



Mass Fatality Incident Family Assistance Operations



Recommended Strategies for Local and State Agencies

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INTRODUCTION

Mass fatality incidents, although rare, pose unique challenges to local and state disaster management and response agencies. This guide was developed by the FBI Office for Victim Assistance and the NTSB Transportation Disaster Assistance Division for local and state agencies involved in the response to mass fatality events. It provides an overview of the components of the family assistance process and family assistance center operations as they relate to transportation and criminal incidents.

ORIGINS AND PURPOSE OF THE FAMILY ASSISTANCE CENTER (FAC)

The Family Assistance Center (FAC) model is a framework for providing family assistance following a mass fatality incident (MFI). Family assistance is defined as the provision of services and information to the family members of those killed and to those injured or otherwise impacted by the incident. Although the specific needs of those impacted by a MFI will vary widely, family assistance presumes that the provision of information and access to services is essential.

The FAC is focused on the *immediate aftermath* of a MFI to give survivors and families of victims a safe, central gathering place in proximity to the disaster site. The FAC provides a venue for authorities to provide information to victims, coordinate access to support services, and facilitate the collection of information from families that is necessary for victim identification. Ideally, a single FAC should be established for each incident site in order to meet the needs of the families gathered at that location. Support for family members who choose not to travel to the incident location must also be considered. Most FACs will operate for a period of one to three weeks, the duration of which is tied to the victim recovery and identification process and other investigative activities. Since the FAC is focused on short-term information and services, FAC management must develop plans to provide support and assistance to families once they depart the FAC.

THE HISTORY OF THE FAMILY ASSISTANCE CENTER MODEL

The FAC concept was born out of the experiences of families of aviation disasters and terrorism attacks. The need for timely and *official* factual information was consistently identified as an issue by families across incidents. Families also noted the need for privacy and a mechanism to receive support services while waiting for the remains of victims to be identified and released. Understanding these needs for family members of victims killed in major aviation accidents, the U.S. Congress passed the Aviation Disaster Family Assistance Act of 1996 (49 USC § 1136, 41313 and 41113). The legislation required a task force led by the National Transportation Safety Board (NTSB) to develop a Federal Family Assistance Plan for Aviation Disasters laying out the components of aviation disaster family assistance and the FAC operation. The family assistance model provides responding agencies with the ability to provide a consistent and coordinated response to victims and families, because it centralizes the flow of information and services and assigns responsibilities to specific response agencies.

The FAC model has been used multiple times, refined, and tailored over the years and across incidents. The “Compassion Center” was an early version of an FAC established after the bombing of the Murrah Federal Building in Oklahoma City in 1995. Families received updates on the recovery and identification of victims and drew support from each other and the service providers staffing the center.

The Aviation Disaster Family Assistance Act required a process for providing information to and coordinating service provision for family members of those killed and survivors of major aviation accidents within the United States. The legislation gave specific responsibilities to the National Transportation Safety Board, the air carrier, and an agency designated to provide mental health, counseling, and other related services, the American Red Cross. In 2008, the Rail Passenger Disaster Family Assistance Act assigned similar responsibilities to the NTSB, the Red Cross, and interstate passenger rail operators following an accident resulting in major loss of life. Since 1996, the NTSB has employed their FAC model in more than thirty aviation, rail, and other transportation accidents.

The NTSB family assistance model has also been applied beyond the context of transportation accidents. The Department of Defense utilized the NTSB FAC model for families of the USS Cole bombing and for families of the September 11th attack on the Pentagon. The City of London established a “Resilience Centre” following the subway and bus bombings in July 2005. A family assistance center was established after Hurricane Katrina to manage missing person calls and coordinate information related to victim identification and return.

In 2006, The Mine Safety Health Administration (MSHA, a division of the U.S. Department of Labor) issued guidance for the establishment of a “family liaison” who serves to coordinate information between MSHA and families of miners involved in mine tragedies resulting in multiple deaths.

