



MASS FATALITY OPERATIONAL RESPONSE PLAN

Section 4: Family Assistance Center

2021



Section 4: Family Assistance Center

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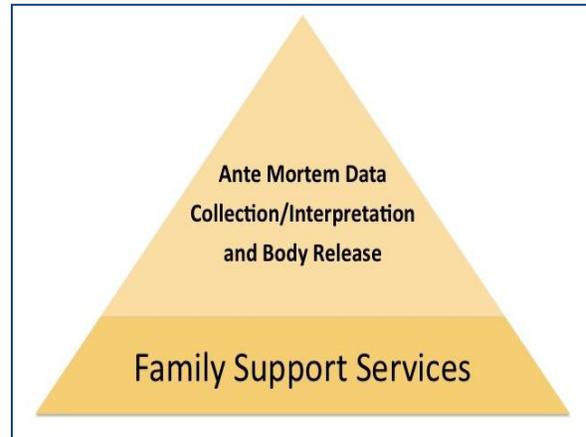
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4 Family Assistance Center Operations

A Mass Fatality Family Assistance Center (MF FAC) serves as an information hub where family members provide information about missing persons, and MF FAC personnel provide families with information concerning the identification of the deceased and the process for body release. The MF FAC also provides families and the public at large with general information on the status of



the identification effort. In addition, depending on the nature of the mass fatality, the MF FAC may provide select social services to surviving family members, either directly or by referral. In general, MF FACs are secure facilities providing family members a safe haven where mental, emotional, physical and spiritual needs can be addressed and met during the information collection and sharing process.

All mass fatality incidents are unique. Accordingly, MF FAC operations are incident-specific; therefore, specific details regarding a MF FAC operation cannot be fully determined until the needs of the public have been assessed. This plan, organized by MF FAC Units, outlines the typical capabilities and procedures commonly found in MF FAC operations.

During a mass fatality response, the individual MF FAC sections from this plan can be used as a guide to set up operations for each MF FAC Unit. The MF FAC obtains ante-mortem information on the missing and presumed deceased from the family members. For the purposes of identification, this ante-mortem information will be compared to the post-mortem data. Typical ante-mortem data collected by FAC staff is depicted in the table below:

Demographic Information	Physical Characteristics	Medical History	Other
<ul style="list-style-type: none"> • Name • Date Birth • Age • Sex 	<ul style="list-style-type: none"> • Height • Weight • Eye Color • Marking (e.g. scars, birthmarks, surgical incisions, tattoos) 	<ul style="list-style-type: none"> • Past Surgeries • Medical device implants • Dental X-rays • Medical X-rays 	<ul style="list-style-type: none"> • Clothing deceased may have worn • Jewelry the deceased may have been wearing • DNA reference samples from family members <u>if needed</u> for positive identification

Table 1: Ante-Mortem Information

In order to make a positive identification, the post-mortem information gathered in the morgue is compared by computer to the ante-mortem information gathered from the families at the MF FAC.

4.1 Establishing Operations

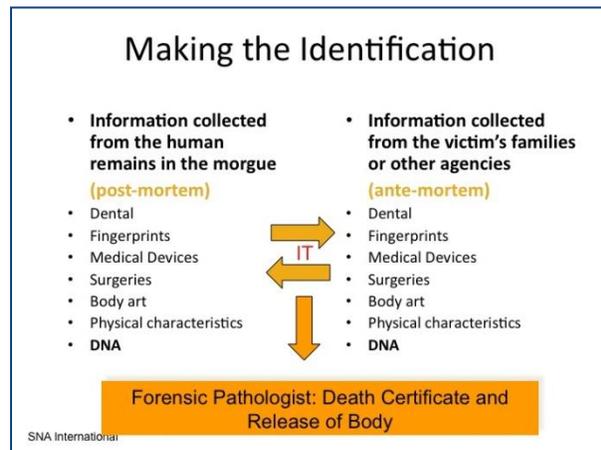
4.1.1 Evaluating the Situation

The evaluation team will utilize the results from the incident site evaluation and the following consideration to construct an adequate MF FAC response.

The **nature** of a mass fatality event will significantly impact the construct and management of MF FAC operations and the entire response effort:

A. “Closed” or “Open”:

1. **“Closed” Incident:** A closed incident occurs when the identities of the deceased are mostly or completely known at the onset of the event because there is a list of the deceased (e.g., an airplane manifest). Although there may be a small number of individuals reported missing who are not on the manifest, or other lists of the deceased, determining the “truly missing” is a relatively straightforward task. Accordingly, the overall response effort is often much shorter in a closed incident.





2. “Open” Incident: An open incident occurs when initially there is no manifest or list of the “truly missing” and presumed deceased. History has repeatedly shown that following an “open” mass fatality, where the number of potential deceased is unknown, many more people are reported missing than have actually perished. In “open” mass fatalities, a Missing Persons Operation should be established. As law enforcement agencies are involved with missing persons activities on a daily basis and have the expertise and resources needed to effectively and efficiently locate the missing, they are often the best suited to handle missing persons activities in a mass fatality response. The Missing Persons operation will determine which reported missing individuals are actually missing and presumed dead as a result of the event and not simply displaced. Determining a list of the “truly missing” narrows the field of potential identities of deceased held in the morgue. A Missing Persons Operation that identifies and closes the reports of those individuals merely displaced (rather than deceased) is important. By eliminating the spurious missing person reports, the MF FAC can focus on collecting ante-mortem information from the families of the “truly missing”. The process of sorting through individuals who are reported missing but are alive and individuals who are “truly missing” and presumed deceased lengthens the mission.

B. Size and Scope:

- 1. Size:** The number of reported missing and/or the number of deceased will affect the length and overall size of the MF FAC. Typically, an MF FAC can expect 8 to 10 family members per deceased to visit the MF FAC. For planning purposes, these numbers aid in the resources needed to establish MF FAC operations.
- 2. Scope:** When an incident stretches across a large geographical area and involves a greater number of agencies, there may be multi-jurisdictional issues. For example, if the mass fatality incident involves multiple states, then each state will be responsible for identifying their citizens and each state will establish a Family Assistance Center (or like entity). In order for identifications to occur, the ante-mortem and post-mortem information must be compared. In order to allow for a more coordinated effort, the



State of Louisiana ESF-8 LDH should work with other city, county, and state agencies to share information and mitigate confusion.

- C. Rate of Recovery of Remains:** The longer it takes to recover remains, the longer it will take to make positive identifications, thus prolonging the need for family assistance. As families await notification of the positive identification of their missing loved one, the need for assistance will persist and possibly intensify over time. As distraught families become increasingly grief-stricken and emotional, spiritual needs may escalate. Additionally, families who have traveled to Louisiana from a distance may need assistance with housing, medical issues, transportation, and other physical needs.
- D. Condition of Remains (primarily fragmentation):** As fragmented remains take longer to recover and identify, incidents involving fragmented remains will lengthen the response effort and may cause additional emotional stress to families. Accordingly, the body release process will be more complex (see [Family Notification & Body Release](#)). When a family learns that their loved one's body is fragmented, their grief may increase along with their need for psychosocial/spiritual assistance. Additionally, a notification and release policy for fragmented remains must be established and followed. Other body conditions (decomposition, burning, etc.) could have an impact on the MF FAC and must be dealt with on a case-by-case basis.
- E. Population/Surviving Family Displacement:** An incident that disperses surviving family members over a large geographical area will impact the MF FAC construct and length of operation. In this instance, MF FAC operations will be mostly virtual and the majority of interaction with families will occur via telephone (see [Traditional MF FAC vs. Virtual MF FAC](#), shown below, for additional information). In a virtual MF FAC, the Call Center Unit will require an increased effort and significantly more staff. Communicating with surviving family members via telephone can present many difficulties (e.g., families often move from location to location without leaving forwarding numbers).



- F. Legislated vs. Non-Legislated:** Large aviation mass fatalities fall under the Aviation Disaster Family Assistance Act of 1996. In these mass fatalities, the U. S. National Transportation Safety Board (NTSB) serves as the coordinator for the integration of federal government resources and the resources of other organizations to support local governments, state governments, and the air carrier in meeting the needs of aviation disaster victims and their families. While the NTSB is a phenomenal resource for mass fatality response information and support, only in these legislated situations does the NTSB have the legal authority and responsibility to provide support. Additionally, after an aviation disaster, the air carrier has a legal responsibility to victims and families, and is primarily responsible for family notification and all aspects of victim and family logistical support. The Aviation Disaster Family Assistance Act of 1996 and the Foreign Air Carrier Family Support Act place the air carrier, as well as other support organizations, in a collaborative relationship with families. If the mass fatality is transportation related, the NTSB should be immediately contacted to determine if the mass fatality is qualified to result in a legislated response. If a criminal act is believed to have caused the accident, the FBI becomes the lead investigative agency and is supported by the NTSB. Regardless of any assistance from the NTSB, local authorities have the ultimate responsibility to manage the mass fatality response effort(s).
- G. Local Available Resources:** Local resources may be affected by the incident itself rendering them unavailable to assist with MF FAC operations thus increasing the demand on assistance from outside Louisiana. Important to note that daily responsibilities of the State of Louisiana ESF-8 LDH's Office that are not associated with the mass fatality incident will continue to occur and will have to be addressed concurrently with mass fatality response operations.
- H. Traditional MF FAC vs. Virtual MF FAC:** The fundamental difference between a traditional and a virtual MF FAC is the presence of surviving family members at the MF FAC. Surviving family members will be present at a traditional MF FAC on a daily basis. Traditional MF FACs require space for surviving family members to gather, eat, receive psychosocial/spiritual care, and child care (where applicable). Ante-mortem data interviews also take place in-



person at a traditional MF FAC. Infrastructure needs for a traditional MF FAC may include communications centers (telephones, computers with internet access, fax machines and other forms of communication), bathrooms, medical care resources, food, and more as dictated by the response. Accordingly, a traditional MF FAC will require a significant number of personnel.

At a virtual MF FAC, the majority of work with surviving family members will occur via telephone, Internet or fax (e.g., ante-mortem interviews will be conducted via telephone). Other physical, mental, emotional and spiritual needs will be met either by telephone or by referral.

Building Needs (Table 2) and Possible Infrastructure/Support Requirements (table 3), shown below, outline the major differences between a Traditional MF FAC and a Virtual MF FAC.

Building Needs		
Floor Space/Rooms Needed	Traditional	Virtual
General Family Meeting Room	<input checked="" type="checkbox"/>	
Ante-mortem Interview Rooms	<input checked="" type="checkbox"/>	
Call Center Operations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Data/File Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Family Affairs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DNA Operations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Child Care area	<input checked="" type="checkbox"/>	
IT/IR Support	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Management area	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Spiritual counseling rooms	<input checked="" type="checkbox"/>	
Various agency management rooms	<input checked="" type="checkbox"/>	
Dining area	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Table 2: Building Needs



Possible Infrastructure/Support Requirements				
Type of MF FAC ->	Traditional		Virtual	
Requirement	Staff	Family	Staff	Family
Communications	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Food services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	By Referral
Mental/Spiritual Support	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	By Referral
Housing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	By Referral
Transportation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	By Referral

Table 3: Possible Infrastructure/Support Requirements

4.1.2 *Establishing Family Assistance Center Operations*

Once all information from the evaluation has been collected and synthesized, an incident- specific Mass Fatality Family Assistance Center can begin to be established based on the following considerations:

1. Location

- A. Square footage
- B. Needed rooms or the ability to create rooms or private or semi-private areas using temporary wall units
- C. Rooms or areas within the facility to secure records and IT equipment
- D. Restroom facilities
- E. Parking
- F. Ability to secure building/site
- G. Safety issues (e.g., surrounding neighborhood, building disrepair, adequate lighting in parking lot)
- H. Infrastructure requirements
 - 1) Water supply
 - 2) Electrical
 - 3) Cable/internet
 - 4) Lighting
 - 5) Heating and air conditioning
- I. Maintenance of building



- 1) Cleaning services
- 2) Repair and building upkeep
- J. ADA Considerations
- K. Accessibility from public transportation
- 2. Personnel**
 - A. Units needed for the specific MF FAC
 - B. Number of personnel by unit
 - C. Skill sets by unit
 - D. Appropriate agency/organization to request personnel resources
 - E. Establish or determine procedures for requesting personnel (initial staff and backfill staff)
 - F. Scheduling of personnel by unit needs
- 3. Equipment and Supplies**
 - A. Equipment needs by unit (see Equipment, Information Technology, and Supplies in each section)
 - B. Equipment for general use (not for use by a specific MF FAC unit)
 - C. Office supplies and equipment by unit (see Equipment, Information Technology, and Supplies in each section)
 - D. Building cleaning and maintenance supplies
 - E. Badge/ID supplies
 - F. Maintenance and re-ordering of supplies and equipment (where applicable)
- 4. Food Services** (see [Support Services](#))
 - A. Estimated number of family members and staff to be fed daily
 - B. Types of meals, snacks, and other refreshments to be provided
 - C. Dietary, religious, and/or other restrictions
- 5. Transportation Services** (see [Support Services](#))
 - A. Transportation to medical facilities, airports, train and bus stations
 - B. Transportation to lodging
- 6. Medical Services** (see [Support Services](#))
 - A. First Aid stations (staff and supplies)
 - B. Advanced life-saving services and/or equipment (e.g., AED devices)
 - C. Other medical services as dictated by specific needs at the MF FAC
- 7. Security** (see [Security](#))
 - A. Establish security procedures
 - 1) Doors and areas in MF FAC to be locked and when
 - 2) Admittance procedures
 - 3) Badge/ID procedures and equipment



- 4) Scheduling security team to maintain safety and security
- 8. MF FAC Procedures**
 - A. Daily operational procedures
 - 1) Operational hours
 - 2) Workflow of the MF FAC (see [Figure 1](#): Workflow)
 - 3) Identification/badge procedures (see [Security](#))
- 9. Ante-mortem interviews**
 - A. Number of interviews per day
 - B. Family ante-mortem interview schedule
 - C. Interview procedures
 - 1) Learning to schedule interviews
 - 2) Establishing locations for interviews
 - 3) Preparing room for anti-mortem interviews
- 10. Reporting procedures** (see [IT/IR](#) Section)
 - A. Typically in mass fatality responses, there are reporting requirements where information, statistics, and other data is reported to various components of the mass fatality response (e.g., the EOC, Morgue Operations, Incident Commander)
 - B. The authorities responsible for MF FAC operations will make a collaborative decision about the following:
 - 1) What information will be reported
 - 2) To whom it will be reported
 - 3) When it will be reported
 - a) Frequency
 - b) Time(s) of day
 - 4) Which medium will be used to transmit information

4.1.3 Adjusting the Operations

Over the course of a mass fatality response, the MF FAC will be modified both operationally and structurally/physically. The demands on the MF FAC will change as the response effort moves through its different stages (surge, static period, and transition). At the beginning of the response, there will be a surge of requests, calls, and visitors to the MF FAC. The ability to accommodate this surge will require an analysis of the incident and the anticipated needs of the affected public. Once these needs have been identified, the MF FAC organizational structure can be determined and adequate staffing, facilities, and other resources can be acquired and operations implemented. Over time, the day-to-day operations will become relatively static and

routine. Although this will be considered the “static” period of operations, unit needs will continue to change and evolve. These shifts in resource needs will impact both human resources and required skill sets. At times, a physical change of the MF FAC “layout” will be necessary, requiring the movement or reassignment of tables, chairs, computer equipment, phones, and other assets as needed.

For example, at the beginning of the MF FAC operations, there will be a large call center (see [Figure 1](#): MF FAC Week 2). As MF FAC operations progress and call volume decreases, the number of call center operators will likewise decrease. Similarly, although the Body Release would have few required personnel in the early days of the MF FAC, the number of needed personnel will increase as bodies are identified and must be released to their surviving family members. Therefore, Call Center personnel requirements will decrease while Family Affairs personnel requirements increase, thus changing their respective “footprints” in the MF FAC, as well as the skill sets required to provide adequate staffing (see [Figure 2](#): MF FAC Week 8).

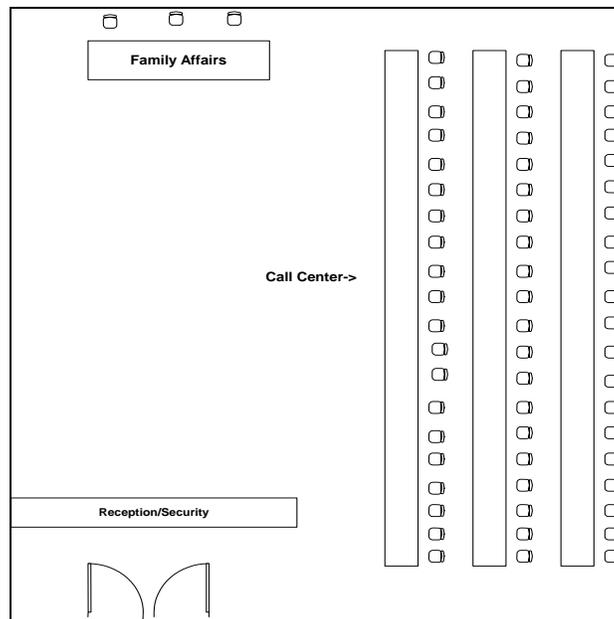


Figure 1: MF FAC Week 2

NOTE: Call Center staff members=60
Family Affairs staff members=3

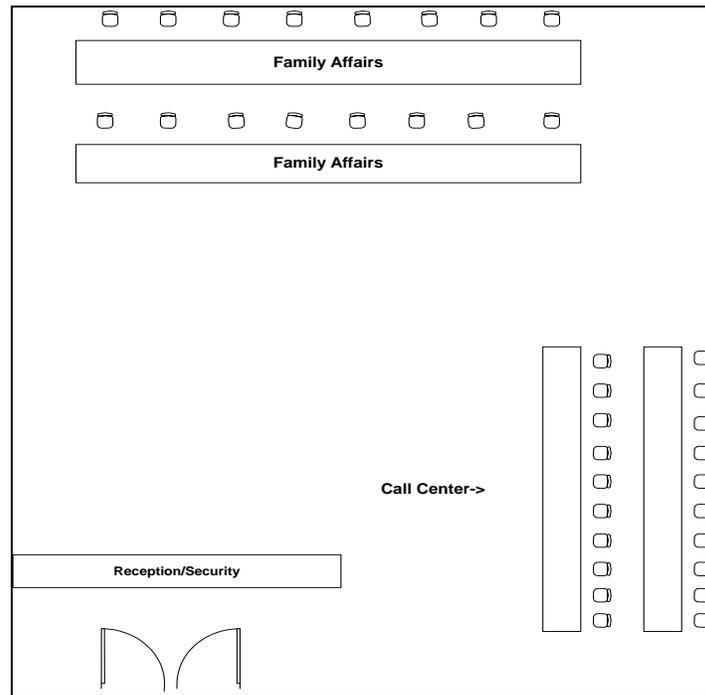


Figure 2: MF FAC Week 8

NOTE: Call Center staff members=20
Family Affairs staff members=16

MF FAC management should monitor daily activities and communication with unit leaders to ensure the MF FAC is prepared to making staffing or layout adjustments. Eventually, the response effort will decrease to a point where the operations can be handled by local authorities. At this point, the response will transition from a larger state or federally assisted response to that of local effort. In order to ensure services continue uninterrupted, the MF FAC must prepare for this transition (see the [Transition Plan](#) section for additional information).

To prevent interruptions to daily activities, the MF FAC must be prepared to make these changes and adjustments as needed. Additionally, while MF FAC personnel will be initially assigned to a specific unit based on the needs of the MF FAC at the time, all staff members should be flexible and prepared to assist other units according to their skill sets and availability. Staff should only assist other units when directed by management.

Transition:



As MF FAC operations begin to slow, the State of Louisiana ESF-8 LDH's Office will assume responsibility for the day-to-day operations of the MF FAC (see [Transition Plan](#) Section). Developing and implementing a transition plan requires coordination between the MF FAC Director (and other MF FAC leadership), the State of Louisiana ESF-8 LDH's Office, local, state and federal authorities, non-governmental organizations (NGOs), as well as other agencies/organizations participating in the MF FAC.

Ultimately it is the MF FAC Director's responsibility to ensure that all transition activities are completed accurately and timely, thus preventing any interruption to the offered services.

4.1.4 Legal

Mass fatality responses often create novel legal issues and/or questions. As a result, the MF FAC must have direct access to communication with an attorney for the State of Louisiana ESF-8 LDH (for related legal guidance), as well as any other agency or department's attorney (for the State of Louisiana for related guidance). Although legal counsel may not be required to be present in the MF FAC on a daily basis, the MF FAC must be able to easily contact and communicate with the selected attorney's office as questions arise.

The MF FAC may encounter the following legal issues:

1. Establishment of legal next of kin
2. Release of medical records
3. Release of ante-mortem and post-mortem records

4.1.5 Budget and Finance

Financial accountability for expenditures associated with the MF FAC, including but are not limited to actual monies spent purchasing equipment, supplies and other needs, hours worked by MF FAC staff, and other activities representing a financial commitment by the State of Louisiana, is extremely important. Careful and comprehensive financial documentation must be maintained at the MF FAC and reported as necessary to maintain accountability and financial credibility.



Only MF FAC personnel with appropriate authority should approve the expenditure of money or any activity resulting in a financial commitment. When the mass fatality response has concluded, the state and federal government will perform an audit on all response activities, including the MF FAC. Any unauthorized expenditure may result in disciplinary action from the applicable agency/organization, as well as possible criminal prosecution by local, state and/or federal authorities. Ongoing training and discussions concerning financial accountability compliance can help to prevent unauthorized expenditures.

4.1.6 Quality Program

A comprehensive quality program is critical to ensuring efficient and accurate MF FAC operations. A quality program includes *Quality Control* and *Quality Assurance*. *Quality Control* is the checks an operation performs to ensure procedures and methods are monitored, and to verify that products meet specified standard that provide confidence in results. *Quality Assurance* is the process an MF FAC employs to assess the quality of products or services by review of work, problem identification, and corrective action to remedy deviations and evaluation of remediation. A quality program gives an MF FAC the proper framework for continuous improvement of its system, services, and testing.

Management:

The starting point for a quality program is defining an operation's mission (purpose), goals, and organizational structure. The mission and goals describe what the MF FAC operation wants to accomplish in regard to quality and level of service, and whether the mission and goals are being met. The MF FAC must document top management's commitment to achieving the mission and goals. It is critical for the MF FAC to clearly delineate the roles, chain of command and responsibility within the MF FAC operation, from the top level of management to the lowest level of personnel. This is often done effectively with one or more organizational charts. Management must appoint a Quality Manager and give MF FAC personnel appropriate authority to perform their duties. Management must empower the Quality Manager with the right level of responsibility and authority to ensure the quality system is implemented and followed.

Document Control:



Documents include all policies, procedures, instructions, and other written and electronic information the MF FAC depends on for performing testing and implementing quality for supplies.

Customer Service and Complaints:

The MF FAC operation should have a goal of delivering high quality service for visitors to the MF FAC. If possible, the MF FAC should seek feedback from customers to improve the management system, testing, and customer service.

In order to determine the cause of the complaint, management must document complaints and conduct an investigation. Management must also take appropriate corrective action to resolve complaints. When properly managed, complaints are an effective opportunity to improve the quality program and the service provided.

Deviations and Corrective Actions:

A critical element of a quality program is a system for identifying deviations, errors, and nonconforming work, and then correcting problems so they will not happen again. This is a fundamental aspect of both quality assurance and continual improvement of MF FAC operations. The quality plan should include policies and procedures for identifying, documenting, and correcting errors, as well as policies and procedures for deviations from all policies and procedures. When a deviation is discovered, the underlying reason for the issue should be analyzed (root cause analysis). Root cause analysis is sometimes misunderstood as the determination of who was responsible for a deviation. Root cause analysis, however, should determine why the deviation happened. If a staff member makes an error, why did it happen? Is it an issue of insufficient training? Is the protocol incorrect? Is the environment distracting? Good root cause analysis allows the underlying cause to be remedied, thus reducing or eliminating the problem. A poor root cause analysis does not address the underlying cause, and thereby ensures the problem will eventually recur. After the MF FAC determines the cause, it must identify and implement the appropriate corrective action to correct the cause. The MF FAC may recall



incorrect actions and evaluate the new, corrective action after an appropriate time to ensure its effectiveness. MF FAC procedures should describe complete documentation of all elements of corrective actions.

Control of Records:

Case review is necessary to identify transcription errors, detect any problems with the quality of case files and data entered into the VIP. Case files and data entry should be reviewed for accuracy. Additionally, records indicating that each critical element was reviewed should be maintained.

4.1.7 Contractors

The MF FAC should maintain, whenever possible, up-to-date records of personnel education, training, and competency evaluations. MF FAC Personnel must have appropriate education, training, and experience as defined by the MF FAC.

The MF FAC should document policies and procedures for identifying training requirements for personnel and for providing the necessary training. The training given must ensure that trained personnel are competent to perform their duties. When training is technique-specific, the MF FAC must define criteria for determining successful completion. If used, written tests should also have defined criteria for successful completion.

After training is completed and a formal assessment of their training and competency is successful, the MF FAC should document a statement of competency. This can take the form of a memorandum, letter, certificate or other documentation. The date of the declared competency should be recorded. Additionally, the MF FAC must authorize all staff to do the jobs they are assigned.

4.1.8 Workflow

Workflow refers to the flow of information at the MF FAC, from the initial first call to the MF FAC to the final release (Figure 1: Sample MF FAC Workflow). As MF FAC personnel process cases, information or data will flow from one MF FAC Unit to another.

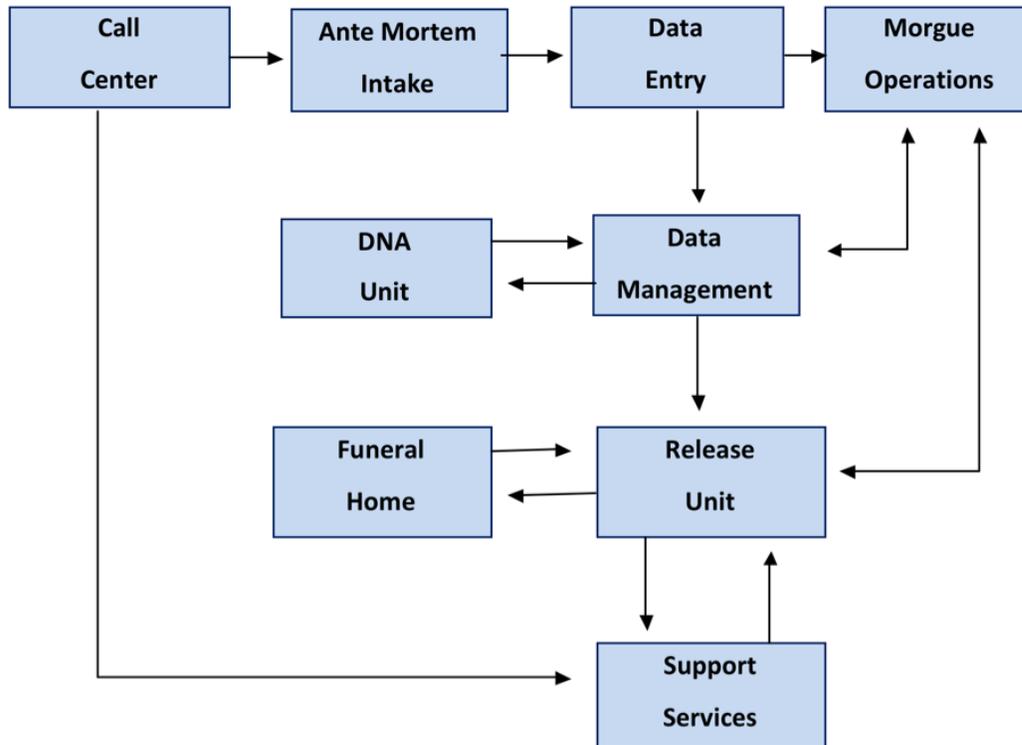


Figure 3: Workflow

Once established, the workflow at the MF FAC should not be altered unless it is essential to the continued operation of the MF FAC and only as approved and implemented by the MF FAC Director or appointee. If workflow is altered without the permission and coordination of the MF FAC director, services critical to the successful completion of a case may be lost, ultimately slowing the progress of the case.

4.1.9 Family Briefings

If appropriate, regularly scheduled family briefings for surviving family members should be scheduled at least once if not twice daily (see Attachment A: Sample Briefing Agenda). The State of Louisiana ESF-8 LDH, with input from PIO, Office of Emergency Management (OEM) lead, and applicable federal agency representatives, is responsible for scheduling these briefings. Along



with updating families on response issues, briefings will afford the Next of Kin (NOK) an opportunity to ask questions of authorities. Additionally, scheduled briefings provide families with desired information and help to give a sense of order to the response.

The State of Louisiana ESF-8 LDH and/or their appointee, as the “face” of the response effort, should consistently moderate and/or lead the briefings. The moderator must be experienced in providing information to a public forum, understand the complexities and intricacies of the response, and remain updated on all response activities. Additionally, representatives from other response agencies (e.g., Recovery, Morgue Operations, NTSB, other federal agencies, and NGOs) should be available to brief families and answer questions.

NOTE: *It is imperative that the briefings from different agencies are coordinated ahead of time to prevent repetition of information by those providing the briefing and to demonstrate the unified nature of the response.*

In order to accommodate all family members and to ensure privacy, briefings should occur in a large and secured meeting area. Establishing a telephone bridge allows family members unable to visit the MF FAC to participate in briefings.

NOTE: *As briefings can be sensitive, highly emotional, and volatile, members of the media, legal representatives, and unauthorized visitors should not be allowed to attend.*

In response to a transportation incident, the NTSB will often assist with, or at the request of State of Louisiana ESF-8 **LDH** authorities, coordinate these family briefings. NTSB representatives have many years of experience in MF FAC operations and can be a valuable source of information and assistance.

4.1.10 Volunteers

All mass fatality responses are faced with offers of assistance from individual volunteers and volunteer agencies not affiliated with any governmental agency. When establishing MF FAC operations, volunteers are a valuable resource and should be considered. All personnel, including volunteers, must be vetted before beginning work at the MF FAC.



Volunteer Agencies:

Typically, volunteer agencies will have procedures in place to verify volunteer credentials and suitability (e.g., conducting background checks). The MF FAC Director, in conjunction with local/state/federal law enforcement, should establish criteria for vetting volunteers. After determining where volunteers are most needed, the MF FAC Director should work with the volunteer agency to schedule and place selected volunteers.

Individual Volunteers:

Individual volunteers who are not affiliated with any volunteer agency must be vetted on an individual basis to ensure their creditability and suitability. The State of Louisiana ESF-8 LDH should perform background checks on all individual volunteers. This process ensures that unsuitable individuals are identified and not permitted to work in the MF FAC.

4.1.11 Public Relations

The public must be made aware of the role the MF FAC plays in the missing persons, identification, and body release process. The accurate and prompt dissemination of information will prevent unnecessary stress and chaos.

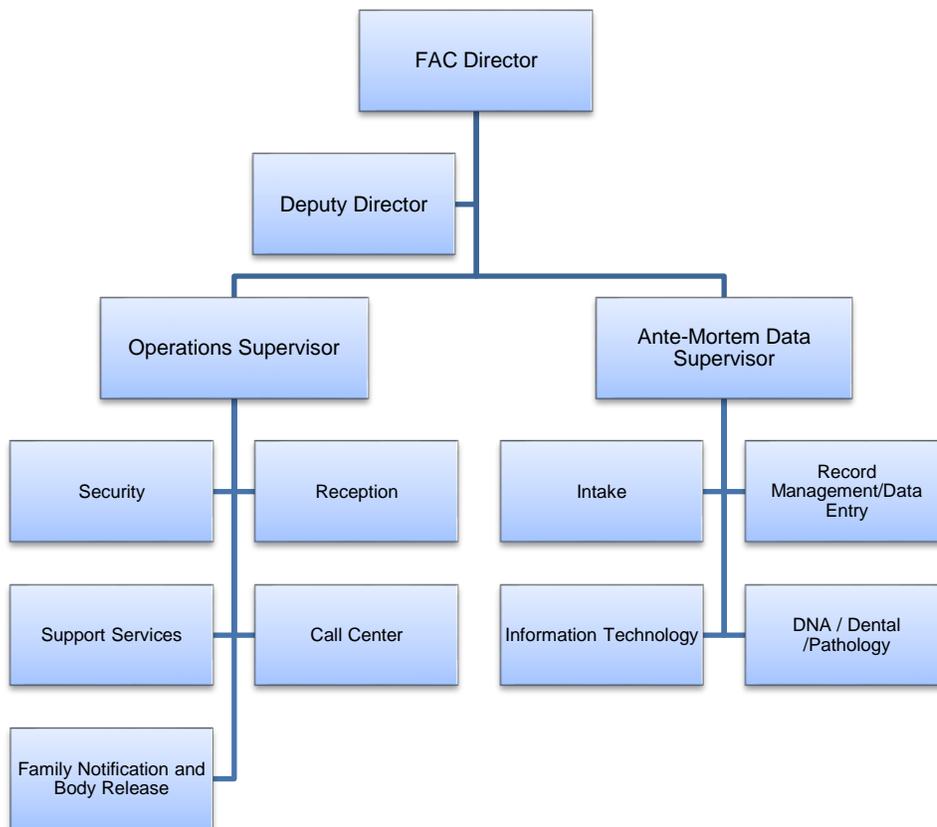
Almost immediately following a mass fatality incident, a telephone number for reporting missing and presumed dead individuals will be established. This number may be established by the State of Louisiana ESF-8 LDH, a local law enforcement agency, or other entity, depending on what is agreed upon after the incident. Timely dissemination of this number (via every available media outlet) ensures the public is quickly able to report a missing loved one to the appropriate authorities. Although numerous organizations and agencies will establish other telephone numbers and/or web sites where the public can register the names of missing individuals, this information is rarely shared with the authorities responsible for the missing persons and identification effort. Therefore, the MF FAC must clearly define its purpose and its status as the only official entity responsible for missing persons and identification efforts.

Along with disseminating this number to the public, MF FAC officials should also transmit the number to relevant local, state and federal agencies, thus ensuring callers are directed to the appropriate number.

4.1.12 Incident Command Structure

An organizational chart for the MF FAC is outlined below and shall be modified to meet incident-specific needs. The State of Louisiana ESF-8 LDH shall maintain a NIMS compliant organizational structure at all times.

4.2 Family Assistance Organizational Chart





During a mass fatality response, the Mass Fatality Family Assistance Center serves as an “information hub.” At the MF FAC, information is exchanged between the authorities in charge of the response and the affected public (particularly surviving family members). In addition to the exchange of information, incident specific services (e.g., psychosocial, spiritual, housing services) may be offered. Management must carefully assess and implement protocols to meet the needs and challenges of establishing and running the MF FAC.

For the purposes of maintaining daily operations, a Director will be appointed to the MF FAC. Depending on the established command structure, the Director will report either to the State of Louisiana ESF-8 LDH, Mass Fatalities Branch Chief, or the Operations Section Lead. Responsibility for the management of a MF FAC during the response effort belongs to the State of Louisiana ESF-8 LDH. Depending on the incident and resulting needs of the public, MF FAC response efforts can vary from relatively simple to quite complex. Therefore, appointing a single point of authority is necessary for maintaining command and control of MF FAC operations. The MF FAC Director is responsible for day-to-day operations, as well as the coordination of MF FAC operations with recovery and morgue operations.

Maintaining Daily Operations

Once the MF FAC response begins, the MF FAC director must continually monitor daily operations and activities and make adjustments to operational procedures as necessary. To avoid confusion and conflicting information, all changes to MF FAC procedures must be made and/or approved by the MF FAC Director. After appropriate approval, careful and methodical dissemination of these changes will be made to MF FAC personnel.

Additionally, constant communication between the MF FAC Unit leads and the MF FAC Director ensures adequate staffing and serves the affected individuals in the best possible manner.

Careful observation by the MF FAC Director, as well as strong communication with MF FAC personnel, ensures all personnel follow MF FAC procedures. If violations of operational



procedures are discovered, the MF FAC director should immediately take measures to correct the infraction(s).

Sample Forms and Documents for FAC – Establishing Operations

- Attachment A: Sample Briefing Agenda



FAC – Establishing Operations: Attachment A

SAMPLE BRIEFING AGENDA

(NOTE: Not inclusive as specific details will vary from incident to incident)

For the initial briefings (and as needed):

1. Introductions (introduce agencies and individuals involved with the MF FAC)
2. Purpose (describe purpose of the MF FAC)
3. Schedule of daily operations at the MF FAC:
 - A. Meals
 - B. Briefings
 - C. Interview schedule
 - D. Hours of operations
4. Procedures:
 - A. Ante-mortem interviews
 - B. Obtaining medical care (both physical and mental)
 - C. Remains shipping (where applicable)
 - D. Obtaining needed information and documentation from authorities (death certificates, autopsy reports, etc.)
5. Briefings from other local, state, tribal, and federal representatives as appropriate
6. Questions from family members
7. Reminder of next briefing
8. Any additional info as needed and dismiss

All other briefings:

1. Introduction (especially individuals not introduced in earlier briefings)
2. Briefings from other local, state, tribal, and federal representatives as appropriate
3. Answer questions
4. Announce time and date of next briefing
5. Dismiss



4.3 Logistics and Staffing

Logistics

The purpose of the Logistics Unit is to coordinate the acquisition, maintenance, and eventual return or discontinuance of equipment supplies and services. Efficient coordination of logistical operations at the MF FAC is integral to providing sufficient and adequate resources in a timely manner. The Logistics Unit structure can vary greatly from incident to incident depending on the size and complexity of the response, the agencies involved in the response, and the overall response Incident Command Structure (ICS). The MF FAC Logistics Supervisor will be responsible for coordinating the acquisition of needed resources.

The Logistics Coordinator is responsible for:

1. Setting up and maintaining the MF FAC facility
2. Ordering, maintaining, and tracking equipment and supplies
3. Providing or coordinating the acquisition of communication resources
4. Establishing food services
5. Providing transportation for families (where applicable)
6. Coordinating the basic medical services to MF FAC visitors and personnel
7. working with MF FAC leadership to establish MF FAC service and support needs
8. Coordinating with local, state and federal agencies/organizations to create and follow procedures for the acquisition and return of resources

Staffing

Initial staffing requirements at the MF FAC will be incident specific and cannot be assessed until key stakeholders involved in the response have begun planning for MF FAC operations. Should the MF FAC operations continue beyond an initial 2-3 week period, backfill of personnel will be necessary; therefore, a Staffing Coordinator must be designated. The Staffing Coordinator is responsible for coordinating personnel backfill based on the MF FAC's ongoing needs. As the incident command structure will vary from incident to incident, it is impossible to identify a specific agency or entity responsible for staffing until after an incident occurs. State, federal, private sector, and/or NGOs will be responsible for obtaining backfill personnel from their respective agencies. The MF FAC Staffing Coordinator must maintain close communication and



coordination with relevant agencies to ensure proper staffing of the MF FAC and to avoid understaffing and overstaffing.

The Staffing Coordinator is responsible for:

1. Obtain essential personnel when establishing the MF FAC
2. Coordinate with supporting agencies and organizations and/or the Incident Planning Section for staff backfill (as needed throughout the course of MF FAC operations)
3. Coordinate evolving and changing staffing needs with the MF FAC leadership
4. In conjunction with the Transition plan (See [Transition Plan](#) Section) and MF FAC leadership, coordinate the reduction and eventual termination of staffing

4.3.1 Logistics and Staffing-Resource Needs Evaluation

Working with MF FAC leadership, the MF FAC Logistics Unit Supervisor should determine needs for:

- Facility
 - Square footage (e.g. the minimum necessary for an adequate MF FAC)
 - Rooms or the ability to create rooms or private or semi-private areas for interviewing purposes (through the use of temporary wall units) for family interviews
 - Rooms or areas within the facility for a specific use (records storage, IT equipment, etc.)
 - Restroom facilities
 - Parking
 - Building security
 - Infrastructure requirements
 - Water
 - Electricity
 - Heat /air conditioning
 - Telephone
 - Cable and internet
 - Lighting
 - Access for persons with disabilities
 - Building maintenance
 - Cleaning services
 - Repair and building upkeep
 - Weekend and or emergency contact numbers for building maintenance
- Work areas
 - Tables



- Chairs
- Access to electricity and phone lines
- Equipment
 - Determining equipment needs by unit (see “Equipment, Information Technology and Supplies” in each section)
 - Determining equipment for general use (e.g., copy machines, shredders, televisions)
 - Determining procedures for obtaining and returning equipment
 - Determining procedures for equipment maintenance
 - Tracking accountable property ([Attachment A](#))
- Supplies
 - Determining office supplies and equipment needs by unit (see “Equipment, Information Technology and Supplies” in each section)
 - Cleaning and maintenance supplies
- Food Services
 - Estimating number of family members and staff to be fed daily
 - Determining what meals, snacks and other refreshments the MF FAC will provide based on operational hours (e.g., breakfast, lunch and/or dinner)
- Transportation Services (where applicable)
 - Transportation to medical facilities, airports, trains, and bus stations
 - Transportation to lodging
 - Other locations as needed for the specific incident
- Medical Services
 - First aid station staff and supplies
 - Advanced life-saving services (e.g., AED devices)
 - Others as dictated by specific needs at the MF FAC

Staffing Needs Evaluation

Working with MF FAC leadership and applicable stakeholders, the MF FAC Staffing Coordinator will determine needs for:

- Number of needed personnel by unit
- Skill sets needed by unit
- Agency/organization to provide personnel
- Establishment of procedures for requesting personnel (initial staff and backfill)
- Schedules based on hours of operations and desired coverage by unit (as directed by MF FAC leadership)

Acquisition of Resources and Services



Acquisition of necessary resources and services may occur in one or more of the following ways:

1. Local authorities will provide resources at their own discretion.
2. State and federal resources will typically work with the agency in charge of the entire mass fatality response and provide services to the MF FAC through coordination with the MF FAC Logistics Unit.
3. Outside responding agencies/organizations may supply resources and services at their own discretion.
4. Contracts and Memorandums of Understanding (MOUs) should be used whenever possible to clearly outline roles and responsibilities, and to clarify and manage expectations.

Regardless of how resources and services are initially provided, the Logistics Unit must ensure the continued support of these necessary resources and services.

NOTE: *When a responding agency/organization provides their own equipment and other resources, they are typically responsible for required upkeep and maintenance. However, the Logistics Unit should be available for support when necessary.*

In order to acquire and manage the resources needed for the MF FAC, the Logistics Unit Supervisor must:

- Obtain the necessary acquisition forms and/or procedures
- Based on the Resource Needs Evaluation, request necessary resources
- Work closely with the Administration and Finance Unit to ensure resource acquisitions are properly executed and no unauthorized purchases or acquisitions have been made

Equipment and Supplies

The Logistics Unit is responsible for all supplies and equipment utilized by the MF FAC. In order to facilitate the tracking and return of accountable property/equipment, the Logistics Unit should create an inventory log. Accountable equipment may include, but is not limited to:

- Computers, monitors, keyboards, etc.
- Copiers/printers/scanners/fax machines
- Network equipment
- Other accountable equipment with property tags



The Logistics Unit is also responsible for ordering and receiving consumable supplies, and an inventory log will facilitate the reordering of supplies when necessary. Consumable supplies may include:

- Case folders
- Hanging file folders
- Paper
- Pens
- Copier toner
- Printer ink
- Paper clips
- Sticky notes
- Tape
- Staples
- Paper towels
- Blank CDs
- Others as needed

The Logistics Unit should coordinate the delivery, installation, and servicing of equipment and property:

- All accountable property received by the Logistics Unit Lead or their appointee must be accompanied by a detailed receipt (see [Attachment A](#)).
- The Logistics Unit should establish procedures for servicing and repairing MF FAC equipment, including maintaining a record of contact names and numbers for repair and service agencies, requesting repair or service as needed, and maintaining a record of repairs and servicing along with associated receipts and invoices
- For security reasons, MF FAC Security Unit personnel may need to serve as an escort for delivery and installation personnel.

Maintain a log of accountable property indicating when property was received and removed from the MF FAC (see [Attachment B](#): Property Inventory Log). Work with MF FAC Director and other MF FAC leadership to coordinate the return of equipment and discontinuance of services as part of the Transition Plan (see [Transition Plan](#) Section) or when no longer needed. When equipment is returned to appropriate agency/organization, the donor should complete a return receipt (see [Attachment A](#)). When accountable property is removed from the MF FAC, Logistics Unit



personnel must obtain a signed receipt noting that the property was removed (see [Attachment A](#)).

Personnel

The number and type of personnel staffing the MF FAC depends on the construct of the MF FAC, as well as responding agencies/organizations. Personnel staffing should be coordinated between the MF FAC Director, the MF FAC Staffing Coordinator, the planning section at the Emergency Operations Center (EOC), the Command Center (IRCT), or the Joint Field Office (JFO), and individual responding agencies/organizations. Regardless of which agency requests personnel, the MF FAC Staffing Coordinator should maintain a schedule of all personnel to ensure adequate staff levels.

To ensure adequate staffing, the MF FAC Management and Staffing Coordinator should:

- Establish shifts and staffing needs per shift by working with the MF FAC Director and individual unit leadership
- Establish and maintain a schedule by MF FAC Unit
- Determine the procedures for requesting additional or backfill personnel from the appropriate section in the EOC, IRCT, JFO or other appropriate location
- Request personnel through the proper channels as per established procedures
- Establish the procedures for MF FAC Units to request additional or backfill personnel from the MF FAC Staffing Coordinator
- Continually review personnel needs and adjust as needed (**NOTE:** *As the MF FAC operations change over time, so will staffing needs*)

Sample Forms and Documents for FAC – Logistics and Staffing

- Attachment A: Accountable Property Receipt
- Attachment B: Property Inventory Log



FAC – Logistics and Staffing: Attachment A

ACCOUNTABLE PROPERTY RECEIPT

Date: _____

Transferring Agency: _____

Property Manager (or representative): _____

Phone: _____

Email: _____

Delivery Location: _____

Property Number	Description	Serial Number	Other

Receiving Agency: _____

Property Manager (or representative): _____

Phone Number: _____

E-mail: _____





4.4 Security

Rigorous security for the MF FAC is essential for the safety and well-being of MF FAC personnel, family members and other visitors, as well as the sensitive and private records stored there. Visible security force will demonstrate commitment to safety and security to the public and can deter potential disruptions to MF FAC operations. The Security Unit at the MF FAC will work closely with the Reception Unit to control access to the center and to credential all staff and visitors.

As MF FAC personnel, family members, and friends and other associates of the missing and presumed dead will be present at the center on a daily basis, security and safety must be provided. Additionally, there may be individuals seeking to gain entrance to the MF FAC under false pretenses. Security Unit personnel must be prepared to deal with unwanted visitors. If an unauthorized visitor does not leave immediately, Security Unit personnel must act quickly and decidedly to prevent unnecessary and excess stress to the staff and visitors. Ensuring that all visitors to the MF FAC are authorized will help to mitigate problems associated with unauthorized and potentially disruptive visitors. Security Unit personnel must also be sensitive to possible disruptions caused by distraught family members, friends and other associates of the missing and presumed dead. Disruptions can be as benign as a simple argument or as violent as a physical confrontation. Understanding that individuals have just suffered a great loss, they should be dealt with firmly, professionally, and compassionately.

The primary mission of the MF FAC is the gathering of ante-mortem information on the missing and presumed deceased. Some of this information is personal and private, and therefore demands a high level of security. Ante-mortem information will be stored at the MF FAC both in hard copy and soft copy (electronic). Additional responsibilities include patrolling and ensuring the security of MF FAC facilities, as well as associated parking areas and structures. The MF FAC is not immune to burglary or vehicle break-ins, and routine patrols will help ensure that the MF FAC remains safe and crime-free.



4.4.1 Considerations and Assumptions

- A. Operational hours for the MF FAC will be determined by the event, the needs of the affected community, and the availability of needed resources, both in terms of personnel and hard assets.
- B. Once the site for the MF FAC has been identified, security should be in place 24-hours a day through the duration of the center's operations.
- C. Ideally, public law enforcement (local, state or federal) should be assigned the duty of coordinating, supervising and, when feasible, providing security for the MF FAC.
- D. If local public law enforcement is unable to support the MF FAC, outside agencies from the federal government, other states or private industries can provide security services.
- E. Regardless of who provides support, Security Unit personnel must be appropriately trained, uniformed, and armed at all times.

4.4.2 Roles and Responsibilities

A. Lead Agency:

- 1. Secures and establishes security operations
- 2. Works with other agencies to obtain needed resources
- 3. Creates policy on how workers and visitors are allowed to gain entrance to the MF FAC (for example, determining what credentials are required to enter the MF FAC)
- 4. Has final authority on all security operations
- 5. Not necessarily located at the MF FAC

B. Security Manager:

- 1. Develops the organizational chart (see [Attachment A](#))
- 2. Establishes procedures to enforce security policies established by the Lead Agency
- 3. Responsible for staffing and scheduling
- 4. Coordinates with other MF FAC Units
- 5. Prepares daily and periodic reports as needed
- 6. Located at the MF FAC
- 7. Coordinates with Reception Unit Supervisor for credentialing staff and visitors

C. Security Supervisor:

- 1. Serves as a working supervisor for Security Guards
- 2. Uses judgment and initiative to resolve security issues
- 3. Performs Security Guard duties
- 4. Reviews utilization and maintenance of security equipment
- 5. Prepares daily and periodic reports for Security Manager
- 6. Takes predetermined action and renders first aid in emergencies



7. Assists in the development of security policy and procedures
8. Communicates with visitors and personnel about security needs and problems

D. Security Guards:

1. Reports to the on-duty security supervisor
2. Uses established security policy to determine who is allowed to enter the MF FAC
3. Patrols inside and outside of the MF FAC on a scheduled basis
4. Completes reports (e.g., patrol checklists)
5. Issues identification badges for MF FAC staff
6. Monitors front entrance
7. Issues MF FAC badges to family members and other visitors

4.4.3 Procedures

A. Maintaining Security Unit staffing:

1. A daily schedule should be maintained (see [Attachment B](#)).
2. This schedule should be made available to all MF FAC personnel.
3. A security organizational chart should be established, evaluated daily, updated as needed, and made available to all MF FAC personnel.

B. Maintaining contact information for all Security Unit personnel and MF FAC Unit leads:

1. Contact information, including cell phone numbers, e-mail addresses, and other means of communication should be available to Security Unit personnel at all times (see [Attachment C](#)).
2. The contact list should be evaluated daily and updated, as needed.

C. Controlling entrance to the MF FAC (in conjunction with the Reception Unit):

1. Verify that all visitors have a valid, official purpose for visiting the MF FAC.
 - a) Security Unit personnel should verify with the appropriate MF FAC Unit Manager, the MF FAC Director or designee.
2. If the visitor should be allowed entry to the MF FAC, verify their identity.
 - a) Consult the list of agencies and personnel who can enter the MF FAC with only an agency-issued photo ID. This list will be developed by the Lead Security Agency and should be evaluated and updated as needed.
 - b) If the individual does not have the appropriate photo identification, MF FAC identification must be issued.
 - i. If the visitor will be visiting the MF FAC for a short period of time (e.g. repairmen, service technicians, media representatives, delivery personnel), they should be issued a visitor's badge identified by a unique number.



