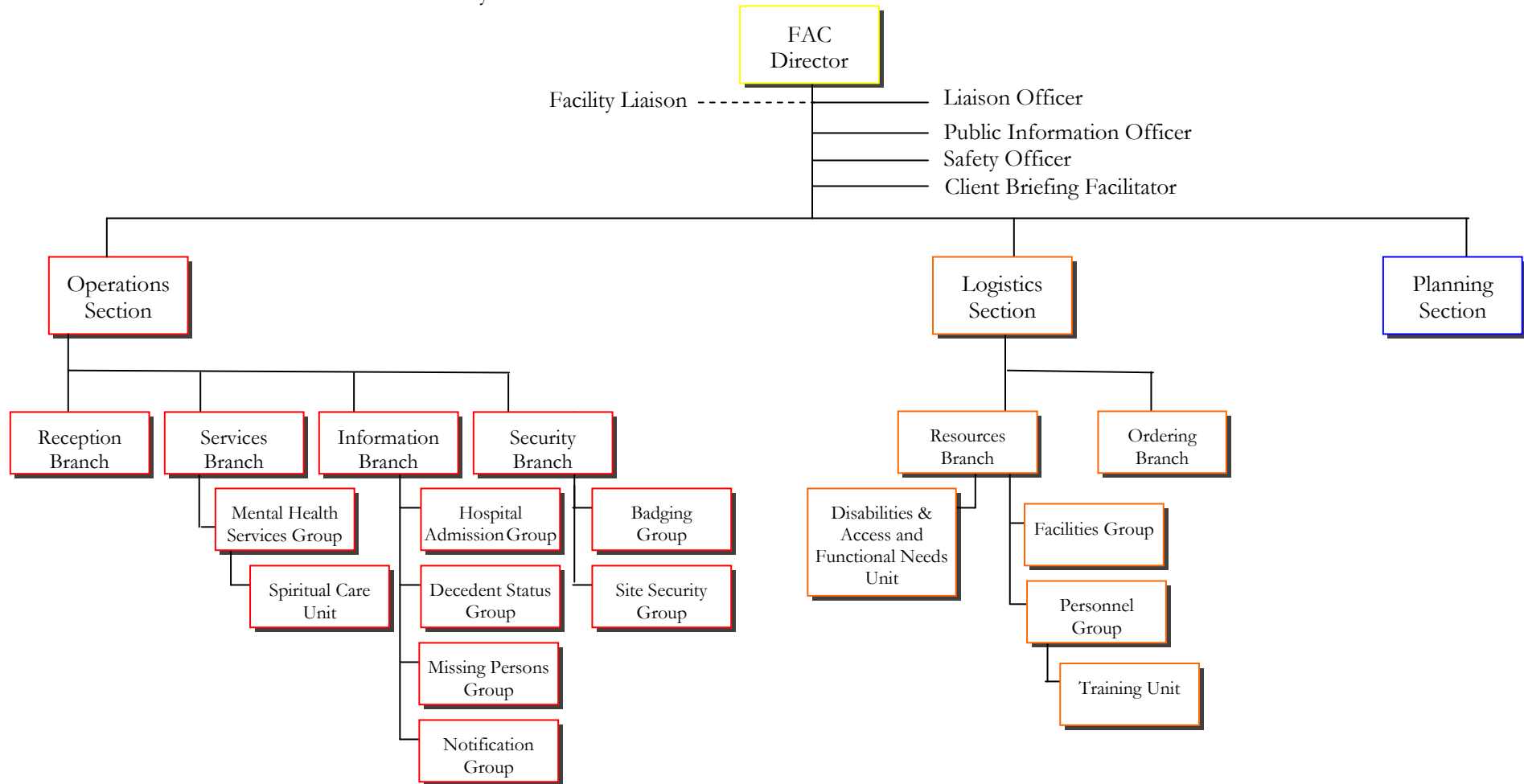
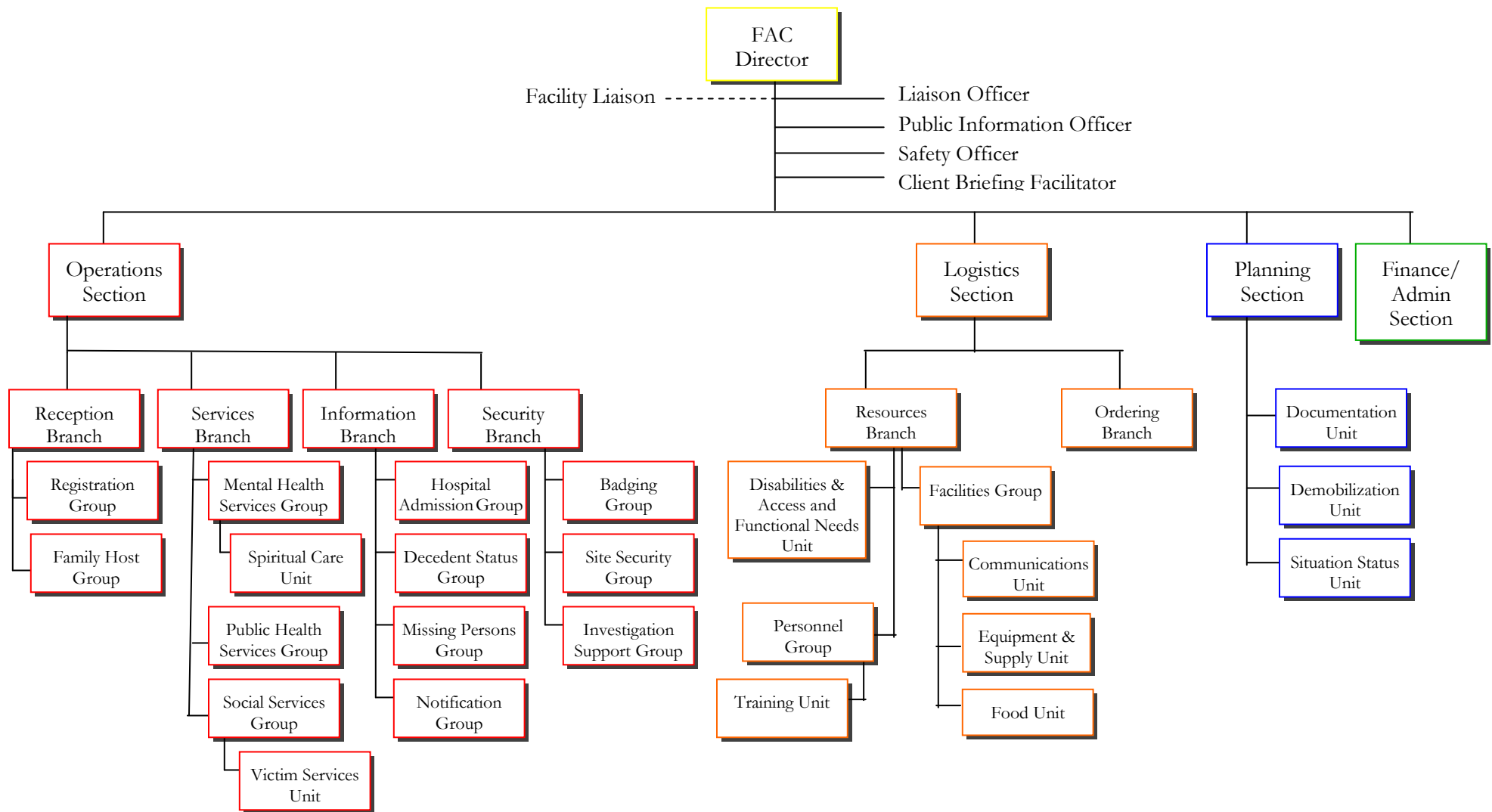


FIGURE 2: EXPANDED LEVEL OF SERVICE ORGANIZATION CHART - EXAMPLE

The following sample organization chart depicts the organization of an expanded level of service. The FAC Director may choose to activate a FAC that offers higher levels of service, based on the scale and scope of the incident. Additional subordinate position detail can be found in Appendix V: Staffing Guidelines.



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TABLE 3: POSITION/UNIT MISSION STATEMENTS AND RECOMMENDED SOURCES

FAC staff positions have been organized in accordance with Incident Command System principles. Below is a chart that shows the core responsibilities and where resources may be found to fulfill FAC staffing needs. If possible, leadership positions assigned during the first operational period should be reserved for government agencies; assignments are made at the discretion of the FAC Director. Participation from nongovernment organizations (NGO) is also at the discretion of the FAC Director or upon request.

POSITIONS/ UNIT	MISSION	RECOMMENDED SOURCE
FAC Director	<ul style="list-style-type: none"> The FAC Director is responsible for the overall management of the FAC, to include the development and implementation of strategic goals and objectives, and approval and release of resources. The FAC Director or designee coordinates with the Facility Liaison regarding the use of the facility for the FAC. 	<ul style="list-style-type: none"> Activating entity's emergency management department/office
Liaison Officer	<ul style="list-style-type: none"> The Liaison Officer is the point of contact for representatives of other government agencies, NGOs, and/or the private sector (with no jurisdiction or legal authority) to provide input on their agency's policies, resource availability, and other incident related matters. The Liaison Officer may have assistants as necessary, and the assistants may also represent assisting agencies or jurisdictions. 	<ul style="list-style-type: none"> Activating entity's external outreach department/office
Public Information Officer (PIO)	<ul style="list-style-type: none"> The PIO is responsible for communicating with the public, media, and/or coordinating with other agencies, as necessary, with incident related information requirements. The PIO is responsible for developing and releasing information about the FAC to the news media, incident personnel, and other appropriate agencies and organizations. PIOs should not change from day to day. The PIO may have assistants, as necessary, including supporting PIOs representing other responding agencies or jurisdictions. 	<ul style="list-style-type: none"> Activating entity's PIO
Safety Officer	<ul style="list-style-type: none"> The Safety Officer is responsible for site safety. The mission of the Safety Officer is to ensure the safety of the facility, staff and clients in the FAC. 	<ul style="list-style-type: none"> Activating entity's fire department
Client Briefing Facilitator	<ul style="list-style-type: none"> The Client Briefing Facilitator is responsible for organizing and conducting all Client Briefings. The Client Briefing Facilitator will coordinate with the PIO, Information Branch, and/or other sources as necessary to maintain up-to-date information to provide to clients. The Client Briefing Facilitator's mission is to deliver timely information to clients in a caring, comforting manner that is sensitive to clients' emotional conditions. 	<ul style="list-style-type: none"> Suggestions include the PIO or Los Angeles County Department of Mental Health
Facility Liaison	<ul style="list-style-type: none"> The Facility Liaison is a person(s) designated by the host facility to coordinate with FAC operations. 	<ul style="list-style-type: none"> Host facility staff

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POSITIONS/ UNIT	MISSION	RECOMMENDED SOURCE
Operations Section Chief	<ul style="list-style-type: none"> The Operations Section Chief is responsible for managing FAC on-scene operations to meet the incident objectives established by the FAC Director. A deputy may be assigned to assist with section responsibilities. 	<ul style="list-style-type: none"> Activating entity's emergency management department/office
Reception Branch	<ul style="list-style-type: none"> The Reception Branch is responsible for coordinating client registration operations. The Reception Branch provides intake services for arriving clients and maintains a database of all clients and staff that arrive to the FAC. The Reception Branch is comprised of two groups, the Registration Group and the Family Host Group. 	<ul style="list-style-type: none"> Los Angeles County Department of Public Social Services
Registration Group	<ul style="list-style-type: none"> The Registration Group is responsible for ensuring registration of clients and FAC staff. This includes verifying client identification and ensuring that clients requesting accommodations receive appropriate access to services, waiting area assignments, and FAC forms. The Registration Group coordinates with the Badging Group to support badging operations. 	<ul style="list-style-type: none"> Los Angeles County Department of Public Social Services, the activating entity's emergency management department/office, human services agency or American Red Cross and other NGOs
Family Host Group	<ul style="list-style-type: none"> The Family Host Group provides a compassionate host for clients, ensures that clients are aware of the available services at the FAC, and that requests are tracked and addressed. Family Hosts provide assistance with form completion and ensure that clients have access to needed logistical resources (e.g., a place to sit, refreshments, etc.). Ideally 1 Host per family. 	<ul style="list-style-type: none"> Los Angeles County Department of Public Social Services, the activating entity's emergency management department/office, human services agency or American Red Cross and other NGOs
Services Branch	<ul style="list-style-type: none"> The Services Branch is responsible for the provision of mental health, social services, spiritual care, public health, and victim services. The Services Branch is comprised of three groups: Mental Health Services Group, Public Health Services Group, and Social Services Group, and two units: Spiritual Care Unit and Victim Services Unit. 	<ul style="list-style-type: none"> Activating entity's emergency management department/office
Mental Health Services Group	<ul style="list-style-type: none"> The Mental Health Services Group ensures that services are provided for the emotional, mental, and spiritual needs of clients and FAC staff. The Mental Health Services Group oversees and manages spiritual care personnel. 	<ul style="list-style-type: none"> Los Angeles County Department of Mental Health, and/or American Red Cross and other NGOs
Spiritual Care Unit	<ul style="list-style-type: none"> The Spiritual Care Unit ensures that spiritual care services are made available to clients. The Spiritual Care Unit ensures that spiritual care provided meets the needs/religious preferences of all clients of the FAC. 	<ul style="list-style-type: none"> Spiritual care providers from government agencies, partner volunteer groups, or NGOs that meet spiritual care provider criteria

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POSITIONS/ UNIT	MISSION	RECOMMENDED SOURCE
Public Health Services Group	<ul style="list-style-type: none"> The Public Health Services Group oversees the provision of public health services for persons at the FAC. This may include providing advice nurses and support with community based health referrals. 	<ul style="list-style-type: none"> Activating entity's health department. First aid may be provided by a separate entity
Social Services Group	<ul style="list-style-type: none"> The Social Services Group ensures that social service needs (child care, memorial service support, etc.) of clients are met. The Social Services Group facilitates response activities of private sector participants in the FAC and coordinates with other support agencies/organizations. The Social Services Group may coordinate the provision of longer-term social services until a Local Assistance Center is activated. The Social Services Group includes the Victim Services Unit. 	<ul style="list-style-type: none"> Los Angeles County Department of Public Social Services and/or American Red Cross and other NGOs
Victim Services Unit	<ul style="list-style-type: none"> The Victim Services Unit connects identified potential victims and their family members with victim support programs and information regarding their rights. 	<ul style="list-style-type: none"> U.S. Federal Bureau of Investigation's Office for Victim Assistance, the Los Angeles City Attorney's Office Victim Assistance Program, the Los Angeles County District Attorney's Office Victim-Witness Assistance Program, U.S. Homeland Security Investigations, U.S. Attorney's Victim/Witness Program
Information Branch	<ul style="list-style-type: none"> The Information Branch is responsible for the provision of information to clients about the status and location of their loved ones. The Information Branch is comprised of four groups: Hospital Admission Group, Decedent Status Group, Missing Persons Group, and Notification Group. 	<ul style="list-style-type: none"> As designated, based on incident type. Los Angeles County Department of Coroner, Los Angeles County EMS Agency (Department of Health Services), activating entity's law enforcement department/office, or activating entity's emergency management department/office

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POSITIONS/ UNIT	MISSION	RECOMMENDED SOURCE
Hospital Admission Group	<ul style="list-style-type: none"> The Hospital Admission Group coordinates information regarding injured victims. The Hospital Admission Group maintains and disseminates the identification, status and location of injured victims who were transported to hospitals in Los Angeles County. The Hospital Admission Group facilitates communications between FAC management and hospital-based family information centers (if activated). The Hospital Admission Group coordinates with the Decedent Status Group and Missing Persons Group to obtain, share, and disseminate information regarding hospitalized victims. 	<ul style="list-style-type: none"> Los Angeles County EMS Agency (Department of Health Services)
Decedent Status Group	<ul style="list-style-type: none"> The Decedent Status Group reviews FAC forms to identify decedents, and maintains/tracks the number of fatalities associated with the incident. The Decedent Status Group coordinates with the Hospital Admission Group and Missing Persons Group to obtain, share, and disseminate information regarding decedents. 	<ul style="list-style-type: none"> Los Angeles County Department of Coroner
Missing Persons Group	<ul style="list-style-type: none"> The Missing Persons Group oversees missing persons operations and maintains/tracks the number of missing persons. The Missing Persons Group coordinates with the Hospital Admission Group and Decedent Status Group to obtain, share, and disseminate information regarding missing persons. The Missing Persons Group reviews FAC forms with clients for additional information as necessary. 	<ul style="list-style-type: none"> Activating entity's law enforcement department/office
Notification Group	<ul style="list-style-type: none"> The Notification Group performs notifications to clients regarding the status or location of their loved one. The Notification Group is responsible for tracking the status of completed client forms. Next of kin (NOK) notification will be performed as specified in Appendix IX: Client Notification Procedures. 	<ul style="list-style-type: none"> Notification Group Teams will be comprised of one Mental Health representative and one of the following: Los Angeles County Department of Coroner representative (if making next of kin notification); or Los Angeles County EMS Agency (Department of Health Services) representative (if advising of hospital location); or law enforcement representative (if advising that the victim is still missing)

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POSITIONS/ UNIT	MISSION	RECOMMENDED SOURCE
Security Branch	<ul style="list-style-type: none"> The Security Branch coordinates FAC security, to include management and staffing of site security operations, badging and investigation support, and overall security management. Responsibilities also include the ordering of necessary resources (e.g., tables, chairs, food, supplies) for subordinate groups. The Security Branch is comprised of three groups: Badging Group, Site Security Group, and Investigation Support Group. 	<ul style="list-style-type: none"> Activating entity's law enforcement department/office
Badging Group	<ul style="list-style-type: none"> The Badging Group coordinates the administration and enforcement of identification and badging of FAC staff and visitors, to include the provision of staffing and equipment. The Badging Group oversees FAC staff and client check-in/out. 	<ul style="list-style-type: none"> Activating entity's law enforcement department/office
Site Security Group	<ul style="list-style-type: none"> The Site Security Group maintains security both internal and external to the FAC including crowd control and site access. 	<ul style="list-style-type: none"> Activating entity's law enforcement department/office
Investigation Support Group	<ul style="list-style-type: none"> The Investigation Support Group serves as a liaison to law enforcement personnel regarding criminal investigation at the incident scene. This group may assist with the identification of witnesses or suspects at the FAC. 	<ul style="list-style-type: none"> Activating entity's law enforcement department/office
Logistics Section Chief	<ul style="list-style-type: none"> The Logistics Section Chief meets all service and logistical support needs for the FAC, including ordering resources through appropriate procurement authorities from off-incident locations. The Logistics Section Chief manages and coordinates FAC logistics, disability and AFN support needs, information technology, and communications resources. A deputy may be assigned to assist with section responsibilities. 	<ul style="list-style-type: none"> Activating entity's facility, supply or logistics department/office
Resources Branch	<ul style="list-style-type: none"> The Resources Branch coordinates the provision of logistics for work areas. Responsibilities also include the ordering of necessary resources (e.g., tables, chairs, food, supplies) for subordinate groups. The Resource Branch is comprised of two groups: the Personnel Group and the Facilities Group, and five units: Disabilities and AFN Unit, Communications Unit, Equipment and Supply Unit, Food Unit, and Training Unit. 	<ul style="list-style-type: none"> Activating entity's facility, supply or logistics department/office
Disabilities and Access and Functional Needs Unit	<ul style="list-style-type: none"> The Disabilities and AFN Unit assesses needs for and supports the coordination of resources (personnel, supplies and equipment) to accommodate persons with disabilities or AFN (e.g., interpreter, wheelchair, ramps, Braille services, guides, etc.). 	<ul style="list-style-type: none"> Disability and Civil Rights Section, Los Angeles County Chief Executive Office or similar department/agency of local jurisdiction

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POSITIONS/ UNIT	MISSION	RECOMMENDED SOURCE
Facilities Group	<ul style="list-style-type: none"> The Facilities Group determines the type and amount of services that are needed to maintain the facility. The Facilities Group oversees the Communications Unit, Equipment and Supply Unit, and Food Unit. 	<ul style="list-style-type: none"> Activating entity's facility, supply or logistics department/office
Communication s Unit	<ul style="list-style-type: none"> The Communications Unit provides networking and communications systems set-up, management, and support for the FAC. The Communications Unit Leader is responsible for all connectivity issues including intranet, Internet, wired and wireless networking, radio systems, and telephony. 	<ul style="list-style-type: none"> Activating entity's communications department/office
Equipment and Supply Unit	<ul style="list-style-type: none"> The Equipment and Supply Unit determines the type and amount of equipment and supplies that are needed, are in route, and arranges for receiving ordered supplies. 	<ul style="list-style-type: none"> Activating entity's facility, supply or logistics department/office
Food Unit	<ul style="list-style-type: none"> The Food Unit determines the number of persons to be fed, and the best method of feeding, to include the provision of well-balanced meals for clients and FAC staff, maintenance of potable water supplies, etc. Food services may be provided by the host facility, if available. 	<ul style="list-style-type: none"> Activating entity's facility, supply or logistics department/office, or American Red Cross and other NGOs
Personnel Group	<ul style="list-style-type: none"> The Personnel Group is responsible for the provision of relief and replacement FAC staff. The Personnel Group includes the Training Unit. 	<ul style="list-style-type: none"> Activating entity's human resources department/office
Ordering Branch	<ul style="list-style-type: none"> The Ordering Branch reviews all incoming requests for resources and provides single point ordering. 	<ul style="list-style-type: none"> Activating entity's facility, supply or logistics department/office
Planning Section Chief	<ul style="list-style-type: none"> The Planning Section Chief collects, evaluates, and disseminates information about FAC operations and the status of resources. The Planning Section Chief works closely with the FAC Director and Operations Section Chief to understand FAC operations and develop objectives. The Planning Section is comprised of the Documentation, Demobilization, and Situation Status units. A deputy may be assigned to assist with section responsibilities. 	<ul style="list-style-type: none"> Activating entity's emergency management department/office
Documentation Unit	<ul style="list-style-type: none"> The Documentation Unit collects and organizes incident files, information, forms, Incident Action Plans, information releases and reports. 	<ul style="list-style-type: none"> Support personnel as designated by the activating entity, or American Red Cross and other NGOs
Demobilization Unit	<ul style="list-style-type: none"> The Demobilization Unit reviews FAC resource records to determine the probability size of the demobilization effort and identifies surplus resources and the probable release time. 	<ul style="list-style-type: none"> Activating entity's emergency management department/office

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Situation Status Unit	<ul style="list-style-type: none">▪ The Situation Status Unit is responsible for the collection and organization of incident status and situation information. The Situation Status Unit is also responsible for the evaluation, analysis, and dissemination of that information for use by the FAC staff.	<ul style="list-style-type: none">▪ Activating entity's emergency management department/office
Finance/ Admin Section Chief	<ul style="list-style-type: none">▪ The Finance/Administration Section Chief is responsible for all administrative and financial considerations surrounding the FAC. A deputy may be assigned to assist with section responsibilities.	<ul style="list-style-type: none">▪ Activating entity's finance department/office

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F. DETERMINE THE SITE

Potential FAC sites may be assessed, preapproved, and cataloged as part of pre-incident planning efforts.¹⁰ The activating entity is responsible for selecting the FAC site from a preapproved list, if available. The FAC Director or designee should determine the FAC site based on the size and scope of needed operations. Site identification should include careful consideration of the following:

- Located close enough to the site of the disaster to allow response and recovery personnel and others to travel easily among the site, morgue, and agency offices but far enough from the site that clients are not continually exposed to the scene and will not impede response efforts.
- One large FAC over several smaller ones is preferred.
- Resources available at the FAC venue are conducive to the level of service that will be needed at the FAC.

TABLE 4: FAC SITE DETERMINATION FACTORS

SCALE OF INCIDENT	SMALL	MEDIUM	LARGE	CATASTROPHIC
Potential Victims	<50	51 – 300	301 – 1000	>1000
Family & Friends	<400	401 – 2400	2401 – 8000	>8000

As the number of victims increases, the FAC Director may need to develop a strategy for providing FAC services over a large geographic area or via alternate delivery models.

G. COORDINATE LOGISTICS

The activating entity is responsible for the provision of FAC site logistics. The Logistics Section Chief is responsible for identifying resources needed to activate and maintain FAC operations as follows:

- Using Appendix V: Staffing Guidelines, determine the number of staff anticipated to be assigned to the FAC for the initial operational period and the number of workstations required.
- Work with emergency management and the FAC Director to develop¹¹/review the physical layout of the FAC.
- Identify/review the number of computers, printers, paper shredders, landline telephones, facsimile machines and other equipment required to activate the FAC.
- From the activating entity's own resources, or through vendors, arrange for the acquisition, transport, and installation of supplies and equipment, to include disability and AFN resources and ADA compliance.
- If designated by the FAC Director, coordinate with the host Facility Liaison as necessary to support FAC operations.

The activating entity should supply and set-up the FAC as specified in Appendix IV: Administrative Supplies Guide and as depicted in the site diagrams in Appendix II: Site Selection. If the activating entity

¹⁰ See Appendix I: Plan Maintenance, Implementation and Validation and Appendix II: Site Selection.

¹¹ FAC site logistics and technological capabilities should be evaluated and planned for by jurisdictions as part of emergency preparedness efforts.

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requires logistical resources that exceed those available at the local level, additional resources will be requested as prescribed by SEMS. As a general rule, FACs will be activated in facilities that are equipped with landline telephones, cellular telephone reception, high-speed Internet access, and paper shredders. A sign should be placed above the shredders and/or garbage cans indicating that any forms that contain clients' or victims' personal information should be shredded rather than thrown away. The primary medium for voice communications will be landline telephones, with cellular telephones as a secondary option. The activating entity should monitor the release of resources and activate the FAC once the set-up is complete and a full complement of supplies, equipment, and staff are on site.

Consideration should be made for the following:

- **Technology Infrastructure:** Once the decision is made to activate a FAC, the Facilities Group, in coordination with the Communications Unit, should review the specific IT infrastructure and network requirements. From its own resources or through vendors, arrangements should be made for the installation of power and cabling to support the FAC in coordination with the host facility. Each workstation should have Internet, landline telephone, and power connectivity.
- **Internet Connectivity:** Internet connectivity is required for FAC operations. The Facilities Group and Communications Unit should coordinate with the FAC site venue to ensure that Internet service is available and accessible to FAC staff. The activating entity is encouraged to use the secure County/city wireless connections (if applicable). Generally, FAC staff should have access to the following:
 - High speed internet
 - Their home agency intranet via the web
 - The emergency management system being used to manage the incident (e.g., WebEOC, Operational Area Response and Recovery System [OARRS])
 - If it is anticipated that the FAC may be in operation for an extended period of time, the host entity may elect to establish a dedicated FAC Local Area Network (LAN).
- **Passwords and Telephone Lists:** The Communications Unit will be responsible for maintaining and issuing passwords required to access the internet from individual work stations and maintaining and distributing a list of landline telephone numbers for each workstation. The Facilities Group should prepare and distribute a list of all personnel assigned to the FAC at the beginning of each operational period to include name, title, unit assigned, work station, land-line telephone, cellular telephone, and email address.
- **Technology Hardware:** The Facilities Group and Communications Unit will coordinate management and maintenance of technology in the FAC. Each responding agency/organization is responsible for bringing their own administrative and technological supplies, including laptop computers and cellular telephones. Regardless of source, all computers used in the FAC should be equipped with Microsoft operating systems including Microsoft Office, Internet Explorer and/or Safari. Where possible, include adaptive software for persons with disabilities or AFN. The activating entity is responsible for supplying printers and landline telephones. In each FAC, regardless of size, all printers should be networked with the ability to share files. Users may also use their own portable hard drives for transferring files. It is recommended that the activating entity provide computers to all command staff to minimize capability issues.

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H. COORDINATE STAFFING

The FAC Director and Section Chiefs are ideally first to arrive. As other staff arrive and register, the Planning Section Chief facilitates the initial Incident Briefing and schedules subsequent planning activities according to the “Planning P”. Information from the planning meetings is incorporated into the JIT Training. The Section Chiefs delegate staff assignments and distribute Job Action Sheets. Group supervisors should be requested to arrive early to the FAC and can help assign roles if the Section Chiefs have not yet arrived. Group Supervisors are expected to fully understand group functions.

It should be emphasized that the ICS structure at the Family Assistance Center is separate from the ICS structure at the incident site, and separate from the ICS structure at the jurisdiction’s EOC.

Appendix V: Staffing Guide provides guidance for FAC staffing. Staffing guidelines are “modular” and scaled to the size of the incident. The EOC, or other activating entity, may determine that additional staff/branches/groups should be added, or that certain branches or groups require fewer staff or can be eliminated altogether. The staffing guidelines are for a single operational period. If the FAC operates on a 24-hour basis, it may be fully staffed at the recommended level or modified as needed for night operations. Once a FAC is activated, the determination of staffing levels is made at the discretion of the FAC Director. Staff for specific functional areas such as public health, security, etc. will be provided by the agencies determined by the activating entity. The EOC or other activating entity is responsible for requesting staffing assistance, including the initiation of resource requests through SEMS. To ensure smooth operations, all staff assigned to positions within the FAC should be familiar with ICS.

I. IMPLEMENT THE SECURITY PLAN

Ensuring site security for the proper protection of clients and staff for the duration that the FAC is operational is a necessary part of the planning and activation process.

FAC security policy encompasses the overall responsibility of managing and staffing internal and external FAC security operations. This includes establishment of a secure perimeter, identification and badging for FAC staff, support service personnel, clients, media (if applicable) and all other personnel authorized for FAC access. Also, maintaining a visible presence at high security or restricted areas such as the notification or child care areas to make certain that only authorized persons with appropriate credentials are granted access. The provision of FAC site security will be enforced and tailored based on the nature and circumstances of the incident, however security guidance is provided in Appendix X: Security Arrangements.

The PIO should coordinate the provision of a secure media center that is near but not inside the FAC, such as the facility parking lot, as a location for media to conduct interviews, hold press conferences and briefings, and to file stories. If possible, the location should be sited so media representatives cannot see clients entering or exiting the FAC. The media center should be equipped with telephone and Internet access. FAC staff should coordinate with host Facility Liaison to arrange suitable parking for media vehicles near the facility.

J. CONDUCT STAFF REGISTRATION

The Registration Group Supervisor will establish a staff check-in station in the FAC reception area, near the staff entrance/exit, and position it so staff entering or exiting the FAC are appropriately badged and checked in. The Registration Group Supervisor will adhere to their position checklist and maintain the following:

- A current ICS Form 203, Organizational Assignment List
- A current ICS Form 207, Organizational Chart

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- A current FAC floor plan depicting the location of all work areas, and the units assigned to each work area.
- A current list of staff assigned to the unit using ICS Form 214, Unit Log.

Except for the reception area, all persons in the FAC - staff and clients - must possess and display appropriate identification badges as described below. The only exceptions are vendor, maintenance or delivery personnel, who must be escorted at all times by a member of the FAC Logistics Section. Badges may be computer generated or handmade. Regardless of method of production, all badges should adhere to the following:

- Badges should be color-coded to differentiate between staff and clients.
- All badges must include the first and last name of the wearer.
- Staff badges must identify the functional area to which the staff member is assigned.
- All badges must include a unique numeric or alphanumeric designation.
- All badges must be worn on outer clothing and be clearly visible.
- If possible, badges should include a photograph.
- Badges will be issued upon entry and must be surrendered upon exiting the FAC.
- Staff will be required to display two forms of identification (government-issued photo identification and FAC badge). Therefore if possible, dual badge holders should be utilized.

1. Conduct Identification And Badging Of Government Staff

Government staff will first report to the registration area to check-in. FAC staff will cross-reference the staff member's name with a preapproved list of expected FAC staff and will confirm the staff member's current driver's license and current agency identification. Once approved, government staff will report to the badging area. Staff will don both their FAC badge and their agency/organization badge. Badges must be displayed on the outer most layer of clothing in a clearly visible location. FAC badges must be returned upon check-out. If a staff member does not have their agency credentials, they will be directed to a waiting area until someone from their agency, or the FAC Director, can verify their credentials. Staff members will then be sent to the Personnel Group to receive assignment.

2. Conduct Identification And Badging Of Nongovernment Staff

Nongovernment staff will first report to staff check-in. Following check-in, nongovernment staff assigned to clinical functions (nurses, mental health counselors, chaplains, etc.) must report to the Credential and License Review Specialist¹² to verify that they possess the appropriate credential and/or license for the job they are expected to perform. Once they have obtained clearance, they will report to the badging area. Nongovernment staff that will not be performing clinical functions will proceed directly from staff check-in to the badging area.

¹² Credential and License Review Specialist duties are outlined on the following pages.

3. Uphold Credentials And Licensure Policy

FAC personnel providing clinical or medical services to FAC clients must possess the appropriate current license(s), board certifications, or other appropriate credentials. This section provides guidance and procedures for assuring that all staff are properly credentialed. For purposes of this section the following assumptions apply:

- Incidents that call for FAC operations will require rapid FAC activation and deployment.
- The priority for FAC staffing is: (1) government agencies; (2) American Red Cross or other trusted or pre-approved NGO organization; (3) Los Angeles County Disaster Healthcare Volunteers¹³; and (4) other city/County approved volunteer groups.
- The American Red Cross validates the licensure and credentialing of the clinical staff that it provides. The American Red Cross will submit the names of staff assigned to the FAC for cross-reference at check-in.
- No “spontaneous” volunteers will be utilized in FAC operations or allowed access to FAC facilities. Spontaneous volunteers should be sent to Volunteer Los Angeles or to the Red Cross so that their credentials can be verified and they can be added to the system. Once in the system, volunteers can be requested by the Personnel Group to assist in FAC operations.

As used in this section, the following definitions apply:

- License. License to practice a medical or other clinical profession issued by a California State licensing board.
- Certification. Certification of qualifications to practice a medical or clinical specialty issued by an independent (nongovernment) organization.
- Credential. Electronic or hard copy verification that the individual possesses a valid and current license, and certification (if required).

i. Government Staff

Government agencies that provide clinical services (e.g., Los Angeles County Department of Mental Health; public health departments for the cities of Long Beach and Pasadena and Los Angeles County) utilize internal procedures to ensure that staff assigned to clinical functions are currently licensed and properly credentialed. As such, it is the responsibility of the participating government agency to ensure that those assigned to the FAC are in compliance. Each Section Chief and Branch Director is responsible for assuring that staff are assigned only to those positions that they are qualified to perform. Additionally, any agency providing mental health services must be trained in current evidenced/informed-based practices in disaster mental health.

¹³ The Los Angeles County Disaster Healthcare Volunteers are pre-credentialed by the Los Angeles County Department of Public Health and Los Angeles County EMS Agency (Department of Health Services) using the California Disaster Healthcare Volunteer system <https://www.healthcarevolunteers.ca.gov/>.

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ii. Nongovernmental Organization Staff

Only NGOs with formal internal licensure/credentialing verification procedures will be requested to provide counselors, nurses or other clinical staff. For example, the American Red Cross utilizes a system to verify that volunteers and staff possess current licenses. If NGO staff other than American Red Cross is used in the FAC, the FAC Credentials and License Review Specialist should determine if the participating NGO has and uses an equivalent system. The (Registration Group) Credentials and License Review Specialist should verify that staff have the appropriate, current license by checking the website of the applicable board licensing authority. Appendix VI: Licensure and Credentialing Resources lists clinical categories, applicable licensing boards, and the board website addresses.

iii. Pre-Credentialed Volunteer Staff

FAC volunteer staff will be obtained from the following sources: (a) city/County pre-registered volunteers who are rostered and deployed to the FAC by the city/County and (b) volunteers who are pre-credentialed in the Disaster Healthcare Volunteer system and rostered and deployed to the FAC by the Los Angeles County EMS Agency (Department of Health Services) and the Los Angeles County Department of Public Health Disaster Healthcare Volunteer program. A Credentials and License Review Specialist will verify the credentials of clinical volunteer staff on-site by using a list of volunteers confirmed by the Los Angeles County EMS Agency (Department of Health Services) and the Los Angeles County Department of Public Health. Only pre-credentialed volunteers will be deployed and will appear on this list. In addition, the FAC Director or Credentials and License Review Specialist may work with the Los Angeles County EMS Agency (Department of Health Services) and Public Health to request that rostered volunteers also provide licensing documentation.

Volunteers will not be issued badges until qualifications are verified.

iv. Mental Health Staff

Mental Health professionals will have the most direct and intimate contact with clients at the FAC. Thus, it is especially important that mental health professionals be properly qualified, licensed, and credentialed. Mental health professionals must be licensed by the appropriate California licensing board (see Appendix VI: Licensure and Credentialing Resources). Mental Health staff must be experienced in providing quality care to clients and in responding to clients suffering from worry, stress, grief, loss or other ailments. All staff providing mental health services should be trained in current evidence/informed-based best practices of disaster mental health.

The Los Angeles County Department of Mental Health will be the coordinating body for all mental health services at the FAC. The Los Angeles County Department of Mental Health maintains an approved list of staff resources from internal and contract providers to staff a FAC for virtually any size incident.¹⁴

v. SPIRITUAL CARE PROVIDERS

Quality care is of the utmost concern during FAC operations. Thus, it is important that spiritual care be provided by providers who are trained and experienced in working with

¹⁴ Reference "Provider Locator" at the Los Angeles County Department of Mental Health web site: <http://www.dmh.lacounty.gov>

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persons who have lost, or fear they may have lost a loved one. The Los Angeles County Fire Department and many city fire departments and law enforcement agencies designate agency chaplains to provide spiritual care to injured personnel, co-workers, and family of personnel injured or killed in the line of duty. These chaplains have direct experience in dealing with victims of disasters. Many hospitals also have qualified chaplains. If hospital chaplains are needed, the Personnel Group should request hospital chaplains from non-impacted facilities through the Los Angeles County EMS Agency (Department of Health Services) utilizing normal SEMS procedures. Other sources for spiritual care providers include the military, ENLA, and city chaplain volunteer programs that meet the below listed criteria. If required, additional resources can be requested from the Operational Area following normal SEMS procedures. Suggested considerations and criteria for spiritual care providers include:

1. Has been appointed to serve as a chaplain by a public agency, American Red Cross, or other recognized NGO; or pre-screened and trained chaplains and clergy from city-based programs.
2. Is endorsed by their religious body for ministry as a chaplain.
 - a. For Buddhist spiritual care: Is endorsed by Buddhist Tzu Chi Foundation as a Commissioner trained for providing Buddhist spiritual care.
3. Currently serves their agency as a chaplain.
4. Pre-screened ordained clergy that are part of pre-existing spiritual care teams and are trained in disaster spiritual care.
5. Speaks the language of affected clients.
6. No spontaneous spiritual care chaplains will be used in the FAC. If a client(s) requests or is accompanied by his/her own spiritual care provider, that does not meet pre-designated spiritual care criteria, spiritual care provider will only serve that client(s).

The FAC Spiritual Care Unit should ensure that ALL of the faith traditions of those clients in the FAC are appropriately represented.

To obtain spiritual care provider support, the Logistics Section Chief should review the following list of resources for providers. Once a source agency/organization has been selected, the Logistics Sections Chief should coordinate with the Liaison Officer to contact that agency for support (in compliance with SEMS). Pre-screened spiritual care providers may be secured through:

- Los Angeles County Department of Public Health Medical Reserve Corps. Medical Reserve Corps volunteers may be accessed directly by Los Angeles County Department of Public Health, or by the Los Angeles County EMS Agency (Department of Health Services), utilizing the Volunteer Center of Los Angeles database.
- Los Angeles County Fire Department
- Los Angeles Sheriff's Department
- Los Angeles Police Department
- Los Angeles Fire Department
- Los Angeles Airport Police Department
- Southern California Chaplains Association

K. CONDUCT JUST-IN-TIME TRAINING

Comprehensive JIT Training should be provided to all staff immediately prior to FAC activation and at the beginning of each operational period for staff not previously trained or as required for late arriving staff. JIT Training should take place on the day of the incident for all personnel who are filling specific roles. During the training, interpreters and other staff serving persons with disabilities or AFN should be identified. JIT Training should include verification that position checklists were received by all personnel. Other resources shared at this time may include flow charts, layout diagrams, a copy of the Incident Action Plan, Communications Plan, telephone lists, copy of the Code of Conduct, objectives of the operational period, safety compliance, the utilization of ICS, information regarding the accommodation of persons with disabilities or AFN (such as the importance of notifying people that they can self-identify as AFN at the FAC), etc. After group JIT Training, staff should be referred to their direct supervisor for a 15-minute period to answer any remaining questions. JIT Training does not replace participation in FAC training and exercise events but will build on concepts taught and exercised as part of a comprehensive plan implementation program.¹⁵

L. NOTIFY STAKEHOLDERS

Once the date, time and location of the FAC have been confirmed, formal notifications should be made to the public. In the initial stages, consistent and exhaustive communication with the public is essential to ensure that those affected by a disaster know where to go for help, support and information. The PIO should use a broad range of resources to disseminate FAC service information (e.g., newsletters, broadcast facsimile and websites). Communications must be accessible by persons with disabilities or AFN. Information provided should include:

- A brief synopsis of the incident
- A brief synopsis of the services provided at the FAC
- The date, time and location that the FAC will be activated
- FAC operating hours
- The type of information that clients will be asked to provide at the FAC (e.g., furnish government issued identification, description of the victim, including date of birth, etc.)

The PIO of the activating entity should coordinate the service of an information hotline¹⁶ (e.g., 211 LA County, 311, etc.) to answer calls from the public, primarily regarding the availability of FAC services. The target audience for this information is family/friends of persons who may be victims. Information provided should be limited to the location, hours and contact information for the FAC.

Additionally, the Government Liaison Officer should work with the FAC Director and PIO to ensure that government and other key stakeholders are notified as prescribed by SEMS, including the jurisdiction's EOC, incident site, city, County, State and Federal partners, elected officials, and hospitals (as necessary). Conduct comprehensive outreach regarding the FAC activation announcement. Provide information to telephone banks, community organizations, media, government agencies, foreign diplomatic corps representatives, etc.¹⁷

¹⁵ See Appendix I: Plan Maintenance, Implementation and Validation.

¹⁶ Additional information regarding the approach to information dissemination may be found on pages 43-45. If the activating entity does not have this capability, a resource request may be initiated through SEMS.

¹⁷ Additional information may be found on pages 43-45.

SECTION II: OPERATION

A. PROVIDE PERIMETER SECURITY¹⁸

Law enforcement will establish perimeter security and visually prescreen visitors to discourage unauthorized entry. Media will be directed to a nearby media site at the discretion of the Joint Information Center (JIC) or PIO. Clients will be directed to the entrance of the FAC facility. Unauthorized individuals will not be allowed entrance.

B. ENSURE SECURITY¹⁹ INSIDE THE FAC

Law enforcement²⁰ will coordinate FAC security, including management and staffing of site security operations. The provision of FAC site security will be enforced and tailored based on the nature and circumstances of the incident. FAC site security should evaluate and determine specific personnel requirements for the FAC. FAC security staff will principally consist of sworn law enforcement officers. FAC venue security guard services may be contracted for general security purposes and/or client vehicle parking direction, if appropriate. At privately owned facilities, the Site Security Group should obtain authority from the host facility to enforce security on the premises, including delegated authority to retain and/or remove unauthorized persons, or persons causing a disturbance, from the premises.

FAC security policy encompasses the overall responsibility of managing and staffing internal and external FAC security operations. This includes identification and badging for FAC staff, support service personnel, clients, media (if applicable) and all other personnel authorized for FAC access. Also, maintaining a visible presence at high security or restricted areas such as the interview or child care areas to make certain that only authorized persons with appropriate credentials are granted access. To ensure proper protection, maintaining site security for the duration that the FAC is operational is necessary. Security staff should refer to the California Department of Justice Dangerous Weapons Control Law Code 12020(a)1 for information regarding types of violence they may encounter at the FAC.

Security should initially refer onsite mental health professionals to any individual who is inconsolable to the extent of not following direction, and only as a last resort detain the individual and remove them to an isolated area within the FAC.

C. PERFORM CLIENT REGISTRATION

The purpose of client registration is to verify and track clients entering the FAC and to provide forms and information to clients checking in. At the FAC facility entrance, clients will first report to the reception area. If a line has formed, FAC staff, to include Mental Health Group²¹ staff, Greeters, and other Registration Group staff, may peruse the line offering support and answering questions as needed. All staff should inform all persons in line at regular intervals that accommodations for people with disabilities or AFN are available upon request.

¹⁸ See Appendix X: Security Arrangements.

¹⁹ See Appendix X: Security Arrangements for additional detail.

²⁰ The city responsible for activating the FAC will coordinate the provision of law enforcement personnel. If supplemental law enforcement resources are needed, the city will initiate a request to the CEOC as prescribed by NIMS/SEMS. If the County activated the FAC, the County will coordinate the provision of law enforcement personnel.

²¹ See Provide Support Services, page 34.

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Once clients arrive at registration they will be asked to produce government-issued photograph identification. Registration Group staff will log client information using Form 1C: Registration Group Client Registration Sheet (or similar form). Registration staff will ensure that any requests for accommodations for people with disabilities or AFN are logged and relayed to the Disabilities and AFN Unit. Registration Group staff will also ensure that authorized clients/families are provided with a layout of the FAC, client forms, waiting area assignment, and a designated Family Host.

In instances where the client is not able to produce government identification or is otherwise not able to prove their relation to the victim, “family policing” may occur whereby the Family Host escorts a known client to verify the identity of the requesting client. Family policing should be an ongoing process utilized throughout the duration of the FAC operation.

Steps should be taken to restrict or curtail media at the FAC. It may be necessary to work with the JIC and/or PIO to satisfy the media’s informational needs. Media should not be allowed to enter the FAC. If the FAC venue is a privately owned facility, media can be restricted at the check-in point and advised that the event is private. If the FAC is in a public facility, media may be restricted from certain areas that are described as a private event (with security personnel stationed by these restricted areas), but media may legally contest against being restricted from the client areas of the FAC. If a media member’s family has been affected by the incident, they may be permitted into the FAC; however, they may not bring their credentials or any recording device and must agree not to use any information they learn for reporting purposes. Refer to Section R for more information regarding relations with the media.

The number of persons allowed in the FAC per family (e.g., only 12 family members allowed per victim) will be determined by the FAC Director. It should be noted, however, that the NTSB does not recommend a limit to the number of family members per victim as a best practice.

1. Initiate Client Badging²²

The purpose of client badging is to monitor those present in the FAC and prevent unauthorized persons from entering. All clients must possess and display appropriate identification badges as described below. Badges may be computer generated or handmade. Regardless of method of production, all badges should adhere to the same standards as described for staff badging, as follows:

- Badges should be color-coded to differentiate between staff and clients.
- All badges must include the first and last name of the wearer.
- All badges must include a unique numeric or alphanumeric designation.
- All badges must be worn on outer clothing and be clearly visible. Badges should display FAC badge and government identification. Dual badge holders should be used as possible.
- If possible, badges should include a photograph.
- Badges will be issued upon entry and must be surrendered upon exiting the FAC.
- Badges of minor children should include the name(s) of accompanying parent or guardian. Badges for parents and guardians should include the name(s) of their minor children.

²² If the activating entity does not have this capability, a resource request may be initiated through SEMS.

. Clients will be instructed to complete the FAC forms and return the forms to registration staff. The client will be escorted to the waiting area or support services areas (e.g., counseling area, spiritual support area, etc.) as requested.

D. PERFORM FAMILY HOSTING

The purpose of Family Hosting is to provide a personal host for each family to inform clients about available services and to ensure that client requests are addressed. The assigned Family Host will inform clients where support services are located and familiarize them with the amenities available at the FAC. The Family Host will complete Form 1D: Family Host Client List, a tool provided to ensure that the support and notification requests of clients are met.

Family Hosts will assist clients in completing their forms as needed, which may include requesting translator or interpreter support. Once the clients submit forms to their assigned Family Host, the Family Host will ensure that forms are complete and affix Form 1A: Family Host Group Form Tracker to the packet of forms. The completed set of forms will be submitted to the Notifications Group Supervisor or designee.

The Family Hosts will provide advocacy support - communicating the needs of those affected to care providers, providing culturally sensitive services, addressing disability and AFN (in coordination with social services personnel), ensuring that those affected understand the process of applying for services, and assisting those in initiating services as needed.

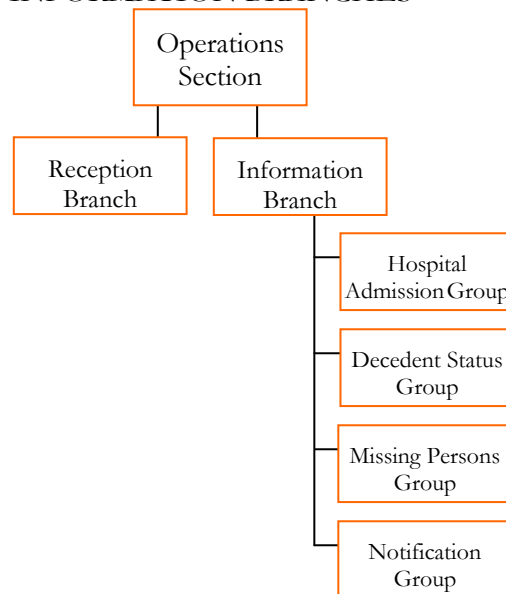
E. CONDUCT CLIENT FORM MATCHING PROCESS AND NOTIFICATION

The purpose of form matching and notification is to ensure that an organized form processing system is in place and that clients are notified in a timely manner. All four (4) groups of the Information Branch will operate in the same private room located in the restricted area of the FAC.²³

As the Information Branch, EMS Agency, Coroner, and law enforcement personnel will collaborate to determine whether victims have been hospitalized, are decedents, or are still missing. Forms are provided in the appendices of the FAC Plan to obtain needed information from clients to determine victim status. These forms may be employed; alternatively, local law enforcement missing persons forms may be utilized at the discretion of the activating jurisdiction.

Law enforcement volunteers may provide administrative support under the direction of local law enforcement agency personnel. For example, the LASD Homicide Unit may manage all adult missing persons cases and actual investigations, but volunteer Explorers may assist staff with completing reports.

FIGURE 3: PARTIAL
OPERATIONS SECTION
SHOWING RECEPTION AND
INFORMATION BRANCHES



Missing persons reports for minors should be fast tracked.

The Los Angeles County Department of Child and Family Services can assist with this.

²³ See the Restricted Area – Sample Layout in Appendix II: Site Selection. As possible, ensure that conversations from the restricted area cannot be overheard elsewhere in the FAC.

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It should be anticipated that multiple missing persons reports will be received per victim from multiple sources and jurisdictions. As such, coordination and centralized information sharing will be critical. For example, during the 9/11 World Trade Center Attacks, the ratio of missing persons reports per victim was 10:1. It is estimated that 48-72 hours will be needed during a major incident in order to complete this form matching process.

1. Notification Group

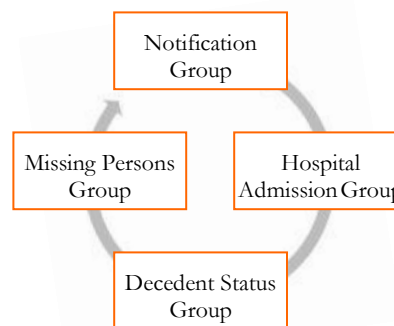
The Notification Group will log the receipt of client forms using Form 1E: Notification Group Tracking Form. If at any time additional information is needed (e.g., obtain dental records), the Notification Group will be advised to work with Family Hosts to obtain this information from the client.

The Notification Group Supervisor or designee will follow up with the Hospital Admission Group, Decedent Status Group, and Missing Persons Group every two (2) hours or as needed to obtain an update on the status of victims.

2. Hospital Admission Group

Client forms will first be provided to the Hospital Admission Group. Working remotely from the Medical Alert Center (MAC) or stationed at the FAC, Hospital Admission Group representatives will utilize ReddiNet to determine whether victims have been transported to hospitals in Los Angeles County. If the victim has not been identified as being at a hospital, Hospital Admission Group staff will forward the forms to the Decedent Status Group.

FIGURE 4: FORM REVIEW CYCLE



3. Decedent Status Group

The Decedent Status Group will review the client forms and determine if the victim is a decedent. Decedent Status Group representatives will coordinate closely with other Los Angeles County Department of Coroner representatives at the incident site to compare information provided on client forms to information Coroner staff have at the incident site. If the victim has not been identified as a decedent, Decedent Status Group staff will then forward the client forms to the Missing Persons Group.

4. Missing Persons Group

Staff from the Missing Persons Group will review the forms to determine whether the victim has been identified as a missing person. The Missing Persons Group will seek to determine the location of persons reported to be victims but not known to be transported to a treatment facility or determined to be deceased. This may involve the search of missing persons databases, and collaboration with law enforcement in other parts of the affected city or in other jurisdictions. The Missing Persons Group will also coordinate with on-site Incident Command to determine if a holding area has been established at the incident site for involved persons who are uninjured or suffering from minor injuries. If the status of the victim remains unknown, forms will remain with the Missing Persons Group until they are cycled back through the Hospital Admission Group and Decedent Status Group.

5. Client Notification

Once the victim's status has been determined (to include missing persons), the verifying group (e.g., Hospital Admission Group, Decedent Status Group, or Missing Persons Group) will log this information, and inform the Notification Group so that they can advise the client. Family Hosts, tasked with maintaining awareness as to the whereabouts of the clients, will be consulted to identify the correct client for the Notification Group. Family Hosts will escort clients to a private area where they may be interviewed or notified of the status of their loved one by the Notification Group. All notifications will take place as prescribed in the Appendix IX: Client Notification Procedures.

After the client has been provided with the status of the victim, FAC staff will complete an additional assessment for support services and provide support as requested. Regular updates will be provided to clients at the FAC regarding the victim identification process. This will include informing clients as to how they will be notified if there is a positive identification.²⁴

F. PROVIDE SUPPORT SERVICES

1. Mental Health

The Mental Health Services Group ensures that the emotional and spiritual needs of clients and FAC staff are met. Individuals personally affected by a disaster can be expected to require a broad range of specialized mental health services, some of which are detailed herein. The Mental Health Services Group personnel ensure that disaster mental health staff and disaster chaplains are on hand to provide these services.

Mental health personnel will provide a confidential forum as needed for FAC personnel to assist with problem solving, conduct diffusing and demobilization, educate on stress reactions and coping, re-enforce the importance of maintaining good self-care practices, and provide guidance about meeting clients' emotional needs. While some clients and staff may request assistance from mental health professionals, many may not. Support should be offered to all clients. Mental health services should be made available to clients prior to, and during the registration process, as well as in the client waiting area. Consideration should be given to the following areas:

- Line monitoring: If there is a queue of clients waiting to go through the registration process, clients, already under stress, may suffer additional stress due to the lack of knowledge of the FAC purpose and process. Clients arriving at the FAC may already be in need of mental health or spiritual counseling. It is preferable to identify and assist those clients as early in the process as possible.
- Greeters/registration area support: The registration process also offers an opportunity to greet clients, to observe their behavior for signs of stress, and to identify and support

The Family Assistance Center serves as place for families to go to for information and solace. Families may choose to remain at or return to the Family Assistance Center for an extended period of time – until they have received final confirmation regarding the status of their loved one.

As such, Family Assistance Centers typically remain open until all victims have been identified. The decision to close the Family Assistance Center will be made at the discretion of the agency responsible for overall Family Assistance Center operations.

²⁴ See Appendix VIII: Flow Diagram for additional detail.

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clients in need of services. As such, Mental Health staff may provide assistance to the Family Host function.

- Waiting area support: Clients in the waiting area may display symptoms not previously observed, or may be more likely to request assistance if a mental health professional is present.

2. Spiritual Care

Spiritual care providers will offer a compassionate presence to clients waiting for information, support client briefings, initiate condolence visits, support grief counseling, support ante mortem interviews, support death notifications, escort clients on visits to the incident site(s) and to memorial services. They will offer companionship, provide sacred space, and offer care and comfort. They will offer a bridge to faith resources (this may be to preexisting support or other referrals, e.g., funeral home that observes specific ritual needs, restaurants, etc.). They will facilitate rituals, including prayer, blessing of remains, religious services, etc.

3. Social Services

The Social Services Group ensures that social service needs (child care, memorial service support, etc.) of clients are met. In the event that child care services are required, child care services should be requested, overseen and coordinated with and through Los Angeles County Department of Public Social Services, which may be supported by the American Red Cross and/or Save the Children. Anyone assigned to provide care to children in the FAC must either be a licensed child care professional or must be from a recognized partner agency. The Los Angeles County Department of Public Social Services can coordinate with NGOs to leverage child care services that are available through partner organizations, such as the Church of the Brethren and Save the Children.

The Social Services Group will ensure that a coordinator is appointed to make arrangements for a memorial, to include the provision of spiritual care providers who represent the same faith and language of the affected families, transportation to the site, etc. The memorial service coordinator will consult with family members when planning efforts begin. Planning efforts should include mental health, law enforcement, coroner and spiritual care representatives. Political officials should be notified and included in planning efforts. The memorial service details should be provided to the PIO to ensure that information regarding the memorial service is provided to the public (if open to the public). The Social Services Group facilitates response activities of private sector participants in the FAC and coordinates with other support agencies/organizations. A list of disaster registries that may be leveraged is provided in the appendices. The Social Services Group may coordinate the provision of longer term social services once a Local Assistance Center is activated.

4. Victim Services

The Victim Services Unit (a) ensures that potential victims and their family members reporting to the FAC are informed of victim services programs that may be available and (b) provides assistance in facilitating requests made for these resources. The Victim Services Unit will also work to promulgate information about available programs to potential victims not able or willing to visit the FAC. The Reception Branch and Information Branch should share information in order to most efficiently admit additional family members and requests for services. Other information that needs to be share is victim services.

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The Victim Services Unit will obtain a list of potential identified victims and family members for the purposes of providing them with mandatory legal rights and services. The Victim Services Unit serves as a conduit to connect identified potential victims and their family members with applicable victim support programs. This may include the provision of information and assistance to victims, including crisis intervention, special funding to provide possible emergency assistance, crime victim compensation, counseling and referrals to additional resources. The Unit will also provide victims with services to address their long-term needs, and this can include with information regarding their rights in the criminal justice system and notification of any criminal investigation, prosecution and possible incarceration related events.

The Victim Services Unit will report to the Social Services Group. Agencies/organizations that provide staff for the Victim Services Unit may vary based on the nature of the event and the responding law enforcement agency in charge of the investigation (e.g., criminal/not criminal versus county/federal). Examples of reporting agency staff include:

- U.S. Federal Bureau of Investigation's Office for Victim Assistance
- Los Angeles City Attorney's Office Victim Assistance Program
- Los Angeles County District Attorney's Office Victim-Witness Assistance Program
- U.S. Homeland Security Investigations
- U.S. Attorney's Victim/Witness Program
- Other government and NGO partners

Additional State and national resources, emergency funding and staffing can also be accessed through these Victim Assistance Programs.

5. Public Health

The Public Health Services Group oversees the provision of public health services for persons at the FAC. It is anticipated that the Public Health Services Group would perform several functions in the FAC:

- Ensure that the FAC facility is a healthy environment for staff and clients, free from unhealthy conditions or procedures
- Inspect food preparation and serving facilities, as necessary
- Provide basic health services and information to staff and clients (e.g., communicable disease control/rapid health assessment, assessment of medical/chronic conditions to support treatment, etc.)
- Basic first aid (may be provided by another agency/organization)

G. CONDUCT ONGOING BRIEFINGS TO CLIENTS

The objectives of the client briefings are two-fold: first to ensure that clients have current and accurate information regarding the status of the incident and recovery operations; and secondly to ensure that clients receive information first from government agencies in a caring and supportive environment. Clients should be briefed at least twice per day. Clients should receive these briefings prior to the media being briefed. In addition, client briefings should be scheduled whenever new and significant information becomes available. If victim recovery operations continue over an extended period of time, it may be desirable to scale back client briefings to one per day. The FAC Director is responsible for selecting a "Client Briefing Facilitator" to

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organize and conduct the client briefings, assisted by the PIO and Information and Services Branch Directors. The Client Briefing Facilitator should have experience in public speaking and community interaction, and should be able to conduct the briefings in a caring, comforting manner that is sensitive to clients' emotional conditions. All groups and units within the Services Branch are required to attend all client briefings to answer questions relating to their sphere of operations. It is likely that a number of clients will not always be present at the FAC; however, incident updates should be provided to all in a manner determined by the Client Briefing Facilitator in conjunction with the FAC Director.

The process for scheduling and conducting client briefings is as follows:

- The Client Briefing Facilitator, in coordination with the FAC Director, schedules the time and location of client briefings.
- Logistics prepares the briefing room with chairs, lecterns, conference call equipment, and other audio/visual equipment (as required).
- The Client Briefing Facilitator, in coordination with the Mental Health Services Group, supervises the notification of clients and FAC operational units of the time and location.
- At least one (1) sign language interpreter should be present at the FAC at activation. The Disabilities and AFN Unit arranges for language and sign interpreters and other disabilities and AFN services, as directed by the Disabilities and AFN Unit Leader.
- The Mental Health Services Group arranges for attendance of appropriate spiritual care personnel.
- The Public Health Services Group arranges to have nurses present or on standby in close proximity to the briefing room.
- The Security Branch provides security to ensure that only clients and appropriately badged staff are allowed access to the briefing room.

1. SUGGESTED AGENDA FOR CLIENT BRIEFINGS

The content of client briefings will depend upon the specific situation. The Client Briefing Facilitator should coordinate with the PIO and/or Information Branch Director and with subordinate groups and other functional areas, as necessary, to develop the agenda for each briefing. A suggested agenda for client briefings includes:

- Rescue and recovery efforts
- Victim identification efforts
- Investigation updates
- Site visits, memorial services (if appropriate)
- Disposition and return of remains
- Return of personal effects
- Description of services available at the FAC

H. MAINTAIN COMMUNICATIONS WITH STAFF

Effective internal communications depend upon two factors: (1) the promulgation and compliance with established communications procedures that minimize the chances of miscommunications, and ensure that

the flow of information is uninhibited by organizational structure; and (2) the establishment and maintenance of efficient information technology infrastructure. This section addresses both procedures and infrastructure.

Due to the sensitivity of information regarding the status of incident casualties and the fact that clients in the FAC will be experiencing high levels of anxiety and grief, it is essential that staff communications be accurate, complete, and privately conducted so as not to be overheard in other areas of the FAC. The following procedures are designed to achieve these objectives. It is the responsibility of all FAC staff members to ensure that critical information concerning recovery efforts, status/identity of injured victims, and identity of fatalities flows to FAC clients and staff prior to release to outside parties, especially the media.

1. Ensure Communication Flow Within The FAC

The primary flow of communications within the FAC will be vertical, i.e., staff member to team leader to supervisor to section chief to the FAC Director. The rule of “one up, one down” should be followed to ensure that communications flow smoothly, and to ensure that everyone in the chain of command receives all relevant communications. The “one up, one down” rule simply means that communications are routed up through the direct supervisor, and down to all direct reports. Communications can also be routed horizontally at the section chief and command staff level. However, it is recognized that services provided to clients may be provided using a team approach comprised of professionals from various units within the FAC. Therefore, professional staff are encouraged to share information and work collaboratively in the best interests of the client.

2. Ensure Communications With Participating Agencies

Staff assigned to the FAC from participating agencies may need to communicate back to their “home” agencies from time to time. These communications may involve administrative matters, or “reach-back” for subject matter expertise. However, there should be no informal communications back to “home” agencies regarding FAC operations, or involving information about clients or victims.

3. Follow Procedures For All Communications

The following general procedures apply to all communications media²⁵:

- Use plain language. Avoid codes, abbreviations, acronyms and jargon.
- Ask receiver to repeat back any critical information to ensure it is accurately received.
- Use the standard phonetics alphabet (“alpha”, “bravo”, etc.) when necessary to ensure clarity during verbal communications.
- At the beginning of the communication, identify yourself by name, unit and position.
- When communicating with other staff not in your unit, or in another physical location, verify and document the name, unit, and position title of the person you are communicating with.
- Be concise and be brief.
- Use the 24-hour clock when expressing time values (e.g., “1400 hours” for 2 p.m.).
- Document communications with person outside your unit using ICS Form 213 (hard copy or electronic).

²⁵ Allocca, John A. *Amateur Radio Emergency Communications Training Course*. <http://www.scribd.com/doc/11872307/Amateur-Radio-Emergency-Communications-Training-Course>

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4. Conduct Staff Meetings

Staff meetings should be held on a regular basis to communicate information concerning FAC operations, status of the recovery effort, and other information of importance. At a minimum, the following staff meetings are recommended:

- An “all FAC staff” meeting once per operational period
- Two command staff meetings, one near the beginning and one near the end of each operational period
- Section and unit meetings at the discretion of the Section Chief/unit leader
- Demobilization meeting

I. ENSURE COMMUNICATIONS SECURITY

FAC communications systems will be established under stress conditions and usually in host facilities that are not owned and operated by the activating entity, or facilities owned by the activating entity but normally used for other purposes. Therefore, it cannot be assumed that communications systems are secure. Staff will have to use utmost discretion in transmitting information within the FAC to ensure that sensitive information concerning victims and clients is not compromised. The following procedures will help to ensure confidentiality of sensitive information:

- Sensitive information should not be transmitted by landline or cellular telephone if it can be avoided.
- Sensitive information should be shared over the Internet only within password-protected systems.
- Passwords should not be written down, taped, or stored in a non-secure location.
- Information should be shared only with persons with a “need to know.”

J. COORDINATE EXTERNAL COMMUNICATIONS

Due to the highly sensitive nature of information dissemination following a disaster, all communications must be handled with the utmost sensitivity and discretion. Release of incorrect information, premature release of information, or release of information through improper channels can result in serious distress to the clients involved. Therefore, it is essential that appropriate procedures and protocols be followed at all times.

This section details communications policies and procedures to be followed when handling communications with external entities including the EOC, incident site, hospitals, County, city, State and Federal departments, NGOs, VIPs and elected officials, media, and outreach to the community at large. The purpose of this section is to provide external communications guidance specific to FAC operations. In the event that the County is the activating entity, the County Emergency Public Information (EPI) Plan establishes overall policies and procedures for emergency external communications. If a city or other jurisdiction is the FAC lead, local EPI plans, or the County EPI Plan should be followed.

Communications between the FAC and external entities will utilize multiple media, including:

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- Land line telephones
- Cellular telephones
- Facsimile
- Incident management software applications (e.g., WebEOC, OARRS)
- Internal agency email systems
- Internet
- Public email systems (e.g., Yahoo)

As a backup form of communication, it may be necessary to establish radio communications between the FAC and external entities via the Countywide Integrated Radio Service.

K. ENSURE COMMUNICATIONS WITH THE EOC

Communications between the FAC and the EOC will fall into several categories:

- General information sharing concerning the incident.
- Overall Incident Management.
- Information concerning the operational status of the FAC.
 - Specific information concerning the identity and number of fatalities and seriously injured.
 - Resource requests.
 - Reports of incidents occurring at, or threats to the FAC, staff or clients.
 - Requests, or responses to requests for information from outside agencies.
 - Requests, or responses to requests for information from elected officials, or other VIPs.

The FAC Director, in consultation with the EOC, should establish a regular schedule for briefing the EOC on the operational status of the FAC and document the schedule in the Incident Action Plan for each Operational Period. An agenda should be formalized to ensure that the EOC is kept aware of the operational status of the FAC. The agenda should include, but not be limited to:

- The number of staff, by agency/organization, currently deployed to the FAC.
- The total number of clients visiting the FAC during the current Operational Period (as of the time of the report) and the number of clients currently at the FAC.
- The number of clients not visiting the FAC with whom FAC staff has been in contact with.
- The time, location and subject matter of scheduled client and media briefings.
- The status of the physical facility (i.e., heating, ventilation, and air conditioning systems operating, any safety concerns, etc.).
- Status of supplies and equipment.
- Status of any open resource requests.
- Any security incidents or threats that have occurred or been observed.

Information concerning the number and identity of fatalities can be forwarded to the EOC only upon approval by the Decedent Status Group, in coordination with the Information Branch Director and the FAC

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Director. This information can only be released AFTER appropriate client notifications have been made, and only after the information has been conveyed to clients at the FAC via a client briefing or direct contact. It should always be assumed that information released to any outside person/entity, including the EOC, is no longer secure.

Information concerning the number of seriously injured, their condition, and location can be released ONLY with the approval of the Hospital Admission Group in coordination with the Information Branch Director and the FAC Director. If there is no Hospital Admission Group representative present at the FAC, then any requests for information concerning the number and location of seriously injured will be referred to the MAC.

The FAC Logistics Chief may communicate resource requests to the EOC Logistics Section upon approval of the FAC Director.

Upon the occurrence of any medical or security incident, threat, or perceived threat involving the FAC facility, staff, or clients, the FAC Director should report the nature of the incident, response actions taken and the result, current status, and whether outside assistance is required.

L. ENSURE COMMUNICATIONS WITH THE INCIDENT SITE

Communications between the incident site and the FAC will follow numerous channels. Those agencies represented at both the FAC and the incident site may use normal internal communications procedures to share information and status reports. However, it is the responsibility of those agencies to ensure that any information obtained from the incident site through these channels that is relevant to the operation of the FAC be immediately transmitted to the FAC Director. Each FAC agency that also has resources deployed to the incident site must maintain a log of all communications between the FAC and the incident site and record all messages on ICS Form 213.

- The FAC Director and the Incident Commander (or representative) establish communications procedures and protocols upon activation of the FAC for the transmittal of information and that affects, or may affect the operations of the FAC.
- Designate the persons (by position title, e.g., Liaison Officer) who have the authority to request or transmit information between the FAC and Incident Command.
- Specify the means of communication to be employed (land line, cell, etc.) and record the applicable contact information.
- Specify a schedule for regular updates.
- If conference calls are scheduled, identify the persons by position that should participate and document contact information.
- Document the agreed-upon procedures in the initial and subsequent Incident Action Plans.
- Maintain a communications log noting the date, time, and name/title of the initiator and receiver and the subject of the communication.
- Document all communications using ICS Form 213 (hard copy or electronic).

M. ENSURE COMMUNICATIONS WITH HOSPITALS

Communications with hospitals will be handled by the Hospital Admission Group representative if on site. Communications with hospitals may be through direct contact with hospitals, ReddiNet, or through communications with the MAC. The Hospital Admissions Group is responsible for providing information to

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hospital and clinic Family Information Centers (FIC) concerning victims. All communications should be documented on ICS Form 213, and copies transmitted to the FAC Director. Sensitive information such as the names, condition, or location of victims should be safeguarded to ensure that it is not prematurely released, or released to unauthorized persons or entities. If no Hospital Admission Group representative is on site, communications with hospitals will be handled through the MAC, as previously established.

N. ENSURE COMMUNICATIONS WITH CITY, COUNTY, STATE, AND FEDERAL DEPARTMENTS

FAC staff may maintain communications with their home departments through normal channels. These types of communications may include status reports, alerts of anticipated resource needs, or reach-back for subject matter expertise, information or consultation. However, these communications should be minimized to avoid “back channel” communications that adversely impact FAC operations. Unless otherwise advised, these communications should NOT include information about families or victims, any resource requests, or the relay of information that affects, or may affect, the operation of the FAC.²⁶ All formal communications between the FAC and city, County, State, and Federal departments must go through the EOC.

O. ENSURE COMMUNICATIONS WITH VIPS AND ELECTED OFFICIALS

The Liaison Officer, in consultation with the FAC Director, should handle communications with elected officials and VIPs. If a JIC has been established, the Government Liaison Officer should coordinate with the lead PIO at the JIC before providing any information to an elected official or VIP. If a JIC has not been established, the Government Liaison Officer should coordinate with the EOC PIO prior to providing any information to an elected official or VIP.

In the event that an elected official or VIP appears on site at the FAC, they should be greeted and briefed by the Government Liaison Officer and FAC Director outside of the FAC operations area. If they insist upon entry, the FAC Director may, at his/her discretion, allow the elected official to enter the operations area only if personally escorted by the FAC Director and/or the Government Liaison Officer.

P. LIAISONS

A disaster significant enough to result in the activation of a FAC will likely involve multiple external agencies, to include representatives from local, State and Federal agencies. This would be particularly evident in those incidents that are considered “high profile”. To facilitate coordinated response, external agencies may deploy agency liaisons to the FAC. If the disaster results in casualties/fatalities to foreign nationals, external liaisons may include consulate representatives. It is the responsibility of the FAC Liaison Officer to coordinate with external agency liaisons as necessary to ensure that FAC operations are not unduly interrupted. Coordination with external liaison personnel should include the following actions:

- Maintain a current roster of all external liaison personnel in the FAC
- Establish a work area for liaison personnel
- Determine and document the mission/role of each external agency represented in regards to the specific disaster
- Develop a meeting schedule and conduct meetings of external liaison personnel as necessary

²⁶ Victim and client information may only be shared with “home” agencies if it is critical to the processing of mandatory notification of victims’ rights and services, such as those performed by the Victim Services Unit.

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- Facilitate exchange of information between external liaison personnel and FAC units as necessary
- Ensure the FAC Director is kept appraised of which external agencies are represented in the FAC

In the event that a FAC is activated in response to an event known or suspected of criminal activity, agency liaisons may include representatives from State or Federal law enforcement agencies.

Q. COORDINATE OUTREACH

For the purposes of this plan, outreach is defined as the provision of information to the general public, and family through non-commercial media. The FAC PIO, working with the Communications Unit Leader, should utilize all available and practicable means of outreach communications, consistent with the size, extent and duration of the incident. If the incident is relatively small, and it is expected that the FAC will remain in operation for only a short period, it may not be desirable to establish and publicize a website for delivery of information.

There are a number of outreach media that may be useful. All of these should be considered, but the PIO, FAC Director, and the Liaison Officer should jointly determine the outlets ultimately utilized. The following outlets should be considered:

- Telephone 211. A 211 telephone number and accompanying websites are maintained by a non-profit funded by the County. 211 LA County maintains a telephone bank to answer calls from the public, primarily regarding the availability of community and social services. This can be a valuable resource for providing information to the public. The PIO should coordinate with 211 to provide a script for telephone operators, and information for web posting. The target audience for this information is family of persons who may or may not be victims. Information provided using 211 should be limited to the location, hours and contact information for the FAC.
- Telephone 311. The City of Los Angeles operates a 311 number that provides information on City services and access to City departments. The 311 staff should also be provided with a script, similar to the 211 script.
- Telephone 911. It is likely that some families may call 911 seeking information. The PIO should provide the various 911 call centers in the County, including the California Highway Patrol 911 call center, with a script.
- Missing Persons Hotline. In coordination with the lead law enforcement agency, consider establishing a missing persons hotline in order to obtain supplemental information to aid in missing persons reporting.
- Websites. The County and most cities operate websites. The PIO may provide information for posting on existing sites. Again, this information should be limited to information on the location and operating hours of the FAC.
- Closed Websites. In some cases, it may be desirable to set-up a password-protected website to provide information to family members that is not available to the general public, especially for major incidents that are likely to remain open for an extended period. However, it should be understood that, even if the site is password protected, it is not likely to remain secure. Clients are likely to share the password with others, or to release it under pressure from the media.
- Coordination with NGOs. NGOs can be of valuable assistance, directly and indirectly, in providing outreach services. The American Red Cross, for example, is responsible for handling

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many outreach services for air and rail disasters, and has experience in this area. In the event that an incident results in serious injury or death of the members of one or more ethnic communities, it may be useful to enlist the services of an ethnic, or faith-based NGO to assist in outreach efforts.

- Outreach to Consular Officials. If it is determined or suspected that foreign nationals may be among the victims, contact should be made with the appropriate Consul. The Liaison Officer will handle all contacts with Consular officials.
- Social Media/New Media. Outlets such as Facebook, Twitter, Nixle, etc. should be considered for use on an as needed basis.

The following guidelines should be followed in determining the outreach strategy:

1. Determine the outreach media to be utilized. Considerations for making this determination include:
 - The scale of the incident.
 - The estimated duration of the process of identifying victims.
 - The ethnicity and/or foreign national status of the victims.
 - Whether clients of victims are likely to be mostly local, or whether clients may reside in distant locations.
 - Accommodation for persons with disabilities or AFN.
2. Contact the selected outreach organizations and request their participation. Identify contact persons, and specify by position persons from the FAC who are authorized to transmit information for dissemination.
3. Prepare and update scripts, web postings, fliers, or other media, and arrange for distribution. All information for distribution should be date/time stamped.
4. Arrange a schedule for transmission of updated material. Prepare and transmit updates on a regular basis (at least daily) or when there is a significant change in status.
5. Coordinate with the FAC Director to determine if outreach channels should be used to gather investigatory information.
6. If the incident is suspected to be the result of an intentional act, coordinate with law enforcement to determine if outreach channels should be used to gather investigatory information.

R. SUPPORT MEDIA RELATIONS

Establish the onsite PIO as soon as possible and ensure that the media strategy is approved by the FAC Director. It is essential to maintain a strong, open and credible relationship with the media during and following a disaster. The media have a right and obligation to report the news, and also serve as the best method for communicating information to the general public (and in some cases to family of victims). However, improperly managed, media relations can become adversarial, and/or result in erroneous information dissemination. It is in the interest of both the media and the FAC to ensure that information disseminated to public be accurate, current, and as complete as circumstances allow.

The following guidelines should be followed to ensure success in working with the media. Refer to Section C for more information regarding media operations.

1. Media Communications

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The following types communications with the media may be anticipated:

- Advisories. Advisories are notifications to media of an upcoming event, such as the event, time, location, and identification of who will appear at the event. The advisory should also state if there are any restrictions (pool coverage only, no Q & A, etc.)
- Press Release. Printed, video, or recorded information released to the media. Typically contains updates, statistics, quotes, and similar information.
- Media Briefings. High level briefings conducted by the PIO, which may include subject matter experts, designed to provide technical or background information.
- Press Conferences. Events open to all media to provide information, answer questions, etc. Press conferences are generally arranged by the PIO, but include Incident Management and VIPs.

Copies of all material released to the media should be provided to the EOC, FAC command staff and section chiefs to ensure unified communications. The PIO should participate in all FAC internal staff briefings to advise the staff of the information released to the public through the media.

2. Coordinate Through The Joint Information Center

The PIO should coordinate with the EOC to determine if a JIC has been, or will be, established. If a JIC is established the FAC PIO should coordinate with the lead PIO at the JIC to determine what types of information will be released directly by the FAC PIO, and what types of information will be released through the JIC.

3. Coordinate Media Briefings And Press Conferences

Media briefings and/or press conferences should be scheduled on a regular basis, or when there is new or important information that should be disseminated. A media advisory should precede Media briefings/press conferences. At the close of each media briefing/press conference the media should be advised of the time and location of the next scheduled event.

4. Provide Information In Multiple Languages

The PIO should determine which languages are appropriate for dissemination of information based on the location of the event and ethnicity of victims. In Los Angeles County there are 15 languages²⁷ recognized as having significant numbers of non-English or limited proficiency English populations. At a minimum, English and Spanish will be required for all events.

Sign interpreters should be provided for all briefings and press conferences. The PIO should request assistance with the translating of material, and the provision of language and sign interpreters as needed.

5. Monitor News Coverage

The FAC PIO, working with other involved PIOs, should monitor news coverage of the event to ensure that information provided to the media is being reported accurately. The PIO should also take action immediately to correct any misinformation that is being disseminated by the media.

²⁷ Spanish, Vietnamese, Hmong, Cantonese, Tagalog, Khmer, Korean, Armenian, Mandarin, Lao, Russian, Punjabi, Arabic, Mien, Farsi

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6. Uphold Policy For Incidents Resulting From Intentional Acts

In the case of an incident that is known, or suspected to have resulted from an intentional act, the PIO will coordinate with law enforcement prior to release of any information to the media. This is necessary to ensure that released information may not impair or compromise the investigation process.

7. Protect The Release Of Victim And Client Information

No information regarding the identity, number, or condition of victims and clients will be released without the explicit approval of the FAC Director AND confirmation that this information has been already provided to clients.

Likewise, NO information concerning the number, condition, and location of the seriously injured will be released without the explicit approval of the Hospital Admission Group.

S. PLAN FOR SUBSEQUENT OPERATIONAL PERIODS²⁸

The activating entity is responsible for coordinating with all participating agencies to ensure that staff are deployed for subsequent operational periods.

The activating entity is also responsible for coordinating with the FAC Director to determine if additional resources are required, or if certain functional areas can be downsized or eliminated. In addition, the activating entity is responsible for continued coordination with the participating agencies for the duration of FAC activation.

T. ENSURE COORDINATION BETWEEN MULTIPLE FACS

In the event of a disaster that requires multiple FAC activations, the Los Angeles County Operational Area, with the Los Angeles County Office of Emergency Management as the lead, is the coordinating entity in compliance with SEMS. Liaisons from each FAC will coordinate to share information about operations.

²⁸ See Appendix XV: Augment Staff and Maintain Staff Accountability.

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SECTION III: DEMOBILIZATION

Following the set-up of FAC operations, the Planning Section will begin the planning process for demobilization in consultation with the FAC Director, and establish a date/time for demobilization.

The Planning Section Chief (or Demobilization Unit, if activated) is responsible for the coordination of demobilization. ICS form 221 must be utilized to complete demobilization.

The Planning Section will develop the demobilization plan based on the nature of the incident and the observed needs of the clients. The Planning Section will submit the demobilization plan to the FAC Director for approval. The Planning Section will execute the approved plan.

All FAC staff must adhere to their agency/organization's related operation and demobilization policy and protocols.

A. REVIEW DEMOBILIZATION CONSIDERATIONS

The parameters that determine when demobilization should occur will vary by incident. The Coroner should be involved in deciding these parameters. Typically, the Planning Section Chief may advise the FAC Director to initiate demobilization once the following conditions have been met:

- The last victim has been identified.
- The last family member has been notified.
- A public memorial service has been conducted.

B. COMPLETE DEMOBILIZATION TASKS

Once the Planning Section Chief receives approval to implement the demobilization plan, the following key tasks will be completed:

- Finalize demobilization plan. Ensure that the time frame for demobilization reflects length of FAC operation and nature of incident.
- Notify all participating agencies and the venue.
- Provide date and time of FAC demobilization to clients and service agencies (with as much prior notification as possible).
- Ensure that ongoing case management, counseling and/or a hotline number have been established if needed.
- Collect contact information from all FAC agencies that provided services.
- Coordinate FAC demobilization and address outstanding long-term family management issues
- Provide relevant information to the PIO to prepare public messaging. The PIO should consult with a mental health professional for messaging.

The decision to demobilize the Family Assistance Center should be made in coordination with the activating entity's Emergency Operations Center.

All staff should be briefed on the demobilization strategy, to include the provision of support services for clients after Family Assistance Center demobilization.

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- Provide updates regarding FAC demobilization to the telephone bank, information and referral organizations, and utilized forms of outreach and media.
- Ensure that information regarding demobilization is provided to persons with disabilities or AFN.
- Conduct a final transition meeting with the FAC staff, city, County, State and Federal agencies. Inform all staff and participating agencies that counseling services are available to them upon request.
- Ensure that all deployed equipment is returned and coordinate equipment issues with the Logistics Section Chief.
- Facilitate the FAC After-Action Review.

APPENDIX I: PLAN MAINTENANCE, IMPLEMENTATION AND VALIDATION

This appendix contains a synopsis of key plan maintenance, implementation, and validation activities.

A. PLAN MAINTENANCE

- The Los Angeles County Office of Emergency Management is responsible for Los Angeles County Operational Area FAC Plan maintenance, including the coordination of training and exercise events. All Steering Committee members are responsible to support these efforts to the greatest extent possible.
- The Los Angeles County Office of Emergency Management should use established agreements with disability and AFN service and equipment vendors in order to quickly deploy them to the FAC. The Disabilities and AFN Unit Leader will coordinate the acquisition of these resources at the FAC.
- The Los Angeles County Office of Emergency Management should schedule regular presentations on the FAC Plan to agencies including but not limited to the California Department of Mental Health, California Department of Social Services, California Emergency Management Agency, Los Angeles County Counsel, Los Angeles Firefighters Union and Chief Officers Association, Los Angeles County Fire Chiefs Association, and Los Angeles County Police Chiefs Association.
- The Los Angeles County Office of Emergency Management should continue to negotiate and execute Memorandums of Agreement (MOA) with potential FAC sites.