MEETING THE NEEDS OF FAMILIES AND SURVIVORS

Although each MFI differs in size, scope, and complexity, there are common needs among the families of those known or presumed to have been killed, as well as injured victims and their families. These needs will change over time based on individual and family-based reactions to sudden and violent loss, the tasks associated with the overall incident response, the victim identification process, and the investigation of the incident. Agencies providing support and services must take into account both ends of the continuum, confirming that their efforts intersect with the plans of families and survivors, particularly as they relate to identifying victims, returning personal effects, and investigating and prosecuting criminal acts.

Mass fatality victim response can be divided into three phases: Acute/Emergency, Transitional, and Long-Term (see Appendix A). The delivery of services and information during each of these phases should address the specific needs of the family members during those phases.

In the minutes and hours following a mass fatality incident, prior to the opening of the FAC, family members will likely gather near the incident site or another location seeking information on the status of their loved ones who may have been involved in the incident. These needs can

best be met by establishing a reception center and call center designed to collect and provide information.

TEMPORARY RECEPTION CENTER (PRE-FAC)

A temporary reception center should be established to provide family members and victims with the information and immediate attention that they may need. A limited number of staff and services should be allocated to the reception center since the primary focus of the agencies and organizations will be on establishing the FAC. Reception center staff must make family members aware that a more permanent location (the FAC) is being created to more effectively meet their needs. Reception center staff should turn away media representatives and attorneys who try to enter the center. Once the reception center is closed, a notice should be posted directing family members to the FAC.

CALL CENTERS: GATHERING AND GIVING INFORMATION

As soon as they become aware that an incident has happened, families need an official source to report missing loved ones or to call for information. Therefore, in response to a mass fatality incident it is highly likely that there will be multiple call centers to collect and provide information.

A Missing Persons Call Center (MPCC) is established to receive calls from members of the public wishing to report someone missing. Typically, missing persons reports are investigated by law enforcement personnel. As noted above, the objectives of the MPCC are to collect basic information about the person reported missing, contact information for the reporter/informant, and information that will be used by law enforcement to assess the likelihood of involvement allowing for investigative prioritization. It is critical to consider which agency is responsible for establishing, managing, and funding the MPCC. The responsible agency(ies) will also need to consider when to activate the MPCC, how to publicize the contact information, what information should be collected, how that data will be synthesized and quality controlled, and who should have access to the data once it is collected. The MPCC provides an acute service and ceases operations when victim accounting has been accomplished.

A subset of the MPCC is the Air Carrier Call Center, which is required by the Aviation Disaster Family Assistance Act of 1996 and described in the NTSB Federal Family Assistance Plan for Aviation Disasters. This call center is designed to receive calls from family members that are seeking information about the involvement of their family member in the accident. This Air Carrier Call Center is also responsible for making notifications of involvement based on the information available from the manifest.

Service Provision Hotlines may be established to provide mental health support, logistic support, emergency assistance services, legal services, and information about scheduled briefings at the FAC. It is not uncommon for the MPCC to evolve into a Service Provision Hotline, adapting as the aftermath of an incident unfolds and the needs of both families and responding agencies evolve. Depending upon the scope of the incident and number of victims,

the Service Provision Hotline may be physically part of the FAC. The hotline can also be used to update and provide support to families who are not physically present at the FAC. Call takers must be trained in responding to victim calls and crisis intervention. They should follow approved scripts for providing specific information regarding the incident response. Those managing the hotline and FAC should make every effort to accommodate the specific language needs of the affected victim population. The Service Provision Hotline(s) may continue operating for a longer period of time depending on the needs of the victim population.

ESTABLISHING THE FAC

The decision to establish a FAC is based on several factors, including the number of fatalities and serious injuries, the impact to the community (localized or widespread), the number of victims whose families do not reside in the disaster area, and the complexity of recovering and identifying fatal and injured victims. The FAC model is situational, scalable, and needs-focused. How the FAC and related support activities are funded and managed will depend in part on the type of incident. Establishing a FAC has become the standard following some incidents and disasters, such as major aviation and passenger rail accidents involving major loss of life.

The FAC is a critical piece in the support provided to family members. The manner in which victims and families are treated and supported during this acute phase may impact both their coping ability and capacity to trust the agencies managing the investigation or future prosecution. Responding agencies must remain sensitive to the needs of the family members and injured victims and adjust their response plans accordingly. Operational planning efforts should also be consistent with the Acute/Emergency, Transitional, and Long-Term phases of a mass fatality family assistance response.

The FAC differs from a disaster services center in that its functions address the unique needs of family members of those who are killed and injured. It should not be confused with a pre-existing victim support program office or center or one specifically established to provide ongoing case management, mental health counseling, and other traditional disaster or crime victim services and referrals. The provision of victim services after the FAC has closed is likely to involve agencies and organizations that may not have played a major role in the FAC, such as state and local mental health agencies. An unmet needs committee might be established by these agencies and those involved in the FAC operation.

Experience has demonstrated that multiple family members of victims will choose to travel to the incident site, whether it is across town or across the country. The FAC must also consider the needs of victims/families that cannot or choose not to be present in the center. Establishing a “virtual” FAC can be done by linking FAC personnel with the non-traveling families via a Service Provision Hotline/Call Center. This hotline can be used to provide mental health support, logistic support, and information about scheduled briefings, etc. The hotline may continue operating for a longer period of time depending on the needs of the victim population.

ACCOUNTING FOR THE VICTIMS

Developing a precise and accurate list of victims is a primary concern when establishing a family assistance operation. In a major aviation accident, a passenger list (i.e. manifest), allows authorities to begin the process of coordinating services to family members. In contrast, mass fatality incidents in which neither the number of victims nor their names are known (i.e. open population incidents such as the World Trade Center disaster or the Oklahoma City bombing), require authorities to establish a mechanism for soliciting, collecting, and managing missing persons reports. The missing persons reports are then investigated by law enforcement to develop a victim list, which then allows authorities to initiate the family assistance process—from victim identification, to the provision of accurate information to pertinent family members and survivors, to the support required during criminal investigations and prosecutions.

Developing a victim list for open population mass fatality incidents is most effectively accomplished by establishing the MPCC and publicizing the contact information soon after a disaster. The public should be encouraged to contact the Missing Persons Call Center if they believe that a family member, friend, or co-worker are missing as a result of the mass fatality incident. The objectives of the Missing Persons Call Center are to collect basic information about the person reported missing, contact information for the reporter/informant, and information that will be used by law enforcement to assess the likelihood of involvement allowing for investigative prioritization. Once the list of actual missing is determined, families will need information and support as the process of victim recovery and identification begin. Officials may also need a process to identify those who are hospitalized with severe injuries and without identification documents. The Missing Persons Call Center ceases operations when victim accounting has been accomplished.

When the MFI is a federal criminal violation, the lead federal investigative agency is responsible for meeting mandatory requirements with regard to victims/families, including determining who are the victims and developing a contact list. Federal criminal law defines a victim as someone who suffered direct physical, emotional (psychological), or financial harm as the result of the commission of a crime (42 U.S.C. § 10607, and included in the Attorney General Guidelines on Victim and Witness Assistance, 2011). The immediate family of a deceased individual is entitled to information, rights, and services as representatives of the deceased and adult parents or guardians are representative victims for their minor (under 18) children. A family member or guardian may also represent an incapacitated victim.

For major commercial aviation or rail passenger accidents (as defined by 49 USC §1136 and 49 USC § 1139), the aircraft or rail passenger operator has the responsibility to notify the family members of those involved in the accident. The National Transportation Safety Board, in coordination with the operator, federal agencies, and the American Red Cross, established the family assistance process to provide information and access to services. Notification of involvement is not the same as notification of death, which is the responsibility of the presiding medicolegal jurisdiction and is accomplished following the identification as part of the death certification process. This is a critical distinction particularly when there are survivors associated with the mass fatality incident.

