

# Texas Children's Hospital

# Family Reception Center Plan

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# **Basic Plan**

# I. Purpose, Scope, Definitions, and Assumptions

# A. Purpose and Scope

The purpose of this plan to outline the steps for activating, operating, and demobilizing a Family Reception Center (FRC) at Texas Children's Hospital during or after a mass casualty incident (MCl) or mass fatality incident (MFl).

The FRC will be activated in anticipation of the arrival of a large number of family and friends seeking information about missing loved ones and/or a large number of separated/unaccompanied children who need reunification. The number of families seeking loved ones or children needing reunification may vary based on the nature and scope of the event. The FRC will coordinate reunification, act as a family gathering area, and can be used as short-term care for unaccompanied minors.

#### B. