

# Commonwealth of Massachusetts Survivor and Family Assistance Plan 2025



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## 1.0 EXECUTIVE SUMMARY

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In the aftermath of a mass casualty or mass fatality event, there may be a need to quickly establish a location for survivors and families to congregate and receive and provide information on missing, injured or deceased friends or family members; receive information on, or be connected with counselors and other providers of health and human services; receive reunification support; meet with investigators; and be shielded from the public and media. Family Assistance Centers (FACs) may be established to support, and deliver services to survivors, families and friends.

This Survivor and Family Assistance plan is intended to expand upon, and coordinate actions taken under the Massachusetts Comprehensive Emergency Management Plan (CEMP), as well as the existing Emergency Operations Plans of state agencies and nongovernmental organizations (NGOs) that have operational responsibilities for establishing, maintaining, and/or delivering services at a FAC. This Plan focuses on identifying resources and capabilities of local, regional, state, federal, non-governmental agencies, and private non-profit organizations, and on developing and setting forth a framework and organizational structure for the coordination of these resources and capabilities in order to assist impacted communities in providing survivor and family assistance following a mass casualty or mass fatality incident. Roles and responsibilities for some of the agencies and organizations that may have a significant role in the implementation of this plan have been outlined, including:

- Massachusetts Emergency Management Agency (MEMA)
- Massachusetts Department of Public Health (MDPH)
- Office of the Chief Medical Examiner (OCME)
- Massachusetts Department of Mental Health (MDMH)
- American Red Cross (ARC)
- Salvation Army
- MA Office for Victim Assistance
- MA State Police
- Mass 211

This plan defines how a FAC and/or other assistance support facility may be activated in the aftermath of a mass fatality or mass casualty incident for which there is a need to provide immediate support, information, and coordination of services to survivors and family members, as well as the types of support, information and services that may be provided to survivors and family members together with methods of delivering these services.

Lastly, this plan contains guidance and job aids for activating and operating a FAC, and for collecting information from, and providing information to survivors and family members.

## 2.0 PURPOSE AND SCOPE

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### 2.1 Purpose

The Survivor and Family Assistance Plan is intended to accomplish the following objectives:

- Identify how a FAC and/or other support facilities may be activated in the aftermath of a mass fatality or mass casualty incident for which there is a need to provide immediate support, information, and services to survivors and family members.
- Detail the concept of operations of a FAC and related support facilities.
- Identify and assign responsibilities to agencies, organizations, and individuals for carrying out specific actions to support survivor and family assistance operations.
- Identify lines of authority, coordination and responsibility for the activation and management of a FAC and other support facilities.
- Define the types of support, information and services that may be provided to survivors and family members, and how these services will be delivered.
- Define a coordination structure for providing services to survivors and family members.
- Provide timely and accurate information to survivors and family members about response and recovery processes and operations.
- Ensure that incident commanders and their designees are properly integrated into a FAC and their operations.

### 2.2 Scope

This plan expands on the Emergency Operations Plans (EOP) of several state agencies and NGO's that have an operational responsibility in this plan, in addition to the Massachusetts Comprehensive Emergency Management Plan (CEMP), and focuses on identifying resources and capabilities of local, regional, state, federal, non-governmental and private-sector agencies and organizations, and on activating and coordinating these resources and capabilities to assist impacted communities and the state in providing Survivor and Family Assistance following a mass casualty or mass fatality incident.

For purposes of this plan:

- "Survivors and Family Members" are the survivors of a mass casualty incident, and their family members and loved-ones, and the family members and loved-ones of people killed (decedents) in a mass casualty or mass fatality incident.
- "Survivor and Family Assistance" may be defined as a coordinated effort to ensure that survivors and family members are provided timely and appropriate reunification, social, health, and support services; information; and privacy.
- "Family Assistance Center" may be defined as a building or other physical location designated in the aftermath of, and often in the vicinity of, a mass casualty or mass fatality incident, in which government personnel and service providers are available to meet with, and provide Survivor and Family Assistance services to, Survivors and Family Members.

### **2.2.1 Air and Rail Carriers**

Air and rail carriers are required by federal law (the Aviation Disaster Family Assistance Act of 1996 and the Rail Passenger Disaster Family Assistance Act of 2008 respectively) to develop and maintain plans for carrying out family assistance operations following an accident which results in a major loss of life. These laws also task the National Transportation Safety Board (NTSB) with coordinating family assistance efforts of the carrier, local responders, and federal agencies.

Requests for state support for family assistance operations managed by air/rail carriers and the NTSB will be made, prioritized, and filled according to established resource request procedures and protocols.

### **2.2.2 Local Jurisdictions**

Following a mass casualty or mass fatality incident, local jurisdictions may initiate and conduct survivor and family assistance operations at a Family Reception Center (FRC) according to established local plans and procedures. Requests for state support for locally managed survivor family assistance operations will be made, prioritized, and filled according to established resource request procedures and protocols.

## 3.0 SITUATION AND PLANNING ASSUMPTIONS

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### 3.1 Situation

A mass fatality or mass casualty incident may occur anywhere in Massachusetts and may be the result of a wide array of natural, accidental, or intentional events, including but not limited to: natural disasters (e.g., earthquakes, floods, hurricanes, tornadoes, landslides and wildfires); terrorism or other types of intentional acts (e.g. active shooter, improvised explosive device, bio-terrorism); or transportation incidents (e.g. plane crash, bridge or tunnel collapse).

In the aftermath of a mass casualty or mass fatality incident, the incident commander, in consultation with appropriate local, state, or federal authorities, may decide to activate a FAC and/or provide Survivor and Family Assistance services to survivors and family members.

### 3.2 Planning Assumptions

The following assumptions were made during the development of this plan:

- A mass casualty or mass fatality incident may occur with little or no warning, at any time, and in any area of Massachusetts.
- A mass casualty or mass fatality incident may escalate rapidly and require state, federal and non-governmental resources that are not available at the local level.
- Local governments have existing emergency management resources, plans, and procedures, but local providers may become overwhelmed and require mutual aid support from other local jurisdictions and the state.
- The Incident Commander(s) for a mass casualty or mass fatality event will make the decision to activate an FRC, FAC, and/or deliver Survivor and Family Assistance services to Survivors and Family Members, and the Incident Commander(s) or designees will be involved in the establishment and operation of a FAC.
- Agencies and organizations involved in the implementation and execution of this plan are familiar with its contents and have developed internal plans and procedures to carry out responsibilities assigned to them as part of the plan.
- Depending on the magnitude of the incident, resources from other states or the Federal government may not be available for use in Massachusetts for as long as 72 hours after the incident occurs.
- The Commonwealth has resources, services and expertise that can be used to supplement local efforts. Federal assistance may be requested to support state and local efforts if an incident exceeds state and local capabilities.
- Responding agencies may need to provide additional or enhanced assistance to individuals with access and functional needs following a mass casualty or mass fatality incident.

- Family and friends of survivors and decedents may be located around the world and may seek to call a call center, or other number provided for family reunification, rather than visit the FAC in person.
- A large-scale emergency or disaster will generate widespread media and public interest.
- A large-scale emergency or disaster may be a prolonged event/incident that requires an extended commitment of resources.
- The ratio of family members seeking services or information from the FAC to survivors/decedents may be as high as 10 to 1.
- Not all survivors and family members will process information, cope, or grieve in the same way.
- Dynamics within families and amongst friends may pose different challenges and needs, especially regarding security and staff workload.
- Religious and cultural practices will be important factors in how survivors and families cope, grieve, communicate about injuries and death, and prefer to have remains handled.
- Responding to a mass casualty or mass fatality incident can be overwhelming and lead to traumatic stress. Support services for responders and FAC staff will be essential.
- Each survivor and community will have different needs and resources.
- The FAC may need to operate 24 hours a day during the initial days or weeks after an incident.
- Patients may present at multiple hospitals, which will require a coordinated family reunification structure.

## 4.0 CONCEPT OF OPERATIONS

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### 4.1 Direction and Control

MEMA or other state agencies such as the Office of the Chief Medical Examiner, or the Departments of Public Health or Mental Health may receive a request from a community or an Incident Commander for support in carrying out survivor and family assistance operations, including opening and managing a FAC. MEMA or another state agency may also become aware of a potential mass casualty or mass fatality event, and conduct proactive outreach to determine unmet needs.

If the state is asked to open or support a FAC, the Director of MEMA or their designee will consult with the Incident Commander(s) and propose the following organizational structures:

a. Family Assistance Unified Coordination Group (FA UCG)

Providing Survivor and Family Assistance to Survivors and Family Members following a mass casualty or mass fatality incident will require leadership as well as coordination and collaborative decision making among key stakeholders. After collaboration with, and approval by the Incident Commander, a FA UCG will be established by the Director of MEMA or their designee to serve as a senior level advisory and policy group.

At a minimum, the FA UCG will be comprised of representatives from the agencies/organizations listed below. These representatives will be identified ahead of time where possible:

- Massachusetts Emergency Management Agency (MEMA)
- Massachusetts Department of Public Health (MDPH)
- Office of the Chief Medical Examiner (OCME)
- Department of Mental Health (DMH)
- American Red Cross (ARC)
- Salvation Army
- Massachusetts State Police
- Representative(s) of the impacted jurisdiction(s)

If the incident is the result of a criminal or potential criminal act, the FA UCG may also include representation from:

- The lead investigative law enforcement agency/agencies
- Massachusetts Office for Victim Assistance.

The Director of MEMA, in consultation with the other UCG members, may modify the composition of the FA UCG as required.

b. State Emergency Operations Center Director (SEOC Director)

The MEMA Director or their designee will serve as the SEOC Director. The SEOC Director is the lead coordination and command authority for all SEOC operations. If a FAC is supporting survivors and family members as a result of a mass casualty or mass fatality incident, in most instances, the SEOC will be activated and staffed to provide logistical and resource support to the FAC.

c. Family Assistance Center Unified Command

The FAC Unified Command serves as the operational management entity for the FAC and is comprised of representatives from key agencies who have the authority to make decisions and allocate/access resources. The FAC Unified Command will:

- Ensure effective communication between agencies responsible for the provision of survivor and family assistance services.
- Ensure the delivery of survivor and family assistance services by identifying needs, gaps, and avoiding duplication of services.
- Manage staffing, scheduling, and resource requests at the FAC.
- Function under the Incident Command System, as modified to meet its operational needs.
- Operate in a Joint Family Support Operations Center (JFSOC), located at the FAC.
- Establish priorities, goals, and objectives for the FAC.
- Liaises with both local Incident Command and the SEOC as needed.
- Receive, summarize, disseminate status reports, directs resources and services, vet's agency participation, ensures victim privacy, and sets the agendas for survivor and family briefings.
- Plan for the transition from the FAC to a longer-term Resource Center.

The MEMA Director, in consultation with the FA UCG, including the Incident Commander, will convene and designate the membership of the FAC Unified Command.

## **4.2 Supporting Facilities**

### **4.2.1 State Emergency Operations Center (SEOC)**

The SEOC serves as the central point of coordination for state-level emergency management and response activities. The Director of MEMA or his/her designee may

activate the SEOC to coordinate state-level response to any event where state resources must be mobilized to ensure health and safety. If a FAC is supporting survivors and family members as a result of a mass casualty or mass fatality incident, in most instances the SEOC also will be activated and staffed to provide logistical and resource support to the FAC.

#### **4.2.2 Family Assistance Facilities**

a. Family Reception Center (FRC)

A FRC may be established in the immediate aftermath of a mass casualty or mass fatality event to address certain immediate needs of survivors and family members. An FRC may be an initial phase of establishing a more robust FAC that provides a broader range of services to survivors and family members. The FRC is a temporary facility which serves as an initial gathering point for families, friends, loved ones, and survivors following a mass casualty or mass fatality incident. Local officials will make the decision to open an FRC, or it may arise spontaneously as survivors, families and friends converge on the scene of the incident in search of information about their loved ones and friends. An FRC allows survivors and family members to congregate near, but not at, the disaster scene in a private, access-controlled facility or location. At the FRC, survivors and family members will be able to access current information on the incident and be briefed on what can be expected over the coming hours, provide basic identifying information to authorities on missing loved ones and friends, receive initial reunification support, and access limited support services. The FRC is meant to serve as a transitional facility to help meet immediate needs until a FAC is requested to be established. Once an FAC is stood up, the FRC will cease operations. Survivors and family members remaining at the FRC will be provided with the location of the FAC and may elect to travel there on their own or use provided transportation. In cases where the decision has been made to stand up the FAC at the same location as the FRC, FRC operations will not cease, but will integrate into FAC operations as they stand up.

b. Family Assistance Center (FAC)

A FAC is a secure access-controlled facility in which survivors and family members receive information from authorities about the incident, including response and investigative operations; provide information to authorities to assist with the investigation, including survivor and victim identification; receive reunification support; and access immediate support services. The FAC allows survivors and family members to congregate and remain near the disaster scene in a private setting outside the view of the media and public. The FAC may operate until such time as on-site rescue and recovery operations, investigations, and identification and removal of remains have ended or substantially decreased,

family reunification is complete, significant numbers of survivors and family members are no longer coming to the impact area, and there no longer is a need to provide on-site health and human services to survivors and family members. See Section 6.2 for the types of services offered in the FAC.

c. Joint Family Support Operations Center (JFSOC)

The JFSOC is the room or area within the FAC wherein FAC Unified Command operates. The JFSOC functions as the centralized coordination hub for interagency support, situational awareness, and operational oversight.

The JFSOC is responsible for providing the FAC with up-to-date information on victim identification efforts, incident status, and available resources from participating agencies and organizations. In turn, the FAC communicates critical information back to the JFSOC, including emerging family needs, resource gaps, and operational challenges. This bidirectional communication supports a coordinated response, minimizes duplication of services, and ensures that families receive timely and consistent information.

d. Resource Center

A Resource Center is a longer-term facility that may be established to provide a broad range of administrative, legal, financial, educational, and health and social services for survivors and family members. A Resource Center may be established concurrent with, or after the closure of the FAC and may not be located near the disaster scene. Establishment and operation of Resource Centers is not within the scope of this plan and will be coordinated through MEMA's Disaster Recovery Unit.

#### **4.2.3 Public Information**

There will likely be significant media interest in a mass casualty or mass fatality incident. Authorities will also likely have a need to release information to the media about, or for, survivors and family members. Accordingly, it is important that the public information officer(s) and/or Joint Information Center (JIC) managing public information about the incident be aware of the operation of a FRC or FAC and be prepared to communicate with the media and public under the direction and authority of the Incident Commander(s) and the direction of the FAC Unified Command.

Public information operations concerning survivors and family members, FRC, and FACs will be managed by the Public Information Officer (PIO) and/or JIC that is managing public communications for the underlying incident/event under the direction of the incident commander(s).

In some instances, the incident commander, in collaboration with the FAC Unified Command, may decide to designate a public information officer to manage communications about survivors and family members and/or the FRC and FACs. A PIO

should work within the JIC for the underlying incident/event, or closely with the PIOs managing communications for the incident commander(s).

It is imperative that media staging areas, as well as press conferences and media availabilities, be located away from the FRC or FAC to ensure sufficient privacy for survivors and family members in and traveling to and from these facilities.

#### **4.2.4 Hot-Line/Call Center Capability**

The FAC Unified Command may decide to establish a hot-line or call center in order to more effectively serve the information and assistance needs of survivors and family members. This hot-line would have one or more dedicated toll-free telephone numbers and have the following capabilities:

- Adequately trained staff and sufficient capacity of lines available to answer calls to the hot-line on a 24/7 basis in potentially large quantities;
- Documenting the names and contact information of, and messages from, callers, which will then be directed to the reunification section within the JFSOC;
- Collecting information, in a standardized fashion, about people who may be missing, unaccounted for, or in need of family and survivor assistance services, which will then be directed to the reunification section within the JFSOC;
- Disseminating information on how survivors and family members may access survivor and family assistance services.

The FAC Unified Command will work with the SEOC to identify agencies and organizations that have the capability to stand up and run a call center. These may include:

- Existing local capabilities with appropriate equipment and trained personnel, as identified by the Incident Commander;
- Mass 211. Upon request through the SEOC, MEMA may activate Mass 211, through its existing contract with Mass 211, to stand up and staff the hot-line and serve as a 24/7 call center.

The Department of Public Health has a dedicated call center that they can activate to who can provide a unique seven-digit contact number for patients/families. Individuals seeking information about missing persons or patients provide descriptive details to the vendor operating the call center. Simultaneously, DPH receives information from hospitals regarding patients related to the incident. DPH then compares the caller-provided data with hospital records to identify potential matches. If a match is suspected, DPH notifies the call center vendor, who in turn contacts the caller and provides guidance for reunification with the hospital.

## **4.3 Activation and Notifications**

### **4.3.1 Initial Actions**

In the event of a mass casualty or mass fatality incident in the Commonwealth, MEMA or another state agency may receive a request from a community or an Incident Commander for support in carrying out survivor and family assistance operations, including opening and managing a FAC. If a request is received by a state agency other than MEMA, the state agency will forward the request to MEMA so that this plan may be activated and state support provided in accordance with this plan. MEMA may also become aware of a potential mass casualty or mass fatality event and conduct proactive outreach to determine unmet needs. Upon receiving a request for state support in opening and managing a FAC, MEMA, through the MEMA Director or a designee, will notify the FA UCG and convene a face-to-face meeting or conference call so that the members can be briefed on the situation and discuss potential activation of this plan and any necessary follow-up actions.

Following this initial meeting, the FA UCG will conduct a conference call or face-to-face meeting with the Incident Commander(s) or designees, and/or the local Emergency Management Director (EMD) in the affected community to be briefed on the situation and requested support, assess unmet needs relating to survivor and family assistance, discuss potential state actions and support, and agree on whether to establish a Family Assistance Center and related courses of action. Key elements of this call should include:

- Estimated number or range of known or presumed dead/injured.
- Estimated number or range of anticipated or reported missing/unaccounted for persons.
- If an FRC has been established, and if so, the nature of current or anticipated unmet needs at the FRC.
- Assistance available from unaffected jurisdictions and/or the Commonwealth and;
- Identify whether a FAC should be activated and potential locations for it.

MEMA will be responsible for providing the conference call bridge and facilitating the call.

Following the call, the FA UCG, working through MEMA and the SEOC, will coordinate the provision of any requested assistance, including assistance to the FRC or FAC.

### **4.3.2 Family Assistance Center Activation**

If a decision is made in collaboration with the Incident Commander and impacted community to establish a Family Assistance Center, the membership of the FAC Unified Command will be determined by the FAC UCG. This Group will, in coordination with the local Incident Commander or Emergency Manager and the SEOC, secure an appropriate venue for the FAC based on the estimated number of potential survivors

and family members who may seek support and services at the FAC, and the expected nature and scope of services required. Appendix I contains a list of large hotels and other facilities that could serve as a FAC.

Large hotels or conference centers are preferred for hosting the FAC due to the range of services and amenities available onsite, but other facilities may be considered if these are unavailable. The following considerations will guide the selection of a location for the FAC:

a. Siting Considerations:

- Close to, but not within sight of, the location of the incident
- Not located where survivors and family members may have to pass by the incident site on their way to/from the FAC
- Proximity to major roads and public transportation
- Ease by which the perimeter and facility can be secured and access to the site restricted
- Availability and capacity of on-site parking
- Lodging on-site or in close proximity to the site
- Availability on short notice
- ADA compliant, or can be modified to be ADA compliant on short notice
- Availability of telephones/telephone lines and internet connections
- Lease/rental costs

b. Space and Resources Considerations:

- Large indoor space (5,000 sq. feet or more)
- Appropriate entrances/exits
- Quiet rooms for family interviews or prayer/contemplation, the JFSOC, and staff break area
- Appropriate space for a child care area
- Restrooms
- Onsite food preparation capabilities
- Ability to support required communications and technology infrastructure, to include anticipated power load and data transmission requirements
- Tables, chairs, and other necessary furniture available on-site

c. Duration Considerations:

- Available for a minimum of 1 to 3 weeks

Once a suitable venue has been secured, the FAC Unified Command will coordinate with local officials and the hosting facility to develop a staffing plan and FAC layout and

secure necessary resources for the operation of the FAC. Identified resource needs will be coordinated through the SEOC using established resource request procedures.

The FAC should be open and ready to receive clients within 12 hours after the incident. Once the FAC is ready to receive clients, the FAC Unified Command will inform the impacted community and the SEOC, and will then coordinate the closure of any open FRC with the impacted community, provide FRC clients with information on the location, operating hours, and services available at the FAC, and coordinate transportation of FRC clients to the FAC as needed (if the FAC will not be at the same location as the FRC). The SEOC will coordinate with the Public Information Officer for the incident to ensure that this information is provided to Mass 211 and to the media and general public.

#### **4.3.3 FAC Demobilization and Transition to Resource Center**

The FAC Unified Command, working from the JFSOC and in consultation with the incident commander, the SEOC, and the FA UCG, will make the decision to demobilize the FAC, using the following as a guide:

- The FAC Unified Command comes to a consensus that ongoing needs of survivors and family members can be met effectively via normal service channels.
- Daily survivor and family briefings are no longer needed.
- On-site rescue and recovery operations, investigations, and identification and removal of remains, have ended or substantially decreased and no longer are drawing significant numbers of survivors and family members to the area.
- Family reunification is complete
- Fewer than five survivors and family members per day register at the FAC for three days in a row.
- Memorial services have been arranged for decedents.
- Arrangements have been made for the return of personal effects.
- Ongoing case management and/or communication paths have been established for future support to survivors and family members, if needed.
- A Resource Center has been established, if needed.

Once the decision has been made to stand down the FAC, the FAC Unified Command will inform the venue of the anticipated date and time of closure and coordinate the FAC demobilization process with the impacted community and the SEOC, including informing survivors and family members. The FAC Unified Command also will ensure that all ongoing case management and social services needs are documented. The JFSOC will also stand down when the FAC stands down.

## 5.0 AGENCY RESPONSIBILITIES

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### 5.1 Massachusetts Emergency Management Agency

- Receive and manage requests for state support in activating, operating or staffing FAC's and providing support to survivors and family members.
- Convene the FA UCG, as necessary.
- Participate in the FA UCG and provide input into whether an FAC should be established and its location, staffing and services.
- Support the FAC Unified Command.
- Ensure appropriate representation of local officials in the decision making processes.
- Provide logistical and resource support to the FAC Unified Command and FAC.
- Coordinate information sharing among stakeholders.
- Support SEOC operations, if the SEOC has been stood up.
- Coordinate, or work with other agencies to designate a different state agency to coordinate overall public information activities of state agencies.
- Coordinate the dissemination of situational awareness products and the maintenance of a common operating picture.
- As required, coordinate resource support from other states via the Emergency Management Assistance Compact (EMAC) or International Emergency Management Assistance Compact (IEMAC).
- As required, coordinate resource support from the federal government through FEMA.

### 5.2 Massachusetts Department of Public Health:

- Provide input into whether an FAC should be established.
- If a decision is made to establish an FAC, provide input into the location of the FAC and the extent of services to be offered onsite and/or virtually.
- MDPH will collaborate with MAVOAD to streamline medical and public health volunteer initiatives, ensuring optimized utilization of resources and efficient response in public health emergencies. MDPH will activate the Mass Casualty Patient Tracking Protocol under specific criteria agreed upon with MEMA, which include scenarios where the number of affected individuals exceeds the capacity of local healthcare facilities, or where tracking across multiple jurisdictions is required. MDPH, in coordination with MEMA, will manage the patient tracking system to efficiently match patients with families, utilizing the centralized listing of injured individuals to support rapid and accurate reunification efforts.