DIFFERENCES IN NEEDS OF SURVIVORS, SURVIVOR FAMILIES, AND FAMILIES OF DECEASED

Most MFIs have the potential to involve deceased victims, missing victims, seriously injured victims and their families. Additionally, victims can include individuals with minor injuries, the “walking wounded”, those displaced from their homes as a result of the incident, and those who witnessed the event and/or the aftermath. All of these victims will need access to services and information. The type of services and information will vary by victim population.

Victims with minor injuries and the walking wounded may be directed to the Service Provision Hotline/Call Center which is staffed by victim services and mental health providers. The families of seriously injured and hospitalized victims will also need information and support, but their specific needs are different from the families of the deceased. In some cases, families of injured and deceased victims may opt not to participate in the same meetings due to the sensitivities associated with their circumstances (injury vs. death). Consideration should be given to the specific needs and issues of these families and efforts should be made to coordinate daily briefings by phone or providing separate tailored briefings to the families of the injured. Families of the injured who travel to the incident location may need hotel accommodations and transportation assistance getting to and from the hospital. Securing a hotel near the hospital may be the best option for these families. Planners should avoid placing responders in the same hotel with families and survivors as this may create an uncomfortable environment for both groups as they struggle with the emotional task of identifying and processing victim remains and personal effects. Being exposed to the grief of families can make the recovery efforts even more difficult for the officials involved in these tasks.

JOINT FAMILY SUPPORT OPERATIONS CENTER

A key component of the FAC model is the inclusion of a Joint Family Support Operations Center (JFSOC). The JFSOC serves as the operation center for managing the FAC and the response to victim needs. The objectives are to ensure effective communication between agencies responsible for the provision of family assistance services; ensure efficient delivery of family assistance services by identifying needs, gaps, and by avoiding duplication of services; and coordinate/manage resource requests. The management team should include senior representatives from all key agencies and organizations with a defined role who can make decisions and allocate or access resources. The JFSOC is intended for agency representatives and is not appropriate for family members. The JFSOC continuously monitors events, reactions, and needs of families and establishes a process for receiving, acting on, and disseminating information. The JFSOC sets priorities, liaises with the Incident Command, receives/summarizes/disseminates daily status reports, directs resources and services, vets agency participation, ensures victim privacy, and sets the agendas for family briefings. The JFSOC also plans for the transition from the FAC to remote and long-term victim/family specific services and future provision of contact and information from the investigative agency. This transition occurs once victims have been identified and families return home to plan funerals/burials and continue in their process of grief and recovery.

The number of individuals needed to staff the JFSOC is based on the scale of the event and must include senior managers as well as line staff. Key staff positions include:

- JFSOC manager (from the lead response agency)
- Senior agency representatives for oversight, accountability, and funding approval
- Facility or operations manager
- Incident command liaison
- Functional managers (administration, logistics, services, etc.)
- Team members (may consist of multiple agencies)
- Red Cross and/or other non-governmental organizations

ROLE OF VICTIM SUPPORT PROVIDERS

Individuals involved in directly providing information, support and services to victims and families during these disaster events must be carefully selected and trained. These providers may be FBI Victim Specialists, air carrier family assistance team members, or local community social service providers who interact directly with family members. They will be working in a highly stressful and emotionally challenging environment and should have the requisite skills and temperament to operate effectively. Providers must have excellent foundational skills, be able to work under intense pressure, follow policies and procedures, and cope with exposure to traumatic events and the families and victims directly affected by these events. These individuals must be flexible and able to function in a variety of roles, while understanding the boundaries of their responsibilities. They may function as case workers assigned to specific families and survivors. They may also provide crisis intervention, assist with practical needs, assess and match needs and resources, and serve as a conduit for information. Depending upon the type of case and circumstances, their role may be short-term with the responsibility for ongoing assistance and services residing with other case managers or providers.

