

Family Information and Support Center

Preparing For *All* of the Victims of a
Large Scale Disaster





- The CBPP Pediatric Task Force and NYC DOHMH recommend that hospitals establish a Family Information and Support Center as part of the Disaster Preparedness Plan to assist victims and their families during a mass casualty event

Central Purpose

Examine treatment from a family-centered, psychosocial perspective

- Non-clinical management of “patients”
 - Ie. 9/11 & Hurricane Katrina
- Children - for every child arriving at the emergency department, the hospital can expect an average of 4-5 arriving family members or care-givers

The Role of Information

- Dual role in enabling effective coping mechanisms
 - can help people regain a sense of control
 - reduces a sense of uncertainty inherent in traumatic events

What Information will FISC Provide?

- The circumstances of the event (Where, when, how and what happened)
- The evacuation of casualties (whether more injured or still arriving to the hospital)
- Other hospitals where victims are being taken to and when the evacuation is complete
- Families will be walked through the victim identification stages and psychological reactions to trauma and related symptoms.

FISC Main Objectives

- **Provide** the necessary reliable **information** such as patient location and assist in the identification process.
- **Assist** relatives **coping** with uncertainty, stress and stages of adaptation.
- **Protect families** from intrusion by media or curious bystanders
- **Free medical staff** to concentrate on treatment of the casualties
- **Provide a formal support system** for bewildered and anxious relatives and friends

Structure of the FISC

▶ The Main Unit

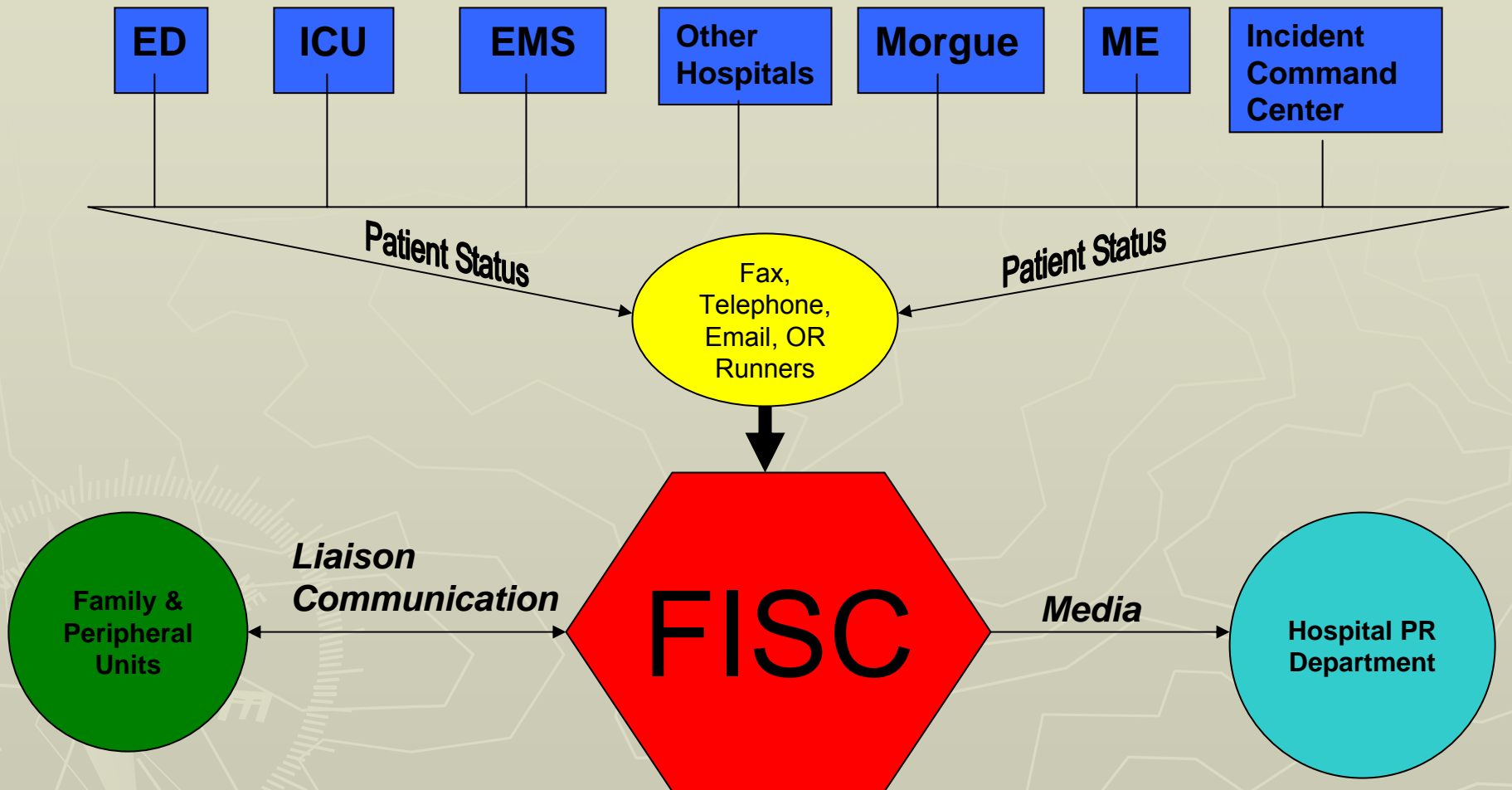
- Reception Area
- Information Desk
- Photograph / Identification Room
- Consultation Areas
- Pediatric Safe Area