- Coordinate with consulates as needed. MDPH will coordinate with internal and external partners (including Riverside/Maximus, OCME, hospitals, state police, and others) to account for all victims of the incident. DPH will coordinate with the Massachusetts Office of Victim Assistance (MOVA), Federal Bureau of Investigation (FBI), Customs and Border Protection (CBP), law enforcement, and others that are seeking to speak with or provide support to hospitalized patients and their families.
- Provide the hospital locations and point of contacts of families who are seeking reunification support to MEMA in order to provide families with the virtual FAC briefing access needed to participate.
- Work with DMH and OCME to identify and request federal health and medical resources that may be needed to support the response. DPH will continue to coordinate with consulates until the Public Health Commissioner or designee terminates activation of the Patient Tracking Protocol, or Riverside Community Care confirms to MDPH that their personnel have completed or attempted to complete family reunification for every positively identified individual on the Matching List.
- DPH will serve as the Reunification Branch Director.

### **5.3 Office of the Chief Medical Examiner (OCME):**

- Provide input into whether an FAC should be established.
- If a decision is made to establish an FAC, provide input into the location of the FAC and the extent of services to be offered onsite and/or virtually.
- Collect ante-mortem information from families about the missing and/or presumed dead.
- Identify human remains by comparing postmortem and ante-mortem information
- Conduct regular briefings at the FAC for families regarding ongoing response/recovery and identification efforts.
- Make death notifications to families in person at the FAC. In the event family members are not or cannot be physically present at the FAC, coordinate with authorities in their local jurisdiction to carry out the notification of death.
- Release the deceased to the legal next of kin.

### **5.4 Department of Mental Health (DMH):**

- Provide input into whether an FAC should be established.
- If a decision is made to establish an FAC, provide input into the location of the FAC and the extent of services to be offered onsite and/or virtually.
- Serve as the lead agency to coordinate disaster behavioral health, crisis counseling, emotional/spiritual support and other mental health resources required during activation.

- Provide behavioral health support to families.
- As needed, provide emotional/ support during ante-mortem interviews with families.
- Provide informational handouts and referrals to local behavioral health resources.
- As needed, assist in arranging the provision of critical incident stress debriefing to FAC personnel.
- Support coordinating emotional support and post deployment interviews to FAC staff.

### **5.5 American Red Cross (ARC):**

- Provide input into whether a FAC should be established.
- If a decision is made to establish a FAC, provide input into the location of the FAC and the extent of services to be offered onsite and/or virtually.
- Provide ARC - Disaster Mental Health staff to participate in the Family Care Teams led by the DMH.
- Support care and monitoring of staff during all phases of response, provide education on coping tips, offer reminders and suggestions regarding self-care and opportunities to process critical moments.
- Support OCME when death notifications are being made to families at the FAC.
- Support family reunification both within the FAC and in the community.
- As needed, collaborate with ARC Disaster Mental Health Staff across the country to support local needs, by supporting families in the event a death notification is required out of the area away from the FAC and the local community.
- Collaborate with DMH, local government, and community partners to schedule and/or participate in any events to facilitate the grieving process such as memorial services, meetings and benefits.
- As needed provide support with Post Deployment Interviews with staff who served at any stage of the response.
- Provide canteen and other support services as requested by the UCG.
- Provide staff to intake/ reception area in the FAC.

### **5.6 Salvation Army**

- Provide input into whether an FAC should be established.
- If a decision is made to establish an FAC, provide input into the location of the FAC and the extent of services to be offered onsite and/or virtually.
- Provide disaster chaplains to be established as part of family care teams to provide Emotional and Spiritual Care (ESC) as needed and as appropriate. This would include staff designated to certain areas of each phase to support individuals with increased needs and/or stress/grief reactions.
- Support OCME when death notifications are being made to families at the FAC.

- Provide appropriate spiritual care when needed. This includes compassionate presence, spiritual care practices as requested, and networking with local known contacts when available. A referral system would also be in place between DMH, Salvation Army, and ARC staff when specific needs are identified that agencies have a specialization in.
- Support staff shift change with personal debriefings, reminders for self-care, and identify any immediate strategies (if needed) for support.
- Support care and monitoring of staff during response, including opportunities to process critical moments or event reactions.
- Support Post Deployment Interviews with staff/volunteers encouraging active self-care and triaging for longer term needs.
- Collaborate with DMH, local government agencies, and other identified faith-based groups to schedule opportunities to grieve, process, and find needed support through vigils, prayer meetings, and other useful community events.
- Provide information to MEMA regarding additional resources available to impacted individuals and families through Salvation Army (i.e. food, clothing, personal care products, vouchers, social services, etc.).

## **5.7 MA Office for Victim Assistance (MOVA):**

- When the incident is the result of a criminal or potential criminal act:
  - If a decision is made to establish a FAC, provide input into the location of the FAC and the extent of services to be offered onsite and/or virtually.
  - Support MEMA in development of public messages to victims.
  - Work with families to provide referrals for local support, consultation, and case management services, and crime victim compensation.
  - Work with the DPH and partners to reach families that are with their loved ones in a hospital or other healthcare facility.
  - Support DMH in identifying MOVA funded clinicians who provide disaster behavioral health, crisis counseling, emotional/spiritual support and other mental health resources required during activation
  - Coordinate with federal and state law enforcement based victim service providers to ensure access to victim rights.
  - Identify and coordinate relevant community based victim service providers.
  - Utilize Victim of Crime Act (VOCA) or other federal funds to support free and accessible services for victims and families, as applicable.

- Utilize Askmoval.org (as applicable) to provide victims online access to victim assistance programs.
- Identify and capture emerging victim needs to inform potential transition to a Resource Center and/or long-term service development.
- Advise plan for victim transition from FAC stand down to RC or longer-term services.

## **5.8 MA State Police (MSP):**

- Coordinate with local law enforcement to ensure that appropriate security is provided to the support facilities identified in this plan.
- Coordinate with OCME and DPH prior to conducting missing persons investigations to determine if there are unidentified or other such persons that may fit the profile of the missing person.
- Coordinate with other law enforcement and prosecutorial agencies (local, state, and/or federal) in conducting missing persons investigations and ensuring effective coordination between investigative efforts and survivor and family assistance efforts.
- Coordinate as needed with OCME for delivering death notifications to families as required.
- Provide security guidance to intake/reception staff.

## **5.9 Mass 211**

- As requested, provide information to the general public regarding FAC operations.
- As requested, assist with triage of calls, and also refer calls to the identified calling center.

## **6.0 FAMILY ASSISTANCE OPERATIONS**

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### **6.1 Family Reception Center Functions**

#### **6.1.1 Security**

A function of the FRC is to provide a safe and secure environment for FRC clients. Local and/or state law enforcement will provide security in and around the FRC to include establishing security perimeters to keep FRC clients at a safe distance from the incident site, and the media and public at bay.

#### **6.2.2 Mental Health and Spiritual Care Services**

Mental health and spiritual care services will be provided to meet the immediate emotional and spiritual needs of FRC clients.

#### **6.2.3 Reunification Services**

The FRC serves as an initial/temporary location where family and friends can coordinate with local/state authorities to begin the process of reunification by providing basic identifying information on missing or unaccounted loved ones.

#### **6.2.4 Transportation Services**

As needed, transportation services may be provided to assist in the relocation of operations from the FRC to the FAC. Some occupants may elect to use their own transportation, while others may not have that option. In this scenario, coordination with the SEOC, local communities, or others will ensure that appropriate transportation services are available to those who need them during the transition.

### **6.2 Family Assistance Center Functions**

#### **6.2.1 Command and Control**

The FAC will utilize the Incident Command System (ICS) and will be overseen by the FAC Unified Command. The FAC Unified Command will work out of the JFSOC at the FAC. The incident command structure of the FAC will be flexible and scalable based on the scope of the operation. The FAC organizational structure may consist of the following functions:

- Command
- Operations
- Planning
- Logistics
- Finance

As needed, and as outlined in Appendix A, divisions, groups, branches, and units may be added under each section by the FAC Unified Command to maintain span of control and organize functional areas of responsibility.

## **6.2.2 Reception and Intake**

Survivors, friends, and family members entering the FAC will be greeted and directed to the reception and registration desk to check in staffed by the American Red Cross. All clients entering the FAC must sign in, produce a valid government issued photo ID, and provide basic identifying information on the person they are searching for (if this was not already done at an FRC), family contact information, and legal next-of-kin information. If a survivor presents to the FAC and does not have a photo ID, another form of identification or confirmation of involvement in the incident should be ascertained, as available. Family members of the survivor could also confirm their presence if an ID is not available. Media and persons who are not associated with the incident will not be allowed to enter the FAC. Reception and intake will provide families and survivors with general information regarding the FAC, the family reunification process, and available support services.

### **6.2.2.1 Protecting Personal Information**

The American Red Cross protects Personally Identifiable Information (PII) by adhering to strict privacy policies aligned with federal laws, regulations, and industry best practices. These policies govern the collection, storage, use, and sharing of PII, ensuring compliance with applicable data protection standards such as HIPAA (for health-related data) and other relevant privacy frameworks. The organization only collects and retains necessary information, securely disposes of it when no longer needed, and has protocols in place to respond to potential data breaches. These measures ensure responsible and secure handling of personal information<sup>1</sup>.

## **6.2.3 Security**

State Police will support local law enforcement, in coordination with the FAC venue's in-house security staff if present, with safeguarding the privacy of FAC clients and ensuring a safe and secure environment within and around the FAC facility.

## **6.2.4 Donations Management**

Donations may come in many forms, including food and water, clothing, toys, or cash. All situations requiring the need for voluntary donations will be handled by Massachusetts Voluntary Organizations Active in Disaster (MAVOAD). MAVOAD will serve as the primary agency at the JFSOC to provide overall coordination of ESF-7 – Volunteers and Donations. If needed, ESF-7 will coordinate with the Operations Sections to establish a Volunteers and Donations Management Team to facilitate coordination of donated foods, materials, services, personnel, and financial resources, and assess unmet needs at the local level or within the FAC.

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<sup>1</sup> American Red Cross: Protecting Personal Information Policy\_2024. Policy ID: 1005, Office of General Counsel Privacy Officer.

- **Cash Donations:** Money (cash) is the preferred form of donations because of its ease of acceptance, ease of management, and adaptability to filling disaster needs. The public may want to donate money to help those affected by the emergency necessitating the FAC. Staff at the FAC should never accept cash or checks and should direct all inquiries to ESF-7.
- **Food Donations:** Only food that has been prepared in health department-certified kitchens should be accepted. Food cooked in an individual's home should not be accepted. Re-routing or denying these donations should be handled tactfully.
- **Used Clothing:** Sometimes individuals or community groups offer donations that are not acceptable because of health and safety or logistical reasons. The FAC should not generally accept used clothing. A best practice is to encourage cash donations to organizations involved with the response.

The most effective means to manage incoming donations is to coordinate public messaging through the PIO or Joint Information Center (JIC) and encouraging the public to donate cash to responding nonprofit organizations and/or providing locations where in-kind donations are accepted.

### **6.2.5 Transportation Services**

Depending on the nature of the incident and the location of the FAC, some clients may require assistance with transportation, including for site visits or travel between the FAC and their homes, accommodations, or hospitals. Transportation resources must accommodate the access and functional needs of clients.

### **6.2.6 Mental Health and Spiritual Care**

The FAC will provide services to meet the emotional, mental, and spiritual needs of both clients and FAC staff, including behavioral health support, multi-denominational spiritual support or pastoral care, crisis counseling, grief counseling, and critical incident stress debriefing for FAC staff. The FAC will also provide referrals to mental health professionals and support groups located in clients' local areas. The MA Department of Mental Health, ARC, and Salvation Army all have strong working relationships and will determine the best courses of action and appropriate agency representation to fulfill these functions. In the event of a confirmed or suspected criminal act, MOVA will participate as well. While services vary from one disaster to the next, the agencies are well versed in ensuring consistent and reliable care.

### **6.2.7 Social Services**

Depending on the nature of the incident and the needs of the individual families, other additional support services may be necessary, such as replacing identification and other critical documents, or providing other services as needed. Both information and appropriate referrals to these services located within or outside the FAC will be provided.