ROLE OF MENTAL HEALTH PROVIDERS IN THE FAC

Most families and victims will have intense reactions to the tragedy that has just occurred and these reactions are normal and temporary. Most people will cope over time. Initial efforts should focus on providing compassionate support and information that will help them cope and bolster resilience. Many people may benefit from grief counseling, but this counseling is generally more appropriate at a later time as individuals and families try to adjust to life after their initial shock and reactions. A few individuals will develop PTSD and other disorders that require mental health intervention and treatment, but these are not issues that are identified and treated within the context of a FAC or the immediate aftermath. Regardless, it is important to have victim service team members who are mental health professionals and able to identify individuals who may either have pre-existing issues or may be in extreme distress. The services of mental health professionals may be particularly helpful for victim support providers who may have cumulative exposure to trauma but these interventions should not take place in the FAC.

FAC LOCATION

The FAC should be in proximity to but not within walking distance or sight of the incident scene, have services and amenities available on-site, and should be Americans with Disabilities Act (ADA) compliant. A hotel can usually provide lodging, food, and large meeting rooms for gathering family members in one location. In some situations, hotels selected for FAC sites have been willing to move current guests to other facilities to make room for families of victims. Potential hotels should be identified ahead of time and use agreements made with hotel management. The facility should be available for the duration of the response so that families do not have to be moved. It should be an adequate size to accommodate the families and the daily influx of service providers and JFSOC staff. FAC management should plan for at least 4-6 family members per victim or survivor when considering both the FAC facility and sufficient command and support staff. Families should be able to enter and leave the FAC unfettered by the media. Media and attorneys (unless there are pre-arranged pro-bono legal advice volunteers from local bar associations) are not permitted in the FAC.

The FAC should include the following (a FAC schematic is provided in Appendix B):

- Large meeting room for gathering and briefings
- Smaller meeting rooms for private meetings with individual families for the purpose of conducting ante-mortem interviews and discussing other sensitive topics
- Security from the media and others
- Room/office for the JFSOC

Decisions will need to be made quickly regarding the definition of “family” and a process for determining access of individuals into the FAC. A broad definition of “family member” should be considered to allow for the variety of family who may be impacted. Legal next-of-kin will also need to be ascertained (based on state laws) to ensure that appropriate legal decisions can be addressed.

FAC INFRASTRUCTURE AND SERVICES

A number of processes, procedures, and assets must be put in place in order to ensure a secure and effective FAC. The following is a recommended, but not exhaustive, list:

- Security of FAC facility and security of the FAC/FAC footprint
- Check in /out point for families and survivors
- Identification badges and security procedures
- Communications equipment (computers, phones, audio-visual, public address system)
- Child care
- Access to emergency medical care
- Crisis intervention specialists
- Access to clergy
- Financial services
- Travel assistance

- Local transportation
- Meals
- Clothing and toiletries

FAMILY/SURVIVOR BRIEFINGS

Briefings ensure a consistent message among agencies for families and survivors. The focus of briefings is on providing official information on search, rescue/recovery, victim identification, and other activities to include the investigation to the extent possible. Providing time for questions and answers is critical. Repetition of information may be necessary since many individuals in shock are struggling to absorb and comprehend what they hear and learn. Absent families should be able to join briefings via a telephone conference bridge or conference call. Official briefings should be provided to families and survivors at least daily and more often as needed. It helps if the daily briefings are held at the same time each day so everyone can plan accordingly. Changes must be communicated to families. A typical briefing agenda may cover:

- Opening, safety orientation (evacuation instructions), introduction of speakers, recap of critical information, agenda
- Status of rescue and recovery operations
- Status of identification process
- Status of personal effects management
- Assistance resources update (crisis counseling, child care, legal services, etc.)
- Planned events (incident site visit, memorial services)
- Closing: wrap up, location and time of next briefing

Family members attending the briefing or those choosing to participate remotely via teleconference are allowed to ask questions of each speaker immediately following the presentation. The time allotted for the question and answer period must be long enough to accommodate family member questions but not to delay the need for those officials involved in the briefing from returning to their incident management responsibilities.

Attendance at the briefing by non- family members must be tightly controlled. Only those serving as speakers or senior management of critical response agencies should be allowed in the briefing room and should be introduced at the start of the family briefing. Team members of the direct service providers should use the briefing time as an opportunity to rest, call home, eat, or catch up on tasks. Information from the briefing can be shared, as appropriate, by the response agency management with the team members following the briefing provided to the families.