- II. When applicable, a delivery receipt, work order, service order or other documentation showing the purpose of their visit must be presented.
- III. Security should maintain a list of expected or scheduled visitors, and should be compared against this list.
- IV. The visitor should present photo identification and state the nature of his or her visit.
- V. MF FAC personnel must accompany individuals with a visitor's badge at all times.
- VI. All other visitors should apply for official MF FAC identification. Security Unit personnel should have the visitor complete the appropriate MF FAC ID application form.
 - New MF FAC personnel should complete a "Personnel Application for MF FAC ID Badge" and will be given photo identification. Such identification grants access to the entire MF FAC (see [Attachment D](#)).
 - Family members should complete a "Family Application for MF FAC ID Badge" (see [Attachment E](#)).
 - If the mass fatality is a closed incident with a manifest or other list of the deceased, the registering visitor should be checked against the list. Alternatively, if the mass fatality is an open incident with no manifest or true list of the missing, each visitor must prove or illustrate their relationship to the reported missing and understand the severe penalties for false claims.
 - Approved family members will be given a photo identification badge. This badge should grant access to family/public areas, but require an MF FAC escort in all other areas.

D. Patrolling parking facilities:

1. Security must routinely patrol parking lots and monitor vehicles.
2. Security should be aware of individuals loitering in parking lot
3. Security should escort MF FAC personnel to their vehicles after dark.
4. Security should also maintain a log (see [Attachment F](#)) of personnel vehicles (including color, make, model and license plate information).

E. Patrolling the building:

1. Routinely patrolling MF FAC exteriors ensures that exterior doors and other entrances are locked and/or secured. Forms should be used to document exterior security patrols (see [Attachment G](#)).



2. Interior routine patrols ensure the security of storage rooms, supply closets, record rooms, and other areas as deemed necessary. A log for interior patrols should be developed and maintained (see [Attachment H](#)).

Equipment, Information Technology, and Supplies

- Badge making equipment and supplies
- Digital camera
- Lanyards
- Temporary numbered badges
- Telephone
- Radios
- Flashlights
- Computers with standard office software
- Office supplies (e.g., pens, paper, folders)
- Clipboards
- Secure file storage
- Table and chairs
- Uniforms and security equipment

Sample Forms and Documents for FAC – Security

- Attachment A: Security Organizational Chart
- Attachment B: Security Schedule
- Attachment C: Security Contact Sheet
- Attachment D: Personnel Application for MF FAC ID Badge
- Attachment E: Family Application for MF FAC ID Badge
- Attachment F: Personnel Vehicle Log
- Attachment G: Exterior Security Patrol Log
- Attachment H: Interior Security Patrol Log

FAC – Security: Attachment A

SECURITY ORGANIZATIONAL CHART





FAC – Security: Attachment B

SECURITY SCHEDULE

Date: _____

SHIFT 1 (700-1900)			
Position	Name	Phone	Email
Shift Lead			
Inside Officer			
Insider Officer 2			
Outside Officer 1			
Outside Officer 2			
SHIFT 2 (1900-700)			
Position	Name	Phone	Email
Shift Lead			
Inside Officer			
Insider Officer 2			
Outside Officer 1			
Outside Officer 2			



FAC – Security: Attachment C

SECURITY CONTACT SHEET

POSITION	AGENCY	NAME	PHONE	ALT. PHONE	EMAIL
FAC Director					
FAC Deputy Director					
Logistics					
Reception					
Security					
Call Center					
Data Management					
Intake					
IT/IR					
Dental					
DNA					
Pathology					
Family Affairs					
Chaplain					
Red Cross					
Mental Health					
Medical					
Legal					
Volunteer Management					
NTSB					
FBI					
Building Maintenance					
PIO					
Team Lead					
On-Site Lead					
Supervisor					
Security Unit					
Security Lead					
Morning Shift Lead					
Night Shift Lead					
Officer					
Officer					
Officer					



FAC – Security: Attachment D

PERSONNEL APPLICATION FOR MF FAC ID BADGE

NAME: _____

ADDRESS: _____

HOME/OFFICE PHONE: _____ CELL PHONE: _____ EMAIL: _____

HOME AGENCY: _____

HOME AGENCY CONTACT:

NAME: _____ TITLE: _____ PHONE: _____

MF FAC UNIT: _____ SUPERVISOR: _____

POV (if parking in facility parking lot):

MAKE: _____ MODEL: _____ COLOR: _____ LICENSE PLATE: _____

MAKE: _____ MODEL: _____ COLOR: _____ LICENSE PLATE: _____

PHOTO IDENTIFICATION:

TYPE: _____ NUMBER: _____ EXP DATE: _____

AGENCY IDENTIFICATION (if applicable):

TYPE: _____ NUMBER: _____ EXP DATE: _____

NOTES: _____

BADGE NUMBER: _____

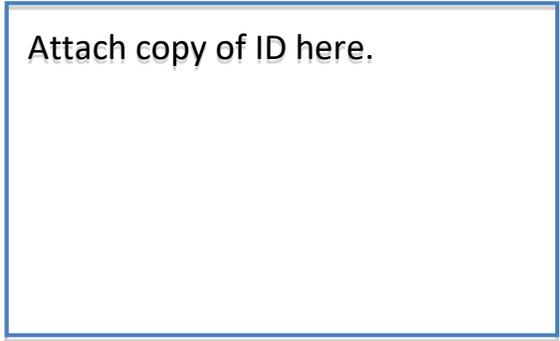
EXP. DATE: _____

DATE OF APPLICATION: _____

TIME: _____

OFFICER: _____

OFFICER SIGNATURE: _____





FAC – Security: Attachment E

FAMILY APPLICATION FOR MF FAC ID BADGE

NAME: _____

ADDRESS: _____

HOME/OFFICE PHONE: _____ CELL PHONE: _____ EMAIL: _____

LOCAL PHONE: _____

HOTEL/LOCAL RESIDENCE: _____

PURPOSE OF VISIT:

FILE MISSING PERSONS REPORT: _____

MISSING PERSONS NAME(S): _____

OTHER: _____

PHOTO IDENTIFICATION:

TYPE: _____ NUMBER: _____ EXP DATE: _____

Attach photocopy of ID.

NOTES:

BADGE NUMBER: _____

EXP. DATE: _____

DATE OF APPLICATION: _____

TIME: _____

OFFICER: _____

OFFICER SIGNATURE: _____

Attach copy of ID here.



4.5 Reception

At reception, visitors are greeted, credentialed, and directed to the appropriate MF FAC Unit. Typically, Reception Unit personnel will be the first to greet visitors. Additionally, Reception Unit personnel are responsible for maintaining a log of all individuals entering and exiting the MF FAC. Reception Unit personnel work closely with Security Unit personnel to properly credential all individuals entering the MF FAC.

4.5.1 *Consideration and Assumptions*

- A. Since Reception Unit personnel will often be the first point of contact between MF FAC staff and families of the deceased, serious consideration should be given to the personnel assigned to reception duty.
- B. The receptionist must be compassionate and pleasant. Additionally, the receptionist must understand MF FAC operations and possess the ability to direct family members and other visitors to the appropriate MF FAC unit as appropriate.
- C. Reception Unit personnel should work with the Security Unit to ensure that all visitors to the MF FAC are properly credentialed before entering.
- D. For reasons of security, safety, and accountability, the Reception Unit must maintain accurate Sign-In Logs for all individuals entering the MF FAC (see [Attachment A](#) and [Attachment B](#)).

4.5.2 *Roles and Responsibilities*

4.5.2.1 *Reception Supervisor*

- 1. Reports to the MF FAC Director
- 2. Assists in the development of Reception Unit policy and procedures
- 3. Ensures adequate reception coverage during family visiting hours
- 4. Coordinates with other MF FAC units
- 5. Serves as a working supervisor for Reception Unit personnel
- 6. Uses judgment and initiative to resolve Reception Unit issues
- 7. Reports any issues to the MF FAC Director or other management as appropriate
- 8. Prepares daily and periodic reports of visitors to the MF FAC
- 9. Communicates with visitors and staff



10. Ensures reception unit maintains necessary supplies (forms, office supplies, etc.) and copies of all Sign-In Logs
11. Coordinates with the Security Unit Supervisor for the credentialing of all staff members and visitors as well as any other issues involving both units.

4.5.2.2 *Receptionist*

1. Greets all MF FAC staff and visitors
 - a) Must be polite, courteous, attentive and sensitive to the visitor's emotional state (many will be upset and confused)
 - b) Must be knowledgeable of all MF FAC operations and units
2. Works with Security Unit personnel to credential staff and visitors
3. Ensures that any person entering and exiting the MF FAC logs in and out
4. Directs visitors to MF FAC units as necessary
5. Prepares staff and visitors Sign-In Logs for next shift (see [Attachment A](#) and [Attachment B](#))
6. Files staff and visitors logs

4.5.2.3 *Procedures*

A. Greeting Visitors

1. Reception Unit personnel should warmly greet all visitors which will:
 - a) Set the mood for the visit
 - b) Make family members and other visitors feel welcome
2. Reception Unit personnel must determine the nature of the visit and verify that visitors are in the proper location
3. Reception Unit personnel will work with Security Unit personnel to determine if the visitor has the proper security credentials to enter the MF FAC. If visitor does not have proper security credentials, they will be directed to the Security Unit where they can be issued proper credentials.
4. Properly credentialed visitors and staff must sign the appropriate Sign-In Log
 - a) Visitor Sign-In Log (see [Attachment A](#))
 - b) Staff Sign-In Log (see [Attachment B](#))
5. Visitors with proper security credentials should be directed to the appropriate MF FAC unit based on their needs. Depending on the visitor and the nature of their visit, the appropriate MF FAC unit may need to escort the visitor

B. Maintaining Complete and Accurate Sign-In Logs

1. Upon entering and exiting facility ALL must log and out
2. Reception personnel must prepare Sign-In Logs for the next shift and maintain sufficient blank copies for future use.



3. In order to ensure the security and integrity of Sign-In Logs they must be kept in a secure location (e.g., locking file cabinet)
4. As possible, scan logs into .pdf format for electronic retention purposes

Equipment, Information Technology and Supplies

- Computer with internet capability, networked printer, and standard MS Office software
- Telephone
- Security radio (to ensure constant communication between the Security Unit and Reception Unit)
- Office supplies (e.g., paper, pens, paper clips, stapler)
- Desk or table and chair(s)
- Locking file cabinet

Sample Forms and Documents for FAC - Reception

- Attachment A: Staff Sign-In Log
- Attachment B: Visitor Sign-In Log



4.6 Support Services

While the primary objective of the MF FAC is collecting ante-mortem information about the reported missing and working with families to release identified bodies, the MF FAC often offers additional support services. A successful MF FAC will offer additional support services not only to the families and friends of the deceased or reported missing, but also to MF FAC personnel. The variety of support services offered at the MF FAC is determined by the scope of the mass fatality, family and personnel needs, and the availability of services. Support Services' space and equipment needs should be determined and considered prior to establishing additional support services.

4.6.1 Considerations and Assumptions

Various agencies and organizations may be called upon to provide support services for families and staff. Having Memoranda of Understanding (MOUs) and/or contracts in place prior to an incident can expedite the acquisition of needed services. Although many agencies will provide services free of charge, it is important to discuss compensation prior to initiating support services. MF FAC leadership must give final approval before agencies/organizations begin support services.

4.6.2 Nutritional Services

As family members will require nourishment during their visit, it is common for the MF FAC to feed families and friends of the deceased and reported missing. Additionally, food is typically provided to MF FAC personnel because of the intense work and to minimize downtime.

NOTE: *Family members and MF FAC personnel should have separate dining areas.*

The number of meals offered per day will depend on the MF FAC hours of operation. In addition to regularly scheduled meals, Nutritional Services should offer beverages and light snacks. When possible, consideration should be given to individual dietary needs (see [Attachment A](#) for typical dietary restrictions/practices).



Possible sources for Nutritional Services:

- Red Cross
- Salvation Army
- Victim Relief Ministries
- Local restaurants
- Local civic and fraternal organizations

4.6.3 *First Aid Services*

Limited First Aid services should be available at the MF FAC. This may include, but is not limited to:

- Non-prescription medications
 - Pain relievers
 - Heartburn/indigestion medication
 - Ointments
 - Eye drops/eye wash
 - Anti-nausea medication
- Treating minor cuts and abrasions
- Taking vital signs (e.g., blood pressure, temperature, heart rate)
- Treating minor sprains and strains
- cursory eye examinations (e.g. checking for foreign objects)
- Prescription assistance: It is not uncommon for family members rush to the MF FAC without their prescription medications. When this occurs, family members often need support to obtain their prescriptions (e.g. transportation to a pharmacy).

Visitors or personnel requiring medical care beyond the scope of services provided at the MF FAC should be referred to a local clinic or hospital. In the event of a serious emergency, 911 should be utilized.

Possible sources for First Aid Services:

- Disaster Medical Assistance Team (DMAT)
- United States Public Health Service
- Red Cross
- Local medical professionals on a volunteer basis (**NOTE: In this case, professional liability issues should be considered prior to enlisting the support of such volunteers.**)



4.6.4 Psychosocial/Spiritual Support Services

When dealing with a sudden loss, family members often require mental, emotional or spiritual care, typically referred to as Psychosocial/Spiritual Support Services. Additionally, due to the nature of their job, MF FAC personnel may also require Psychosocial/Spiritual Support Services. Psychosocial/spiritual support may be provided on-site or referrals can be made for off-site agencies. Only individuals with appropriate training and experience should provide psychosocial/spiritual support. Psychosocial/spiritual support provided by the MF FAC is only intended to be temporary. Cases requiring long-term support should be referred to professional outside resources.

Additionally, the MF FAC must carefully consider religious customs when providing psychosocial/spiritual support. In order to accommodate a wide-range of religious backgrounds, it is important to offer diverse psychosocial/spiritual support.

Possible sources for Psychosocial/Spiritual Support Services:

- DMAT
- Red Cross
- Victim Relief Ministries
- Local Voluntary Organizations Active in Disaster (VOAD) organizations
- United States Public Health Services

4.6.5 Housing Services

In non-aviation incidents, the MF FAC does not directly handle housing, but should provide referral information for those in need of temporary housing. Housing for MF FAC personnel is typically handled by their respective agencies/organizations. After an aviation mass fatality, however, the airline's insurance carrier will arrange hotel accommodations for surviving family members. In these instances, the MF FAC also is typically located in the same hotel for convenience and security. In order to provide privacy for families and to ensure MF FAC personnel have sufficient time for rest away from the work place, MF FAC staff should be housed at hotels separate from family members.



Possible resources for Housing Services:

- Red Cross
- Salvation Army
- Local religious organizations/churches

4.6.6 *Children's Play Area*

The collection of ante-mortem data is time consuming (up to two hours to complete the full eight-page VIP form) and requires the full attention of families and MF FAC personnel. The presence of children during this process can be distracting and stressful. Where possible, the MF FAC should establish a safe and secure children's play area complete with appropriate toys, books, videos, and other forms of entertainment. For liability reasons, parents must supervise their own children, and the MF FAC should *not* provide personnel to supervise children. However, MF FAC personnel should monitor the play area to ensure the cleanliness and safety of the area on a daily basis.

Possible resources for establishing and maintaining a Children's Play Area:

- Red Cross
- Victim Relief Ministries
- Local religious and civic organizations
- Local businesses (donations of toys, books, videos, etc.)
- Children's relief agencies

4.6.7 *Transportation Services*

Although the MF FAC does not normally provide transportation services, exceptions may occur. Such exceptions could include transportation to a medical facility or pharmacy, transportation to and from the airport, train, and/or bus station, as well as unexpected emergencies.

Possible sources for Transportation Services:

- Local religious and civic organizations
- Law enforcement agencies
- Local transportation services



Following an aviation mass fatality, the airline's insurance carrier will arrange transportation for surviving family members:

- To and from the MF FAC
- To and from the crash site (organized visits for surviving family members at specific time(s) and date(s))
- Other requests as needed

Sample Documents and Forms for FAC – Support Services

- Attachment A: Dietary Considerations



FAC – Support Services: Attachment A

DIETARY CONSIDERATIONS

Religion/Practice	Typical Practices or Restrictions
Buddhism	Buddhists are typically discouraged, but not prohibited, from consuming meat.
Eastern Orthodox Christianity	Eastern Orthodox requires fasting on numerous days and throughout the year. During a fast, meat and animal products, dairy products, fish, oil, and alcohol are prohibited.
Gluten Free	Gluten is a protein found in all forms of wheat, rye, barley, and oats, and their food products. It is used as a food additive or stabilizing agent, and can be found in food or food products that are not grain-based. People who refrain from eating gluten usually have a wheat allergy or celiac disease. Gluten free alternatives for many foods are widely available in many grocery stores.
Hinduism	Hinduism forbids the consumption of beef and generally discourages the consumption of pork. Other meats are permissible, though a vegetarian diet is encouraged. There are also a number of days of fasting for Hindus.
Islam	Islam categorizes food into two categories generally, haram (prohibited) and halal (permitted). Halal meat must be slaughtered in specific manner. Pork and alcohol are haram, as are foods with alcohol or pork-based products. Fasting during daylight is expected for all Muslims (with some exceptions for health and age) from all food and drink during the Islamic month of Ramadan.
Judaism	Jewish dietary restrictions are referred to as kosher (Kashrut). Meat from any animal that does not chew its own cud or lacks cloven hooves is prohibited. Animals for consumption must be slaughter in a specific manner. Shellfish are prohibited. Meat and dairy during the same meal is prohibited. Utensils used with non-kosher food are unusable with kosher food. Leavened bread is restricted during Passover. Fasting is practiced during specific holidays.
Mormonism	Alcohol, coffee, tea, and other beverages containing caffeine are discouraged or prohibited. Fasting is practiced, usually during the first Sunday of the month.
Protestants	During Lent, some Protestants may practice the fasting of a specific food item.
Roman Catholicism	Catholics are expected to refrain from eating meat during Friday, but this is done most often during Lent when a more general fasting is also practiced.
Seventh-Day Adventism	Seventh-Day Adventism prohibits the consumption of pork, shellfish, alcohol, and caffeine. A vegetarian diet is encouraged for Seventh-Day Adventist and many practice vegetarianism.
Sikhism	Some sects of Sikhism encourage vegetarianism.
Vegan	All animal foods, eggs and dairy products are prohibited. Only plant foods and products are permitted for consumption.
Vegetarian	Vegetarianism is an individual mandate, and therefore differs from person to person. Almost always, meat, poultry, fish, crustaceans, shellfish or products of animal slaughter are prohibited, but eggs and dairy products are usually permitted. Some vegetarians may consume fish or crustaceans, but refrain from the meat of land-based animals.

NOTE: This chart is not intended to be an exhaustive list of all dietary restrictions or all dietary practices.



4.7 Call Center

The MF FAC Call Center receives calls and determines caller needs. Through the use of a Call Center Telephone Script, Call Center personnel direct callers either to the appropriate MF FAC unit or outside agencies/resources (See [Attachment A](#)).

4.7.1 Considerations and Assumptions

- A. As soon as the MF FAC phone number is published, calls from the public can easily overwhelm the MF FAC if appropriate resources are not given to the Call Center.
- B. History has shown that if calls are not properly answered, individuals will continue to call until satisfied and call volume will increase.
- C. Call Center Unit personnel must be updated on the most current information concerning the mass fatality response and understand what information can and cannot be released to the public.
- D. A voicemail system can handle calls during non-operational hours if messages are promptly retrieved and calls addressed.

4.7.2 Roles and Responsibilities

4.7.2.1 Call Center Supervisor

1. Reports to MF FAC Director
2. Assists in the development of Call Center policy, procedures, scripts, and additional documents (e.g. address and directions to the MF FAC from multiple locations, list of outside agencies, list of area codes, any official statements to be read by Call Center operators, directions for operating phones, instructions for transferring calls)
3. Schedules Call Center personnel
4. Maintains records of calls
5. Ensures Call Center personnel follow appropriate procedures, and when necessary, resolves issues with problem/trouble callers
6. Maintains Call Center supplies (call forms, office supplies etc.)
7. Reports issues to the MF FAC Director or other management as appropriate
8. Ensures that voicemail messages received during non-operational hours are retrieved and responded to in a timely manner
9. In conjunction with MF FAC management and agencies/organizations outside the MF FAC, maintains a list of resources available to the public and incorporates the list into procedures when appropriate



4.7.2.2 *Call Center Operator*

1. Answers incoming calls, transfers to appropriate unit and/or MF FAC personnel, and, when necessary, receives messages
2. Must be polite, courteous, attentive, and sensitive to the caller's state of mind (many callers will be upset and confused)
3. In order to properly assess the caller's needs and direct them appropriately, the Operator must be knowledgeable of all MF FAC operations and units
4. Provides information to public as needed and permitted
5. Maintains call log of all calls (See [Attachment B](#))

4.7.3 *Procedures*

- A. Incoming Calls
- B. Operators should use the Call Center Telephone Script to answer calls (See [Attachment A](#)).
- C. Once the Operator has determined a caller's needs, they should:
 1. Transfer call to appropriate MF FAC unit, announce the call, and ensure that the call will be properly answered before disconnecting
 2. Provide information to caller as permitted
 3. Take messages when necessary
 4. When appropriate, provide information on the appropriate outside organization to contact for further assistance
 5. If the caller's needs cannot be clearly determined, transfer the call to a Call Center Supervisor for resolution.
 6. Operators must maintain a record of all incoming calls (See [Attachment B](#)).

Equipment, Information Technology and Supplies

- Information forms (e.g. address and directions to the MF FAC from multiple locations, list of outside agencies, list of area codes, any official statements to be read by Call Center operators, directions for operating phones, instructions for transferring calls)
- Unique telephone number for the MF FAC
- Telephone system
- Call logs (See [Attachment B](#)).
- Office supplies (pens, papers message pads, etc.)
- Tables
- Chairs
- Secure storage



Sample Documents and Forms for FAC – Call Center

- Attachment A: Call Center Telephone Script
- Attachment B: Call Log



FAC – Call Center: Attachment A

CALL CENTER TELEPHONE SCRIPT

1. This is the [INSERT LOCATION] Family Assistance Center. **(INSERT YOUR NAME)** speaking.
May I have your name please?
2. **(INSERT CALLER’S NAME)**: How can I get in touch with you if we are disconnected?
3. **(INSERT CALLER’S NAME)**: First, I need to ask you some questions to determine how we can best serve you.
4. Are you looking for a loved one who is missing due to **(INSERT NAME OF FATALITY EVENT)**?
(If YES, continue; If NO, explain to the caller that the [INSERT LOCATION] Family Assistance center is designed to reunite families with the missing or deceased. Depending on the nature of the call, transfer caller to appropriate MF FAC unit or provide information on outside agencies. NOTE: If the caller discovers a body they can identify, the caller may not consider the person missing. Ask questions accordingly.)
5. What is his/her name? *(Ask caller to spell first, middle and last name. If necessary, verify pronunciation).*
6. What is his/her birthday?
7. What is your relationship to **(INSERT LOVED ONE’S NAME)**?
8. How long has it been since you communicated with your loved one?
9. Have you or any other family member given anyone at our center information about your loved one? *(If NO, ask the caller to hold while you transfer them to the Intake Unit. If YES, ask how you can help them today and transfer to the appropriate unit.)*



4.8 Intake

4.8.1 Introduction and Purpose

The fundamental purpose of establishing the MF FAC is to collect ante-mortem data. The United States Government, through the Disaster Mortuary Response Team (DMORT), developed a standard set of questions to gather pertinent ante-mortem information about the reported missing (RM). This information is collected on the eight-page Victim Identification Program (VIP) form (see [Attachment A](#)) during an interview with family and friends of the RM. The interview process is lengthy (approximately two hours) and takes place in-person at the MF FAC or over the phone. The information from the eight-page VIP form is then organized, entered into the VIP database, and provided electronically to the identification center (typically at the morgue). In order to generate identification leads, the identification center compares ante-mortem data to post-mortem data gathered at the morgue.

4.8.2 Considerations and Assumptions

After a mass fatality, the number of reported missing (RM) may be greater than the number of deceased, and the MF FAC must attempt to only collect ante-mortem from those who are truly deceased.

In “open” mass fatalities, the number of victims and their names are unknown and there will likely be many more reported missing cases than deceased. If the number of reported missing is greater than the number of deceased, a missing persons component must identify and separate deceased and reported missing individuals from the list of missing persons originally reported to the MF FAC. This process may be coordinated by the local law enforcement agency typically responsible for missing persons’ cases. If the individual cannot be located, the MF FAC will assume they perished in the mass fatality and begin collecting ante-mortem information from family and friends.

Disaster Mortuary Operations Response Team-Family Assistance Center Team (DMORT- FACT) members with specialized VIP interview training may be deployed (if a presidential declaration is



signed or a governmental entity hires them directly). DMORT can conduct interviews and/or train and supervise intake specialists.

Depending on a family's location relative to the MF FAC, the collection of ante-mortem information can take place in-person or over the phone. Interviews at the MF FAC should be held in private meeting rooms whenever possible. Families should not be asked to complete an interview in public. If private rooms are not an option, the MF FAC should utilize room dividers to provide some measure of privacy.

Intake Unit personnel should be competent and well-versed in the identification process. It is imperative that families feel comfortable and confident with the process. When families receive incorrect or incomplete information, it is detrimental to the family *and* the identification effort. Intake Unit personnel must review the RM case file prior to speaking with a family. Additionally, personnel must document each conversation in the electronic VIP record.