### **6.2.8 Medical Services**

Local EMS personnel will be on hand at the FAC to provide basic first aid for FAC staff and clients and serve as a point of contact with local medical service providers in the event of a medical emergency at the FAC.

### **6.2.9 Communications Assistance Services**

Telephones and wired and wireless Internet will be made available at the FAC for client use. The FAC will also provide accommodations for clients with disabilities and other access and functional needs who may need additional assistance to access FAC services or obtain information. The State Emergency Operations Center, in coordination with FA Unified Command, will assist in locating and deploying appropriate devices and tools as needed. These accommodations may include but are not limited to:

- Auxiliary aids and services;
- Materials in accessible formats;
- Access to interpreters or translators, including sign language interpreters
- Assistive technology and materials in alternate formats.
- MDPH “Show Me” Tool for FACs

### **6.2.10 Internal Coordination**

Effective internal coordination between the FAC and the JFSOC is essential to ensure seamless service delivery, information sharing, and resource alignment during mass fatality or mass casualty incidents.

To support this coordination, a designated FAC Manager will attend all JFSOC briefings and then relay the key information back to the FAC team. These FAC briefings will provide staff with an overview of the organizational structure and staffing, fostering a better understanding of the reporting hierarchy and information flow between the two rooms.

### **6.2.11 Feeding**

Both meals and snacks will be made available to FAC staff and clients. Food and drink offerings will take identified cultural preferences and dietary restrictions into account.

### **6.2.12 Reunification Services**

A primary goal of the FAC is to reunite families with their missing loved ones, whether they are alive or deceased. The FAC will synthesize information from a variety of sources in order to facilitate the reunification process.

- a. Basic Identifying Information  
FAC clients will provide basic identifying information on missing loved ones as part of the intake process.
- b. Patient Tracking

In the event of a mass casualty or mass fatality incident that results in patients being transported to multiple hospitals, MDPH may activate the MCI Patient Tracking Protocol and the Patient Tracking and Family Reunification SOP which establishes reunifications systems with Riverside and Maximus. (see Appendix for visual) MDPH will update MEMA on the status of patient tracking and family reunification efforts, ensuring that MEMA's central command has the latest information for broader dissemination and coordination.

c. Ante-Mortem Information Interviews

If the initial basic identifying information provided by the family member failed to reunite them with their loved one, the staff at the OCME will meet with the family member(s). The OCME will conduct an interview with the missing person's family and friends to collect additional information which will be compared with the post-mortem information gathered at the incident morgue. This interview process is lengthy and can be difficult for the family members. Also, the interview may or may not result in a reunification. The staff at the OCME may request information such as medical and dental records, photographs and other documentation from the missing person's family to help with the identification process.

d. DNA Collection

If the Medical Examiner determines DNA samples should be obtained from the biological relatives of the missing/presumed deceased, OCME staff will collect these samples at the FAC.

### **6.2.13 Briefings and Notifications**

a. Family Briefings

Regular briefings will be conducted at the FAC to ensure that survivors and families are kept apprised of the most current developments regarding the recovery process, identification of victims, any ongoing investigations and other areas of concern. Conference call capability, video teleconferencing capability, and/or transcripts of briefings will be made available for survivors and family members who are unable to attend briefings in person. Translation services, including sign language interpreters, will be made available as needed.

b. Family Notification - Living Persons

In the event of a match between a missing person and an injured person who was transported to a hospital, the family will be informed in person if they are present at the FAC or via telephone if they are not. The notification will consist only of the location of the hospital where the injured person is being

treated and the appropriate hospital point of contact. No other information, including the condition of the injured person, will be provided.

c. Family Notification - Deceased Persons

If information on a missing person matches that of a decedent, the family will be notified in person at the FAC in a private environment. In the event family members are not or cannot be physically present at the FAC, FAC staff will coordinate with authorities in their local jurisdiction to carry out the death notification, preferably at their residence. The notification will also include information on the release of remains and any personal effects to next-of-kin.

### **6.3 Resource Center Functions**

The Resource Center will provide a complete range of administrative, legal, financial, educational, and counseling services for victims and survivors to meet both immediate and long-term needs after the closure of the FAC, such as:

- Financial assistance
- Assistance with funerals/memorial services
- Transportation and lodging for family members
- Legal advice/assistance
- Childcare services
- Counseling services

The Resource Center may be “traditional”, where information is gathered/disseminated and services delivered in person; “virtual”, where information is gathered/disseminated and services delivered remotely via telephone, fax, or Internet; or a mix of the two. The decision to establish a traditional, virtual, or blended Resource Center configuration will be made by the FA UCG and the impacted community during the FAC demobilization process.

If the decision is made to establish a Resource Center, MEMA’s Disaster Recovery Unit will work with the local community and other organizations to ensure that the Center has all of the needed resources based on the incident. This operation is outside of the purview of this plan, and will be contained within MEMA’s Disaster Recovery Unit Resource Recovery Center Concept of Operations.

## **7.0 ADMINISTRATION AND LOGISTICS**

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### **7.1 Plan Update and Maintenance**

This plan will be reviewed on a regular basis, in accordance with the Emergency Management Program Administrative Policy, by participating agencies and organizations in a manner conforming to the review and maintenance guidelines contained in the State CEMP Base Plan. The Massachusetts Emergency Management Agency Planning Unit will provide administrative support for the review process, including securing meeting space, inviting participants, developing meeting agendas, facilitating meetings, compiling and distributing meeting notes/minutes, and developing draft plan updates.

### **7.2 Training and Exercises**

This plan will be exercised on a regular basis, either via a stand-alone exercise or as part of a larger exercise that incorporates survivor and family assistance. All exercises will follow Homeland Security Exercise and Evaluation Program (HSEEP) standards for development and evaluation.

### **7.3 Expenditures and Reimbursements**

Individual agencies and organizations will be responsible for tracking costs incurred and maintaining associated supporting documentation for possible reimbursement via applicable funding sources.

## 8.0 AUTHORITIES AND REFERENCES

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- Massachusetts Comprehensive Emergency Management Plan, January 2014
- Commonwealth of Massachusetts Mass Fatality Plan, June 2015
- MGL Chapter 38. Medical Examiners and Inquests
- Executive Order No. 144. Civil Defense
- Massachusetts Civil Defense Act, Chapter 639 of the Acts of 1950, codified as Appendix 33
- MGL Chapter 114. Cemeteries and Burials
- MGL Chapter 46: Section 9. Death certificates issuance; contents; declaration of death by nurse, nurse practitioner or physician's assistant
- Aviation Disaster Family Assistance Act of 1996
- Rail Passenger Disaster Family Assistance Act of 2008
- National Association of Medical Examiners Standard Operating Procedures for Mass Fatality Management 2010
- Mass Fatality Incident Family Assistance Operations: Recommended Strategies for Local and State Agencies, FBI Office for Victim Assistance
- MDPH MCI Patient Tracking Protocol
- DMH Policy 98-2: Emergency and Disaster Crisis Counseling for DMH Clients and Staff

## 9.0 GLOSSARY

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Antemortem: Prior to death.

Casualty: A person who is injured in a mass fatality incident but does not die.

Cause of Death: A formal, certified opinion by an attending physician or medicolegal authority of the internal medical condition and/or external incident or chain of incidents that resulted in death.

Client: For purposes of this document, the terms “family,” “friends,” “relatives,” and “survivors” are used to refer to those people who are or who have a relationship to a person involved in the incident. Although those 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.

Emergency/Disaster Declarations: Official emergency declarations made by specified elected officials at the local, state, or federal level authorizing the use of equipment, supplies, personnel, and resources as may be necessary to cope with a disaster or emergency. Formal declarations are made when the incident requires more assets and resources than exist within the jurisdiction.

Family: In the context of this plan, “family” is defined as any individual (e.g. relative, friend, domestic partner) considered to be part of the victim’s family, even if there is not a legal, familial relationship. Family is distinguished from legal next of kin, who are the legally authorized individual(s) to make decisions regarding decedents.

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

Family Reception Center: Immediately following a mass casualty or mass fatality incident survivors, friends, and family can gather at a Family Reception Center (FRC) to learn information about the incident and receive and provide basic information on their unaccounted for loved ones. It is a temporary location that is established in the interim while a FAC is being set up. Once a FAC is established, the FRC will discontinue operations.

Fatality: A person who dies as a direct or indirect result of a mass casualty or mass fatality incident (interchangeable with victim, decedent).

Fatality Management: The process of locating, recovering, processing, identifying, and releasing for final disposition deceased victims of a mass fatality incident.

Human Remains: A deceased body or fragmented parts from a deceased body.

Final Disposition of Human Remains: The concluding arrangement for the remains of the decedent, a decision of the legal next of kin. Options include burial, entombment, cremation, or donation.

Incident Command System: A prescribed method of command, control, and coordination within the National Incident Management System to provide a common organizational structure designed to aid in the management of facilities, equipment, personnel, supplies, and information.

Mass Casualty Incident – A Mass Casualty Incident (MCI) occurs when the combination of numbers of ill/injured patients and the type of injuries goes beyond the capability of an entity's normal first response.

Mass Fatality Incident: A natural or manmade occurrence (intentional or unintentional) that results in multiple deaths that overwhelms the local jurisdiction's resource capability to process the remains in a timely fashion.

Maximus: is a call center which provides use of its telephony system to Riverside Community Care to utilize during activation of the DPH Patient Tracking and Family Reunification SOP. Maximus may also provide surge support to augment Riverside activities if call volume exceeds capacity in a sustained manner.

Medicolegal: Of or pertaining to law as affected by medical facts.

Missing Person: Those persons whose whereabouts are unknown to family or friends following an incident.

Morgue: The facility location where decedents undergo a postmortem examination.

National Incident Management System: The part of the National Response Framework that outlines how the government and private entities at all levels can work together to manage domestic incidents, regardless of their cause, size, location or complexity.

Next-of-Kin: A person's spouse or closest living blood relative if unmarried.

Non-Governmental Organization: Independent organizations free from government control.

Patient Connect: The Patient Connect program, administered by the American Red Cross, reunites hospitalized disaster victims with family and friends during emergencies, offering one central hotline where families can obtain information.

Personal Effects: Belongings of an individual including clothing, clothing accessories, jewelry, and other property on their person or otherwise in their possession.

Postmortem: After death.

Riverside Community Care: Counselors answer calls from individuals seeking reunification with those who may be receiving care at a Massachusetts hospital following an MCI with an activation of the DPH Patient Tracking and Family Reunification SOP. Riverside counselors provide psychological first aid as needed and

gather information from callers and relay it to DPH. When a potential match has been made, Riverside counselors reach back to the caller to provide contact information for the hospital. They do not have or provide any clinical information about the patient or a guarantee that the person at the hospital is the person the caller is seeking.

Survivor: A person who has been injured or otherwise directly impacted by the event.

Victim: A person who is affected by the incident.