B. TRAINING AND EXERCISES

- This plan should be introduced to city partners by using fact sheets and presentations. Annually, the Los Angeles County Office of Emergency Management should contact city representatives to inform them that a FAC Plan exists. It should also disseminate communications regarding future training and exercise events, and encourage the sharing of information among the 88 cities and unincorporated areas within the Los Angeles County Operational Area.
- The County may consider creating trained, pre-designated “FAC Management Teams” that can immediately deploy to cities requesting assistance in establishing a FAC following a disaster. FAC Management Teams should include government and NGO stakeholders who would have a key role in FAC operations. The Los Angeles County EMS Agency, in cooperation with the Los Angeles County Office of Emergency Management, should develop specific training for hospitals and MAC staff that explains key FAC concepts, to include information that may be exchanged between hospitals and the FAC, and the coordination strategy between FACs and hospital/clinic FICs.
- Law enforcement agencies and fire agencies should develop specific training materials for fire department, police department and Sheriff’s department personnel to ensure that they are familiar with the basic concept and benefits of a FAC. Field position checklists for fire and law enforcement agencies should be enhanced to include FAC related notifications as appropriate.
- The Los Angeles County Department of Public Social Services, in cooperation with the Los Angeles County Office of Emergency Management, should develop additional training and outreach campaigns for partner organizations, to include those that would provide support with spiritual care and disability and AFN groups.

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- Exercises should be developed that provide key city and County stakeholders with an opportunity to participate in simulated FAC operations, including the utilization of actors or volunteers to serve as FAC clients. Future operations based exercises should look specifically at:
 - Client flows within the FAC
 - Utilization and flow of forms
 - Registration and badging process
 - Integration of staff from various agencies
 - Client notification process
- Future exercises should include volunteers who represent people with disabilities or AFN, to include children, persons with disabilities, medically frail, etc. Anyone who represents people with disabilities AFN should have the portrayed disability.
- Agencies should be incorporated into other emergency preparedness exercises in addition to FAC-specific exercises in order to acquaint them with ICS procedures.
- As additional training and exercise events are held, continue to refine the potential roles and services that can be filled/provided by NGOs (support with registration, food, spiritual care, etc.)
- Web-based JIT Training should be conducted on a semi-annual basis.
- The Los Angeles County Office of Emergency Management should meet periodically with potential FAC sites to ensure that facility staff are familiar with FAC activation procedures.

C. RESOURCES

- FAC “go-kits” (or similar) should be created by participating County agencies (OEM, DMH, Coroner, DPSS) and incorporated into trainings. The kits should contain FAC essential items, such as forms, signage, training materials, badging materials, checklists, and other pertinent supplies. Ensure that FAC forms and signs are available in multiple languages, Braille, large print etc. Coordinate with the Los Angeles County Internal Services Department (ISD) to obtain vendors that can provide support to people with disabilities or AFN.

APPENDIX II: SITE SELECTION

As part of Phase IV FAC implementation efforts, FAC site assessments were initiated, and an overview resource describes the FAC site selection process. This resource has been provided to Los Angeles County Office of Emergency Management and Los Angeles County Department of Mental Health. It can be obtained by contacting the Los Angeles County Office of Emergency Management and Los Angeles County Department of Mental Health points of contact listed at the beginning of this plan.

Best practices in site assessment were employed to perform this function, including the FAC Site Assessment Package, findings identified during prior FAC exercises, and site evaluation methods utilized for similar sites, such as Point of Dispensing (POD) sites and shelters. In total, over one hundred candidate FAC sites were identified throughout the Los Angeles County Operational Area.²⁹ Candidate sites were assessed based on whether their layout was amenable to key FAC functions and service delivery. Additional factors were incorporated into the analysis, to include: population density, geographic location, hazards, threats, risks, and other various elements. Sites were scored on a scale of 1 to 5, where a site ranked as 5 was considered ideal. Candidate sites were identified in all DMAs.³⁰ These sites were presented to the FAC Steering Committee for approval.

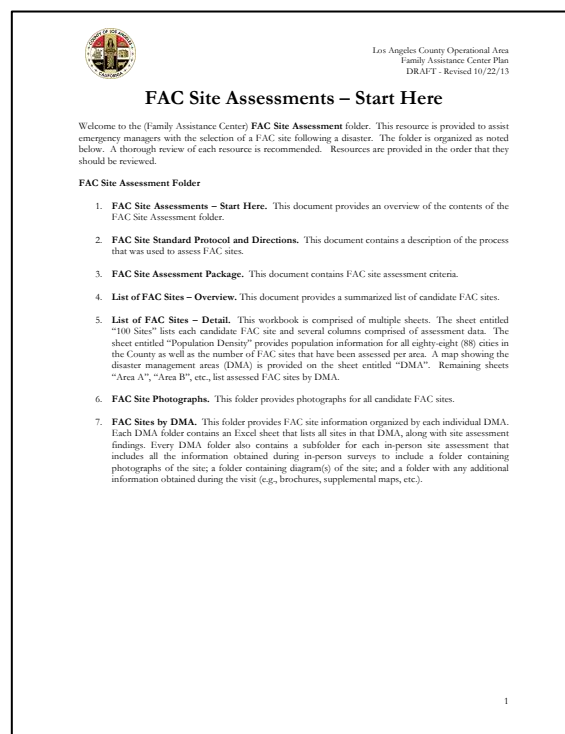
Extensive research was conducted on these initial one candidate sites including web research and contact of each venue via telephone. Assessment staff obtained key information from site managers, catering staff and/or management personnel, to include the number of rooms available, square footage, amenities, parking capacity, a photograph of the site, and the like. Over seventy (70) categories of information were obtained from each site. Additionally, notes were taken to provide supplemental detail that may be of service to an emergency manager wishing to utilize the site in question.

From the information obtained, twenty-five (25) sites were identified for in-person survey, and submitted to the Steering Committee for approval. The Los Angeles County Chief Executive Office (CEO) Disability Civil Rights [section] then vetted the list of twenty-five (25) sites for accessibility consideration. DMACs also performed a review of the list.

In-person surveys were then conducted for the approved twenty-five (25) sites. In-person survey teams consisted of two (2) team members per site. Survey teams made contact with each venue manager or other appropriate contact and were provided with a walking tour of the site. Facility diagrams were obtained if available, or created if not provided by the venue. Site measurements were obtained for all key areas to be used for FAC operations. Supplemental photographs were taken for each site that an in-person survey was conducted for, to include interior rooms of key areas. Diagrams were created showing possible layouts amendable to FAC operations.

²⁹ Additional sites will be identified. Measures will be implemented to continue site identification and assessment efforts, to include the provision of site assessment data to city emergency managers for additions and updates.

³⁰ In the event that desirable sites were not available in all DMAs, or if there was a gap in an area where a FAC site was needed, less desirable sites may have been identified (e.g., to accommodate a small or interim FAC).



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In parallel to the site assessment tasks, MOA negotiations were initiated for approved sites.

A supplemental in-person accessibility assessment will also be conducted by representatives from the Los Angeles County CEO Disability Civil Rights [section] of each of the twenty-five (25) sites assessed via in-person survey.³¹ Final sites will be uploaded into a County Geographic Information System (GIS).

The following list provides a high level overview of the strategy:

1. Establish facility assessment criteria. These criteria were derived from the criteria listed in the plan, and revised based on findings from prior phases as well as feedback from the Steering Committee.
2. Identify the strategy for FAC site selection. This should include the number of sites to be identified, the scope of survey each site will receive (i.e., via telephone or in-person), etc.
3. Identify candidate sites in all DMAs. Area H sites will leverage only City of Los Angeles owned facilities and Union Station. For all other areas (A-G), privately owned sites that are suitable for FAC services will be selected when possible. In the instance these privately owned sites within the area do not meet broad FAC standards or are otherwise unavailable, County owned sites will be selected.
4. Assess candidate sites based on population density, hazards, threats, risks, etc. Adjust list as necessary based upon assessment and Steering Committee feedback, prior to conducting telephone surveys.
5. Conduct telephone surveys for at least one hundred (100) sites.
6. Determine twenty-five (25) candidate sites for in-person survey.
7. Share the twenty-five (25) candidate sites with the Los Angeles County CEO Disability Civil Rights [office] contact to determine whether any sites should be eliminated based on ADA considerations. Share the list with DMACs for feedback. Revise the list as needed.
8. Conduct on-site surveys for twenty-five (25) candidate sites.
9. Provide the final list of twenty-five (25) surveyed sites to the Los Angeles County CEO Disability Civil Rights [office] contact for ADA assessment.
10. Conduct ADA surveys of each of the twenty-five (25) candidate sites..
11. Send the final list of sites to MOA team to facilitate MOA negotiation.
12. Send the final list of sites to the Los Angeles County contact for implementation into the GIS system.

Metrics for Scoring Sites

Potential FAC sites were scored using a uniform methodology as noted below.

Score of 5

Ideal sites

Site evaluation must consider all of the below metrics to receive a score of 5.

1. The site can accommodate all (small, medium, large, catastrophic)³² FAC activation categories.
2. The site has complete and satisfactory answers to survey criteria; specifically critical survey criteria (e.g., large indoor space of 5,000 square feet or more, adequate rooms and capacity for any and all FAC operations, facility amenities, access to major roadways and transportation, etc.).
3. The site is ADA compliant.

³¹ The accompanying Excel file, List of FAC Sites - Detail, provides two (2) ADA assessment columns. The column labeled "ADA Compliant" will indicate a yes or no response provided by the venue. The column labeled "Meets Los Angeles County Office of Emergency Management ADA Criteria" will indicate the rating provided by the Los Angeles County CEO Disability Civil Rights [section].

³² The FAC Plan delineates small, medium, large and catastrophic FAC activations.

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4. The site contact was easily forthcoming with information and displayed a willingness to provide their facility for the project.

Score of 4

Slightly less than ideal

Site evaluation must consider all of the below metrics to receive a score of 4.³³

1. FOR SMALL SITES: The site has complete and satisfactory answers to survey criteria with the exception of criteria that is not required of a small FAC (e.g., a large indoor space of 5,000 square feet, adequate rooms for all FAC areas, large capacity, etc.).
2. FOR OTHER SITES: The site has slightly less than all satisfactory answers to non-critical survey criteria but has satisfactory answers to all critical survey criteria (e.g., large indoor space of 5,000 square feet or more, adequate rooms and capacity for any and all FAC operations, facility amenities, access to major roadways and transportation, etc.).
3. The site is ADA compliant.
4. The site contact was easily forthcoming with information and displayed a willingness to provide their facility for the project.

Score of 3

Middle range

Site evaluation must consider all of the below metrics to receive a score of 3.

1. FOR SMALL SITES: The site has slightly less than satisfactory answers to survey criteria with the exception of criteria that is not required of a small FAC (a large indoor space of 5,000 square feet, adequate rooms for all FAC areas, large capacity, etc.)
5. FOR OTHER SITES: Site has mostly satisfactory answers to all survey criteria and a majority of satisfactory answers to critical survey criteria (e.g., large indoor space of 5,000 square feet or more, adequate rooms and capacity for any and all FAC operations, facility amenities, access to major roadways and transportation, etc.).
2. The site is ADA compliant.
3. It was slightly difficult to obtain information and/or cooperation from the site.

Score of 2

Few criteria met

Site evaluation must consider all of the below metrics to receive a score of 2.

1. The site has less than half of the satisfactory answers to all survey criteria and zero or significantly less than half satisfactory answers to critical survey criteria (e.g., large indoor space of 5,000 square feet or more, adequate rooms and capacity for any and all FAC operations, facility amenities, access to major roadways and transportation, etc.).
1. The site is ADA compliant.
2. It was slightly difficult to obtain information and/or cooperation from the site.

Score of 1

Least criteria met

Site evaluation must consider all of the below metrics to receive a score of 1.

1. The site has zero to very few satisfactory answers to all survey criteria and zero satisfactory answers to critical survey criteria (e.g., large indoor space of 5,000 square feet or more, adequate rooms and capacity for any and all FAC operations, facility amenities, access to major roadways and transportation).
2. The site is not ADA compliant.

³³ This is the highest score that a small site can receive.

3. It was extremely difficult to obtain information and/or cooperation from the site.

Metrics for Selecting Sites for In-person Survey

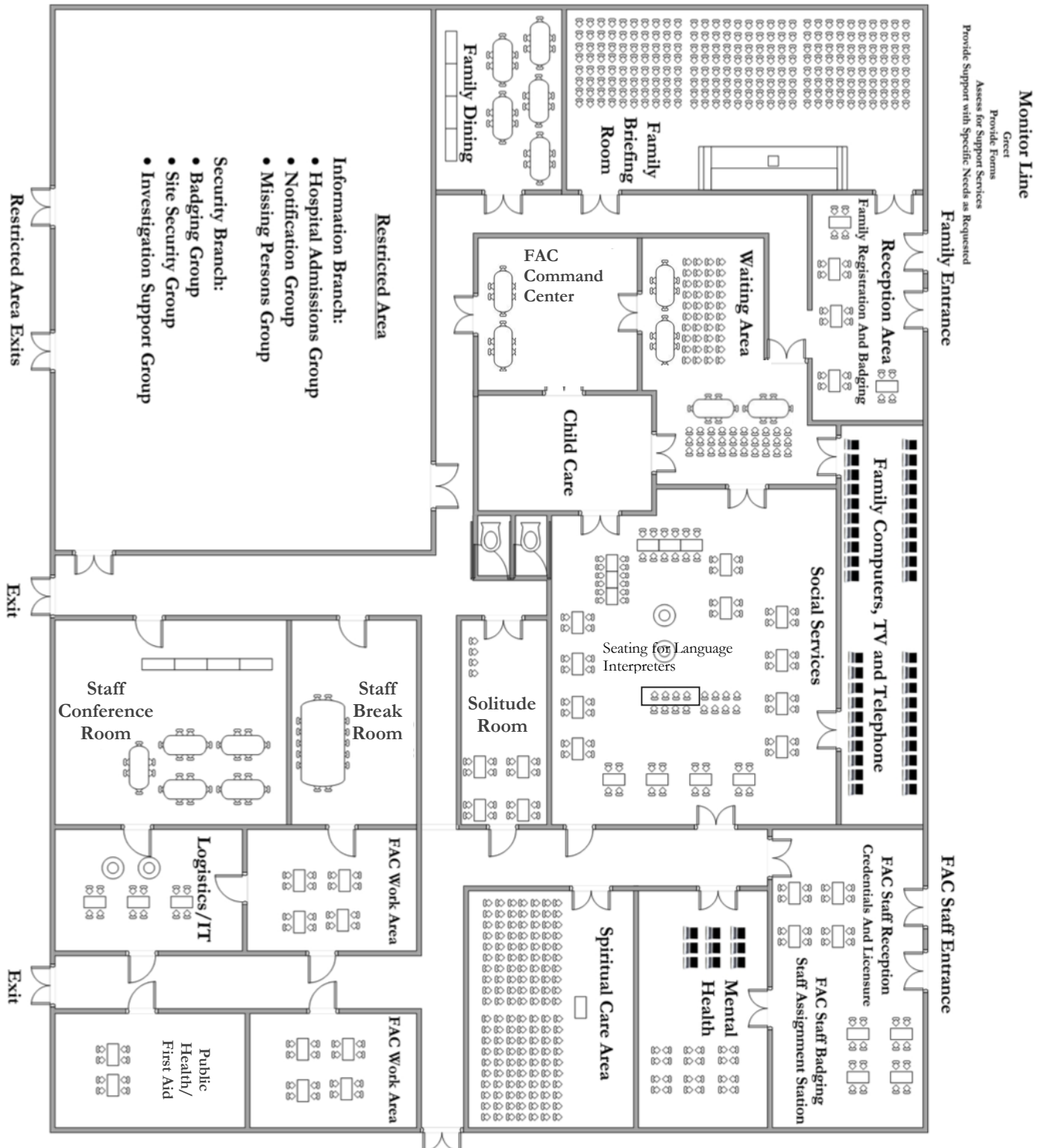
Criteria for selecting sites for in-person survey are noted below.