4.8.3 Roles and Responsibilities

A. Intake Unit Supervisor

1. Sets and enforces policy by which families are scheduled for VIP interviews
2. Schedules Intake Specialists and maintains Intake Unit schedule
3. Ensures Intake Unit follows established procedures
4. Reviews intake forms at random for quality control purposes
5. Identifies and resolves intake issues accordingly (further training of specialists, removing specialists from the Intake Unit when necessary, etc.)
6. Works with the Record Management/Data Entry Unit to ensure that information from the eight-page VIP form can be easily and accurately entered into the electronic VIP database
7. Maintains sufficient copies of the eight-page VIP form for every shift
8. Works with MF FAC management and other units to ensure that interview rooms are not only comfortable for families but also supports the collection of accurate ante-mortem data. Interview room requirements include:
 - a) Adequate lighting
 - b) Seating for the interviewer and ten family members
 - c) Adequate supply of water, tissues, writing materials (e.g., paper, pens, pencils), and other items as needed
 - d) Telephone (families may need to make calls to obtain requested information)



- e) Private
- f) Close proximity to restroom (where possible)
- 9. Report issues and/or concerns to MF FAC management as necessary
- 10. Works with other unit supervisors to cross train specialists for work in the Call Center Unit, Record Management/Data Entry Unit, and other MF FAC Units as needed

B. Intake Specialists

- 1. Reviews the RM case file and electronic VIP record prior to speaking with family
- 2. Conducts eight-page VIP interviews with family members and friends of the missing and presumed deceased
- 3. Reviews intake forms for completeness and accuracy, and follows up if additional information is needed
- 4. Inputs VIP information into the VIP database (Although this is normally handled by the Record Management/Data Entry Unit, the Intake Unit may input VIP information depending on the size and nature of the MF FAC)
- 5. Records additional information to previously completed VIP interviews (see [Attachment B](#))
- 6. Refers families and friends to additional services as necessary

4.8.4 Procedures

4.8.4.1 Preparing to interview the family

A. In-person interview:

- 1. Ensure the interview room/location has necessary items (e.g., water, tissues, adequate seating, eight-page VIP interview form)
- 2. Ensure that the room/location is clean, organized, and has adequate seating for all family members
- 3. Review the RM case file and electronic VIP case record
- 4. Greet and escort family members to interview room/location

B. Telephone interview:

- 1. Review the RM case file and electronic VIP record
- 2. Ensure necessary supplies are readily available (e.g., eight-page VIP forms, writing utensils, water)
- 3. Call family contact and identify self by name and agency
- 4. Determine whether this is a good time; reschedule if necessary

4.8.4.2 Preparing the family for the interview

Before beginning the interview, the Intake Specialist should explain:

- A. The overall purpose of interview and how it aids in the identification process



- B. Approximately how long the interview will take (average 1 to 2 hours), stressing that the interviewee should feel free to take breaks when necessary
- C. A general overview of what the interview will cover (e.g., physical description, clothing and jewelry and medical information)
- D. Why personal questions are normal and necessary
- E. The importance of confidentiality: information will be shared only with officials involved in the identification and reunification process and possibly with other MF FAC units only when absolutely necessary
- F. The procedure for obtaining dental information
- G. If DNA will be used in the identification effort, the procedure for obtaining DNA information, and how the DNA identification process works
- H. For in-person interviews, where families can find water, tissues, and any other items needed during the interview process

4.8.4.3 Conducting the interview

The Intake Specialist should complete the eight-page VIP form while collecting ante-mortem information, and:

- A. Write clearly and legibly
- B. Verify information by repeating answers back to the family

4.8.4.4 Concluding the interview

- A. Review information to verify completeness and accuracy
- B. Re-explain the identification process if necessary and answer questions
- C. Direct family to other services as needed
- D. Insure family has provided reliable local contact information should we need to contact them
- E. For in-person interviews: Intake Specialists should escort the family back to the general family area or excuse themselves from the room/location. For telephone interviews: Intake Specialists should provide a contact name and phone number before concluding the call.
- F. Document the intake process in the electronic VIP record (e.g., who was interviewed, who performed the interview, what transpired during the interview)

4.8.4.5 Preparing information for data entry into the electronic VIP database:

- A. Review the eight-page VIP form for completeness
- B. Ensure all information is legible (illegible information will hamper the data entry process)
- C. Contact the family if information is unclear



- D. Pass eight-page VIP forms to the Intake Unit Supervisor or an appointed Intake Specialist for a final review

4.8.4.6 Additional Information:

Often families will not immediately have enough information to complete the entire eight-page VIP form and will return to the MF FAC and/or call with additional information. When this occurs, Intake Unit personnel should use the Additional Information Reporting Form ([Attachment B](#)):

- A. An Intake Specialist (or other personnel specifically trained perform an intake) will complete the Additional Information Form, and depending on the structure of the MF FAC, submit the completed form to the Record Management/Data Entry Unit or enter the additional information into the electronic VIP record.
- B. The Additional Information Reporting Form ([Attachment B](#)) must be complete and legible to prevent errors in data entry.

Equipment, Information Technology, and Supplies

- Computer with access to VIP database
- For in-person interviews:
 - Interview rooms large enough to seat ten adults and one Intake Specialist
 - Table/desk and chairs
 - Office supplies
 - Telephone
 - Tissues
 - Trash receptacle
 - Ice water
 - Adequate lighting (e.g., rooms must be bright and well-lit)
- For telephone interviews:
 - Telephones with high quality headsets
 - Office supplies
 - Table/desk with chair

Sample Documents and Forms for FAC – Intake

- Attachment A: VIP Personal Information Form (eight-page)
- Attachment B: Additional Information Reporting Form



FAC – Intake: Attachment A

VIP PERSONAL INFORMATION FORM

		VIP Personal Information		Incident	
RM #		RM-00001		Page 1 of 8	
Last / Suffix / First / Middle		Sex		If Female/Maiden Name / Age	
DOB MM/DD/YYYY		Race		SSN # / ID #	
Address		Apt #		City / State / Zip	
County		Country		Inside City Limits / Religious Preference	
Education: level completed: Elem/Second (0-12):		College		Degree Earned:	
Alias 1 Last / First / Middle		Alias 2 Last / First / Middle			
Phone (H)		Phone (W)		Phone (Cell)	
Status <input type="radio"/> Is Married <input type="radio"/> Never Married <input type="radio"/> Widowed <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Civil Union <input type="radio"/> Unknown Date Wed					
Spouse		Last / Suffix Maiden/birth Name / First / Middle		<input type="radio"/> Living <input type="radio"/> Deceased <input type="radio"/> Unknown	
Father		Last / Suffix / First / Middle		<input type="radio"/> Living <input type="radio"/> Deceased <input type="radio"/> Unknown	
Mother		Last / Suffix / First / Middle		<input type="radio"/> Living <input type="radio"/> Deceased <input type="radio"/> Unknown	
Legal Next of Kin OK to Contact Legal Next of Kin? <input type="radio"/> Yes <input type="radio"/> No		Relationship: <input type="radio"/> Spouse <input type="radio"/> Uncle <input type="radio"/> Father <input type="radio"/> Aunt <input type="radio"/> Mother <input type="radio"/> Cousin <input type="radio"/> Brother <input type="radio"/> Employer <input type="radio"/> Sister <input type="radio"/> Friend <input type="radio"/> Son <input type="radio"/> Other <input type="radio"/> Dtr		Other: _____	
Informant Last / Suffix / First / Middle Address / City / State / Zip Home Phone / Work Phone / Cell Phone / E-mail		Relationship: <input type="radio"/> Spouse <input type="radio"/> Uncle <input type="radio"/> Father <input type="radio"/> Aunt <input type="radio"/> Mother <input type="radio"/> Cousin <input type="radio"/> Brother <input type="radio"/> Employer <input type="radio"/> Sister <input type="radio"/> Friend <input type="radio"/> Son <input type="radio"/> Other <input type="radio"/> Dtr		Other: _____	
Type of Initial Contact		Initial Contact Date			
Additional Permanent Contact: <input type="checkbox"/> / Additional Contact? <input type="checkbox"/> Last / Suffix / First / Middle Address / City / State / Zip Home Phone / Work Phone / Cell Phone / E-mail		Relationship: <input type="radio"/> Spouse <input type="radio"/> Uncle <input type="radio"/> Father <input type="radio"/> Aunt <input type="radio"/> Mother <input type="radio"/> Cousin <input type="radio"/> Brother <input type="radio"/> Employer <input type="radio"/> Sister <input type="radio"/> Friend <input type="radio"/> Son <input type="radio"/> Other <input type="radio"/> Dtr		Other: _____	
E-mail		Type of Initial Contact		Initial Contact Date	



		VIP Physical Description		Incident _____							
Page 2 of 8											
RM # RM-00001											
	Last	/	Suffix	/	First	/	Middle	Age	DOB	Sex	Race
Height Inches: _____ / Height cm _____ Approx. Weight (Pounds): _____ / Weight Kilos _____											
H a i r	Hair Color		<input type="checkbox"/> Auburn <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Salt & Pepper <input type="checkbox"/> Other <input type="checkbox"/> Blonde <input type="checkbox"/> Black <input type="checkbox"/> Red <input type="checkbox"/> White								
	Hair Length		<input type="checkbox"/> Bald <input type="checkbox"/> Short < 3" <input type="checkbox"/> Male Pattern Baldness: _____ Description _____ <input type="checkbox"/> Shaved <input type="checkbox"/> Medium <input type="checkbox"/> Long								
	Hair Accessory		<input type="checkbox"/> Extensions <input type="checkbox"/> Hair Piece <input type="checkbox"/> Hair Transplant <input type="checkbox"/> Wig <input type="checkbox"/> N/A								
	Hair Description		<input type="radio"/> Curly <input type="radio"/> Wavy <input type="radio"/> Straight <input type="radio"/> N/A <input type="radio"/> Other: _____								
	Facial Hair Type		<input type="radio"/> Clean Shaven <input type="radio"/> Beard & Mustache <input type="radio"/> Goatee <input type="radio"/> Sideburns <input type="radio"/> N/A <input type="radio"/> Mustache <input type="radio"/> Beard <input type="radio"/> Stubble <input type="radio"/> Lower Lip								
	Facial Hair Color		<input type="radio"/> Blonde <input type="radio"/> Black <input type="radio"/> Red <input type="radio"/> White <input type="radio"/> Brown <input type="radio"/> Gray <input type="radio"/> Salt & Pepper <input type="radio"/> NA			Facial Hair Notes: _____					
E y e	Eye Color		<input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Gray <input type="checkbox"/> Black <input type="checkbox"/> Other: _____								
	Optical Color/Description of Glasses lense:		_____								
	Optical Lens		<input type="checkbox"/> Contacts <input type="checkbox"/> Glasses <input type="checkbox"/> Implants <input type="checkbox"/> None Desc. _____								
	Eye Status		<input type="checkbox"/> Both Intact <input type="checkbox"/> Missing R <input type="checkbox"/> Missing L <input type="checkbox"/> Glass R <input type="checkbox"/> Glass L <input type="checkbox"/> Cataract								
N a i l	Fingernail Type		<input type="radio"/> Natural <input type="radio"/> Artificial <input type="radio"/> Unknown Length <input type="radio"/> Extremely Long <input type="radio"/> Long <input type="radio"/> Medium <input type="radio"/> Short								
	Fingernail Color		_____ Description _____								
	Characteristics		<input type="checkbox"/> Bitten <input type="checkbox"/> Decorated <input type="checkbox"/> Misshapen <input type="checkbox"/> Yellowed/Fungus <input type="checkbox"/> N/A <input type="checkbox"/> Other _____								
	Toenail Color		_____ Toenail description _____								
S c a r	Characteristics		<input type="checkbox"/> Bitten <input type="checkbox"/> Decorated <input type="checkbox"/> Misshapen <input type="checkbox"/> Yellowed/Fungus <input type="checkbox"/> N/A <input type="checkbox"/> Other _____								
	Body Piercing(s)? <input type="radio"/> Yes <input type="radio"/> No Photos? <input type="radio"/> Yes <input type="radio"/> No Photo Location _____										
	#	Location	Side	Quantity	Description (include evidence of old piercings)	Photo					
	1	_____	_____	_____	_____	_____					
2	_____	_____	_____	_____	_____						
3	_____	_____	_____	_____	_____						
Tattoo(s) <input type="radio"/> Yes <input type="radio"/> No Photos? <input type="radio"/> Yes <input type="radio"/> No Photo Location _____											
#	Location	Side	Tattoo Description								
1	_____	_____	_____								
2	_____	_____	_____								
3	_____	_____	_____								
4	_____	_____	_____								
5	_____	_____	_____								



		VIP Jewelry				Incident _____					
		Page 5 of 8									
		RM # RM-00001 _____									
	Last	/	Suffix	/	First	/	Middle	Age	DOB	Sex	Race
WATCH:	#	Type/ Make	Band Material Watch Face Color	Description			Photo Available Inscription				
	1						<input type="radio"/> Yes <input type="radio"/> No				
JEWELRY:	#	Jewelry/Type Style	Material Color/ Stone Color?	Size / Where Worn/ Frequently Worn?	Description			Photo Available Inscription			
	1			<input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Yes <input type="radio"/> No			
	2			<input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Yes <input type="radio"/> No			
	3			<input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Yes <input type="radio"/> No			
	4			<input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Yes <input type="radio"/> No			
	5			<input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Yes <input type="radio"/> No			
	6			<input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Yes <input type="radio"/> No			
	7			<input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Yes <input type="radio"/> No			
	8			<input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Yes <input type="radio"/> No			
	9			<input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Yes <input type="radio"/> No			
Other Commonly Carried Personal Effects _____ _____ _____											
Gather this information only in the case of a Missing Person Report											
Cell Phone Number _____ Cell Phone Type: _____ Service Provider: _____											



#		Clothing Items	Color	Description	Size
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

WALLET: Description _____
Contents _____

PURSE: Description _____
Contents _____

POCKETS: Contents Left _____
Contents Right _____



VIP Interview Information		Incident _____
Page 8 of 8		
RM # RM-00001 _____		
Possible Victim _____ / _____ / _____ Last Suffix First Middle		
<u>Interview Location</u> _____		<u>Date</u> _____ (MM/DD/YYYY)
<u>Time</u> _____		
Interviewer Info:		
Interviewer Name _____ Full Name		
Interviewing Organization _____		
<u>Interviewer Home Information</u>		
Address: _____		
Home Phone: _____		
Cell Phone: _____		
Work Phone: _____		
<u>Interviewer Onsite Information</u>		
Interviewer Onsite address: _____ Location Name and Street, City, State and Room #		
Interviewer Onsite phone: _____		
Interviewer Onsite cell: _____		
<u>Reviewer Info</u>		
Reviewer Name: _____		
Reviewer Signature: _____		
Reviewing Agency: _____		
VIP Completed		
Data Entry Clerk _____		
<input type="checkbox"/> Completed 8pg		
<input type="checkbox"/> Incomplete 8pg		
<input type="checkbox"/> No 8pg		



FAC – Intake: Attachment B

ADDITIONAL INFORMATION REPORTING FORM

DATE: _____ TIME: _____ STAFF MEMBER: _____

Missing Persons Name: _____ RM Case Number: _____

Person Calling: _____ Telephone: _____

Cell Phone: _____ Work Phone: _____

Relationship to Missing: _____

Additional Information:

Added to Electronic VIP Record:

DATE: _____ TIME: _____ BY: _____

Added to VIP File:

DATE: _____ TIME: _____ BY: _____



4.9 Record Management/Data Entry

The following will be addressed in this section:

- ✓ **Introduction and Purpose**
- ✓ **Considerations and Assumptions**
- ✓ **Roles and Responsibilities**
- ✓ **Procedures**
- ✓ **Equipment, Information Technology, and Supplies**
- ✓ **Example Documents and Forms**

4.9.1 *Introduction and Purpose*

Ante-mortem records for the missing, presumed dead and confirmed dead are maintained at the MF FAC. Initially this information is recorded by hand during family interviews. The handwritten information is then transferred from an eight-page VIP form (see [Attachment A](#)) to an electronic format (VIP software). An electronic copy can be used to search against the post-mortem information obtained in the morgue. In order to ensure data quality, family privacy, and an efficient identification process, it is imperative to have stringent data integrity, control, and management procedures. Data *must* be under strict management and control. Without strict data control measures, data may be lost, misfiled or corrupted. Not only will this hamper the identification process, but it may also require families to provide ante-mortem information again, thus increasing their emotional distress and lowering their confidence in the identification process. Ideally, the initial hard copy records (case files) should be secured by a “double lock system” (e.g. locking file cabinet(s) in a locked room). These files should be signed out when needed and returned promptly. Electronic records should be secured with password protections and levels of access based on the user’s needs and responsibilities.

4.9.2 *Considerations and Assumptions*

- Data will be accrued at the MF FAC, and the amount of data collected depends on the number of victims and the number of people reported missing.



- Data includes ante-mortem information on the reported missing (RM), communication notes, and other ante-mortem records (e.g., pictures, dental information, medical records, DNA samples collected at the MF FAC or DNA samples brought to the MF FAC).
- Hard copy data should be stored in the RM case file and/or electronically in the electronic VIP record.
- Entering data into the VIP software accurately and timely is crucial for identification purposes. The morgue relies on this information to identify bodies. Incomplete or incorrect ante-mortem information could mean that some bodies are never identified. For example, if a birth date on the eight-page VIP form is transposed during data entry – the birth year for a male is entered as 1919 versus 1991 – the morgue will search for an elderly male rather than a teenager.
- Discrepancies between RM case files and electronic VIP records should be documented in the notes sections of the eight-page VIP form and resolved accordingly.
- Authorized MF FAC personnel must be able to readily access data (either in the RM case file or electronically in the VIP database).
- Establishing and adhering to data management protocols early in MF FAC operations will greatly aid in data control.
- Data management is central to the identification effort. Therefore, changes to data management protocols should only occur with approval by the MF FAC Director. Additionally, changes to protocols should not begin until all MF FAC personnel have been briefed on the changes.
- The Record Management/Data Entry Unit Supervisor and the MF FAC Director should work with the Security Unit Supervisor to establish security measures for case files.
- Following a mass fatality, records will most likely be transferred for long-term storage to the agency in charge of the mass fatality. If there are court cases resulting from the mass fatality, RM case files and electronic VIP records may be used in court. To maintain data integrity, appropriate care must be taken to preserve and protect the records

4.9.3 Roles and Responsibilities

Record Management/Data Entry Unit Supervisor:

- Oversees Record Management/Data Entry Unit daily operations
- Reviews data management procedures with the MF FAC Director and other MF FAC Units
- Ensures that Record Management/Data Entry policies and procedures are followed to maintain data quality and integrity
- Communicates issues to the MF FAC Director



- Authorizes occasional deviations from the established case file storage procedures based on a specific need (e.g. although all records should be checked in by the end of the day/shift, the supervisor may make exceptions when files need to remain with a specific unit for a longer period of time.)
- Works with the IT/IR Unit to assign the appropriate level of electronic record access for MF FAC personnel
- Works with the Security Unit to ensure the security of records stored at the MF FAC (with a particular emphasis on non-operational hours).
- Supervises the data entry process (e.g. transferring information from the eight-page hard copy VIP form to the electronic VIP record)
- Monitors electronic records to ensure entered data is complete and changes to data are appropriate and documented

Data Entry Personnel:

- Enters ante-mortem data from the eight-page VIP form ([Attachment A](#)), as well as additional information collected by other units on the Additional Information Reporting Form ([Attachment B](#)), into an electronic VIP record
- Reports incomplete, illegible, or missing forms to the Record Management/Data Entry Unit supervisor

Record Management Personnel:

- Files hard copy VIP files as received
- Checks case files out to MF FAC Units
- Receives RM case files and checks files back in by maintaining a Record Log (see [Attachment C](#))
- Periodically reviews RM case files and electronic VIP records for completeness and accuracy
- Corrects RM case file and electronic VIP record mistakes when necessary
- Reports issues or problems with MF FAC records (hard copy and electronic) to the Record Management/Data Entry Unit supervisor
- Assists the Data Entry Unit with data entry of VIP forms as needed

4.9.4 Procedures

Locking file cabinets:

- File cabinets should be unlocked only when Record Management/Data Entry personnel are present to monitor the safety and security of records.



- Ideally file cabinets should be stored in a secure area which remains locked during non-operational hours. **NOTE:** *If a secured area is unavailable, the file cabinets should be placed in an equally secure, but alternative location within the MF FAC.*
- Only Record Management/Data Entry Unit personnel should move files in or out of file cabinets.
- Keys to the file cabinets should be tightly controlled and held only by the Record Management/Data Entry Unit Supervisor (or their designee) and the Security Unit Supervisors.
- File cabinets should only be unlocked during non-operational hours with permission from the MF FAC Director, the Records Management/Data Entry Supervisor or other management personnel with proper authority. **NOTE:** *Afterhours access to MF FAC records should be documented and made available to the Record Management/Data Entry Unit supervisor.*

Case Files:

- RM case files should always be filed according to the established record management system. RM case files may be stored in numerical order by the Reported Missing (RM) number or may be stored first by case status (e.g., reported missing, found alive, other jurisdiction, identified) and then by numerical order. The exact filing approach will be dictated by the specifics of the mass fatality and must allow for easy access to RM case files while maintaining RM case file integrity.
- Only Record Management/Data Entry Unit personnel should file or retrieve RM case files.
- If removed from the Record Management/Data Entry Unit, RM case files should be logged in and out on the Record Log ([Attachment C](#)).
- At the end of the day/shift, Record Management/Data Entry Unit personnel should account for any missing RM case files per unit procedure.
- Once entered into an electronic VIP record, any changes/additions made to the RM case file should be pointed out to Record Management/Data Entry personnel when checking the records in. This ensures appropriate information is updated in the electronic VIP record.

Electronic VIP Records:

- In order to ensure accurate entry of data, the Data Entry unit should be distraction-free (no conversation, internet or phone use) when personnel are actively entering an eight-page VIP form and/or additional MF FAC forms.
- In the event that data entry halts in the middle of an entry, unit personnel should carefully notate the stopping point to ensure complete entry of data when data entry is resumed.



- Once the eight-page VIP form and/or additional forms have been entered into a VIP electronic record, data entry should be independently verified for accuracy and completeness. Although it is preferable that different personnel perform the data entry and the verification, personnel can verify their own work if the verification is done at a later time (e.g., not immediately after data entry). After verification, all forms should be placed in the RM case file.