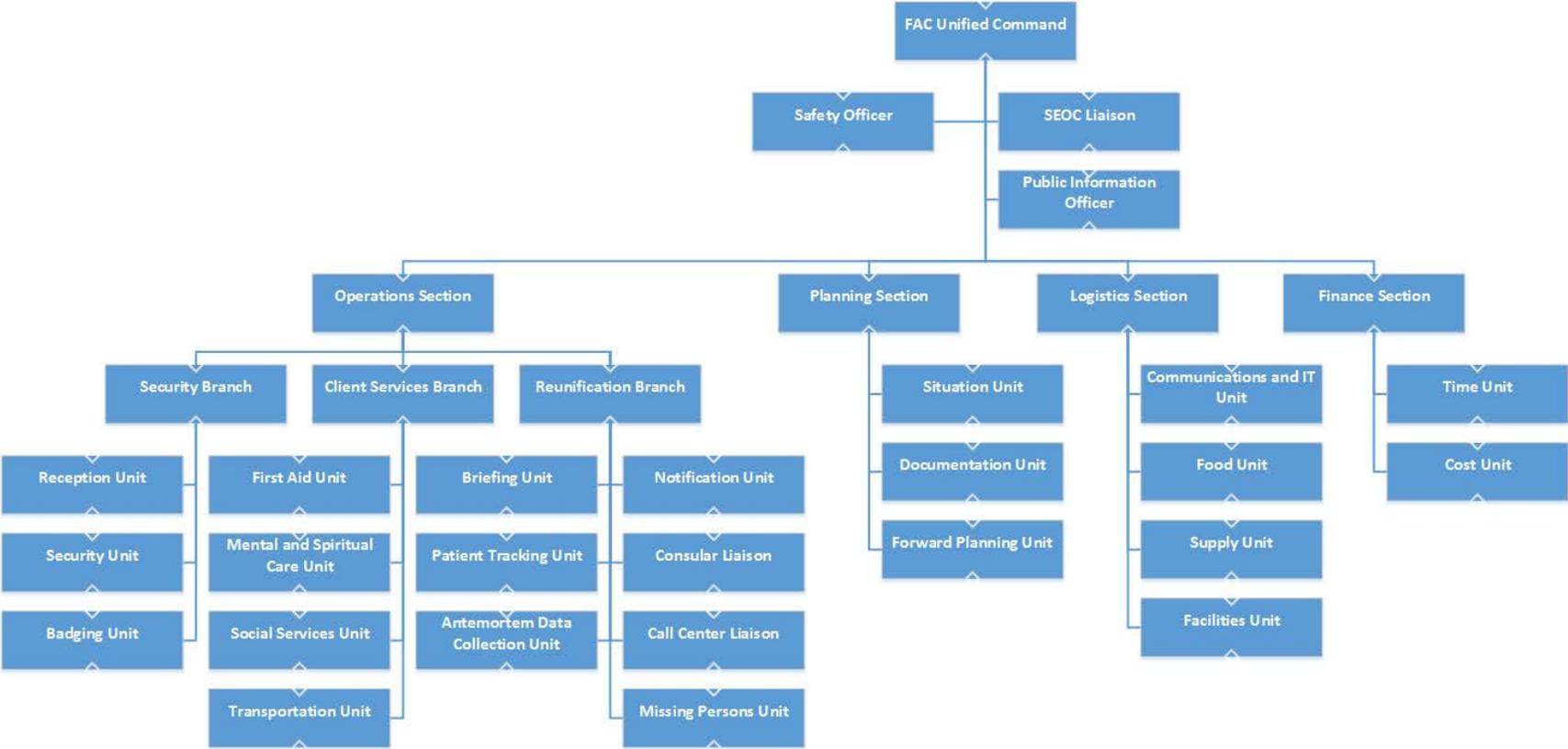
## 10.0 ACRONYMS

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ADA	Americans with Disabilities Act
ARC	American Red Cross
BHC	Behavioral Health Care
CISM	Critical Incident Stress Management
DMH	Department of Mental Health
EMS	Emergency Medical Services
EOC	Emergency Operations Center
FA	Family Assistance
FAC	Family Assistance Center
FBI	Federal Bureau of Investigation
FRC	Family Reception Center
HIPPA	Health Insurance Portability and Privacy Act
HSEEP	Homeland Security Exercise Evaluation Program
IC	Incident Commander
ICS	Incident Command System
JFSOC	Joint Family Support Operations Center
JIC	Joint Information Center
MANG	Massachusetts National Guard
MassDOT	Massachusetts Department of Transportation
MBTA	Massachusetts Bay Transit Authority
MCI	Mass Casualty Incident
MDPH	Massachusetts Department of Public Health
MEMA	Massachusetts Emergency Management Agency
MFI	Mass Fatality Incident
MOVA	Massachusetts Office for Victim Assistance
MRC	Medical Reserve Corps
MSP	Massachusetts State Police
NOK	Next of Kin

NTSB	National Transportation Safety Board
OCME	Office of the Chief Medical Examiner
PIO	Public Information Officer
RTA	Regional Transit Authority
SEOC	State Emergency Operations Center
UC	Unified Command
UCG	Unified Coordination Group
VOAD	Voluntary Organizations Active in Disasters

# APPENDIX A: FAMILY ASSISTANCE CENTER ORG CHART



## APPENDIX B: FAC RESPONSIBILITY MATRIX

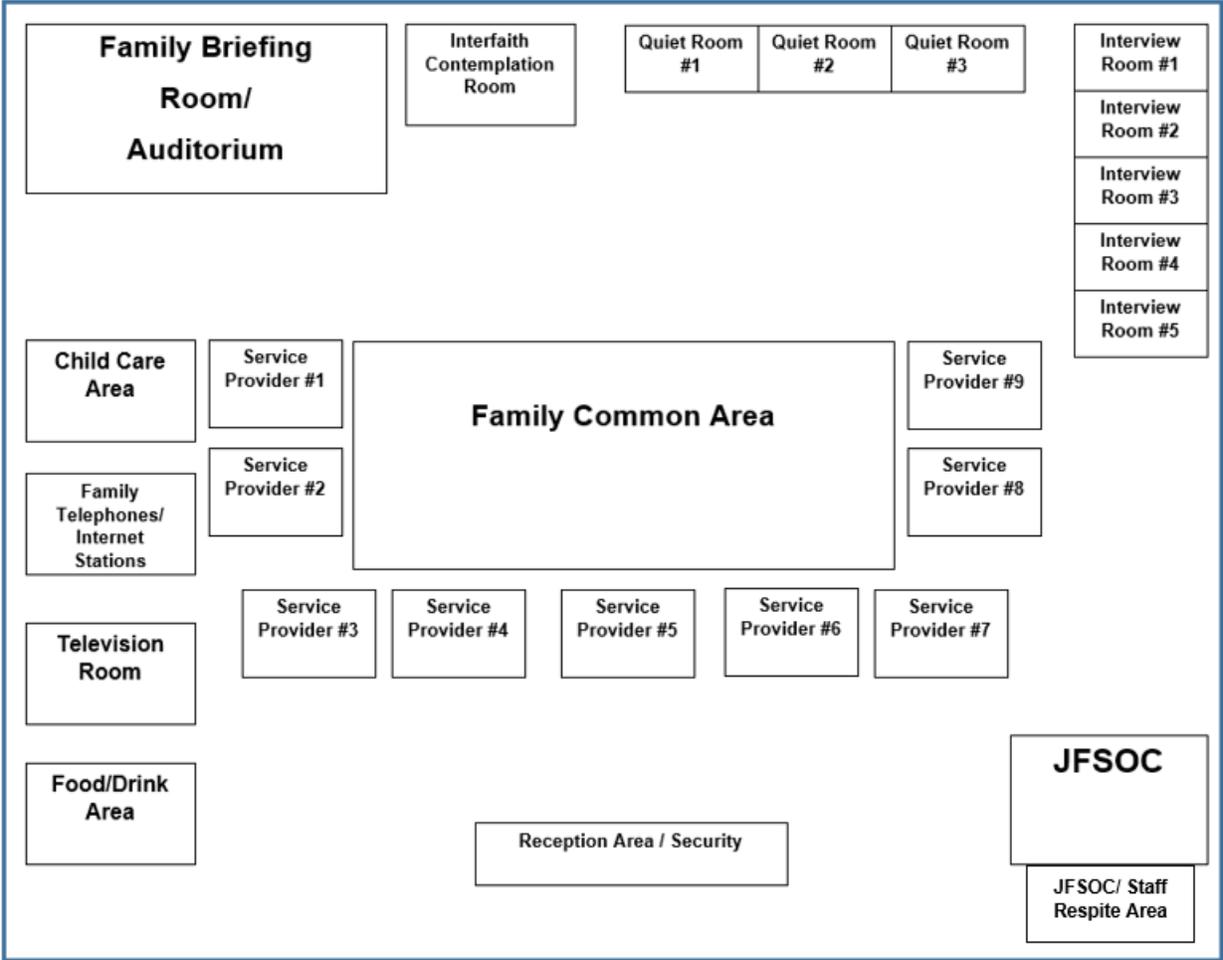
Position	Lead	Position Description
<b>COMMAND STAFF</b>		
FAC Unified Command within the JFSOC	MEMA, OCME, MDPH, DMH, ARC, Salvation Army, local community rep	Responsible for all operations, planning, logistics, and finance/administration functions supporting the FAC and the local community.
Public Information Officer	MEMA	Coordinates with the JIC on all external communications.
Safety Officer	MEMA	Ensures physical of FAC personnel and clients and advises the FAC Unified Command on safety issues.
Liaison Officer	MEMA	Serve as a conduit of information between the FAC and the SEOC and local officials.
<b>OPERATIONS SECTION</b>		
Operations Section Chief	MEMA	Responsible for management of all FAC operations, including security, provision of client services, provision of victim information to families, and accounting for missing victims.
<b>Security Branch</b>		
Security Branch Director	MSP	Oversees reception, badging/credentialing, and site security functions of the FAC.
Reception Unit	ARC	Screen visitors. Greet, register, and badge valid FAC patrons, provide general information requested, and navigate patrons through FAC services.
Badging Unit	MSP/ ARC	Oversee badging and credentialing of all staff, clients, and other personnel at the FAC,
Site Security Unit	MSP/ Local law enforcement	Coordinate internal and external security and traffic management at the FAC. Maintain visible presence in all high security areas including interview and child care areas.

<b>Position</b>	<b>Lead</b>	<b>Position Description</b>
<b>Client Services Branch</b>		
Services Branch Director	ARC	Oversee the provision of services to FAC clients, such as mental/spiritual care, first aid, transportation, child care services and social services.
FAC Manager	ARC	Attend all JFSOC briefings and then relay the key information back to the FAC team. These FAC briefings will provide staff with an overview of the organizational structure and staffing
First Aid Unit	Local EMS	Provide basic first aid for FAC staff and clients and serve as a point of contact with local medical service providers in the event of a medical emergency at the FAC.
Mental Health/ Spiritual Care Unit	DMH ARC Salvation Army	Ensures that services are provided for the emotional, mental, and spiritual needs of clients and FAC staff. Oversees and manages spiritual care personnel. Assist patrons in understanding and managing the full range of grief reactions. Provide crisis intervention, mediation, and management of “at risk” patrons by providing referrals to mental health professionals and support groups located in the family member’s local area.
Social Services Unit	MEMA	Directs families to non-medical services (e.g. unemployment benefits, workers compensation, housing assistance, etc.).
Transportation Services Unit	MassDOT, MBTA, RTAs	Coordinate all transportation needs of family between the FAC facility and homes, accommodations, or hospitals.
<b>Reunification Branch</b>		
Reunification Branch Director	MDPH	Gathers and synthesizes information in an effort to reunite families with their missing loved ones, whether these loved ones are alive or deceased.
Notification Unit	OCME	Deliver death notifications to families in person at the FAC. In the event family members are not or cannot be physically present at the FAC, coordinate with authorities in their local jurisdiction to carry out the death notification at their residence. Coordinate release of remains and personal effects to family following notification.
Briefing Unit	OCME	Conduct regular briefings at the FAC for families regarding ongoing response/recovery and identification efforts. Ensure that conference call/VTC capability and/or transcripts are available for family members who are unable to attend in person.