1. As the total number of candidate sites is one hundred (100) and one quarter or twenty-five (25) have been selected for in-person survey, accordingly, one quarter of the total number of sites will be selected for in-person survey in each DMA as noted below:
 - a. Area A: 2 sites selected for in-person survey out of 5 surveyed via telephone
 - b. Area B: 2 sites selected for in-person survey out of 7 surveyed via telephone
 - c. Area C: 2 sites selected for in-person survey out of 10 surveyed via telephone
 - d. Area D: 4 sites selected for in-person survey out of 16 surveyed via telephone
 - e. Area E: 5 sites selected for in-person survey out of 20 surveyed via telephone
 - f. Area F: 2 sites selected for in-person survey out of 6 surveyed via telephone
 - g. Area G: 2 sites selected for in-person survey out of 10 surveyed via telephone
 - h. Area H: 6 sites selected for in-person survey out of 26 surveyed via telephone
2. Sites with scores of 5 and 4 will be considered first. This should take into account the 4 rating is the highest score that a small FAC can receive and should not eliminate the site from site visit contention based solely on the fact that it is a 4 rating not a 5.
3. The list of sites should be geographically dispersed in the DMA as possible.
4. The list of sites should be based on population density and proximity to known/likely disaster locations as possible.

Sample FAC layouts are provided on the following pages.

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FIGURE 5: FAC – SAMPLE LAYOUT



*REFERENCE PAGE 62 FOR WHEELCHAIR AND COMPANION

FIGURE 6: FAC SHOWING MEDIA AREA – SAMPLE

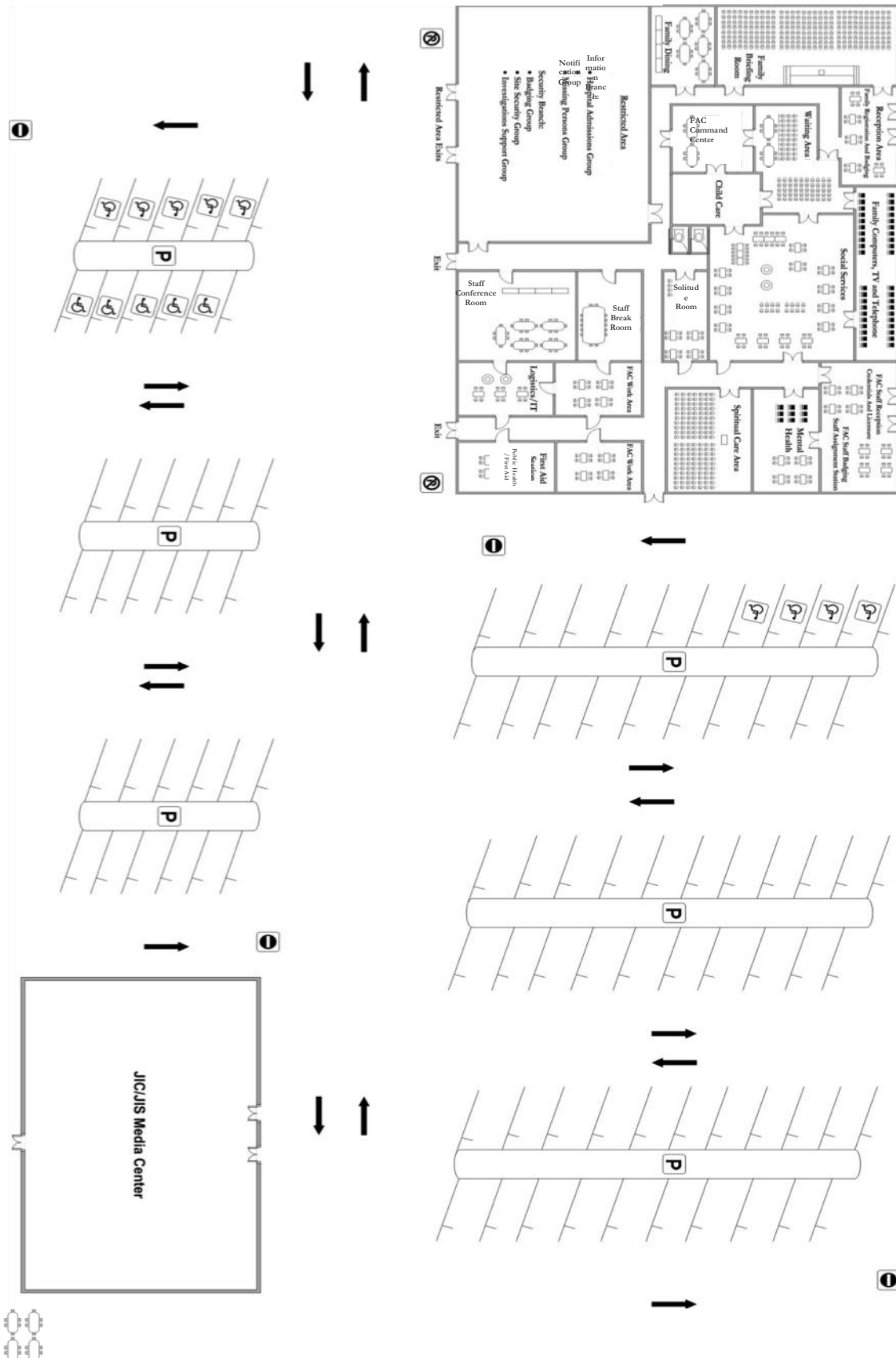


FIGURE 7: RESTRICTED AREA – SAMPLE LAYOUT

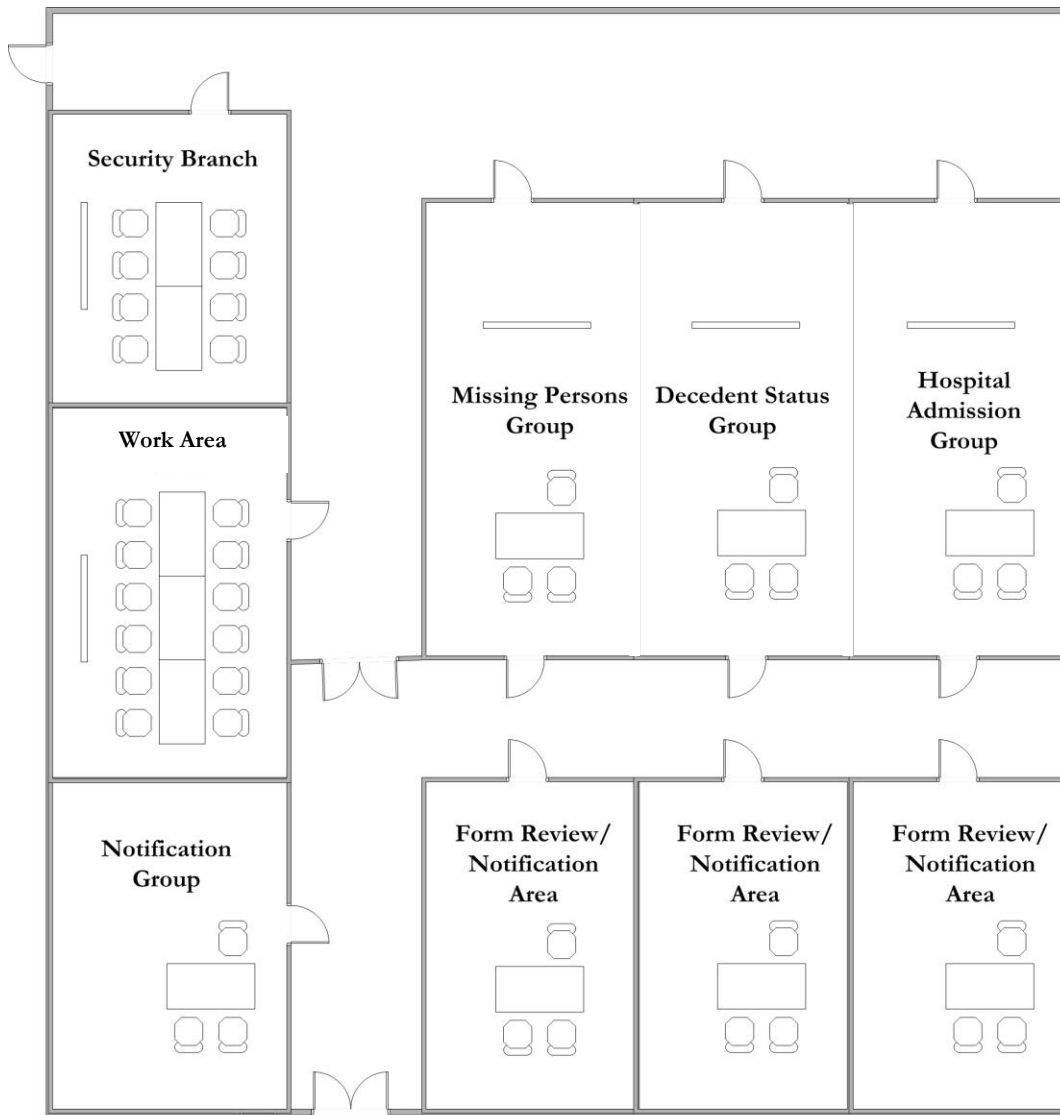
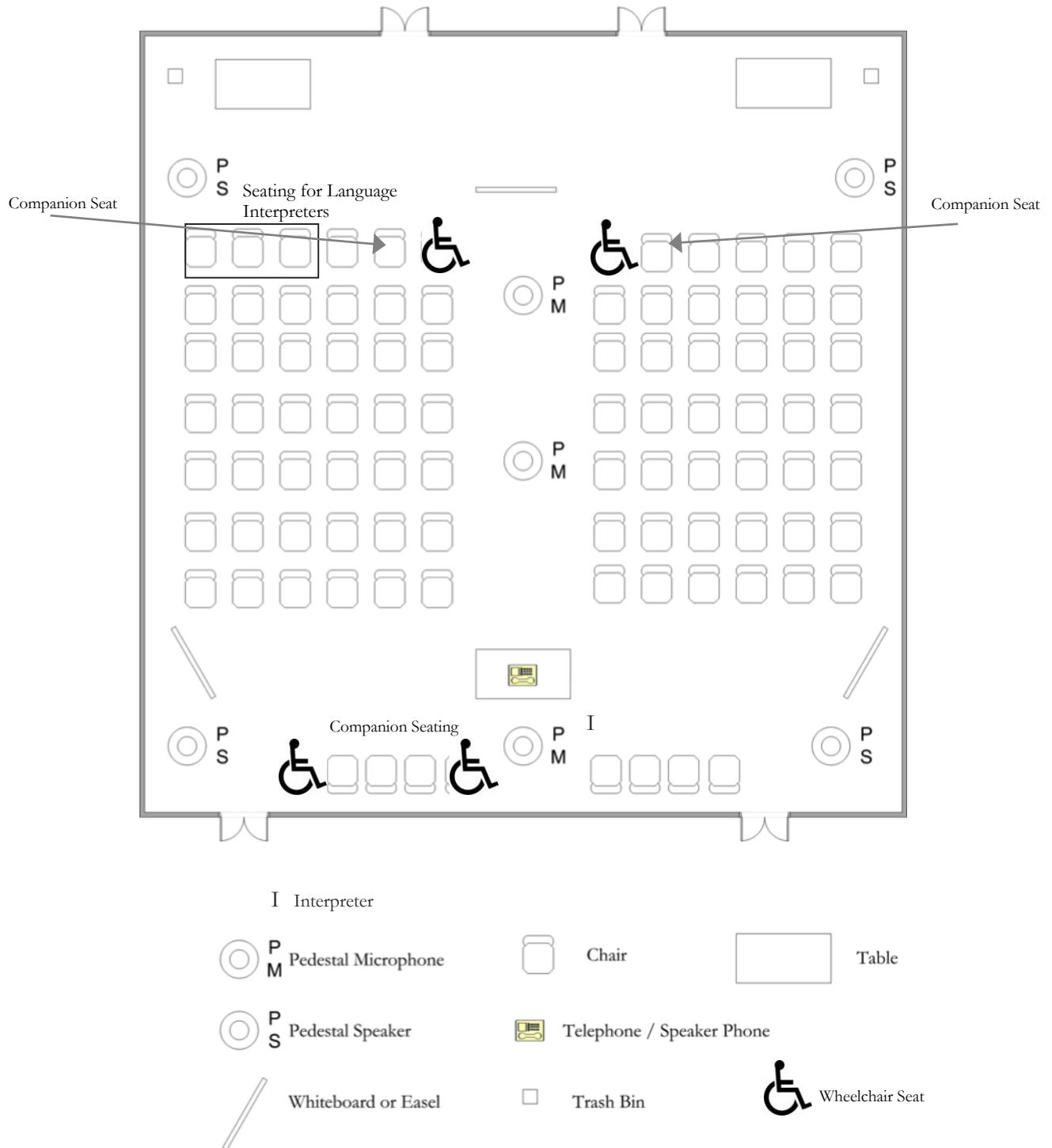


FIGURE 8: CLIENT BRIEFING AREA – MULTIPLE
INGRESS/EGRESS



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Sign out at the personnel check-out station. Turn in all documentation to include position checklists and evaluation forms. Turn in radio.

Appendices intentionally removed from this version of the FAC Plan.

**Please request full version of the plan from one of the FAC Steering
Committee Co-Chairs:**

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