Equipment, Information Technology, and Supplies

- Computers networked to MF FAC servers
- VIP software (running on FileMaker PRO)
- Tables and chairs
- Locking file cabinets
- General office supplies
- Telephones
- Uniforms and security equipment

Sample Documents and Forms for FAC – Record Management/Data Entry

- Attachment A: VIP Personal Information Form (eight-page)
- Attachment B: Additional Information Reporting Form
- Attachment C: Record Log



FAC – Record Management/Data Entry: Attachment A

VIP PERSONAL INFORMATION FORM

VIP Personal Information		Incident
		
Page 1 of 8		
RM # RM-0001		
Last	Suffix	First
		Middle
		Sex
		If Female/Maiden Name
		Age
DOB MM/DD/YYYY	Race	SSN # / ID #
		Birth City
		State or Country
		Birth Hospital
Address	Apt #	City
		State
		Zip
County	Country	Inside City Limits
		Religious Preference
Education: level completed: Elem/Second (0-12):		
	College	Degree Earned:
Alias 1		Alias 2
Last	First	Middle
		Last
		First
		Middle
Phone (H)	Phone (W)	Phone (Cell)
Status <input type="radio"/> Is Married <input type="radio"/> Never Married <input type="radio"/> Widowed <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Civil Union <input type="radio"/> Unknown		
Date Wed		
Spouse		<input type="radio"/> Living <input type="radio"/> Deceased <input type="radio"/> Unknown
Last	Suffix Maiden/birth Name	First
		Middle
Father		<input type="radio"/> Living <input type="radio"/> Deceased <input type="radio"/> Unknown
Last	Suffix	First
		Middle
Mother		<input type="radio"/> Living <input type="radio"/> Deceased <input type="radio"/> Unknown
Last	Maiden/Birth Name	First
		Middle
Legal Next of Kin	OK to Contact Legal Next of Kin? <input type="radio"/> Yes <input type="radio"/> No	
	Last	First
		Middle
	Address	
	City	State
		Zip
Home	Work	
E-mail	On Site/Cell Phone	
Informant	Last	First
		Middle
	Address	
	City	State
		Zip
Home Phone	Work Phone	Cell Phone
		E-mail
Type of Initial Contact	Initial Contact Date	
Contacts	Additional Permanent Contact: <input type="checkbox"/> / Additional Contact? <input type="checkbox"/>	
	Last	First
		Middle
	Address	
	City	State
		Zip
Home Phone	Work Phone	Cell Phone
E-mail	Type of Initial Contact	Initial Contact Date



VIP Physical Description		Incident _____			
		Page 2 of 8			
RM # RM-00001					
Last	/	/			
Suffix	/	/			
First	/	/			
Middle	/	/			
Age	/	/			
DOB	/	/			
Sex					
Race					
Height Inches: _____ / Height cm _____ Approx. Weight (Pounds): _____ / Weight Kilos _____					
H a i r	Hair Color	<input type="checkbox"/> Auburn <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Salt & Pepper <input type="checkbox"/> Other <input type="checkbox"/> Blonde <input type="checkbox"/> Black <input type="checkbox"/> Red <input type="checkbox"/> White			
	Hair Length	<input type="checkbox"/> Bald <input type="checkbox"/> Short < 3" <input type="checkbox"/> Male Pattern Baldness: _____ Description _____ <input type="checkbox"/> Shaved <input type="checkbox"/> Medium <input type="checkbox"/> Long			
	Hair Accessory	<input type="checkbox"/> Extensions <input type="checkbox"/> Hair Piece <input type="checkbox"/> Hair Transplant <input type="checkbox"/> Wig <input type="checkbox"/> N/A			
	Hair Description	<input type="radio"/> Curly <input type="radio"/> Wavy <input type="radio"/> Straight <input type="radio"/> N/A <input type="radio"/> Other: _____			
	Facial Hair Type	<input type="radio"/> Clean Shaven <input type="radio"/> Beard & Mustache <input type="radio"/> Goatee <input type="radio"/> Sideburns <input type="radio"/> N/A <input type="radio"/> Mustache <input type="radio"/> Beard <input type="radio"/> Stubble <input type="radio"/> Lower Lip			
F a c i a l	Facial Hair Color	<input type="radio"/> Blonde <input type="radio"/> Black <input type="radio"/> Red <input type="radio"/> White Facial Hair Notes: _____ <input type="radio"/> Brown <input type="radio"/> Gray <input type="radio"/> Salt & Pepper <input type="radio"/> NA			
	Eye Color	<input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Gray <input type="checkbox"/> Black <input type="checkbox"/> Other: _____			
E y e	Optical Color/Description of Glasses lense:	_____			
	Optical Lens	<input type="checkbox"/> Contacts <input type="checkbox"/> Glasses <input type="checkbox"/> Implants <input type="checkbox"/> None Desc. _____			
	Eye Status	<input type="checkbox"/> Both Intact <input type="checkbox"/> Missing R <input type="checkbox"/> Missing L <input type="checkbox"/> Glass R <input type="checkbox"/> Glass L <input type="checkbox"/> Cataract			
N a i l	Fingernail Type	<input type="radio"/> Natural <input type="radio"/> Artificial <input type="radio"/> Unknown Length <input type="radio"/> Extremely Long <input type="radio"/> Long <input type="radio"/> Medium <input type="radio"/> Short			
	Fingernail Color	_____ Description _____			
	Characteristics	<input type="checkbox"/> Bitten <input type="checkbox"/> Decorated <input type="checkbox"/> Misshapen <input type="checkbox"/> Yellowed/Fungus <input type="checkbox"/> N/A <input type="checkbox"/> Other _____			
	Toenail Color	_____ Toenail description _____			
S	Characteristics	<input type="checkbox"/> Bitten <input type="checkbox"/> Decorated <input type="checkbox"/> Misshapen <input type="checkbox"/> Yellowed/Fungus <input type="checkbox"/> N/A <input type="checkbox"/> Other _____			
	Body Piercing(s)? <input type="radio"/> Yes <input type="radio"/> No Photos? <input type="radio"/> Yes <input type="radio"/> No Photo Location _____				
#	Location	Side	Quantity	Description (include evidence of old piercings)	Photo
1					
2					
3					
Tattoo(s) <input type="radio"/> Yes <input type="radio"/> No Photos? <input type="radio"/> Yes <input type="radio"/> No Photo Location _____					
#	Location	Side	Tattoo Description		
1					
2					
3					
4					
5					



		VIP Medical History		Incident _____			
Page 3 of 8							
RM # RM-00001							
Last	Suffix	First	Middle	Age	DOB	Sex	Race
D E N T I S T	Dentist _____		_____		_____		<input type="checkbox"/> Dental Work <input type="checkbox"/> Dentures <input type="checkbox"/> Both <input type="checkbox"/> Braces <input type="checkbox"/> Partials <input type="checkbox"/> Tooth Jewelry
	Address _____		City _____		State _____ Zip _____		
	Phone 1 _____		Fax _____				
	See Dental Section For Additional Dental Information						
	2nd Dentist: _____		Comments: _____				
P H Y S I C I A N	Physician _____		_____		Practice Name _____		
	Address _____		_____		Physician Type _____		
	City _____		State _____ Zip _____		Reason Seen: _____		
	Phone 1 _____		Fax _____		Last Seen: _____		
	Email _____						
P H Y S I C I A N	Physician _____		_____		Practice Name _____		
	Address _____		_____		Physician Type _____		
	City _____		State _____ Zip _____		Reason Seen: _____		
	Phone 1 _____		Fax _____		Last Seen: _____		
	Email _____						
Medical Radiographs? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown							
Medical Radiographs Location: _____			Potential Type of Radiographs - and dates taken if known: _____				
Old Fractures: Description: _____							
<input type="radio"/> Yes <input type="radio"/> No							
Objects in Body: <input type="checkbox"/> Pacemaker <input type="checkbox"/> Bullets <input type="checkbox"/> Implants <input type="checkbox"/> Needles <input type="checkbox"/> Shrapnel <input type="checkbox"/> Other _____							
<input type="radio"/> Yes <input type="radio"/> No							
Surgery: <input type="checkbox"/> Gall Bladder <input type="checkbox"/> Tracheotomy <input type="checkbox"/> Caesarean <input type="checkbox"/> Reconstructive <input type="checkbox"/> Other _____							
<input type="checkbox"/> Appendectomy <input type="checkbox"/> Laparotomy <input type="checkbox"/> Mastectomy <input type="checkbox"/> Open heart _____							
Unique Characteristics Description of: Scars, Operations, birthmarks, burns, missing organs, amputations, other special characteristics :							
<input type="radio"/> Yes <input type="radio"/> No _____							

Prosthetic Location/Description							
Prosthetic(s) _____							
<input type="radio"/> Yes <input type="radio"/> No _____							
Diabetic? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Female, was she currently pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
If Female, was she pregnant during the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							



#		Clothing Items	Color	Description	Size
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

WALLET: Description _____
Contents _____

PURSE: Description _____
Contents _____

POCKETS: Contents Left _____
Contents Right _____



VIP Family **Incident** _____
 Page 7 of 8
 RM # RM-00001

Last	/	Suffix	/	First	/	Middle	Age	DOB	Sex	Race
------	---	--------	---	-------	---	--------	-----	-----	-----	------

Potential Living Biological Donors
All BIOLOGICAL Relatives of Missing Individual
Such as: Mother/Father/Spouse/Sister/Brother/Children/Uncle/Aunt/Cousin

To Add New Donor tab to last field of last Donor.

Last Name	First Name	Middle Name	Social Security/ Last 4	DOB	Sex	Relationship
Address		City	State	Zip	Phone	E-Mail

Last Name	First Name	Middle Name	Social Security/ Last 4	DOB	Sex	Relationship
Address		City	State	Zip	Phone	E-Mail

Last Name	First Name	Middle Name	Social Security/ Last 4	DOB	Sex	Relationship
Address		City	State	Zip	Phone	E-Mail

Last Name	First Name	Middle Name	Social Security/ Last 4	DOB	Sex	Relationship
Address		City	State	Zip	Phone	E-Mail

Last Name	First Name	Middle Name	Social Security/ Last 4	DOB	Sex	Relationship
Address		City	State	Zip	Phone	E-Mail

Last Name	First Name	Middle Name	Social Security/ Last 4	DOB	Sex	Relationship
Address		City	State	Zip	Phone	E-Mail

Last Name	First Name	Middle Name	Social Security/ Last 4	DOB	Sex	Relationship
Address		City	State	Zip	Phone	E-Mail

Primary donor for Nuclear DNA Analysis

An "appropriate family member" for **nuclear DNA Analysis** is someone who is biologically related to and only one generation removed from the deceased. The following are the family members who are appropriate donors to provide reference specimens, and in the order of preference (family members highlighted in bold print are the most desirable):

1. Natural (Biological) **Mother and Father**, AND
2. **Spouse** and Natural (Biological) **Children**, AND
3. A Natural (Biological) Mother or Father and victim's biological children, OR
4. Multiple Full Siblings of the Victim (i.e., children from the same Mother and Father).



VIP Interview Information		Incident
 RM # RM-00001		Page 8 of 8
Possible Victim _____ / _____ / _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Last Suffix First Middle </div>		
Interview Location _____		Date _____ <small>(MM/DD/YYYY)</small>
Interviewer Info: Interviewer Name _____ <small>Full Name</small>		
Interviewing Organization _____		
Interviewer Home Information Address: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____		
Interviewer Onsite Information Interviewer Onsite address: _____ <small>Location Name and Street, City, State and Room #</small>		
Interviewer Onsite phone: _____ Interviewer Onsite cell: _____		
Reviewer Info Reviewer Name: _____ Reviewer Signature: _____ Reviewing Agency: _____		
<div style="display: flex; justify-content: space-between;"> <div> VIP Completed <input type="checkbox"/> Completed 8pg <input type="checkbox"/> Incomplete 8pg <input type="checkbox"/> No 8pg </div> <div> Data Entry Clerk _____ </div> </div>		



FAC – Record Management/Data Entry: Attachment B

ADDITIONAL INFORMATION REPORTING FORM

DATE: _____ TIME: _____ STAFF MEMBER: _____

Missing Persons Name: _____ RM Case Number: _____

Person Calling: _____ Telephone: _____

Cell Phone: _____ Work Phone: _____

Relationship to Missing: _____

Additional Information:

Added to Electronic VIP Record:

DATE: _____ TIME: _____ BY: _____

Added to VIP File:

DATE: _____ TIME: _____ BY: _____



4.10 Information Technology

The following will be addressed in this section:

- ✓ **Introduction and Purpose**
- ✓ **Considerations and Assumptions**
- ✓ **Roles and Responsibilities**
- ✓ **Network**
- ✓ **Hardware/Network Assets**
- ✓ **Network Setup and Maintenance**
- ✓ **Software**

4.10.1 Introduction and Purpose

The computer network utilized by the MF FAC will store, protect, process and transmit all data pertaining to MF FAC operations. The Information Technology (IT) Unit maintains connectivity to the morgue (via T1 line or other) and provides resources, IT infrastructure, information and case files necessary for day-to-day MF FAC operations. Before the MF FAC opens for the public, the IT Unit must ensure that the computer network and associated hardware assets, including all computers, printers, scanners, copiers, and monitors, are in working order.

Additionally, the IT Unit is responsible for enforcing network security, thus ensuring confidentiality, integrity, and availability of all MF FAC data. As MF FAC operations progress and IT needs change, the IT Unit must be available to adapt the IT networking configuration as needed.

4.10.2 Considerations and Assumptions

- Based on the construct of the MF FAC, the IT Unit will determine the resources necessary for adequately supplying all computer and technology related needs
- A percentage of MF FAC personnel will be unfamiliar with the MF FAC's IT network and will require assistance from IT Unit personnel
- IT needs will change from unit to unit as MF FAC operations progress and the IT Unit will need to make adaptations as necessary



- Connectivity with the morgue operations via T 1 line (or other means) is imperative for the sharing of data utilized in the identification process
- IT staff should be qualified IT professionals and must have a proficiency level to establish and maintain all IT requirements throughout the life of the MF FAC
- Based on anticipated needs, the IT Unit must keep adequate hardware assets on hand at all times (e.g., routers, wiring, switches, bridges, hubs)
- IT Unit personnel must be on site at the MF FAC and available during all operational hours, and as needed, during non-operational hours to address any acute problems and concerns that may arise.

4.10.3 Roles and Responsibilities

IT Unit Supervisor:

- Schedules IT Unit personnel
- Monitors IT issues and network performance daily
- Resolves issues with procedures and personnel, and when necessary, informs the MF FAC Director of IT Unit issues
- Ensures sufficient IT assets are on hand at all times to make network repairs and modifications when needed

IT Unit Personnel:

- Works with MF FAC personnel to ensure successful day-to-day network operations
- Rectifies any issues (e.g. network, software, and/or other technology related problems)
- Informs the IT Unit Supervisor of issues requiring supervisor support or attention
- Adjusts, alters, and modifies IT network as necessary
- Resolves software, computer, and additional IT issues throughout the MF FAC

4.10.4 Network

The collection, storage, and availability of data at the MF FAC are essential to MF FAC operations. The MF FAC network will require an initial setup, as well as ongoing support. In order for information to be easily shared between MF FAC personnel, all MF FAC Units must be networked together. Additionally, each MF FAC Unit will have different access levels (determined by the MF FAC Director), and passwords should be used to distinguish these levels. Only the IT Unit supervisor or their designee should possess the ability grant or change passwords.



4.10.4.1 Hardware/Network Assets

As every MF FAC will have its own unique IT needs, the decision on hardware requirements cannot be made until after the formation of the MF FAC has begun. However, in order to ensure that sufficient IT supplies are readily available in the event of a mass fatality, the following is a list of IT assets the MF FAC may need:

- Dell PowerEdge Server with Redundant Array of Inexpensive Disks or Drives (RAID) backup (or equivalent) **NOTE:** *This server should be mirrored with the server at the morgue.*
- Computers (laptops and PCs as needed and available)
- Multifunction copiers/scanners/fax/printers (as needed and available)
- Network interface cards
- Repeaters
- Hubs
- Bridges
- Switches
- Routers
- Ethernet cabling (and associated connectors and wiring implementation)

4.10.4.2 Network Setup and Maintenance

- A. Setup and configure laptops and/or PCs for use on MF FAC network.
 - 1) Install and configure laptops/PCs for use with various applications (e.g. FileMaker Pro, MS Office)
 - 2) Install proper network settings and ensure computers operate properly and quickly on local area network (LAN) and internet.
 - 3) Setup and test printer drivers
 - 4) Assist users in day-to-day troubleshooting issues
- B. Setup and configure networking equipment and software for use on MF FAC network
 - 1) Configure T1 (when applicable) and internet router and ensure communications are maintained between the MF FAC and the morgue. **NOTE:** *If necessary, MF FAC IT Unit personnel may have to travel to morgue to ensure proper connectivity.*
 - 2) Ensure DHCP is working properly and computers are receiving proper IP addresses
 - 3) Setup new equipment and ensure configuration on network.
 - 4) Setup and wire networking switches and ensure communications between switches in the LAN
 - 5) Run wiring from switches to computers for network and internet connectivity
 - 6) Troubleshoot networking issues as they arise.



- C. Setup and configure network multifunction printers
 - 1) Ensure printers are setup correctly for network usage
 - 2) Ensure that the fax components are setup and working correctly and fax headers/footers are formatted properly for MF FAC functions.
- D. Configuration and maintenance of FileMaker server
 - 1) Assist in the configuration changes and database administration of FileMaker databases
 - 2) Ensure FileMaker backups are performed on a regular basis
 - 3) Perform updates to operating system and restart server at a time most convenient for users
 - 4) Troubleshoot and reset FileMaker Server when problems arise
- E. Perform various IT duties as needed
 - 1) Scan pictures into digital format for input into VIP/FileMaker software
 - 2) Transfer files between computers when necessary
 - 3) Communicate telephone issues to telephone company/contractor
- F. Adjust IT footprint at the MF FAC to accommodate changing needs
 - 1) Physical movement and re-wiring of IT equipment as needed
 - 2) Increasing or decreasing the number of computers by section as needed
- G. Work with the Logistics Unit to track MF FAC computer and networking assets

Software

- Microsoft Server 2003
- FileMaker Server 10
- FileMaker 10 with multiple licenses
- One license for FileMaker Pro Advanced 10
- Microsoft Office (Word, Excel, Power Point, and others as dictated by the incident)



4.11 DNA, Dental, and Pathology

The following will be addressed in this section:

- ✓ **Introduction and Purpose**
- ✓ **Considerations and Assumptions**
- ✓ **Inputs and Outputs**
- ✓ **Roles and Responsibilities**
- ✓ **Procedures**
- ✓ **Equipment, Information Technology, and Supplies**

4.11.1 Introduction and Purpose

Following a mass fatality, family and friends of the reported missing (RM) will provide information about the missing person. This information will be used to identify the RM. Dental and medical records, as well as DNA reference samples, are extremely important types of ante mortem information. The DNA, Dental and Pathology Units of the MF FAC each collect this information, log the information into the appropriate section of the VIP record, and assemble the information into a form that can be further processed (DNA) or directly presented to the morgue or State of Louisiana ESF-8 LDH for body identification (pictures, medical records and dental records). The Pathology Unit is responsible for obtaining pictures and medical records. The Dental Unit obtains dental information and records, and the DNA Unit collects DNA reference samples along with the associated identification or meta-data for the samples.

4.11.1.1 Considerations and Assumptions

DNA testing is expensive and time consuming. Because the success of the DNA effort is tied directly to the management of the DNA program, appropriate management should be defined before beginning the DNA effort. The American Association of Blood Banks (AABB), the organization that accredits DNA relationship testing laboratories, has published guidelines for mass fatality DNA identification operations. These guidelines can be obtained free of charge at the following link: <http://www.aabb.org/programs/disasterresponse/Documents/aabbdnamassfatalityguidelines.pdf>.



Note: *The MF FAC should follow all applicable AABB guidelines in order to implement and maintain an efficient and effective DNA operation.*

The State of Louisiana ESF-8 LDH will appoint an organization responsible for managing the DNA operations. This MF FAC plan covers initial DNA collections at the MF FAC. This plan does not cover the point at which the appointed DNA organization establishes a DNA testing operation with extended DNA collections outside the MF FAC.

The MF FAC is the primary location where ante-mortem medical records, dental records, and DNA samples will be collected from the family for the identification effort. Appropriately trained personnel must collect the records and samples. Collecting incorrect or incomplete records and information will delay the identification effort, cause confusion, and may result in a loss of trust from affected families.

In order to return original records to families, copies should be made of pictures and pathology/dental records whenever possible. If it is not possible to make a copy, the MF FAC should provide families with a receipt and assurance that records will remain in the possession of the State of Louisiana ESF-8 LDH's Office.

Once a person is presumed deceased, HIPAA requirements may no longer apply (see [Attachment A](#): HIPAA Regulations). HIPAA has an exemption for medical examiners and coroners (45 CFR 164.5129(g)): "A covered entity may disclose protected health information to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law." Therefore, doctors and dentists can provide the information to the State of Louisiana ESF-8 LDH for purposes of human identification. Accordingly, families may want to provide the MF FAC with the contact info for the presumed deceased's doctor and dentist. The MF FAC can then make arrangements to obtain health information directly from the doctor(s) and dentist. To expedite the receipt of records, the MF FAC may want to include [Attachment A](#) in their request for records.



Previous mass fatality incidents have shown that when a dentist contacts another dentist and requests assistance in locating records, the professional influence lends itself to greater success in locating and obtaining records.

For DNA testing, forensic genetic professionals should be used to collect biological relationship information from families. This ensures that the correct kinship samples are collected. Genetic counselors are specially trained counseling professionals with a genetic background. Genetic counselors were used successfully following Hurricane Katrina and were extremely helpful in eliciting the proper information for DNA testing from distraught family members. The American College of Medical Genetics in Bethesda maintains a list of genetic counselors with experience or special training in mass fatalities. See <http://www.acmg.net//AM/Template.cfm?Section=Home3> for additional information.

4.11.1.2 Inputs and Outputs

Inputs:

- Medical records or contact information for the missing person's physician(s)
- Dental records or contact information for the missing person's dentist(s) and/or orthodontists
- Information about family members for DNA testing
- DNA reference samples and associated sample collection paperwork
 - Personal items (e.g. tooth brush, hair brush, razor) from the RM along with elimination samples
 - Information about the location of direct DNA reference items (e.g. pathology slides, blood stain cards made for data basing purposes)
 - Kinship (family) DNA reference samples and sample collection paperwork

Outputs:

- Clear and legible copies of medical records, dental records, and pictures (indicating the RM in group photos) marked with the reported missing case number
- Family receipts for items that cannot be duplicated (e.g., medical records)
- Family pedigrees indicating any related RMs
- Appropriately collected and documented DNA samples and paperwork from:
 - Personal items
 - Direct references
 - Elimination samples



- Family or kinship samples

4.11.1.3 Roles and Responsibilities

4.11.1.3.1 Pathology and Dental Unit Supervisors:

- Reports to FAC Director
- Assists in the development of policies and procedures
- Responsible for unit coverage during operational hours.
- Coordination with other MF FAC units
- Serves as a working supervisor for the Pathology and Dental Unit personnel
- Uses judgment and initiative to resolve issues
- Prepares daily and periodic reports of unit activities including the number and type of information obtained
- Interacts with the Morgue and State of Louisiana ESF-8 LDH
- Communicates with visitors and staff
- Ensures unit maintains necessary supplies (forms, office supplies, etc.)
- Reports any issues to MF FAC Director or other management as appropriate
- Ensures copies of logs are maintained
- Provides availability to answer technical questions from families and MF FAC staff as needed

4.11.1.3.2 Pathology and Dental Personnel:

- Must be polite, courteous, attentive, and sensitive to the visitor's state of mind (many will be upset and confused).
- Possesses knowledge of MF FAC Units in order to assess the visitor's needs and direct them appropriately
- Possesses knowledge of MF victim identification operations in order to identify the proper records necessary for identification purposes
- Collects and logs pathology and dental information
- Enters information into the VIP record
- Provides receipts to family when the MFA FAC retains documents.
- Contacts victims' medical and dental offices to request records, and coordinates the acquisition of records
- Answers technical questions from families and MF FAC personnel as needed

4.11.1.3.3 DNA Supervisor:

- Reports to the MF FAC Director
- Assists in development of policies and procedures.



- Responsible for unit coverage during family visiting hours
- Coordinates with other MF FAC units
- Serves as a working supervisor for DNA personnel
- Uses judgment and initiative to resolve issues
- Prepares daily and periodic reports of unit activities, including the number and type of information obtained
- Prepares answers to frequently asked questions about DNA
- Interacts with the morgue, State of Louisiana ESF-8 LDH's Office, and DNA testing operations
- Communicates with visitors and staff
- Ensures unit maintains necessary supplies (forms, office supplies, etc.)
- Reports any issues to the MF FAC Director or other management as appropriate
- Ensures copies of logs are maintained by unit personnel
- Coordinates the use of genetic counselors to draw family pedigrees for each RM

4.11.1.3.4 DNA Personnel (Including Genetic Counselors):

- Possesses knowledge of the use of DNA in MF victim identification operations and the ability to identify the proper DNA samples for identification purposes
- Must be polite, courteous, attentive and sensitive to the visitor's state of mind (many will be upset and confused)
- Possesses knowledge of other MF FAC operations units in order to assess the visitor's needs and direct them appropriately
- Collects and logs DNA samples according to procedures, maintaining chain of custody
- Enters DNA collection information into the appropriate VIP RM case record
- Provides receipts to family when personal items are retained by FAC
- Answers technical questions as needed from families and MF FAC personnel

4.11.2 Procedures

Requesting Ante-Mortem Medical and Dental Records:

The family will provide contact information for the doctor and/or dentist. If the contact information is incomplete, Pathology and Dental personnel may need to complete internet searches followed by verification phone calls to locate the doctor and/or dentist. Pathology and Dental personnel should then establish contact with the doctor/dentist by phone or email to determine the best approach in formally requesting medical records.



Once contact has been established by phone or email, a formal request for the ante-mortem records must be conveyed to the doctor and/or dentist. This may be done by fax or overnight express (see [Attachment B: Request for Medical/Dental Records](#)). A request for records may be faxed if the receiving fax machine is in the doctor's and/or dentist's home and/or office. The fax should include the fax cover sheet, the request letter with the patient's name, the HIPAA information, and instructions for sending the records to the MF FAC. If additional information is needed, personnel should first to obtain the information from another source rather than disturbing the family (if feasible and expeditious).

Transferring Records from the LFAC to the Morgue Ante-Mortem Center:

Records should be copied and placed into the VIP case file prior to transfer to the morgue. The ante-mortem records should be physically transferred to the morgue ante-mortem center. A receipt for the records should be obtained and maintained by each department.

DNA Collection:

DNA operations can be quite extensive. For an overview of the collection of DNA reference samples, see [Attachment C: DNA Collections](#).

Equipment, Information Technology, and Supplies

- Computers with internet capability, printer network, and standard office software
- VIP software
- Telephone
- Office supplies (e.g., paper, pens, paper clips, stapler)
- DNA collection kits and supplies
- Desk/table and chair(s)
- Locking file cabinet

Sample Documents and Forms for FAC – DNA, Dental, and Pathology

- Attachment A: HIPAA Regulations
- Attachment B: Request for Medical/Dental Records
- Attachment C: DNA Collections



FAC – DNA, Dental, and Pathology: Attachment A

HIPAA REGULATIONS

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notification purposes. (1) *Permitted uses and disclosures.* (i) A covered entity may, in accordance with paragraphs (b)(2) or (3) of this section, disclose to a family member, other relative, or a close personal friend of the individual, or any other person identified by the individual, the protected health information directly relevant to such person's involvement with the individual's care or payment related to the individual's health care.

(ii) A covered entity may use or disclose protected health information to notify, or assist in the notification of (including identifying or locating), a family member, a personal representative of the individual, or another person responsible for the care of the individual of the individual's location, general condition, or death. Any such use or disclosure of protected health information for such notification purposes must be in accordance with paragraphs (b)(2), (3), or (4) of this section, as applicable.

(2) *Uses and disclosures with the individual present.* If the individual is present for, or otherwise available prior to, a use or disclosure permitted by paragraph (b)(1) of this section and has the capacity to make health care decisions, the covered entity may use or disclose the protected health information if it:

- (i) Obtains the individual's agreement;
- (ii) Provides the individual with the opportunity to object to the disclosure, and the individual does not express an objection; or
- (iii) Reasonably infers from the circumstances, based the exercise of professional judgment, that the individual does not object to the disclosure.

(3) *Limited uses and disclosures when the individual is not present.* If the individual is not present for, or the opportunity to agree or object to the use or disclosure cannot practicably be provided because of the individual's incapacity or an emergency circumstance, the covered entity may, in the exercise of professional judgment, determine whether the disclosure is in the best interests of the individual and, if so, disclose only the protected health information that is directly relevant to the person's involvement with the individ-

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ual's health care. A covered entity may use professional judgment and its experience with common practice to make reasonable inferences of the individual's best interest in allowing a person to act on behalf of the individual to pick up filled prescriptions, medical supplies, X-rays, or other similar forms of protected health information.