<b>Position</b>	<b>Lead</b>	<b>Position Description</b>
Antemortem Data Collection Unit	OCME	Oversees the collection of antemortem data from FAC clients. Antemortem data refers to information or documentation collected about a missing person during their lifetime that could help identify them after their death, such as a physical description, medical and dental records, or DNA samples collected from personal items or relatives.
Consular Liaison	MDPH	The Consular Liaison coordinates with foreign consulates to provide and receive information on foreign nationals who may be involved in the incident and work to reunify them with family or loved ones.
Call Center Unit	MDPH	Provides a centralized point for the general public to contact to inquire about missing persons. Collect reports of individuals who are unaccounted for following an incident.
Patient Tracking Unit	MDPH / ARC	Provides timely and accurate information about the whereabouts of injured individuals who have been transported to hospitals.
Missing Persons Unit	MSP	Processes missing persons reports as appropriate. Liaises with NCIC and other law enforcement agencies regarding missing persons. Assists with locating missing persons.
<b>PLANNING SECTION</b>		
Planning Section Chief	MEMA	Collect, evaluate, process, and disseminate information within the FAC for situational awareness and decision-making. Produce a FAC personnel roster for each shift and plan for the eventual demobilization of the FAC.
Documentation Unit	MEMA	Ensure all paper documents, including forms and checklists, are available in sufficient numbers.
Situation Unit	MEMA	Track high-level FAC data as it relates to service utilization. Check in with Reunification Branch regularly to determine how many remain unaccounted for, how many have been identified as alive, how many have been identified and are dead, how many remain to be identified, and staff utilization.
Forward Planning Unit	MEMA	Check in/out FAC staff. Produce a FAC personnel roster for each shift and plan for demobilization of the FAC.
<b>LOGISTICS SECTION</b>		

<b>Position</b>	<b>Lead</b>	<b>Position Description</b>
Logistics Section Chief	MEMA	Responsible for the provision of logistical services to the FAC, including ordering and ensuring delivery of equipment, supplies, and services to the FAC, FAC setup and teardown, space planning and utilization, building services, and communications and IT services.
Communications and IT Unit	MEMA	Provide and maintain telephone, radio, computer, networking, and wired/wireless Internet services in the FAC.
Food Unit	MEMA/ Salvation Army	Supply food and drink for FAC staff and clients, taking into account cultural preferences and dietary restrictions. Determine food and drink requirements, order sufficient replenishments, maintain food service areas, and ensure that all appropriate health and safety measures are followed.
Supply Unit	MEMA	Order, receive, and store equipment and supplies for the FAC, maintain an inventory of supplies and equipment on hand, and maintain accountability for non-expendable supplies and equipment.
Facilities Unit	MEMA/FAC location	Set up and tear down FAC. Ensure FAC cleanliness is maintained. Ensure that FAC physical plant is maintained, including utilities and restrooms.
<b>FINANCE SECTION</b>		
Finance Section Chief	MEMA	Tracks expenses and staff/volunteer time related to operations at the FAC.
Time Unit	MEMA	Responsible for the recording of time for all personnel assigned to the FAC.
Cost Unit	MEMA	Responsible for the recording of FAC cost data.

# APPENDIX C: EXAMPLE FAC LAYOUT



## APPENDIX D: FAC RESOURCE LIST

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### Information Technology

- Phones
- Headsets
- Computers (keyboards, mouse, etc.)
- Wireless capability (MiFi's, routers etc.)
- Printers
- Copy and Printer Paper
- Copier
- Fax Machine
- Scanner (should be able to scan photos, records and images provided by the family)
- Cameras and memory cards
- Photo Identification Badges/Set up (i.e. cameras, printer, badges)
- Lanyards or clips to hold badges
- Computers for family members to use
- Phones for family members to use
- Charging stations for phones
- Power strips (surge protectors) and extension cords
- Handheld radios

### Facility

- Map of facility
- Tables
- Chairs for staff
- Comfortable chairs for family members
- Partitions
- Adequate lighting in rooms
- Bathrooms
- Hand Soap
- Toilet Paper
- Paper towels
- Signs for areas, entrance, exits
- Trash cans
- Trash bags
- Dust pans
- Mops

- Broom
- Liquid detergent
- Pad lock or something for people to lock their items up if needed
- Refrigerator
- Batteries
- Flashlights

### Kitchen

- Water
- Disposable tissues
- Snacks
- Coffee
- Basic first aid supplies
- Hand sanitizer

### General

- Forms that have been developed previously for FAC
- Pens and Paper for families to take notes
- Pens and Paper for staff
- Paper clips
- Binder Clips
- Envelopes, all sizes
- Markers including sharpies
- Clipboards
- Staplers
- Scissors
- Tape
- Secure storage containers for case files (but may be agency specific)
- File Folders
- Plastic sleeves/sheet protectors for paperwork and items
- Vests to designate role in FAC (agency may have own vest)
- Label maker
- Paper shredder

### PPE

- Gloves
- Masks
- Evidence Bags for family members who bring in personal items

## **APPENDIX E: FAC INFORMATION AND RESOURCES**

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### **Family Assistance Center**

### **Information and Resources for Families**

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## Family Assistance Center Overview

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**Welcome to the Family Assistance Center, a safe place for families of missing or deceased individuals to gather. Please be respectful of other families visiting the Family Assistance Center at all times. If at any time you have any questions, concerns, or requests do not hesitate to approach any staff member.**

### **How do I Use the Family Resource Packet?**

The Family Resource Packet is meant to provide you with information and resources to assist you in your time at the Family Assistance Center. At the end of the packet are several blank pages; throughout your time at the Family Assistance Center it might be helpful for you to take notes or write down any questions you may have. Because emotions run high at times like these, these notes can be helpful reminders. If you have any questions about the information in this packet or anything at the Family Assistance Center do not hesitate to approach any staff member.

### **Who Can Come to the Family Assistance Center?**

Any member of the missing or deceased person's "family" may attend the Family Assistance Center. "Family" may include any individual (family, friend, partner, distant relative) that considers them to be a part of the victim's family, even if there is not a legal familiar relationship. This may include people other family members characterize as family.

### **Family Members Visiting the Family Assistance Center**

All family members visiting the Family Assistance Center need to bring photo identification if possible. Upon entering the facility all family members will receive a unique badge. If a family representative wishes to prohibit the entry of specific family/friends, please inform the security team of your wishes. If you have any questions or concerns please feel free to speak to any registration staff member.

### **Translation and Interpretation Services**

If at any time you wish to have a translator or interpreter present, do not hesitate to ask any staff member. They will ensure you receive any services you need.

### **Missing Family Members**

If your family member is missing, it is possible that they have been taken to a healthcare facility. Staff from the Family Assistance Center will work with you to gather information about your missing family member and will coordinate with area hospitals to determine where they may have been transported. Families are encouraged to continue to search for their family members through all available channels. You should continue checking with the missing person's friends, school, work, neighbors, relatives, or anyone else who may know their whereabouts.

## **Family Interviews**

If Family Assistance Center staff are unable to locate your missing family member, they may request a follow up interview with the family in order to collect additional information about your family member. This interview will be conducted by trained personnel in a quiet and private location. Once your family feels comfortable answering questions please let your Family Advocate know, and they will assist you in setting up a family interview appointment. If you would like a translator or interpreter to be present during the interview please inform your Family Advocate. If you have any questions or concerns about the family interview please do not hesitate to ask any staff member.

## **Identifying and Recovering Your Family Member**

If it is determined that your family member is deceased and their body is currently in the custody of the Office of the Chief Medical Examiner, it's important to understand that viewing is not possible until they have been taken to a private funeral home. Additional information will be provided by a representative of the Medical Examiner during the Family Briefing.

## **Who is Legal Next of Kin?**

Massachusetts law defines the order of individuals recognized as legal next of kin. First is spouse. Second is an adult child or children. Third is a parent and fourth is/are sibling(s).

## **Should You Need a Funeral Home**

The choice of a funeral home is entirely up to your family. You are welcome to contact the funeral home of your choice, whether it is local or out of state. If you chose to work with a funeral home out of state it is very common for funeral homes to contract with a local funeral home to deliver remains. If you have any questions or concerns about disposition arrangements please inform your Family Advocate.

## **Talking with the Media**

There will be no media allowed within the Family Assistance Center, but you may be approached by the media outside of the Family Assistance Center. You are under no obligation to speak to the media. If you do not wish to speak to the media, remain silent or state that you have no comment. If you are being harassed by members of the media please inform a member of the Family Assistance Center staff or security team immediately. If you become aware of the presence of media inside the facility, immediately notify a security staff member.

## Services Provided at the Family Assistance Center

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[Update last minute with any services provided, hours, or any further information]

### **Computer/Phone Bank**

A computer and phone bank area is available to families to aid in communications. If you need assistance with using a computer or phone any member of the communications team would be happy to help.

### **Family Briefings**

Family Briefings will be held twice a day by the Chief Medical Examiner or their designee. All families are encouraged to attend the family briefings to receive the most up to date information regarding the recovery and identification process.

### **Food Services**

Meals will be provided three times a day and a variety of healthy snacks will be provided throughout the day. Please communicate to a staff member any specific dietary restrictions or preferences. We will try to accommodate all requirements and preferences.

### **Meditation/Spiritual Care Area**

The meditation/spiritual care area is a quiet place for meditation or spiritual worship. Please ask a spiritual care provider if you need any assistance facilitating a gathering.

### **Memorial Area**

A memorial area will be provided for families. Please ask any staff member if you have questions relating to the memorial area.

### **Mental Health Services**

Mental Health providers will be available to all families at the Family Assistance Center. If you would like to speak to a mental health provider or need a referral to outside resources any mental health provider would be happy to help you.

### **Quiet Gathering Areas**

Quiet gathering areas are available for families if they wish to have a private space. Please ask any staff member to coordinate a private gathering space.

### **Spiritual Care Services**

Trained spiritual care providers will be available to all families at the Family Assistance Center. If you would like to speak to a spiritual care provider any spiritual care provider would be happy to help you.

**Secondary Services (below are examples of possible services)**

- Crime Victims Assistance
- Financial Assistance
- Foreign Nationals
- Housing Assistance
- Insurance Advocacy
- Legal Assistance
- Provision of Medications
- Public Benefits
- Relocation Assistance
- Transportation
- Veterans Affairs
- Translation/Interpretation Services

**Television Room**

A television room is provided for families who wish to watch the news. Please be considerate of other families who may not wish to hear about the news and refrain from discussing television coverage outside of the television room.

## FAC Layout

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[Update with layout of the FAC being used]

## Family Interview Information

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A family interview will be conducted by trained interviewers in a quiet and private location in order to gather additional information about your missing loved one. When you feel comfortable answering these questions, your Family Advocate can assist you with setting up an appointment with an interviewer. If you would like a translator or interpreter to be present during the interview please inform your Family Advocate. If you have any questions or concerns about the family interview please do not hesitate to ask any staff member.

Please be ready to provide the following information about your missing family member (note that some of this information may have already been provided as part of the initial information gathering process):

- Full Name
- Address
- Employer
- Social Security Number
- Date of Birth
- Where Born
- Languages Spoken
- Physical Description
  - Hair color, eye color, height, weight, shoe size
  - Distinguishing marks, scars, tattoos, piercings [please bring photographs of any of these marks if available]
  - History of surgery, missing organs or appendages
  - Dentist and Physician Contact Information [please do not bring copies or originals of dental or medical records to the Family Assistance Center]
- Military Service History
  - Branch
  - Dates of Service
- Name of spouse or domestic partner, with maiden name if applicable
- Photographs of person [preferably showing front teeth]  
Location of Fingerprints if available

## Frequently Asked Questions When your Family Member is Missing

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### **Q. How do I report my family member missing?**

**A.** To report a family member missing, following a disaster, call the Family Assistance Center. The Family Assistance Center will also have up to date information on the current status of the incident and the available missing person support.

### **Q. How can I help find my family member?**

**A.** As a family member or friend you may have key information that can aid in finding your family member. You can also help by checking with the missing person's friends, school, work, neighbors, relatives, or anyone else who may know their whereabouts. Search web based programs to locate family members including social networking sites, the American Red Cross Safe and Well site, and any other internet sites set up to assist in finding family members. Follow up frequently with any contacts and keep FAC staff informed of any developments.

### **Q. What information do you need from me to help find my family member?**

**A.** When you initially report your family member missing, you will be asked to provide some basic identifying information about your missing family member. Family Assistance Center staff will share this information with area hospitals and healthcare facilities, law enforcement agencies, and the Office of the Chief Medical Examiner in order to determine the whereabouts of your family member.