Structure of the FISC

▶ Peripheral Units

- Emergency Department
- Incident Command Center
- The Intensive Care Unit
- OR
- Admitting

FISC Flow of Information



Structure of the FISC

▶ The Main Unit

- Telephone and computer/internet connection
- Ability to receive inquiries and contact essential agencies, family members, etc. via phone or in person

Structure of the FISC (Main Unit)

▶ Reception Area

- Crowd management
- Social worker assigned to each family upon arrival
- Information on victim/missing person gathered from family and logged
- Central waiting area away from ED
- Proximity to bathroom facilities

Structure of the FISC (Main Unit)

▶ Reception Area (Space Suggestions)

■ On site

- ▶ Chapel
- ▶ Auditorium/conference room
- ▶ Cafeteria
- ▶ Clinic waiting room

■ Off site

- ▶ Nearby community center
- ▶ School
- ▶ Church

Structure of the FISC (Main Unit)

▶ Information Desk

- Staffed by social workers or designated staff
- Based on constantly updated data retrieved from
 - ▶ ED database/hospital computer system
 - ▶ Social workers in the field/clinic areas
 - ▶ Incident Command Center
- Message Center
 - ▶ Computer with email availability
 - ▶ Bulletin board
 - ▶ Log book

Structure of the FISC (Main Unit)

- ▶ Photograph/Identification Room
 - Two Main Functions
 - ▶ Identification of Deceased Victims
 - ▶ Family Reunification through Photograph Identification
 - Access
 - ▶ Only closest relatives brought to this area
 - ▶ Social worker accompaniment

Structure of the FISC (Main Unit)

► Consultation Area(s)

- Side rooms used for persons that express extreme stressful reactions
- Allows for privacy / separation of family from rest of public
- Be creative in use of space for this area
- Should be furnished with chairs, desk/table, tissues, trash can, telephone, etc.

Structure of the FISC (Main Unit)

▶ Pediatric Safe Area

- May be located within FISC (see Security)
- Adult supervisor and appropriate Security staff assigned to area
- Ideal Furnishings:
 - ▶ Child-size furniture
 - ▶ Games, toys, books for various age levels
- Designated place for unaccompanied children
 - ▶ Discharged or separated from injured parent
 - ▶ Visitors, etc, awaiting reunification with family

Staffing the FISC

Note: Positions may overlap and assigned personnel may multi-task where possible

Director/Coordinator

- ▶ Human Services or Social Work Administrator or manager

Assigned Professional Staff

- ▶ Social workers, caseworkers, MH practitioners, child life specialists, HR personnel, chaplaincy, pre-screened volunteers

Volunteers

- ▶ Pre-screened individuals / trained hospital volunteers, fieldwork students, community personnel

Red Cross Liaison

- ▶ For potential on-site support

Staffing the FISC

Note: Positions may overlap and assigned personnel may multi-task where possible

- ▶ **Security**
- ▶ **Translators / Interpreters**
- ▶ **Runners**
- ▶ Hospital police or Other
- ▶ As needed/available
- ▶ Delivery and Pick up of information/hard data to facilitate communication between FICS and other hospital areas

Training Staff in the FISC

- ▶ Ongoing mass casualty training for MH providers
- ▶ “How To” Protocol check lists for screening and triaging for psychological first aid
- ▶ Psychosocial handouts
- ▶ Briefing session for pre-screened volunteers
- ▶ Departmental plan for shift staffing/on call response
- ▶ Just in Time training – provide Job Action sheets

RESPONSE – Activation of the FISC

▶ DISASTER NOTIFICATION

- Await direction from the Incident Command Center
- Pre-identified personnel scheduled for shifts
- Information systems tested and launched
- Center Coordinator assesses need for additional support
 - ▶ Red Cross
 - ▶ Volunteers

Reunification of Children with Family

- Unaccompanied Children
 - Photograph and Give ID bracelet
 - Include personal/family member info if available
 - Uninjured or Treated and Discharged children held in Pediatric Safe Area
 - Adults coming to claim children will have to show ID
 - We recommend photo of parent w/ child
 - **Document WHO took child home and collect full contact information**

APPENDIX A: Psychological First Aid for Disaster Survivors

- **Re-create Sense of Safety**
 - Provide for basic needs (food, clothing, medical care)
 - Preserve privacy and modesty
- **Encourage social support**
 - Help survivors connect with family and friends (most urgently, children with parents)
 - Educate family and friends about survivors' normal reactions and how they can help
- **Re-establish sense of efficacy**
 - Encourage them to re-establish normal routines
 - Help resolve practical problems, such as getting transportation

APPENDICES B - D

- Normal Reactions to Disaster for Adults & Children
 - All Ages & Age-Specific
- Mental Health Consequences of Disasters – Overview for ED Staff
- Helping Children Deal with Disasters

Audience Questions