(4) *Use and disclosures for disaster relief purposes.* A covered entity may use or disclose protected health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating with such entities the uses or disclosures permitted by paragraph (b)(1)(ii) of this section. The requirements in paragraphs (b)(2) and (3) of this section apply to such uses and disclosure to the extent that the covered entity, in the exercise of professional judgment, determines that the requirements do not interfere with the ability to respond to the emergency circumstances.

EFFECTIVE DATE NOTE: At 67 FR 53270, Aug. 14, 2002, in §164.510 revise the first sentence of the introductory text, and remove the word "for" from paragraph (b)(3), effective Oct. 15, 2002. For the convenience of the user, the revised text is set forth as follows:

§ 164.510 Uses and disclosures requiring an opportunity for the individual to agree or to object.

A covered entity may use or disclose protected health information, provided that the individual is informed in advance of the use or disclosure and has the opportunity to agree to or prohibit or restrict the use or disclosure, in accordance with the applicable requirements of this section. * * *

* * * * *

§ 164.512 Uses and disclosures for which consent, an authorization, or opportunity to agree or object is not required.

A covered entity may use or disclose protected health information without the written consent or authorization of the individual as described in §§164.506 and 164.508, respectively, or the opportunity for the individual to agree or object as described in §164.510, in the situations covered by this section, subject to the applicable requirements of this section. When the covered entity is required by this section to inform

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the individual of, or when the individual may agree to, a use or disclosure permitted by this section, the covered entity's information and the individual's agreement may be given orally.

(a) *Standard: Uses and disclosures required by law.* (1) A covered entity may use or disclose protected health information to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law.

(2) A covered entity must meet the requirements described in paragraph (c), (e), or (f) of this section for uses or disclosures required by law.

(b) *Standard: uses and disclosures for public health activities.* (1) *Permitted disclosures.* A covered entity may disclose protected health information for the public health activities and purposes described in this paragraph to:

(i) A public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions; or, at the direction of a public health authority, to an official of a foreign government agency that is acting in collaboration with a public health authority;

(ii) A public health authority or other appropriate government authority authorized by law to receive reports of child abuse or neglect;

(iii) A person subject to the jurisdiction of the Food and Drug Administration:

(A) To report adverse events (or similar reports with respect to food or dietary supplements), product defects or problems (including problems with the use or labeling of a product), or biological product deviations if the disclosure is made to the person required or directed to report such information to the Food and Drug Administration;

(B) To track products if the disclosure is made to a person required or directed by the Food and Drug Administration to track the product;

(C) To enable product recalls, repairs, or replacement (including locating and notifying individuals who have received products of product recalls, withdrawals, or other problems); or

(D) To conduct post marketing surveillance to comply with requirements or at the direction of the Food and Drug Administration;

(iv) A person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition, if the covered entity or public health authority is authorized by law to notify such person as necessary in the conduct of a public health intervention or investigation; or

(v) An employer, about an individual who is a member of the workforce of the employer, if:

(A) The covered entity is a covered health care provider who is a member of the workforce of such employer or who provides a health care to the individual at the request of the employer:

(1) To conduct an evaluation relating to medical surveillance of the workplace; or

(2) To evaluate whether the individual has a work-related illness or injury;

(B) The protected health information that is disclosed consists of findings concerning a work-related illness or injury or a workplace-related medical surveillance;

(C) The employer needs such findings in order to comply with its obligations, under 29 CFR parts 1904 through 1928, 30 CFR parts 50 through 90, or under state law having a similar purpose, to record such illness or injury or to carry out responsibilities for workplace medical surveillance;

(D) The covered health care provider provides written notice to the individual that protected health information relating to the medical surveillance of the workplace and work-related illnesses and injuries is disclosed to the employer:

(1) By giving a copy of the notice to the individual at the time the health care is provided; or

(2) If the health care is provided on the work site of the employer, by posting the notice in a prominent place at

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the location where the health care is provided.

(2) *Permitted uses.* If the covered entity also is a public health authority, the covered entity is permitted to use protected health information in all cases in which it is permitted to disclose such information for public health activities under paragraph (b)(1) of this section.

(c) *Standard: Disclosures about victims of abuse, neglect or domestic violence.* (1) *Permitted disclosures.* Except for reports of child abuse or neglect permitted by paragraph (b)(1)(ii) of this section, a covered entity may disclose protected health information about an individual whom the covered entity reasonably believes to be a victim of abuse, neglect, or domestic violence to a government authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence:

(i) To the extent the disclosure is required by law and the disclosure complies with and is limited to the relevant requirements of such law;

(ii) If the individual agrees to the disclosure; or

(iii) To the extent the disclosure is expressly authorized by statute or regulation and:

(A) The covered entity, in the exercise of professional judgment, believes the disclosure is necessary to prevent serious harm to the individual or other potential victims; or

(B) If the individual is unable to agree because of incapacity, a law enforcement or other public official authorized to receive the report represents that the protected health information for which disclosure is sought is not intended to be used against the individual and that an immediate enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure.

(2) *Informing the individual.* A covered entity that makes a disclosure permitted by paragraph (c)(1) of this section must promptly inform the individual that such a report has been or will be made, except if:

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(i) The covered entity, in the exercise of professional judgment, believes informing the individual would place the individual at risk of serious harm; or

(ii) The covered entity would be informing a personal representative, and the covered entity reasonably believes the personal representative is responsible for the abuse, neglect, or other injury, and that informing such person would not be in the best interests of the individual as determined by the covered entity, in the exercise of professional judgment.

(d) *Standard: Uses and disclosures for health oversight activities.* (1) *Permitted disclosures.* A covered entity may disclose protected health information to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight of:

(i) The health care system;

(ii) Government benefit programs for which health information is relevant to beneficiary eligibility;

(iii) Entities subject to government regulatory programs for which health information is necessary for determining compliance with program standards; or

(iv) Entities subject to civil rights laws for which health information is necessary for determining compliance.

(2) *Exception to health oversight activities.* For the purpose of the disclosures permitted by paragraph (d)(1) of this section, a health oversight activity does not include an investigation or other activity in which the individual is the subject of the investigation or activity and such investigation or other activity does not arise out of and is not directly related to:

(i) The receipt of health care;

(ii) A claim for public benefits related to health; or

(iii) Qualification for, or receipt of, public benefits or services when a patient's health is integral to the claim for public benefits or services.

(3) *Joint activities or investigations.* Notwithstanding paragraph (d)(2) of this section, if a health oversight activity or investigation is conducted in

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the location where the health care is provided.

(2) *Permitted uses.* If the covered entity also is a public health authority, the covered entity is permitted to use protected health information in all cases in which it is permitted to disclose such information for public health activities under paragraph (b)(1) of this section.

(c) *Standard: Disclosures about victims of abuse, neglect or domestic violence.* (1) *Permitted disclosures.* Except for reports of child abuse or neglect permitted by paragraph (b)(1)(ii) of this section, a covered entity may disclose protected health information about an individual whom the covered entity reasonably believes to be a victim of abuse, neglect, or domestic violence to a government authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence:

(i) To the extent the disclosure is required by law and the disclosure complies with and is limited to the relevant requirements of such law;

(ii) If the individual agrees to the disclosure; or

(iii) To the extent the disclosure is expressly authorized by statute or regulation and:

(A) The covered entity, in the exercise of professional judgment, believes the disclosure is necessary to prevent serious harm to the individual or other potential victims; or

(B) If the individual is unable to agree because of incapacity, a law enforcement or other public official authorized to receive the report represents that the protected health information for which disclosure is sought is not intended to be used against the individual and that an immediate enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure.

(2) *Informing the individual.* A covered entity that makes a disclosure permitted by paragraph (c)(1) of this section must promptly inform the individual that such a report has been or will be made, except if:

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(i) The covered entity, in the exercise of professional judgment, believes informing the individual would place the individual at risk of serious harm; or

(ii) The covered entity would be informing a personal representative, and the covered entity reasonably believes the personal representative is responsible for the abuse, neglect, or other injury, and that informing such person would not be in the best interests of the individual as determined by the covered entity, in the exercise of professional judgment.

(d) *Standard: Uses and disclosures for health oversight activities.* (1) *Permitted disclosures.* A covered entity may disclose protected health information to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight of:

(i) The health care system;

(ii) Government benefit programs for which health information is relevant to beneficiary eligibility;

(iii) Entities subject to government regulatory programs for which health information is necessary for determining compliance with program standards; or

(iv) Entities subject to civil rights laws for which health information is necessary for determining compliance.

(2) *Exception to health oversight activities.* For the purpose of the disclosures permitted by paragraph (d)(1) of this section, a health oversight activity does not include an investigation or other activity in which the individual is the subject of the investigation or activity and such investigation or other activity does not arise out of and is not directly related to:

(i) The receipt of health care;

(ii) A claim for public benefits related to health; or

(iii) Qualification for, or receipt of, public benefits or services when a patient's health is integral to the claim for public benefits or services.

(3) *Joint activities or investigations.* Notwithstanding paragraph (d)(2) of this section, if a health oversight activity or investigation is conducted in



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conjunction with an oversight activity or investigation relating to a claim for public benefits not related to health, the joint activity or investigation is considered a health oversight activity for purposes of paragraph (d) of this section.

(4) *Permitted uses.* If a covered entity also is a health oversight agency, the covered entity may use protected health information for health oversight activities as permitted by paragraph (d) of this section.

(e) *Standard: Disclosures for judicial and administrative proceedings.*

(1) *Permitted disclosures.* A covered entity may disclose protected health information in the course of any judicial or administrative proceeding:

(i) In response to an order of a court or administrative tribunal, provided that the covered entity discloses only the protected health information expressly authorized by such order; or

(ii) In response to a subpoena, discovery request, or other lawful process, that is not accompanied by an order of a court or administrative tribunal, if:

(A) The covered entity receives satisfactory assurance, as described in paragraph (e)(1)(iii) of this section, from the party seeking the information that reasonable efforts have been made by such party to ensure that the individual who is the subject of the protected health information that has been requested has been given notice of the request; or

(B) The covered entity receives satisfactory assurance, as described in paragraph (e)(1)(iv) of this section, from the party seeking the information that reasonable efforts have been made by such party to secure a qualified protective order that meets the requirements of paragraph (e)(1)(v) of this section.

(iii) For the purposes of paragraph (e)(1)(ii)(A) of this section, a covered entity receives satisfactory assurances from a party seeking protecting health information if the covered entity receives from such party a written statement and accompanying documentation demonstrating that:

(A) The party requesting such information has made a good faith attempt to provide written notice to the individual (or, if the individual's location

is unknown, to mail a notice to the individual's last known address);

(B) The notice included sufficient information about the litigation or proceeding in which the protected health information is requested to permit the individual to raise an objection to the court or administrative tribunal; and

(C) The time for the individual to raise objections to the court or administrative tribunal has elapsed, and:

(1) No objections were filed; or

(2) All objections filed by the individual have been resolved by the court or the administrative tribunal and the disclosures being sought are consistent with such resolution.

(iv) For the purposes of paragraph (e)(1)(ii)(B) of this section, a covered entity receives satisfactory assurances from a party seeking protected health information, if the covered entity receives from such party a written statement and accompanying documentation demonstrating that:

(A) The parties to the dispute giving rise to the request for information have agreed to a qualified protective order and have presented it to the court or administrative tribunal with jurisdiction over the dispute; or

(B) The party seeking the protected health information has requested a qualified protective order from such court or administrative tribunal.

(v) For purposes of paragraph (e)(1) of this section, a qualified protective order means, with respect to protected health information requested under paragraph (e)(1)(ii) of this section, an order of a court or of an administrative tribunal or a stipulation by the parties to the litigation or administrative proceeding that:

(A) Prohibits the parties from using or disclosing the protected health information for any purpose other than the litigation or proceeding for which such information was requested; and

(B) Requires the return to the covered entity or destruction of the protected health information (including all copies made) at the end of the litigation or proceeding.

(vi) Notwithstanding paragraph (e)(1)(ii) of this section, a covered entity may disclose protected health information in response to lawful process described in paragraph (e)(1)(ii) of this

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section without receiving satisfactory assurance under paragraph (e)(1)(ii)(A) or (B) of this section, if the covered entity makes reasonable efforts to provide notice to the individual sufficient to meet the requirements of paragraph (e)(1)(iii) of this section or to seek a qualified protective order sufficient to meet the requirements of paragraph (e)(1)(iv) of this section.

(2) *Other uses and disclosures under this section.* The provisions of this paragraph do not supersede other provisions of this section that otherwise permit or restrict uses or disclosures of protected health information.

(f) *Standard: Disclosures for law enforcement purposes.* A covered entity may disclose protected health information for a law enforcement purpose to a law enforcement official if the conditions in paragraphs (f)(1) through (f)(6) of this section are met, as applicable.

(1) *Permitted disclosures: Pursuant to process and as otherwise required by law.* A covered entity may disclose protected health information:

(i) As required by law including laws that require the reporting of certain types of wounds or other physical injuries, except for laws subject to paragraph (b)(1)(ii) or (c)(1)(i) of this section; or

(ii) In compliance with and as limited by the relevant requirements of:

(A) A court order or court-ordered warrant, or a subpoena or summons issued by a judicial officer;

(B) A grand jury subpoena; or

(C) An administrative request, including an administrative subpoena or summons, a civil or an authorized investigative demand, or similar process authorized under law, provided that:

(1) The information sought is relevant and material to a legitimate law enforcement inquiry;

(2) The request is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought; and

(3) De-identified information could not reasonably be used.

(2) *Permitted disclosures: Limited information for identification and location purposes.* Except for disclosures required by law as permitted by paragraph (f)(1) of this section, a covered entity may disclose protected health

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information in response to a law enforcement official's request for such information for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person, provided that:

(i) The covered entity may disclose only the following information:

(A) Name and address;

(B) Date and place of birth;

(C) Social security number;

(D) ABO blood type and rh factor;

(E) Type of injury;

(F) Date and time of treatment;

(G) Date and time of death, if applicable; and

(H) A description of distinguishing physical characteristics, including height, weight, gender, race, hair and eye color, presence or absence of facial hair (beard or moustache), scars, and tattoos.

(ii) Except as permitted by paragraph (f)(2)(i) of this section, the covered entity may not disclose for the purposes of identification or location under paragraph (f)(2) of this section any protected health information related to the individual's DNA or DNA analysis, dental records, or typing, samples or analysis of body fluids or tissue.

(3) *Permitted disclosure: Victims of a crime.* Except for disclosures required by law as permitted by paragraph (f)(1) of this section, a covered entity may disclose protected health information in response to a law enforcement official's request for such information about an individual who is or is suspected to be a victim of a crime, other than disclosures that are subject to paragraph (b) or (c) of this section, if:

(i) The individual agrees to the disclosure; or

(iii) The covered entity is unable to obtain the individual's agreement because of incapacity or other emergency circumstance, provided that:

(A) The law enforcement official represents that such information is needed to determine whether a violation of law by a person other than the victim has occurred, and such information is not intended to be used against the victim;

(B) The law enforcement official represents that immediate law enforcement activity that depends upon the



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disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure; and

(C) The disclosure is in the best interests of the individual as determined by the covered entity, in the exercise of professional judgment.

(4) *Permitted disclosure: Decedents.* A covered entity may disclose protected health information about an individual who has died to a law enforcement official for the purpose of alerting law enforcement of the death of the individual if the covered entity has a suspicion that such death may have resulted from criminal conduct.

(5) *Permitted disclosure: Crime on premises.* A covered entity may disclose to a law enforcement official protected health information that the covered entity believes in good faith constitutes evidence of criminal conduct that occurred on the premises of the covered entity.

(6) *Permitted disclosure: Reporting crime in emergencies.* (i) A covered health care provider providing emergency health care in response to a medical emergency, other than such emergency on the premises of the covered health care provider, may disclose protected health information to a law enforcement official if such disclosure appears necessary to alert law enforcement to:

(A) The commission and nature of a crime;

(B) The location of such crime or of the victim(s) of such crime; and

(C) The identity, description, and location of the perpetrator of such crime.

(ii) If a covered health care provider believes that the medical emergency described in paragraph (f)(6)(i) of this section is the result of abuse, neglect, or domestic violence of the individual in need of emergency health care, paragraph (f)(6)(i) of this section does not apply and any disclosure to a law enforcement official for law enforcement purposes is subject to paragraph (c) of this section.

(g) *Standard: Uses and disclosures about decedents.* (1) *Coroners and medical examiners.* A covered entity may disclose protected health information to a coroner or medical examiner for the purpose of identifying a deceased per-

son, determining a cause of death, or other duties as authorized by law. A covered entity that also performs the duties of a coroner or medical examiner may use protected health information for the purposes described in this paragraph.

(2) *Funeral directors.* A covered entity may disclose protected health information to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent. If necessary for funeral directors carry out their duties, the covered entity may disclose the protected health information prior to, and in reasonable anticipation of, the individual's death.

(h) *Standard: Uses and disclosures for cadaveric organ, eye or tissue donation purposes.* A covered entity may use or disclose protected health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating organ, eye or tissue donation and transplantation.

(i) *Standard: Uses and disclosures for research purposes.* (1) *Permitted uses and disclosures.* A covered entity may use or disclose protected health information for research, regardless of the source of funding of the research, provided that:

(i) *Board approval of a waiver of authorization.* The covered entity obtains documentation that an alteration to or waiver, in whole or in part, of the individual authorization required by §164.508 for use or disclosure of protected health information has been approved by either:

(A) An Institutional Review Board (IRB), established in accordance with 7 CFR 1c.107, 10 CFR 745.107, 14 CFR 1230.107, 15 CFR 27.107, 16 CFR 1028.107, 21 CFR 56.107, 22 CFR 225.107, 24 CFR 60.107, 28 CFR 46.107, 32 CFR 219.107, 34 CFR 97.107, 38 CFR 16.107, 40 CFR 26.107, 45 CFR 46.107, 45 CFR 690.107, or 49 CFR 11.107; or

(B) A privacy board that:

(1) Has members with varying backgrounds and appropriate professional competency as necessary to review the effect of the research protocol on the individual's privacy rights and related interests;

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(2) Includes at least one member who is not affiliated with the covered entity, not affiliated with any entity conducting or sponsoring the research, and not related to any person who is affiliated with any of such entities; and

(3) Does not have any member participating in a review of any project in which the member has a conflict of interest.

(ii) *Reviews preparatory to research.* The covered entity obtains from the researcher representations that:

(A) Use or disclosure is sought solely to review protected health information as necessary to prepare a research protocol or for similar purposes preparatory to research;

(B) No protected health information is to be removed from the covered entity by the researcher in the course of the review; and

(C) The protected health information for which use or access is sought is necessary for the research purposes.

(iii) *Research on decedent's information.* The covered entity obtains from the researcher:

(A) Representation that the use or disclosure is sought is solely for research on the protected health information of decedents;

(B) Documentation, at the request of the covered entity, of the death of such individuals; and

(C) Representation that the protected health information for which use or disclosure is sought is necessary for the research purposes.

(2) *Documentation of waiver approval.* For a use or disclosure to be permitted based on documentation of approval of an alteration or waiver, under paragraph (i)(1)(i) of this section, the documentation must include all of the following:

(i) *Identification and date of action.* A statement identifying the IRB or privacy board and the date on which the alteration or waiver of authorization was approved;

(ii) *Waiver criteria.* A statement that the IRB or privacy board has determined that the alteration or waiver, in whole or in part, of authorization satisfies the following criteria:

(A) The use or disclosure of protected health information involves no more than minimal risk to the individuals;

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(B) The alteration or waiver will not adversely affect the privacy rights and the welfare of the individuals;

(C) The research could not practicably be conducted without the alteration or waiver;

(D) The research could not practicably be conducted without access to and use of the protected health information;

(E) The privacy risks to individuals whose protected health information is to be used or disclosed are reasonable in relation to the anticipated benefits if any to the individuals, and the importance of the knowledge that may reasonably be expected to result from the research;

(F) There is an adequate plan to protect the identifiers from improper use and disclosure;

(G) There is an adequate plan to destroy the identifiers at the earliest opportunity consistent with conduct of the research, unless there is a health or research justification for retaining the identifiers, or such retention is otherwise required by law; and

(H) There are adequate written assurances that the protected health information will not be reused or disclosed to any other person or entity, except as required by law, for authorized oversight of the research project, or for other research for which the use or disclosure of protected health information would be permitted by this subpart.

(iii) *Protected health information needed.* A brief description of the protected health information for which use or access has been determined to be necessary by the IRB or privacy board has determined, pursuant to paragraph (i)(2)(ii)(D) of this section;

(iv) *Review and approval procedures.* A statement that the alteration or waiver of authorization has been reviewed and approved under either normal or expedited review procedures, as follows:

(A) An IRB must follow the requirements of the Common Rule, including the normal review procedures (7 CFR 1c.108(b), 10 CFR 745.108(b), 14 CFR 1230.108(b), 15 CFR 27.108(b), 16 CFR 1028.108(b), 21 CFR 56.108(b), 22 CFR 225.108(b), 24 CFR 60.108(b), 28 CFR 46.108(b), 32 CFR 219.108(b), 34 CFR 97.108(b), 38 CFR 16.108(b), 40 CFR

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26.108(b), 45 CFR 46.108(b), 45 CFR 690.108(b), or 49 CFR 11.108(b)) or the expedited review procedures (7 CFR 1c.110, 10 CFR 745.110, 14 CFR 1230.110, 15 CFR 27.110, 16 CFR 1028.110, 21 CFR 56.110, 22 CFR 225.110, 24 CFR 60.110, 28 CFR 46.110, 32 CFR 219.110, 34 CFR 97.110, 38 CFR 16.110, 40 CFR 26.110, 45 CFR 46.110, 45 CFR 690.110, or 49 CFR 11.110);

(B) A privacy board must review the proposed research at convened meetings at which a majority of the privacy board members are present, including at least one member who satisfies the criterion stated in paragraph (i)(1)(i)(B)(2) of this section, and the alteration or waiver of authorization must be approved by the majority of the privacy board members present at the meeting, unless the privacy board elects to use an expedited review procedure in accordance with paragraph (i)(2)(iv)(C) of this section;

(C) A privacy board may use an expedited review procedure if the research involves no more than minimal risk to the privacy of the individuals who are the subject of the protected health information for which use or disclosure is being sought. If the privacy board elects to use an expedited review procedure, the review and approval of the alteration or waiver of authorization may be carried out by the chair of the privacy board, or by one or more members of the privacy board as designated by the chair; and

(v) *Required signature.* The documentation of the alteration or waiver of authorization must be signed by the chair or other member, as designated by the chair, of the IRB or the privacy board, as applicable.

(j) *Standard: Uses and disclosures to avert a serious threat to health or safety.*

(1) *Permitted disclosures.* A covered entity may, consistent with applicable law and standards of ethical conduct, use or disclose protected health information, if the covered entity, in good faith, believes the use or disclosure:

(i)(A) Is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; and

(B) Is to a person or persons reasonably able to prevent or lessen the

threat, including the target of the threat; or

(ii) Is necessary for law enforcement authorities to identify or apprehend an individual;

(A) Because of a statement by an individual admitting participation in a violent crime that the covered entity reasonably believes may have caused serious physical harm to the victim; or

(B) Where it appears from all the circumstances that the individual has escaped from a correctional institution or from lawful custody, as those terms are defined in §164.501.

(2) *Use or disclosure not permitted.* A use or disclosure pursuant to paragraph (j)(1)(ii)(A) of this section may not be made if the information described in paragraph (j)(1)(ii)(A) of this section is learned by the covered entity:

(i) In the course of treatment to affect the propensity to commit the criminal conduct that is the basis for the disclosure under paragraph (j)(1)(ii)(A) of this section, or counseling or therapy; or

(ii) Through a request by the individual to initiate or to be referred for the treatment, counseling, or therapy described in paragraph (j)(2)(i) of this section.

(3) *Limit on information that may be disclosed.* A disclosure made pursuant to paragraph (j)(1)(ii)(A) of this section shall contain only the statement described in paragraph (j)(1)(ii)(A) of this section and the protected health information described in paragraph (f)(2)(i) of this section.

(4) *Presumption of good faith belief.* A covered entity that uses or discloses protected health information pursuant to paragraph (j)(1) of this section is presumed to have acted in good faith with regard to a belief described in paragraph (j)(1)(i) or (ii) of this section, if the belief is based upon the covered entity's actual knowledge or in reliance on a credible representation by a person with apparent knowledge or authority.

(k) *Standard: Uses and disclosures for specialized government functions.* (1) *Military and veterans activities.* (i) *Armed Forces personnel.* A covered entity may use and disclose the protected health information of individuals who are

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Armed Forces personnel for activities deemed necessary by appropriate military command authorities to assure the proper execution of the military mission, if the appropriate military authority has published by notice in the FEDERAL REGISTER the following information:

(A) Appropriate military command authorities; and

(B) The purposes for which the protected health information may be used or disclosed.

(i) *Separation or discharge from military service.* A covered entity that is a component of the Departments of Defense or Transportation may disclose to the Department of Veterans Affairs (DVA) the protected health information of an individual who is a member of the Armed Forces upon the separation or discharge of the individual from military service for the purpose of a determination by DVA of the individual's eligibility for or entitlement to benefits under laws administered by the Secretary of Veterans Affairs.

(iii) *Veterans.* A covered entity that is a component of the Department of Veterans Affairs may use and disclose protected health information to components of the Department that determine eligibility for or entitlement to, or that provide, benefits under the laws administered by the Secretary of Veterans Affairs.

(iv) *Foreign military personnel.* A covered entity may use and disclose the protected health information of individuals who are foreign military personnel to their appropriate foreign military authority for the same purposes for which uses and disclosures are permitted for Armed Forces personnel under the notice published in the FEDERAL REGISTER pursuant to paragraph (k)(1)(i) of this section.