If the FAC is unable to locate your family member using the information initially provided, you may be asked to participate in a Family Interview in order to collect additional information about your family member. This interview will be conducted by a trained interviewer in a quiet and private environment. An overview of the kind of information that may be requested in the course of this interview may include a physical description of your family member, including any identifying marks they may have, descriptions of jewelry or clothing, and the contact information of your family member's dentist and physician. In addition, please provide any information you may have as to their last known whereabouts and anyone they may have been with.

### **Q. What is being done to find my family member?**

**A.** The Family Assistance Center staff is working diligently with local law enforcement, healthcare organizations, and other partners to locate your family member. If you have any questions regarding the specific steps that are being taken please do not hesitate to ask a FAC staff member.

### **Q. How long will it take to find my family member?**

**A.** Depending on the incident it may take a prolonged period of time for the Family Assistance Center to locate your family member. We encourage you to continue to reach out through your regular channels to locate your family member.

### **Q. How do I know if my family member is injured, missing or deceased?**

**A.** The Family Assistance Center staff is in close contact with local healthcare organizations to identify if your family member is located at a healthcare facility. The Family Assistance Center staff is also coordinating with local law enforcement and the Office of the Chief Medical Examiner to identify if your family member is missing.

If your family member has been located in a hospital or healthcare facility, FAC staff will provide you, either in person or via telephone, with the location of the facility where your family member is, as well as a facility point of contact. Unfortunately, FAC staff will be unable to provide you any additional information about your loved one, including their condition.

If your family member is believed to be deceased, representatives of the Office of the Chief Medical Examiner will meet with you when remains that might be your family member are recovered. If you are not present at the Family Assistance Center, arrangements will be made to notify you in person.

**Q. What happens if my family member is not found?**

**A.** If the Family Assistance Center has closed and your family member has not yet been found, your case will be transferred to local law enforcement to continue investigation.

**Q. Does anyone care that my family member is missing?**

**A.** Yes, Family Assistance Center staff is working diligently together with outside partners to locate your family member as quickly as possible. If you have any questions regarding the process do not hesitate to ask any member of the staff.

## Frequently Asked Questions When your Family Member is Deceased

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**Q. Where is my family member?**

**A.** Your loved one is in the care of the Office of the Chief Medical Examiner. The Medical Examiner has jurisdiction over all victims of this incident and is working to positively identify all victims and establish the cause and manner of death in accordance with Massachusetts law.

**Q. How will I be notified if remains are identified or recovered?**

**A.** Representatives of the Medical Examiner's office will meet with you when remains that might be your family member are recovered. They will continue to meet with you regularly throughout the identification process. When a positive identification of your family member is made, you will be informed in person and give the opportunity to ask questions. If you are not at the Family Assistance Center, arrangements will be made to notify you in person. A phone number to the Family Assistance Center will be provided if you have any questions.

**Q. Why can't I visually identify my family member's remains? Why must I wait for a scientific identification?**

**A.** For legal reasons, the Medical Examiner is required to establish positive identification on all victims of this incident. In most instances, positive identification requires scientific confirmation, either through DNA, fingerprints, or x-ray comparisons. The Medical Examiner is working as quickly as possible to establish positive identification of your loved one.

**Q. Why is it taking so long to identify the victims?**

**A.** The first step of the identification process is to confirm, through scientific means that your family member is deceased. This requires obtaining medical or dental x-rays, or waiting for fingerprint or DNA confirmation, all of which can take some time. After positive identification establishes that your family member is deceased, the Medical Examiner will continue the identification process to insure that as much of your family member's remains are positively identified as possible.

**Q. How did my family member die?**

**A.** The Medical Examiner will determine the cause and manner of your loved one's death. The circumstances surrounding the death, including how it occurred, are part of the scene investigation by the Medical Examiner and investigating law enforcement agencies. When details are available, and when they are able, the Medical Examiner will provide you with any information regarding the death of your family member. However, details may not be available until much later in the investigative process.

**Q. Did my family member suffer before they died?**

**A.** This is very much dependent on the circumstances of your loved one's death. The Medical Examiner will be working with the investigating agencies to understand the circumstances of the incident and will do their best to answer all of your questions regarding the death of your family member.

**Q. Can I see the site of the incident?**

**A.** The investigating agencies will determine when and if it is safe for family members to visit an incident scene. If visits are permitted, the Family Assistance Center will make arrangements to transport you to the incident scene. You are not required, or expected, to make the trip. Doing so is a personal decision and entirely up to you.

**Q. Will an autopsy be done?**

**A.** The Office of the Chief Medical Examiner is required by law to determine the cause and manner of death. An autopsy is a surgical procedure performed by a medical doctor (forensic pathologist). OCME recognizes that decedents are a treasured member of a family and of a community and as such, will treat each decedent with the highest respect and dignity.

**Q. Can I choose not to have my family member's body autopsied?**

**A.** No, OCME is required by law to certify the cause and manner of death and does not require permission of the next of kin to perform an autopsy on a death under their jurisdiction.

**Q. My beliefs dictate that I must bury my family member's remains immediately. Is this possible?**

**A.** When made aware of time constraints, OCME will do their best to expedite the examination and identification process. However, the circumstances of the incident may make it impossible to meet time limits. Please inform your Family Advocate of any cultural or religious considerations and every effort will be made to accommodate those requests.

**Q. My beliefs dictate that my loved one's body must not be marked or scarred. Is this possible?**

**A.** OCME will do their best to honor cultural or religious traditions but cannot do so if it impedes the ability to certify cause and manner of death.

**Q. What is the condition of my family member's remains?**

**A.** The condition of your family member's remains is dependent on the circumstances of his/her death. OCME staff will provide you with honest answers to your questions regarding the condition of your family member's remains. It is a personal choice and entirely up to you how much information you request and how detailed that information is.

**Q. Can I see my family member's remains?**

**A.** OCME recommends that all viewing be done at the funeral home. Viewing prior to release to a funeral home is at the discretion of the Chief Medical Examiner and is dependent on a number of factors related to the investigation. The ability to view your family member's remains is also dependent on the condition of the remains. Any decision regarding viewing will be communicated to you by Family Assistance Center Staff.

**Q. What should I do if my family member's remains are identified over a prolonged period of time?**

**A.** Because OCME will do everything possible to identify as much of your family member as possible, it is entirely conceivable that the identification process will take a prolonged period of time. The Notification Team at the Family Assistance Center will discuss with you whether you would prefer to be notified each time an identification is made or whether you prefer to be notified when all identifications are complete and the remains are ready for release to a funeral home.

**Q. Can my family member's remains be released to the funeral home/location of my choice?**

**A.** Yes, the Medical Examiner will work with whatever funeral home you choose to transfer care of your family member once the examination and identification is complete.

**Q. What will happen with the remains that cannot be identified?**

**A.** If there are remains that are not identified despite all efforts to the contrary, the Medical Examiner will meet with each family to discuss the options and decisions regarding those remains.

**Q. Can I receive my family member's personal effects?**

**A.** Personal effects will be released to the legal next of kin (a surviving spouse or closest adult relative). If the legal next of kin is not local, they can designate in writing someone to act on their behalf in receiving personal effects. Note that personal effects may not be releasable if they are in any way contaminated or are considered evidence in an ongoing criminal investigation.

## Death Notification Checklist

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(Based on a checklist developed by the National Funeral Directors Association)

When a family member or friend has died, it is important to notify various government agencies, banks, creditors and credit reporting agencies of the death. To reduce the risk of identity theft, these notifications should be made promptly after the death.

To expedite notification, you should initially make the contact by telephone followed by written verification. For many government agencies and financial entities, you will need the decedent's social security number, a copy of the death certificate, and, if you are a personal representative (executor) of the estate, your appointment form from the probate court. Make sure to retain copies of all notices that you send.

Below is a checklist of possible agencies and businesses that should be notified of the death. Because each individual case is unique, the list may not be complete. Funeral homes may notify some of the government agencies on your behalf, so you should consult with the funeral director when you receive this list so you can check off those agencies which have been notified by the funeral director.

### Government Agencies:

- Social Security Administration, 800-772-1213 (everyone).
- Department of Veterans Affairs (if decedent was formerly in the military), 800-827-1000
- Defense Finance and Accounting Service, 800-269-5170 (if decedent was a military service retiree receiving benefits).
- Office of Personnel Management, 888-767-6738 (if decedent is a retired or former federal civil service employee).
- U.S. Citizenship and Immigration Service, 800-375-5283 (if decedent was not a U.S. citizen)
- State Department of Motor Vehicles (if decedent had a driver's license or state ID).

### Financial Companies:

- Credit card and merchant card companies.
- Banks, savings and loan associations, and credit unions.
- Mortgage companies and lenders.
- Financial planners and stockbrokers.
- Pension providers

### Insurance and Annuity Companies:

- Life insurers and annuity companies.
- Health, medical and dental insurers.
- Disability insurer.

- Automotive insurer.
- Mutual benefit companies.

#### Credit Reporting Agencies:

While the three national credit reporting agencies (CRAs) typically receive death notifications from the deceased individual's creditors and/or the Social Security Administration, it is a good idea for the surviving spouse or appointed executor of the decedent's estate to make notifications to the CRAs as well. Notifications should be in writing and include the following:

- Decedent's full name, most recent address, dates of birth and death, and social security number
- Certified copy of the death certificate
- Copy of marriage certificate or legal documentation verifying executorship
- A request that the decedent's credit report be flagged as "Deceased – do not issue credit"

The surviving spouse or executor may also request a copy of the deceased's credit report to obtain a list of all creditors and to review recent credit activities.

- Experian: PO Box 4500, Allen, TX 75013; 888-397-3742.
- Equifax: PO Box 740256, Atlanta, GA 30374; 800-525-6285.
- TransUnion: PO Box 2000, Chester, PA 19022; 800-680-7289.

#### Memberships:

- Professional associations and unions.
- Health clubs and athletic clubs.
- Automobile clubs.
- Public library.
- Alumni clubs.
- Veterans' organizations and clubs.
- Fraternal, service, or social organizations or clubs

#### Do Not Contact Lists:

The decedent's name, address, phone number, and e-mail address may be placed on the Deceased Do Not Contact List, maintained by the Direct Marketing Association. Within three months of adding the decedent's information to this list, the amount of commercial contacts received should begin to decrease. Registration may be done online at the following website:

<https://www.ims-dm.com/cgi/ddnc.php>

### Redirecting Mail:

To forward the decedent's mail to a different address, the appointed executor or administrator of the decedent's estate must file a request at a local Post Office. They will need to:

- Provide valid proof that they are the appointed executor or administrator of the decedent's estate and authorized to manage the deceased person's mail
- Complete a change of address form

## Resources/Contact Information

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**[Update with Resources and Contact information from the FAC]**









## **APPENDIX F: LOCAL GUIDANCE FOR FRCS**

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### **Background**

A Family Reception Center (FRC) is a temporary, locally managed facility which serves as an initial gathering point for families, friends, loved ones, and survivors following the occurrence of a mass casualty or mass fatality incident. An FRC may be designated by local officials, or it may arise spontaneously as survivors, families and friends converge on the scene of the incident in search of information about their loved ones and friends. At the FRC, clients will be able to access current information on the incident and what can be expected over the coming hours, provide basic identifying information on missing loved ones and friends, and access a limited scope of support services. The FRC is meant to serve as a transitional facility to help meet immediate needs until a Family Assistance Center (FAC) can be established. Once an FAC has been stood up, the FRC will cease operations or will integrate into the FAC if the FAC will be established in the same location as the FRC.

### **Location**

The FRC should be located close to but out of sight of the incident site. Buildings such as hotels, convention centers, schools, community centers, or churches may make good initial sites for an FRC.

### **Services**

#### **Security**

Local law enforcement will provide security at the FRC in order to ensure a safe environment within the FRC, keep FRC clients away from the incident site, and protect the privacy of families by keeping the media away from the FRC.

#### **Mental and Spiritual Care**

Services should be made available at the FRC to meet immediate emotional and spiritual needs of clients.

#### **Reunification Services**

Friends and families should be able to provide basic identifying information about missing or unaccounted for loved ones at the FRC.

#### **Transportation Services**

As needed, transportation services may be provided to assist in the relocation of operations from the FRC to the FAC. Some occupants may elect to use their own transportation, while others may not have that option. In this scenario, coordination with the SEOC, local communities, or others will ensure that appropriate transportation services are available to those who need them during the transition.

## APPENDIX G: FAC REGISTRATION FORM (INTAKE)

### Family Assistance Center Registration Form

Name of PA: \_\_\_\_\_

DOB of PA: \_\_\_\_/\_\_\_\_/\_\_\_\_

Intake Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Language: \_\_\_\_\_

Home Address: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Household Members/ People in party

Name	Gender	DOB	Age	Relationship to PA	Present in FAC
					Y N
					Y N

					Y N
					Y N
					Y N
					Y N

Immediate Needs:

	Information		Housing		Counseling		Referrals		Financial
	Clothing		Employment		Transportation		Food		Medical/ Rx

<b>Details of Needs:</b>



## **APPENDIX G: MASS211 MISSING PERSONS REPORT**

### **For Mass Casualty and Mass Fatality Incidents**

Following a mass casualty or mass fatality incident, MEMA may contact Mass211 to expect calls from family and friends of the persons directly affected. At the time of notification MEMA will provide a script for the call-takers based on the incident.

Caller Name	
Caller Phone	
Caller Address	
Missing Person Name	
Relationship to Caller	
Is there someone else that can provide additional information?	
Name of Additional Person	
Phone of Additional Person	

Relationship to Missing Person	
Why do you think this person was involved in the incident?	
Are you able to go to the Family Assistance Center?	
If yes, tell them the location of the Family Assistance Center and ask them to go there to provide more information.	
If no, notify them that someone from the Family Assistance Center will be calling them to collect additional information. Tell them that this may take some time because of the volume of phone calls.	

## APPENDIX H: MISSING PERSONS REPORTING FORM

For MSP use:

	Primary Contact? Yes ___ No ___	FAC Client ID
	Date:	Location:
<b>Family/ Friends Information</b>		
Family Name:	Title: (Mr./ Mrs./ Ms.)	
Maiden Name:	First Initial: Middle Initial:	
First Name:	Languages:	
Nationality:		
Relationship to missing person:	Mobile Phone:	
Home/ Local Address:	Home Phone:	
Form of Identification Provided		Date of Birth
Email Address:	Hotel Required (Y/N):	
Closest Relative to missing person:		

Do you have any special needs? (Cultural, religious, medical, food, transportation, child at home, pets, etc.)		
<b>Missing Person Information</b>		
Family Name:	First Initial: Middle Initial:	Title (Mr./ Mrs./ Ms.) Child/Infant?
Maiden Name:	Date of Birth:	
Home/ Local Address:	Mobile Phone:	Home Phone:
	Languages:	
Nationality:	Medical Conditions:	
Person's relationship to incident:                    ___ Passenger                    ___ Occupant of Event ___ Employee                    ___ Other		
Company/ Employment Contact:		
Other persons that may have been with this person?		
Family Assistance Center Staff/ CARE Team Member:		

## APPENDIX I: POTENTIAL FAC LOCATIONS

FACILITY NAME	ADDRESS	TOWN	Z
Fairfield Inn Amesbury	35 Clarks Road	Amesbury	01
Courtyard Boston Andover	10 Campanelli Drive	Andover	01
Residence Inn Boston Andover	500 Minuteman Road	Andover	01
SpringHill Suites Boston Andover	550 Minuteman Road	Andover	01
Fairfield Inn Suites Worcester Auburn	718 Southbridge Street	Auburn	01
Courtyard Boston Billerica/Bedford	270 Concord Road	Billerica	01
The Envoy Hotel Autograph Collection	70 Sleeper Street	Boston	02
Courtyard Boston Copley Square	88 Exeter Street	Boston	02
Courtyard Boston Downtown	275 Tremont Street	Boston	02
Courtyard Boston Logan Airport	225 William F. McClellan Highway	Boston	02
Courtyard Boston-South Boston	63 R Boston Street	Boston	02
Boston Marriott Copley Place	110 Huntington Avenue	Boston	02
Boston Marriott Long Wharf	296 State Street	Boston	02
Marriott Vacation Club Pulse at Custom House	3 McKinley Square	Boston	02
Renaissance Boston Waterfront Hotel	606 Congress Street	Boston	02
Residence Inn Boston Back Bay/Fenway	125 Brookline Avenue	Boston	02
Residence Inn Boston Downtown/Seaport	370 Congress Street	Boston	02
Residence Inn Boston Harbor on Tudor Wharf	34-44 Charles River Avenue	Boston	02
The Ritz-Carlton Boston	10 Avery Street	Boston	02
Aloft Boston Seaport	401-403 D Street	Boston	02
Element Boston Seaport	391-395 D Street	Boston	02
Sheraton Boston Hotel	39 Dalton Street	Boston	02
The Liberty A luxury Collection Hotel	215 Charles Street	Boston	02
The Westin Boston Waterfront	425 Summer Street	Boston	02
The Westin Copley Place	10 Huntington Avenue	Boston	02
W Boston	100 Stuart Street	Boston	02
Residence Inn Boston Bridgewater	2020 Pleasant Street	Bridgewater	02
Residence Inn Boston Brockton	124 Liberty Street	Brockton	02
Courtyard Boston Brookline	40 Webster Street	Brookline	02
Boston Marriott Burlington	1 Burlington Mall Road	Burlington	01
AC Hotel Boston Cambridge	10 Acorn Park Drive	Cambridge	02
Courtyard Boston Cambridge	777 Memorial Drive	Cambridge	02
Fairfield Inn and Suites Boston Cambridge	215 Monsignor O'Brien Highway	Cambridge	02
Boston Marriott Cambridge	50 Broadway Street	Cambridge	02
Residence Inn Boston Cambridge	120 Broadway, Six Cambridge Center	Cambridge	02
Le Meridien Cambridge -MIT	20 Sidney Street	Cambridge	02

FACILITY NAME	ADDRESS	TOWN	Z
Sheraton Commander Hotel	16 Garden Street	Cambridge	02
Residence Inn Boston Logan Airport/Chelsea	200 Maple Street	Chelsea	02
TownePlace Suites Boston Logan Airport/Chelsea	30 Eastern Avenue	Chelsea	02
Residence Inn Springfield Chicopee	500 Memorial Drive	Chicopee	01
Residence Inn Boston Concord	320 Baker Avenue	Concord	01
Courtyard Boston Danvers	275 Independence Way	Danvers	01
Residence Inn Boston North Shore/Danvers	51 Newbury Street	Danvers	01
TownePlace Suites Boston North Shore/Danvers	238 Andover Street	Danvers	01
Fairfield Inn Boston Dedham	235 Elm Street	Dedham	02
Residence Inn Boston Dedham	259 Elm Street	Dedham	02
SpringHill Suites Devens Common Center	27 Andrews Parkway	Devens	01
Courtyard Boston Lowell/Chelmsford	30 Industrial Avenue	East Lowell	01
Four Points by Sheraton Eastham Cape Cope	3800 State Highway	Eastham	02
Courtyard Boston Foxborough /Mansfield	35 Foxborough Boulevard	Foxborough	02
Renaissance Boston Patriot Place Hotel	28 Patriot Place	Foxborough	02
Residence Inn Boston Foxborough	250 Foxborough Blvd	Foxborough	02
Residence Inn Boston Framingham	400 Staples Drive	Framingham	01
Sheraton Framingham Hotel & Conference Center	1657 Worcester Road	Framingham	01
Residence Inn Boston Franklin	4 Forge Parkway	Franklin	02
Fairfield Inn and Suites Lenox Great Barrington/Berkshires	249 Stockbridge Road	Great Barrington	01
Courtyard Hadley Amherst	423 Russell Street	Hadley	01
Fairfield Inn Suites Springfield Holyoke	229 Whiting Farms Road	Holyoke	01
Courtyard Cape Cod Hyannis	707 Lyannough Road	Hyannis	02
Fairfield Inn & Suites Cape Cod Hyannis	867 Lyannough Road	Hyannis	02
Aloft Lexington	727 Marrett Road -A	Lexington	02
Element Lexington	727 Marrett Road -B	Lexington	02
Courtyard Boston Littleton	102 Constitution Avenue	Littleton	01
Courtyard Boston Marlborough	75 Felton Street	Marlborough	01
Residence Inn Boston Marlborough	112 Donald Lynch Blvd	Marlborough	01
Ac Hotel Boston North	95 Station Landing	Medford	02
Fairfield Inn Plymouth Middleboro	4 Chalet Road	Middleboro	02
Courtyard Boston Milford	10 Fortune Boulevard	Milford	01
Fairfield Inn and Suites Boston Milford	1 Forune Boulevard	Milford	01
Courtyard Boston Natick	342 Speen Street	Natick	01
Residence Inn Boston Needham	80 B Street	Needham	02
Sheraton Needham Hotel	100 Cabot Street	Needham	02
Fairfield Inn & Suites New Bedford	185 McArthur Drive	New Bedford	02
Boston Marriott Newton	2345 Commonwealth Avenue	Newton	02

FACILITY NAME	ADDRESS	TOWN	Z
Residence Inn New Bedford Dartmouth	181 Faunce Corner Road	North Dartmouth	02
Fairfield Inn & Suites Springfield Northampton Amherst	115A Conz Street	Northampton	01
Courtyard Boston Norwood/Canton	300 River Ridge Drive	Norwood	02
Four Points by Sheraton Norwood	1125 Boston Providence Turnpike	Norwood	02
Boston Marriott Peabody	8A Centennial Drive	Peabody	01
SpringHill Suites Boston Peabody	43 Newbury Streety	Peabody	01
Boston Marriott Quincy	1000 Marriott Drive	Quincy	02
Courtyard Boston Raynham	37 Paramount Drive	Raynham	02
Four Points by Sheraton Boston Logan Airport	407 Squire Road	Revere	02
Residence Inn Boston Norwood/Canton	275 Norwood Park	South Norwood	02
Springfield Marriott	2 Boland Way	Springfield	01
Sheraton Springfield Monarch Place Hotel	One Moarch Place	Springfield	01
Courtyard Boston Stoughton	200 Technology Center Drive	Stoughton	02
Fairfield Inn Boston Sudbury	738 Boston Post Road	Sudbury	01
Fairfield Inn Boston Tewksbury/Andover	1695 Andover Street	Tewksbury	01
Residence Inn Boston Tewksbury/Andover	1775 Andover Street	Tewksbury	01
TownePlace Suites Boston Tewksbury/Andover	20 International Place	Tewksbury	01
Four Points By Sheraton Wakefield Boston Hotel and Conference Center	One Audubon Road	Wakefield	01
Courtyard Boston Waltham	387 Winter Street	Waltham	02
The Westin Waltham Boston	70 Third Avenue	Waltham	02
TownePlace Suites Wareham Buzzards Bay	50 Rosebrook Place	Wareham	02
Residence Inn Boston Watertown	570 Arsenal Street	Watertown	02
Residence Inn West Springfield	64 Border Way	West Springfield	01
Courtyard Boston Westborough	3 Technology Drive	Westborough	01
Residence Inn Boston Westborough	25 Connector Road	Westborough	01
Residence Inn Boston Westford	7 Lan Drive	Westford	01
Courtyard Boston Woburn/Boston North	700 Unicorn Park Drive	Woburn	01
Courtyard Boston Woburn/Burlington	240 Mishawum Road	Woburn	01
Fairfield Inn Boston Woburn/Burlington	285 Mishawum Road	Woburn	01
Residence Inn Boston Wobrun	300 Presidential Way	Woburn	01
Courtyard Worcester	72 Grove Street	Worcester	01
Residence Inn Worcester	503 Plantation Street	Worcester	01



## Appendix J: DPH Family Reunification Process

Upon the activation of Commonwealth's Survivor and Family Assistance Plan, and the subsequent Patient Tracking Protocol, the below is the information flow between Riverside and DPH (OPEM).