The final briefing will be used to explain transitional services and plans to families/survivors prior to demobilizing the FAC.

VICTIM IDENTIFICATION AND RETURN OF REMAINS

Generally, the local coroner or medical examiner is responsible for the forensic identification of victims and notifying the next of kin of the identification. If the site of the incident involved a federal facility or installation, the Office of the Armed Forces Medical Examiner may be designated by the U.S. Attorney General as the responsible agency. Federal Disaster Mortuary Operational Response Teams (DMORT) may support the local jurisdiction if there has been a Presidential disaster declaration (i.e. Stafford Act, 42 U.S.C. 5121-5207), or if requested by another federal agency.

Scientific methods of identification (i.e. fingerprint, dental, medical/radiographic, or DNA) are necessary in mass fatality contexts because of the number of fatalities and the fact that remains are often modified due to fire, fragmentation, and decomposition. These methods require the comparison of information collected from the remains of the victim (i.e. postmortem data) to information available for the victim when he or she was alive (i.e. antemortem data). Families of the missing and deceased will be interviewed at the FAC by specialists to gather antemortem information to assist in the identification. The information collected during the antemortem interview is broadly organized into three categories: demographic data used to complete the death certificate; victim information (i.e. victim's biological profile/physical description, description of personal effects); and record leads (i.e. medical dental, and fingerprint). Also, DNA reference samples may be collected during the antemortem interview if the family members present are determined to be genealogically appropriate or if they have brought personal items that may serve as a direct reference for the victim. Antemortem data collection is more complex and lengthy in an open population event and condition of remains is the critical factor that drives the complexity of the postmortem data collection process. Also, fragmentation necessitates development of a group remains management strategy that will need to be discussed with the family members.

When remains are fragmented, the initial identification of remains is sufficient to allow for official notification of death to the legal next-of-kin or their designee by the presiding medicolegal jurisdiction – even if additional fragments of remains are identified at a later date. The FAC provides a safe and supportive place to provide notification to families who are present and should include access to rooms to ensure privacy. There should also be a plan in place of notify family members that chose not to travel to the FAC or have departed prior to the completion of the identification process. Depending on the wishes of the next-of-kin and the available resources, death notification may occur by phone if that is the method preferred by the family, or in-person. The FBI has more than 450 offices across the country and can task local Agents and Victim Specialists with making in-person notifications. These FBI employees may already have been in personal contact with remotely located families. Additionally, FAC staff may assist the medical examiner/coroner and families in coordinating with funeral homes for release and return of victims' remains.

PERSONAL EFFECTS

Recovering personal effects of victims is a critical and meaningful act for most families. Personal effects are often the things the victim carried with them and may have been the last items they touched. As such, these items can be highly representational of the life and person that was lost. The timely and appropriate return of personal effects is required by various federal statutes, with the most specific requirements provided for aviation disasters.

Personal effects are generally classified as associated if they are in direct contact with the victims' remains (e.g. ring on finger, shoes worn on feet), associated with victim's name but not remains (e.g. luggage with baggage tag affixed to handle or loose Driver's License recovered from scene), and unassociated if there is no easily discernible link to a victim. Associated personal effects are most often the responsibility of the medicolegal jurisdiction that has taken custody of the remains, whereas responsibility for personal effects that are not in direct contact with a victim varies depending on the circumstances associated with the event. In a legislated transportation accident that meets the criteria set forth in the Aviation Disaster Family Assistance Act of 1996 and subsequent legislation, the air carrier is responsible for managing the unassociated personal effects. Following a criminal incident, the lead law enforcement agency responsible for the investigation would be responsible for managing the personal effects.

Generally, the process of handling personal effects involves the following:

- Explain personal effects management process to family members.
- Documentation and recovery from the site or from remains, including initiating chain of custody.
- Decontamination and preservation.
- Inventory and catalogue.
- Provide family members with associated and unassociated catalogues and instructions to claim or disassociate items.
- Return associated items per family instructions.
- Retain unassociated items and ultimately destroy after notifying families of intentions.

INCIDENT SITE VISIT/WRECKAGE VIEWING

At the request of family members, it is important to consider a visit by families to the incident site. The JFSOC will play a key role in planning and carrying out the visit. This visit must be coordinated with the Incident Command. It should not be scheduled until the site is safe and human remains and clearly distinguishable personal effects are either removed from the site or are not visible from the vantage point of the viewing area. A wide security perimeter, taking into account air space (above the incident site), and additional security personnel may be required to protect families from the media and on-lookers. Prior to the visit, the families should be briefed about what to expect, how long they will be at the site, and what limitations may be in place (e.g. no photography). Transportation should be provided for the entire group instead of having families travel on their own to the site. A brief memorial may be held at the site to include a place for families to leave tributes and flowers. The visit should be staffed by

crisis intervention specialists, clergy, and medical support. Arrangements should be made with the families about the final disposition of any tributes left at the site.

MEMORIAL EVENTS, MONUMENTS AND ANNIVERSARIES

A memorial event is often an important part of transitioning families and surviving victims from the FAC back to their homes. After aviation disasters, the memorial is often organized by the Red Cross in coordination with local agencies. It is a multi-faith event with typical elements of a memorial service.

To commemorate the victims, families and the community will often seek to establish a monument or physical memorial. A formal process for deciding upon the location, design and inscriptions for the monument/memorial should include family members, preferably a family member association if one is established. The Aviation Disaster Family Assistance Act of 1996 requires that for any physical memorial funded by the air carrier, family members must be included in the planning process. Anniversary events may also be important for the process of recovery for family members and the community. Planning for these events should include family members and others from the community with a close association to the incident.

RELEASE OF VICTIM NAMES

The timing and manner of the release of victim names will be determined by the agency or agencies responsible for identifying victims and/or investigating the incident if it is a crime or aviation/rail passenger accident. Victim and family member names and contact information may be shared (following privacy laws and with appropriate safeguards) among responding agencies in order to address family assistance needs. Families and surviving victims should be consulted in advance of the public release of their names. The goal should be to protect the privacy of victims and families. In the wake of high profile incidents there may be requests from a wide range of individuals and organizations for the victim information. Great care should be taken before providing victim information to anyone without an official need to know.

MEDIA AND OTHER PRIVACY ISSUES

Offers of services and donations can be noted with information being made available to families and survivors so they can decide for themselves whether to accept or utilize the services. It is possible that celebrities and officials may want to visit families in the FAC, often with the best intentions. Media should not accompany these individuals into the FAC. Some visits may be unavoidable and some may be appreciated by families. These visits should be thoroughly considered and the visitors briefed before they begin their visit. Ultimately, the FAC should be a safe haven for families and survivors with the focus on their needs rather than a place where celebrities and officials garner public attention.

FUNDING

The source of funding for an FAC and initial victim assistance response differs by the type of incident. The Aviation Disaster Family Assistance Act of 1996 assigns certain responsibilities, such as transportation to and lodging while at the accident city and personal effects management, to the air carrier. Local and state agencies should have early, ongoing, and productive discussions with the aviation underwriter about what costs can be covered. In a terrorist attack or other mass casualty criminal incident, funding may be available from the federal Anti-terrorism and Mass Violence Emergency Victim Assistance Fund administered by the Office for Victims of Crime in the U.S. Department of Justice. This funding may cover FAC costs and may be provided to the FBI Office for Victim of Assistance through an existing Memorandum of Agreement, or through a state victim assistance agency to a local agency or organization.

FAMILY MEMBER ASSOCIATIONS

Following some mass fatality incidents, family members may form family groups or associations. These groups can take several forms, from informal support networks to formal associations with bylaws and elected officers. Family groups may not speak for all family members; some family members may choose not be part of the group. However, they can often serve as a centralized source for discussions with family members regarding memorials, monuments, donations, and anniversary events. Some associations have also become advocates for issues related to the disaster (e.g. aviation safety).