(2) *National security and intelligence activities.* A covered entity may disclose protected health information to authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities authorized by the National Security Act (50 U.S.C. 401, *et seq.*) and implementing authority (*e.g.*, Executive Order 12333).

(3) *Protective services for the President and others.* A covered entity may dis-

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close protected health information to authorized federal officials for the provision of protective services to the President or other persons authorized by 18 U.S.C. 3056, or to foreign heads of state or other persons authorized by 22 U.S.C. 2709(a)(3), or to for the conduct of investigations authorized by 18 U.S.C. 871 and 879.

(4) *Medical suitability determinations.* A covered entity that is a component of the Department of State may use protected health information to make medical suitability determinations and may disclose whether or not the individual was determined to be medically suitable to the officials in the Department of State who need access to such information for the following purposes:

(i) For the purpose of a required security clearance conducted pursuant to Executive Orders 10450 and 12698;

(ii) As necessary to determine worldwide availability or availability for mandatory service abroad under sections 101(a)(4) and 504 of the Foreign Service Act; or

(iii) For a family to accompany a Foreign Service member abroad, consistent with section 101(b)(5) and 904 of the Foreign Service Act.

(5) *Correctional institutions and other law enforcement custodial situations.* (i) *Permitted disclosures.* A covered entity may disclose to a correctional institution or a law enforcement official having lawful custody of an inmate or other individual protected health information about such inmate or individual, if the correctional institution or such law enforcement official represents that such protected health information is necessary for:

(A) The provision of health care to such individuals;

(B) The health and safety of such individual or other inmates;

(C) The health and safety of the officers or employees of or others at the correctional institution;

(D) The health and safety of such individuals and officers or other persons responsible for the transporting of inmates or their transfer from one institution, facility, or setting to another;

(E) Law enforcement on the premises of the correctional institution; and



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(F) The administration and maintenance of the safety, security, and good order of the correctional institution.

(i) *Permitted uses.* A covered entity that is a correctional institution may use protected health information of individuals who are inmates for any purpose for which such protected health information may be disclosed.

(ii) *No application after release.* For the purposes of this provision, an individual is no longer an inmate when released on parole, probation, supervised release, or otherwise is no longer in lawful custody.

(6) *Covered entities that are government programs providing public benefits.* (i) A health plan that is a government program providing public benefits may disclose protected health information relating to eligibility for or enrollment in the health plan to another agency administering a government program providing public benefits if the sharing of eligibility or enrollment information among such government agencies or the maintenance of such information in a single or combined data system accessible to all such government agencies is required or expressly authorized by statute or regulation.

(ii) A covered entity that is a government agency administering a government program providing public benefits may disclose protected health information relating to the program to another covered entity that is a government agency administering a government program providing public benefits if the programs serve the same or similar populations and the disclosure of protected health information is necessary to coordinate the covered functions of such programs or to improve administration and management relating to the covered functions of such programs.

(1) *Standard: Disclosures for workers' compensation.* A covered entity may disclose protected health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

EFFECTIVE DATE NOTE: At 67 FR 53270, Aug. 14, 2002, §164.512 was amended by revising the section heading and the first sentence of the

introductory text; revising paragraph (b)(1)(iii); in paragraph (b)(1)(v)(A) removing the word "a" before the word "health"; adding the word "and" after the semicolon at the end of paragraph (b)(1)(v)(C); redesignating paragraphs (f)(3)(ii) and (iii) as (f)(3)(i) and (ii); in the second sentence of paragraph (g)(2) add the word "to" after the word "directors"; in paragraph (i)(1)(iii)(A) removing the word "is" after the word "disclosure"; revising paragraph (i)(2)(ii); in paragraph (i)(2)(iii) remove "(i)(2)(ii)(D)" and add in its place "(i)(2)(ii)(C)", effective Oct. 15, 2002. For the convenience of the user, the revised text is set forth as follows:

§ 164.512 **Uses and disclosures for which an authorization or opportunity to agree or object is not required.**

A covered entity may use or disclose protected health information without the written authorization of the individual, as described in §164.508, or the opportunity for the individual to agree or object as described in §164.510, in the situations covered by this section, subject to the applicable requirements of this section. * * *

* * * * *

(b) *Standard: uses and disclosures for public health activities.*

(1) *Permitted disclosures.* * * *

(ii) A person subject to the jurisdiction of the Food and Drug Administration (FDA) with respect to an FDA-regulated product or activity for which that person has responsibility, for the purpose of activities related to the quality, safety or effectiveness of such FDA-regulated product or activity. Such purposes include:

(A) To collect or report adverse events (or similar activities with respect to food or dietary supplements), product defects or problems (including problems with the use or labeling of a product), or biological product deviations;

(B) To track FDA-regulated products;

(C) To enable product recalls, repairs, or replacement, or lookback (including locating and notifying individuals who have received products that have been recalled, withdrawn, or are the subject of lookback); or

(D) To conduct post marketing surveillance;

* * * * *

(1) *Standard: Uses and disclosures for research purposes.* * * *

(2) *Documentation of waiver approval.* * * *

(ii) *Waiver criteria.* A statement that the IRB or privacy board has determined that the alteration or waiver, in whole or in part, of authorization satisfies the following criteria:



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(A) The use or disclosure of protected health information involves no more than a minimal risk to the privacy of individuals, based on, at least, the presence of the following elements;

(1) An adequate plan to protect the identifiers from improper use and disclosure;

(2) An adequate plan to destroy the identifiers at the earliest opportunity consistent with conduct of the research, unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law; and

(3) Adequate written assurances that the protected health information will not be re-used or disclosed to any other person or entity, except as required by law, for authorized oversight of the research study, or for other research for which the use or disclosure of protected health information would be permitted by this subpart;

(B) The research could not practicably be conducted without the waiver or alteration; and

(C) The research could not practicably be conducted without access to and use of the protected health information.

* * * * *

§ 164.514 Other requirements relating to uses and disclosures of protected health information.

(a) *Standard: de-identification of protected health information.* Health information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual is not individually identifiable health information.

(b) *Implementation specifications: requirements for de-identification of protected health information.* A covered entity may determine that health information is not individually identifiable health information only if:

(1) A person with appropriate knowledge of and experience with generally accepted statistical and scientific principles and methods for rendering information not individually identifiable:

(i) Applying such principles and methods, determines that the risk is very small that the information could be used, alone or in combination with other reasonably available information, by an anticipated recipient to identify an individual who is a subject of the information; and

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(ii) Documents the methods and results of the analysis that justify such determination; or

(2)(i) The following identifiers of the individual or of relatives, employers, or household members of the individual, are removed:

(A) Names;

(B) All geographic subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code if, according to the current publicly available data from the Bureau of the Census:

(1) The geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and

(2) The initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000.

(C) All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older;

(D) Telephone numbers;

(E) Fax numbers;

(F) Electronic mail addresses;

(G) Social security numbers;

(H) Medical record numbers;

(I) Health plan beneficiary numbers;

(J) Account numbers;

(K) Certificate/license numbers;

(L) Vehicle identifiers and serial numbers, including license plate numbers;

(M) Device identifiers and serial numbers;

(N) Web Universal Resource Locators (URLs);

(O) Internet Protocol (IP) address numbers;

(P) Biometric identifiers, including finger and voice prints;

(Q) Full face photographic images and any comparable images; and

(R) Any other unique identifying number, characteristic, or code; and

(ii) The covered entity does not have actual knowledge that the information could be used alone or in combination



FAC – DNA, Dental, and Pathology: Attachment B

REQUEST FOR MEDICAL/DENTAL RECORDS

[Insert Name of the MF FAC]

[Insert MF FAC Address, Phone, Fax]

[Date]

[Name of care provider or facility]

[Address]

RE: Urgent Medical Records Request

Dear [Insert Name]:

The (***name of MF FAC***) is attempting to gather any and all associated ante-mortem data for RM # [***Insert RM #***], [***Insert name of deceased***]. (***Insert Name of deceased***)'s surviving family members, specifically [***insert name of NOK***], his/her [***relationship to deceased***], has identified you and/or your medical facility as a medical provider for their loved one. The purpose of this letter is to request copies of medical/dental records as allowed by the Health Insurance Portability and Accountability Act (HIPAA) and Department of Health and Human Services regulations for the aforementioned patient (See attachment).

Any medical records provided will only be used for the sole purpose of identifying the remains of the aforementioned and will be stored at the [***name of MF FAC***] in a safe and secure manor.

Please know that this request is time sensitive and your immediate attention is greatly appreciated by all parties involved in the identification process and the surviving family members.

If there are any reasonable charges for providing these records, as allowed by law, please contact the [***Insert name of MF FAC***] at [***Insert MF FAC phone number***] to obtain billing information.

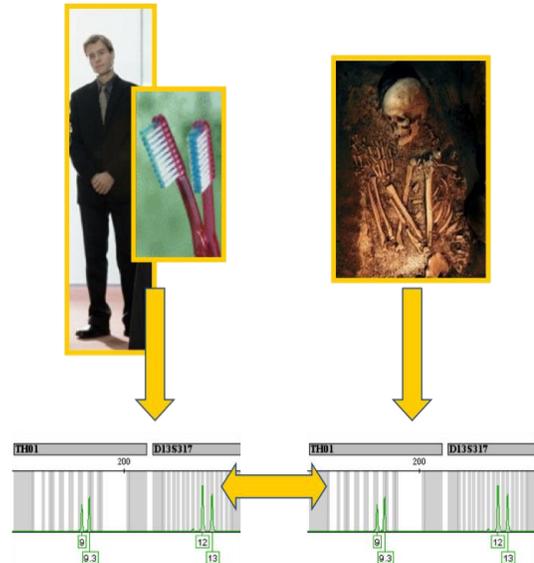
Sincerely,

[Insert Name/Position]

FAC – DNA, Dental, and Pathology: Attachment C

DNA COLLECTIONS

In order to identify human remains, a DNA profile from the human remains needs to be “matched” to one or more DNA profiles from biological samples of known origin. Samples of known origin are called *reference samples*. This attachment addresses reference samples, describes the importance of establishing a reported missing (RM) case for DNA, reviews the critical aspects of maintaining a chain of custody, identifies the different types of reference samples, discusses the scheduling of reference sample collections, identifies the type of information obtained when a reference sample is collected, and discusses the importance of maintaining the integrity of the reference sample during collection and storage. The State of Louisiana ESF-8 **LDH** will need to identify an organization responsible for overseeing the DNA operations.



The Reported Missing

The first step in collecting reference samples is to identify the reported missing (RM). Typically the RM will be identified during intake. The RM is a person believed to be deceased, and each RM should have a *unique identifier* – typically a *case number* given to the RM by the agency responsible for identifications. A name is not a unique identifier. Related individuals should each have their own RM numbers and proper documentation should connect or identify the two RMs as being related.

Typically, the assignment of an RM case number is performed at the Family Assistance Center in coordination with the collection of ante-mortem information. However, it is not uncommon for family members to arrive at a collection site to provide a sample prior to completing the entire ante-mortem data collection process. In these situations, DNA samples should be collected with as much information about the missing person as possible. DNA collectors should never pass up

the opportunity to collect reference samples as the laboratory will decide which samples to test. Once the sample and associated information is collected, the RM case can be opened and the remaining ante-mortem information obtained at a later date. Each time family members provide information about missing individuals, it is important to verify whether it is a new RM case or a variation of a case already maintained by the laboratory. The laboratory may miss potential identifications if there are multiple cases for the same RM, each with a different subset of the reference samples.

Chain of Custody

To ensure the integrity of the sample, a *chain of custody* must be maintained. The chain of custody begins at the time of collection and is maintained throughout the entire testing process. From the moment the sample or evidence is collected the sample must be sealed and every transfer must be documented.



The proper sealing of the evidence and the associated chronological documentation (paper trail) of the collection, transfer, analysis, and

disposition of the sample are critical to the successful operation of a DNA identification laboratory. Because the report issued by the laboratory can be used in court, it must be handled in a meticulous manner to avoid later allegations of tampering or misconduct. A proper chain of custody establishes that the evidence relates to the crime scene and was not fraudulently planted. Maintaining a proper chain of custody is critical to the identification process and subsequent court proceedings.

Reference Sample Types

There are typically three types of DNA reference samples used to identify human remains in mass fatality operations - *direct references*, *personal items*, and *kinship samples*. In order for the laboratory to produce meaningful results, each of the reference types must be properly collected and identified. The type of reference samples collected depends on accessibility and the ability of the laboratory or laboratories to test the samples.

Direct References

A *direct reference* is a sample that has some sort of paperwork or documentation linking its origin



to a missing individual. Typically, a professional (such as a doctor or nurse) collected these samples during a medical test. Direct reference samples can be attributed to the missing individual through some type of record of collection (e.g. a medical record). The DNA laboratory should discuss the potential availability of these samples with the family and then follow up with the organization that potentially has the sample. A medical or legal release may be necessary to obtain the sample.

Direct reference samples are sometimes preferable because they have the potential to provide the full (complete) DNA profile from the RM, which can be easily and directly matched to the profiles from human remains. However, obtaining direct reference samples may be time consuming and in cases where tissues are embedded in paraffin or biopsy slides, it can be labor intensive and difficult to profile even for extremely experienced laboratories. When collecting direct reference samples, it is important to obtain the paperwork, which documents collection of the sample. If there is minimal, incomplete, or questionable paperwork documenting the origin of the sample, the laboratory should carefully consider using precious resources to test the sample. The origin of the sample should be verified by comparing its profile to other reference samples. Therefore, even if the laboratory obtains a direct reference, alternative references may be needed. The handling of direct references should be limited, and if possible, the individual from the organization who has possession of the sample should deliver them to the DNA laboratory. In order to preserve the chain of custody of the sample, the direct reference samples should be delivered in their original container.

A DNA profile may be available to use as a direct reference where DNA databases are commonly used for forensic or other identification purposes, such as in the military services. Such reference sample profiles may require special authorization and documentation. For example, the state of

Louisiana in the United States, maintains a DNA profile database for law enforcement purposes, but there are numerous rules and regulations protecting access to profiles in the database. However, in mass fatalities, Louisiana law allows law enforcement agencies access to the database. After Hurricane Katrina, profiles from the law enforcement database were used to make identifications of the deceased.

Personal Items

Personal items are objects purported to have or to contain DNA from the RM because they were used by the RM or came from the RM. However, personal items have no associated



documentation linking the item to the RM. These samples are typically found at an RM's home or place of employment, and could be a hairbrush, toothbrush or favorite coffee cup. If the mass fatality is associated with a disaster that destroyed the individual's home and place of work, or if the RM has been missing for many years, personal items will be unavailable.

Table 1, shown below, lists common personal items (including biological material) and provides general guidelines for the degree of usefulness.

Personal Item	Usefulness
Hairbrush	High
Letter sent by RM	High (<i>if RM licked the envelope seal or stamp</i>)
Toothbrush	Moderate to high (<i>especially if not cleaned after each use</i>)
Clothing	High (<i>when garment was worn next to the skin and not laundered</i>)
Razor	High
Pipe or cigarette holder	High
Nail file	Moderate (<i>if not cleaned</i>)
Teeth (biological material)	Moderate (<i>Teeth without fillings or dental work are preferable</i>)
Hair (biological material)	Low to Moderate (<i>The hair must contain the hair root</i>)

Table 1: Personal Items and Their Usefulness for Obtaining DNA Profiles



The success in profiling may vary depending on the experience of the laboratory and the quantity and quality of DNA on the personal item.

DNA from another person may be deposited on the RM's personal item(s) – perhaps without the knowledge of the family member presenting the item for testing. Therefore, it is important to have a record of who may have used or handled the personal item. It is also imperative to collect elimination samples from individuals who may have left DNA on the personal item. *Elimination samples* are biological samples taken from individuals who could have potentially left their DNA on an item. Elimination samples are profiled by the laboratory and compared to the profile from the personal item to eliminate any person other than the RM as leaving their DNA on the item. Figure 1, shown below, is helpful form when collecting personal items.

RM# _____	FOR LABORATORY USE			
Missing Persons DNA Unit Personal Items Submission Form				
Missing Individual Information				
Last Name	Suffix (Jr., Sr.)	First Name	Middle Name	Sex (circle) M F
The Missing person is/has been known by the following additional names (include maiden name):		Date of Birth Year: ____ Month: ____ Day: ____		Social Security Number ____-____-____
Submitter Information				
Last Name	Suffix (Jr., Sr.)	First Name	Middle Name	
Best call back numbers (list in order of preference)				
1 st : ()		2 nd : ()		3 rd : ()
Home Street Address			City	State
Country	Zip Code	E-mail address		
<p>I am providing a reference sample from the missing individual. I am the missing individual's _____ (e.g., mother, father, sister, son, roommate etc.)</p>				
<i>Please list the personal items below:</i>				
Item Number	Item Description	Other Possible DNA Sources on item. Please explain		
0	<i>Example: Pink toothbrush with white handle</i>	<i>My husband and I may have used the same toothbrush</i>		
1				
2				
3				
4				
5				

Figure 1: Personal Item Submission Form

As with direct references, personal items have the potential to provide a complete profile of the RM. Personal items are typically stored in clean paper bags with the identification document attached to the outside. If possible, the collector should not handle or examine the personal item at the collection location and the personal item should remain in its original container whenever possible.

4.12 Family References/Kinship Samples

Family references or kinship samples are often the references of choice for the identification of RMs. Because family references or kinship samples are standardized, the laboratory can process the samples in a timely and consistent manner. Also, there are typically an abundance of samples, which means that additional testing can be easily performed if the laboratory has any question with the DNA profile. Collectors typically use a buccal swab (scraping from the inside of the mouth) to collect these samples. Alternatively, some laboratories use bloodstains. The sample type depends on the laboratory's automation and preference for testing.



There are several challenges to the laboratory when using family reference samples for identification purposes. First, as outlined earlier, it is very important that all kinship samples are placed in the same RM case. Having the family reference samples scattered among several different cases will most likely result in missed identifications because each family reference, by itself, may not show enough genetic similarities with the profile from the human remains. Often several family references are required to provide enough genetic information to make a DNA identification. Secondly, not all family members may be genetically related the way they think they are or there may be genetic changes between relatives (mutations). In order to avoid raising these issues with the family after testing, the laboratory should make sure that every possible family reference is collected, as outlined below, so that all samples are available to resolve the case.



4.12.1 Pedigree

Prior to sample collection, it is important to generate a *family pedigree* for each RM case. The family pedigree will help identify which family references should be collected for testing. Most

often, a representative from the DNA Unit (forensic analyst or genetic counselor with specific training in forensics) will talk with family members and create the family tree or pedigree. Since there may be confusion as to how family members are biologically related, it may be necessary to draw a family pedigree several different times. Family members may provide different or conflicting information on family biological relationships. Conflicting results may be resolved by speaking with other family members. Once genetic profiles from the families have been generated and compared, additional information about the family structure can be obtained. In order to maintain a clear understanding of the family structure throughout the DNA operations, standard genetic nomenclature should be used to document the family structure. See Figure 2 and 3 for common pedigree symbols.

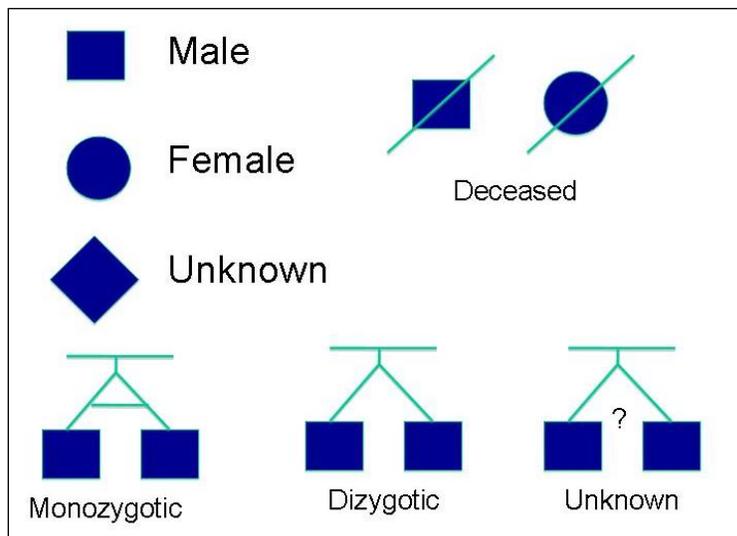


Figure 2: Common Pedigree Symbols

Figure 3, shown below, depicts how a family pedigree is drawn using standard pedigree symbols indicating mating individuals and offspring.

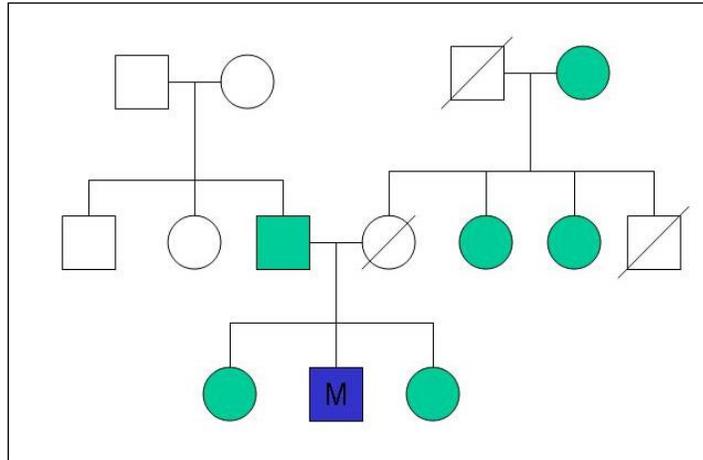


Figure 3: A Family Pedigree

Once a family pedigree has been constructed, it is important that a forensic analyst trained in mass fatality identification or a genetic counselor with forensic training best to examine the pedigree carefully to determine which family reference samples to collect. The samples for each family will be unique based on their family structure and the availability of individuals providing the sample. The green highlighted individuals in Figure 3 indicate the individuals to be collected. To identify which samples to collect, one follows the lines along the pedigree starting from the RM to each biological relative able to provide a sample. Samples from individuals past those providing a sample will not contribute additional genetic information and should not be collected. Figure 4, shown below, depicts an example family pedigree. The individuals in blue represent those who should be collected. If possible, all living offspring should be collected. In this example, a sample from the only living son would be collected. A sample from the son's other parent would also be collected to eliminate their genetic contribution to the offspring. Samples from the child's son and his mother would not be collected because they will not contribute any additional genetic information above what the son will contribute.

Next, the collector would follow the lines to the RM's biological parents, which should both be collected if available. In this case, only a sample from the father would be collected since the mother is deceased. Since the father's sample would be collected, samples from other family members passing through this paternal line, such as his siblings or parents, would not be

collection kit created by the DNA laboratory ensures the standardization of samples and allows the processing of a large number of samples in an efficient and cost effective manner. The kinship collection kit (often referred to as a family/door reference collection kit) should also be used when collecting samples from elimination donors. See Table 2, shown below.

Sample Collection Kit Contents	
<p>A buccal swab collection kit may contain:</p> <ul style="list-style-type: none"> • Information on the DNA testing process • Buccal swab collection instructions • Collection (identification) form • One pair disposable gloves • Four sterile collection cotton swabs • One swab collection envelope with security seal • One specimen envelope • Mailing supplies (optional) 	<p>A bloodstain collection kit may contain:</p> <ul style="list-style-type: none"> • Information on the DNA testing process • Bloodstain collection instructions • Collection (identification) form • One pair disposable gloves • One alcohol wipe • One lancet • One blood collection card • One sterile plastic bandage strip • One blood card envelope with security seal • One specimen envelope • Mailing supplies (optional)

Table 2: Sample Collection Kit Contents

It is important to only collect a sample from one person at a time. Interacting with families can



be overwhelming and it is easy to mix samples up if a sample is collected from more than one person at a time or if multiple samples are labeled before the collection process. Best practices include the collection, labeling, and packaging of each sample before proceeding to the collection of the next sample. Whenever possible a sample collector should be trained and competency tested prior to collecting samples from family members.

Figure 5, shown below, is an example collection identification form. The form collects the information needed by the laboratory and documents the sample collection.



DNA testing is expensive and time consuming. Because the success of the DNA effort is tied directly to the management of the DNA program, appropriate management should be defined before beginning the DNA effort.

See <http://www.aabb.org/programs/disasterresponse/Documents/aabbdnamassfatal> for additional information.

4.13 Family Notification and Body Release

The following will be addressed in this section:

- ✓ **Introduction and Purpose**
- ✓ **Considerations and Assumptions**
- ✓ **Roles and Responsibilities**
- ✓ **Notification and Release Forms**
- ✓ **Procedures**
- ✓ **Equipment, Information Technology, and Supplies**
- ✓ **Example Documents and Forms**

4.13.1 *Introduction and Purpose*

When a body is positively identified in the morgue, a death certificate is issued, and the State of Louisiana ESF-8 LDH (and/or other applicable authorities) has given approval for body release, the legal next of kin (NOK) is notified of the identification and the body release process begins. The notification process, one of the most sensitive components of the MF FAC, must be handled with professionalism and compassion. Depending on the size and complexity of the mass fatality, the State of Louisiana ESF-8 LDH may notify the families personally or direct the MF FAC to perform the notification. Once the appropriate NOK has been notified, the MF FAC will work with the family and selected funeral home to arrange for the body to be picked up from the morgue.

4.13.1.1 *Considerations and Assumptions*

- Notification and release must be performed in accordance with all applicable laws and regulations.
- The State of Louisiana ESF-8 LDH determines who will notify families. If the mass fatality event is reasonably small and the surviving family members can be easily reached (e.g. by phone or in-person), the State of Louisiana ESF-8 LDH may choose to make notifications personally. When the fatality event is large and/or surviving family members are not easily accessible (because they do not live locally and/or have been displaced by the event), the State of Louisiana ESF-8 LDH's office may designate the MF FAC to notify families.