CONCLUSION

In the aftermath of a mass fatality incident, managing the flow of information and support to victims and families is a critical responsibility of responding officials and their agencies. The challenges are generally predictable and have practical solutions. The components of an effective family assistance response, including the FAC operation, address the specific immediate needs of family members of deceased victims and survivors. Because family assistance centers are short-lived, plans to establish them must be implemented quickly. Emergency response partners must know their specific roles and management teams must understand the goals of the FAC within the context of the mass fatality event. The quality of the overall response to mass fatality incidents (whether caused by criminal or accidental events) will, in large part, be judged by the manner in which victims and families are managed and treated.

For more information on the FBI Office for Victim Assistance, see:

http://www.fbi.gov/stats-services/victim_assistance

For more information on the NTSB Transportation Disaster Assistance Program, see:

<http://www.nts.gov/tda/>

For more information on the DOJ Office for Victims of Crime, see:

<http://www.ojp.usdoj.gov/ovc/AEAP/>

Mass Fatality Family Assistance Operations: Recommended Strategies for Local and State Agencies

Assisting Victims and Families of Mass Fatality Incidents

Response Services and Agency Tasks

(These standards of care are tailored to criminal mass casualty crimes but can be adapted for a range of mass casualty events)

| Acute / Emergency Phase <i>FAC; Proximate to location/time of event</i> | Transitional Phase <i>Post-FAC; victim assistance case management</i> | Long-Term Phase |
|---|---|--|
| Response and Services | | |
| <ul style="list-style-type: none"> • Management and coordination of family assistance response • Timely identification and verification of victims/family members • Family Assistance Center (physical and virtual) • Emergency travel assistance, related logistical support • Emotional support – crisis mental health, spiritual care, awareness • Information on recovery, identification, release & disposition of remains • (collection of ante-mortem data from families) • Case / investigation status briefings • Services for disabled and children, including child care at FAC • Support for hospitalized victims • Guided site visit / memorial event • Information on personal effects management • Information on transition to ongoing services and assistance | <ul style="list-style-type: none"> • Information and assistance with crime victims compensation, other resources for funerals, out of pocket expenses • Cleaning and return of personal effects • Referrals to local services for counseling, financial planning assistance, etc. • Employer / creditor assistance • Assistance with death certificates, autopsy reports and other documentation for legal needs and benefits • Ongoing information on criminal justice case • Support services for children | <ul style="list-style-type: none"> • On-going communication • Notification regarding criminal case investigation, prosecution, adjudication, prisoner status • Access to and participation in criminal justice proceedings, including preparation for hearing/viewing court evidence • Case management and assistance for unmet and long-term needs |
| Agency Tasks | | |
| <ul style="list-style-type: none"> • Establish victim support management team/task force, liaison to incident command post – ensure coordination of people, resources, information, support services • Establish Family Assistance Center and JFSOC (May also include Virtual FAC with call center, bridge call capacity, and website) • Identify and verify victims/family members • Assign victim services case manager to victims and families (including injured and non-present) • Screen and deploy volunteers and donations as indicated • Arrange briefings • Support fatality management process • Plan site visit, assist with memorial event • Identify, plan, and communicate support plan for next phase | <ul style="list-style-type: none"> • Establish POC/office/program for victim support services and case management – communicate access information to all victims. • Lead responding agencies: establish POC and mechanism for ongoing communication related to event, investigation, etc., and communicate to victims. • Referrals to and assistance with crime victims compensation, other financial resources. • Criminal justice-based victim services personnel may assist investigators with victim/family interviews. • Facilitate information inquiries from victims/families re death details, etc. | <ul style="list-style-type: none"> • Continued support for unmet or ongoing needs of individuals, families. • Ensure ongoing communication regarding criminal justice/accident investigation via toll-free hotlines, email groups, secure websites, briefing meetings. • Ensure access to accident hearings, criminal justice proceedings, rights, and updates. Ensure support during trials, assist with victim impact statements. |