- If the MF FAC notifies families, then arrangements for body release will most likely be made at the same time as the notification.
- If there is body fragmentation, unit personnel must determine the family's wishes regarding notification and release procedures (see [Procedures](#)).

4.13.2 Roles and Responsibilities

Family Notification and Body Release Unit Supervisor:

- Schedules Family Notification and Body Release Unit personnel
- Ensures that notification and release are completed in accordance with all applicable laws and regulations
- Trains unit personnel on proper notification and release procedures
- Receives Report of Positive Identification
 - Makes notification to NOK
 - Assigns notification to NOK to unit personnel
- Ensures Family Notification and Body Release Unit personnel follow notification and release procedures
- Maintains Family Notification and Body Release Unit supplies (e.g. relevant forms, office supplies)
- Makes death notifications and participates in body release activities
- Maintains list of local funeral service providers
 - Updates list as needed and makes list available to all MF FAC personnel
- Resolves issues pertaining to the Family Notification and Body Release Unit, and when necessary, informs the MF FAC Director, State of Louisiana ESF-8 LDH and/or their representative of such issues
- Ensures the accuracy and completeness of records kept by Family Notification and Body Release Unit personnel

Family Notification and Body Release Unit Personnel:

- Follows established unit procedures
- Notifies surviving family members of death
- Works with surviving family members and chosen funeral home/mortuary to ensure proper release of the deceased
- Carefully and thoroughly documents all notification and release activities
- Completes notification and release sections in the electronic VIP record
- Reports problems or unusual circumstances to the Family Notification and Body Release Unit supervisor



- When applicable, works with surviving family members to obtain benefits or other services relating to the death of their family member

4.13.3 Notification and Release Forms

Family Notification of Death Form ([Attachment A](#)):

This form documents the identification of the remains and the notification of the legal NOK. It is imperative that the time, date, and location of notification are accurately entered.

Funeral Home and Personal Effects Directives ([Attachment B](#)):

This form, which documents the chosen funeral home/mortuary and captures the family's wishes concerning the return of associated personal effects, should be completed by Family Notification and Body Release Unit personnel and signed by the legal NOK (or their representative). If the NOK (or their representative) is not present at the MF FAC, the Funeral Home and Personal Effects Directives Form can be faxed or emailed to the family, then faxed or emailed back to the MF FAC when complete. By signing the Funeral Home and Personal Effects Directives Form, the NOK (or their representative) grants the MF FAC permission to share information with the named funeral home/mortuary. Once the form has been completed and signed by the NOK, it should be either faxed or emailed to the morgue. The original form should be placed in the RM case file.

- Funeral Home Directive: This section of the form captures funeral home/mortuary contact information. This section is also where families give the MF FAC permission to contact the named funeral home/mortuary, thus beginning the release process.
- Personal Effects Directive: This section of the form is where the NOK elects to have associated personal effects released to the funeral home/mortuary with the decedent or sent to the MF FAC where family members can retrieve personal items. Again, this information will be shared with the named funeral home/mortuary as part of the release process.

NOTE: *If the form is faxed or emailed, a witness signature is required.*

Notification and Release Directives Form ([Attachment C](#)):

In incidents where there is a great deal of body fragmentation, there will often be an initial identification and then subsequent identifications for the same individual. In this case, it is



necessary to obtain the NOK's wishes concerning subsequent notifications of death and identification.

The Notification and Release Directives Form, which documents decisions concerning death notification and release, should be completed by Family Notification and Body Release Unit personnel and signed by the legal NOK (or their representative). Families may choose from four notification options:

Option	Directive
Option 1	I do not wish to be notified of additional identification of remains. I authorize the State of Louisiana ESF-8 LDH to treat additionally identified remains as group remains. (i.e., This will be the only notification and release of remains.)
Option 2	I wish to wait until the identification process is complete before remains are released. (i.e., There will be one release at the end of the identification process.)
Option 3	I accept the currently identified remains, and I will accept a final release when the identification process is complete. (i.e., There will be two releases: the initial and final.)
Option 4	I accept currently identified remains, and I will accept an incremental release of additionally identified remains. (i.e., There will be multiple releases with a release occurring every time remains are identified.)

4.13.3.1 Procedures

When the Report of Positive Identification (see Section 5: Identification Center Branch) is received from the Identification Center at the morgue via fax, email, or other method of shipping (exact method will depend on morgue procedures), it is permissible to notify appropriate NOK of the confirmed death.

- A. Before notification, Family Notification and Body Release Unit personnel should consult the electronic VIP record to determine the NOK. If there is body fragmentation, personnel must determine the appropriate course of action:
 1. If this is the first notification, the family must decide how to handle subsequent notifications ([Attachment C](#)). Body fragmentation poses a special complication, as



complete bodies may not be identified or identified in pieces. Typically, there are four options for subsequent notifications:

- a) Notify and release each time a piece has been identified
- b) Notify and release the first time the individual has been identified and then cease release and notification
- c) Notify only when all body parts have been identified and the body can be released in its entirety or the identification effort is complete. **NOTE:** *For mass fatality incidents caused by high energy events (e.g., explosions, plane crashes), finding and identifying every piece may be impossible.*
- d) Notify when the first piece of remains has been identified and again only when the entire body has been found or the identification effort is complete.

2. If this is a subsequent notification, Family Notification and Body Release Unit personnel must follow the family's previously decided upon course of action for the notification and release of remains ([Attachment C](#)).

- B.** The NOK, or their appointed representative, should be notified of positive identification either in-person at the MF FAC or by telephone. If the family member(s) is present at the MF FAC, they should be escorted to a private area before notification. Additionally, a mental health professional and/or spiritual care staff member should be present or readily available (in-person or via phone) in the event family members require support. The notification should be direct and compassionate. Once the NOK has received the death notification, body release procedures can be initiated.
- C.** The family member must complete all applicable forms. If the notification of death process occurs off-site, or if the NOK (or their representative) is not present at the MF FAC, forms can be faxed or emailed to the family and returned to the MF FAC via fax or email. **NOTE:** *If the form is faxed or emailed, a witness signature is required.* Once the form has been completed and signed by the NOK, it should be either faxed or emailed to the morgue.
- D.** Complete forms must be placed in the RM case file and notification and release directives should be accurately entered into the electronic VIP record.



- E. Next, Family Notification and Body Release Unit Personnel should notify the selected funeral home/mortuary:
1. Once the funeral home/mortuary has been notified and there are no issues preventing or delaying the release process, the Funeral Home and Personal Effects Directives Form ([Attachment B](#)) and Funeral Home Release Instructions ([Attachment D](#)) should be faxed or emailed to the funeral home/mortuary.
 2. The Funeral Home Release Instructions Form ([Attachment D](#)) will instruct selected funeral home/mortuary of all pertinent information, including instructions for arranging pickup of remains.
 3. If the Notification and Release Directives Form ([Attachment C](#)) pertains to subsequent identifications of the decedent, the funeral home/mortuary personnel must be informed of the family's wishes. **NOTE:** *It is not necessary to transmit the Notification and Release Directives Form to selected funeral home/mortuary.*
- F. If there are no issues delaying or preventing the release of the body and there will be no future identifications of the deceased, the electronic VIP record and RM case file can be "closed" on this individual. Prior to closing a file, a final review should ensure that all necessary hard copy paperwork is present, that electronic records are complete and no vital information is missing. If the RM case file and/or the electronic VIP record is incomplete, Family Notification and Body Release Unit personnel should attempt to address the issue and/or notify the appropriate supervisor. **NOTE:** *The electronic VIP record should only be closed once the funeral home/mortuary has been notified and all forms have been transmitted.*

[4.13.3.2 Additional Services](#)

Since the Family Notification and Body Release Unit has considerable contact with families, personnel often provide or refer families to additional services. As each response will differ, an exhaustive list of additional services offered by the MF FAC is impossible to compile in advance. Additional services will depend on need, as well as the availability of financial and human resources to provide for those needs. Regardless of which additional services are offered at the



MF FAC, Family Notification and Body Release Unit personnel must be familiar with such services and prepared to refer families when necessary. Additionally, because some services will only be available offsite, personnel are responsible for determining needs and referring families accordingly. Additional services could include:

- Mental/emotional support
- Spiritual support
- Financial support
- Housing
- Nutritional support
- Medical care
- Transportation

Equipment, Information Technology, and Supplies

- Tables and chairs
- Computers and printers
- Access to VIP database
- Standard office supplies
- Telephones
- Internet access

Sample Documents and Forms for FAC – Family Notification and Body Release

- Attachment A: Family Notification of Death Form
- Attachment B: Funeral Home and Personal Effects Directives Form
- Attachment C: Notification and Release Directives Form
- Attachment D: Sample Funeral Home Release Instructions



FAC – Family Notification and Body Release: Attachment A

FAMILY NOTIFICATION OF DEATH FORM

RM# _____

MRN- _____

Name of Deceased: _____
First Middle Last

MF FAC Notified NOK or Appointee Information

NOK or Appointee Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

To be completed by the legal next of kin:

I am the _____ of the above named deceased and certify that
(relationship to deceased)

I am, or represent, the legal next of kin of the above named deceased, and do hereby
acknowledge notification of death:

Signature (If by telephone, print NOK name and initial): _____

Print Name: _____

To be completed by MF FAC personnel only:

Notification by: _____

Print Name: _____ Phone: _____

Email: _____ Location: _____

Notification Date: _____ Time: _____



FAC – Family Notification and Body Release: Attachment B

FUNERAL HOME AND PERSONAL EFFECTS DIRECTIVES FORM

RM# _____ MRN- _____

Name of Deceased: _____
First Middle Last

I, _____, am the _____ of the above named deceased
(NOK Name) (relationship to deceased)

and hereby choose the following directives:

Remains will be released to:

Funeral Home Name*: _____

Funeral Home Address: _____

Telephone: _____ Fax: _____

Contact Name: _____ Email: _____

**NOTE: Once this form is completed and signed by the legal NOK (or their representative), MF FAC personnel will begin the release process and transmit this form to selected funeral home.*

Personal effects:

- Release personal effects to the above named funeral home along with remains
- Transport personal effects to the MF FAC, where I (or appointed representative) will take custody of personal effects

.....
NOK Signature: _____ Print Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Date: _____

Witness (if submitted by fax or email)



Signature: _____ Name: _____ Date: _____

FAC Personnel

Signature: _____ Date: _____

Print Name: _____ Agency: _____

Address: _____

Telephone: _____ Email: _____



FAC – Family Notification and Body Release: Attachment C

NOTIFICATION AND RELEASE DIRECTIVES FORM

RM# _____ MRN- _____

Name of Deceased: _____
First Middle Last

I, _____, am the _____ of the above named deceased.
NOK Relationship to Deceased

I hereby choose the following directives concerning the notification and release of remains:

- I **do not** wish to be notified of additional identification of remains. I authorize the State of Louisiana ESF-8 LDH to treat additionally identified remains as group remains (e.g., This will be the only notification and release of remains.).
- I wish to wait until the identification process is complete before remains are released (e.g., There will be one release at the end of the identification process.).
- I accept the currently identified remains, and I will accept a final release when the identification process is complete (e.g. There will be two releases: the initial and final.)
- I accept currently identified remains, and I will accept an incremental release of additionally identified remains (e.g. There will be multiple releases with a release occurring each time remains are identified.).

Signed: _____ Print Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Date: _____

Witness (if submitted by fax or email)

Signature: _____ Name: _____ Date: _____



FAC Personnel

Signature: _____ Date: _____

Print Name: _____ Agency: _____

Address: _____

Telephone: _____ Email: _____



FAC – Family Notification and Body Release: Attachment D

SAMPLE FUNERAL HOME RELEASE INSTRUCTIONS

IMPORTANT INFORMATION: Releases are appointment only, scheduled through the incident morgue. Releases are scheduled every hour on the hour, 7 days a week from 9am until 5pm. If you are going to be more than twenty minutes late, please notify the incident morgue. The incident morgue should only be contacted once a family has completed and returned the Funeral Home and Personal Effects Directives Form and a Notification and Release Directives Form.

SCHEDULING THE REMOVAL:

To schedule a removal, call: [*insert incident morgue phone number*]

The following information is required:

1. Name, address, and telephone number of funeral home
2. Name of funeral director/employee scheduling removal
3. Name of deceased

REMOVAL PROCEDURES:

1. Send two personnel to make the removal
2. At least one of the removal personnel must have a valid driver's license or other valid picture identification
3. Personnel must use a vehicle suitable for a dignified removal
4. Personnel must possess information to accurately complete sections [INSERT SECTIONS] of the death certificate

DIRECTIONS: [*insert directions to appropriate morgue*]

4.14 Transition Plan

The following will be addressed in this section:

- ✓ **Introduction and Purpose**
- ✓ **Considerations and Assumptions**
- ✓ **Plan Components**
- ✓ **Example Documents and Forms**

4.14.1 *Introduction and Purpose*

As catastrophic mass fatalities often require a large and complex mass fatality response, it is highly likely that outside resources – from neighboring counties, states, federal agencies, private contractors, and/or non-profit organizations – may be brought in to support the MF FAC. When outside resources are no longer needed, they will demobilize and return home. After the demobilization of outside resources, MF FAC operations will continue to support the mass fatality response, surviving family members, and affected community.

In order to facilitate the effective transition of support from outside resources to State of Louisiana ESF-8 LDH and/or the local Coroners, a transition plan should be developed early in the response. Operating with the “end in mind” is beneficial, and this section is a useful tool in planning the transition.

4.14.1.1 *Considerations and Assumptions*

- The need for a transition plan will depend on the size of the MF FAC and the number of utilized outside resources.
- Although the transition plan is not technically an exit strategy for outside resources, it is not advisable to call it an “exit strategy.” The term “exit” may suggest to the public that the response is ending. For families whose loved ones have not yet been located or identified, this can be especially distressing.
- Local authorities should develop a transition plan in coordination with outside leadership once MF FAC operations have passed the initial surge period.



- Typically, demobilization occurs gradually as outside resources are no longer needed to assist local authorities. Careful execution of a transition plan will ensure a smooth transition of operations and will not cause an interruption in MF FAC services.
- The initial plan should list target dates of transition by MF FAC units. However, as MF FAC operations progress, these dates should be continually reviewed and adjustments made accordingly.
- The transition timeline will depend on:
 - Complexity of response
 - Availability of outside resources to support the MF FAC operations
 - Availability of local resources to support the MF FAC operations
- Structuring the plan by MF FAC unit, each having its own transition activities and timelines, is crucial to ensuring necessary attention is given to each unit.

4.14.2 Plan Components

In order to ensure a comprehensive transition plan, three key issues must be considered (See [Attachment A](#) for hypothetical transition plan examples):

1. Release of outside personnel
2. Transfer of data
3. Return of equipment

Release of Outside Personnel

Outside agencies, working under the direction of local authorities, will be limited in the time they can spend supporting the response. Management for outside agencies has a responsibility to demobilize resources as soon as reasonably possible. Developing a well-planned, coordinated, and sensible transition plan is imperative for a successful MF FAC. In order to fill positions vacated by outside personnel, State of Louisiana ESF-8 LDH should plan ahead for personnel issues and needs. For example, if the Call Center Unit stops receiving calls, the Call Center can be closed or combined with another unit thus releasing outside resources.

When activities at the MF FAC reach the point where local authorities can responsibly assume all operations, a final release of outside human resources may occur. Leadership (for both local and outside resources) must agree upon the final release date, incorporate this date into the overall transition plan, and adjust the date (delaying or postponing) as necessary.



Transfer of Data

Ante-mortem data collected at the MF FAC will be used as part of the identification process and belongs to the ESF-8 LDH (or designated Coroner's Office) regardless of which agency supports the collection and storage of the data. However, depending on the incident, ante-mortem data may be used by other agencies for investigative purposes. As MF FAC operations transition to a staff of local personnel, the State of Louisiana ESF-8 LDH, OEM and the MF FAC Director, will work together to make decisions concerning the transfer of the ante-mortem data. Established policies must address the following:

- What data will be transferred (e.g., ante-mortem data: VIP files, photos, and/or medical/dental records)?
- Which agencies/individuals will receive or retain copies of aforementioned data?
- How will the data be transferred (e.g., CD, flash drives, external hard disk drives and/or paper copies)?
- Equipment and supplies necessary for proper transfer of data (e.g., scanners, copiers, copy paper, toner, file folders, blank CDs and CD cases, file boxes)
- Documentation of transfer and receipt of data
- Verification that data is complete

A data transfer plan must include specific dates and times for the transfer. **NOTE:** *The duplication of data may occur at a different time/date from the delivery of data.* The data transfer plan must also consider IT and other copy equipment, equipment supplies/resources availability, personnel availability, and data duplication procedures.

Return of Equipment

Support agencies from outside Louisiana may bring their own equipment to the MF FAC. As most, if not all, of these assets will be accountable property, the MF FAC should maintain an inventory and tracking of these items. Accurate inventory ensures accountable property is returned to the proper agency. The Logistics Section of this plan outlines the inventory and tracking of equipment brought into the MF FAC. Returnable MF FAC equipment may include:

- Telecommunications/IT equipment
 - Telephone system (for MF FAC staff and family communications area)
 - Computer hardware (for MF FAC staff and family communications area)
 - Servers



- Switches
- Terminals and associated ancillary items
- Wiring and other connectivity items
- Televisions
- Two-way radios
- Office furniture and equipment
 - Tables/desks
 - Chairs
 - Temporary walls
 - File cabinets
 - Shredders
 - Copiers/scanners/printers/fax machines
 - ID/badge equipment (and associated supplies)
- Miscellaneous furniture/items
 - Child care area furnishings/toys
 - Furniture for interview rooms/area
 - Table/desk
 - Chairs
 - Lighting
- Food preparation/serving area supplies
- Medical services area furnishings
- Common family area furniture

A transition plan must consider the following in regards to the return of equipment:

- Determining dates of return and coordination with the appropriate contact person to ensure smooth return
- Canceling / transferring service contracts for borrowed equipment
- Documenting the return of equipment and supplies (see [Attachment B](#))

Sample Documents and Forms for FAC – Transition Plan

- Attachment A: Transition Plan Examples
- Attachment B: Property Transfer Form



FAC – Transition Plans: Attachment A

TRANSITION PLAN EXAMPLES

Example 1: Release of Outside Resources, Call Center

On January 1 when MF FAC operations began, there was a need for 60 staff members in the Call Center. As operations progressed, an analysis of staffing needs determined that staff reductions were appropriate. The MF FAC transitioned operations back to local resources accordingly and a final release of staff in the Call Center was completed.

Step 1: What will be transferred?

Ante-mortem records obtained at the MF FAC, including:

1. VIP interview forms (hard copy and electronic)
2. Medical/dental records
3. DNA direct reference/family reference samples
4. Photographs of the missing

Call Center	
Date	# Staff
1/1/09	60
2/1/09	40
2/20/09	22
3/15/09	12
3/30/09	6
4/21/09	0



Step 2: Who will receive data?

It was determined that the [INSERT AGENCY] will maintain the original hard copies of the VIP interview forms. Copies of VIP interview forms for remaining open cases will be duplicated and provided to the [INSERT LOCATION] Coroner's Office. The [INSERT AGENCY] will also maintain electronic copies of the VIP interview forms while copies of all electronic VIP forms will be provided to the [INSERT LOCATION] Coroner's Office. Additionally, the [INSERT AGENCY] will maintain all medical and dental records, as well as all DNA reference samples. All photographs of the missing provided by surviving family members will be digitized and maintained by the [INSERT AGENCY]'s office, with an electronic copy provided to the [INSERT LOCATION] Coroner's Office.

Step 3: How will data be transferred?

1. Eight-page VIP Interview Forms
 - Original copies in folders maintained by the [INSERT AGENCY]
 - Paper copies in labeled folders for the [INSERT LOCATION] Coroner's Office
2. VIP Electronic Records
 - All electronic records on external hard drive
3. Medical and Dental Records
 - In the format provided to the MF FAC, organized in boxes, files labeled with missing person's name and case number
4. DNA Reference Samples
 - As they were provided and organized into containers labeled with missing person's name and case number
5. Photographs
 - Digitized with files transferred to external hard drives



Step 4: Determining IT needs

1. Two 1 terabyte external hard drives (and necessary connectors and software to support transfer of data)
2. Two high-speed photocopiers (adequate copy paper and toner cartridges – see Step 5)
3. Two scanners (and necessary connectors and software to support photograph digitization)

Step 5: Determining other needs to facilitate data transfer

1. 500 letter size manila folders
2. 500 file folder labels
3. 11 cases (5000ct) copy paper
4. 4 black toner cartridges for IBM copier Model 1234
5. 4 black toner cartridges for IBM copier Model 5678
6. 20 12x24x10 cardboard file boxes
7. DNA storage items
 - a. Boxes for samples
 - b. Evidence tape
 - c. Inventory lists (to tape on boxes)

Step 6: Acquisition of materials needed to facilitate transfer of data

1. Two 1 terabyte external hard drives provided by FEMA
2. Two high-speed copiers currently at the MF FAC
3. Two scanners currently at the MF FAC
4. File folders, labels, paper, toner cartridges and cardboard file boxes ordered and received from ABC Office Supply



Step 7: Prepare data transfer schedule

In order to complete the tasks, it is determined that 12 staff members are needed for three eight-hour days or until plan is completed. These 12 staff members are identified, and IT support personnel are contacted.

Step 8: Execute copy plan

Copy plan commenced at 8 a.m. on 4/17 and was completed by 4 p.m. on 4/19. Copies were completed, electronic data was viable, and data was ready to be transferred to the appropriate agencies.

Step 9: Official data transfer

Representatives of the Coroner's Office took possession of the original hard copies of the eight-page VIP forms, external hard drive(s), medical and dental records, and DNA reference samples

John Doe with the [INSERT LOCATION] Coroner's Office took custody of the eight-page VIP interview form copies and the external hard drive. All files and hard drive were recorded on a receipt, which was signed by Mr. Doe.



Return of Equipment: Office Furniture

Qty	Item Description	Agency	Scheduled date of return	Date Returned
150	6" folding tables	Recreation Depart.	4/21	4/21
300	Metal folding chairs	Recreation Depart.	4/21	4/21
75	Temp. free standing walls	FEMA	4/20	4/20
12	File cabinets	Sheriff's Depart.	N/A	N/A
1	† IBM Copier Model 1234	Leased, ABC Office Equipment	4/20	*4/21
1	† IBM scanner Model 5678	Sheriff's Department	4/20	*4/21
20	Hon shredders	FEMA	4/21	4/21
1	Badge machine & supplies	Sheriff's Department	4/1	4/1

* The copiers and scanners were delayed one day due to delays in the duplication process.

† Service contracts for copiers and scanners have been terminated.



FAC – Transition Plans: Attachment B

PROPERTY TRANSFER FORM

Date: _____

TRANSFER FROM:

Agency: _____ Telephone: _____

Address: _____

Name: _____ Signature: _____

TRANSFER TO:

Agency: _____ Telephone: _____

Address: _____

Name: _____ Signature: _____

DESCRIPTION OF PROPERTY

Qty	Unit	Item Description	Serial #	Property tag #

4.15 Potential Site for Family Assistance Center

[INSERT DESCRIPTION OF FAMILY ASSISTANCE CENTER
AND ITS FACILITIES]



[EXAMPLE PHOTO OF FAMILY ASSISTANCE
CENTER]

4.15.1 *Directions to the FAC Location*

As many of the people who will be working at the FAC or people who need to travel to the FAC may be unfamiliar with the FAC site, it is important to generate simple directions that can direct them to it. There should be at least three different locations from which directions are generated. Each location needs to be from a different direction that people may be traveling from and each should be a relatively similar distance away from the FAC site. They can be major cities or smaller towns, but each one should be a well-known location.

Sample Documents and Forms for FAC – Potential Site for Family Assistance Center

- Attachment A: Example Directions to Family Assistance Center



FAC – Potential Site for FAC: Attachment A

EXAMPLE DIRECTIONS TO FAMILY ASSISTANCE CENTER

From San Francisco, CA:

1. Head **north** on **I-80E** 7.3 mi
2. Take the exit onto **I-580 E** toward **CA-24/Hayward/Stockton** 46.2 mi
3. Continue **straight** onto **I-205E** 14.6 mi
4. Merge onto **I-5 N** 0.8 mi
5. Take exit **461** to merge onto **CA-120 E** toward **Manteca/Sonora** 6.4 mi
6. Take exit **6** to merge onto **CA-99 S** toward **Modesto/Fresno** 53.6 mi
7. Take the **Martin Luther King Jr. Way/CA-59 S** exit toward **Los Banos** 0.1 mi
8. Turn **right** onto **Martin Luther King Jr. Way** 0.3 mi
9. Address is on the **left**

From Fresno, CA:

1. Head **west** on **CA-180 W** 2.5 mi
2. Take exit **57A** to merge onto **CA-99 N** towards **Sacramento** 54.0 mi
3. Take the **Martin Luther King Jr. Way** exit towards **Downtown** 0.2 mi
4. Turn **left** at **Martin Luther King Jr. Way** 0.3 mi
5. Address is on the **left**

From Sacramento, CA:

1. Head **east** on **US-50 E** 1.3 mi
2. Take the **I-80 BUS/CA-99S** exit toward **Reno/Fresno** 0.3 mi
3. Keep **right** at the fork, follow signs for **CA-99 S** and merge onto **CA-99 S** 111.0 mi
4. Take the **Martin Luther King Jr. Way/CA-59 S** exit toward **Los Banos** 0.1 mi
5. Turn **right** at **Martin Luther King Jr. Way** 0.3 mi
6. Address is on the **left**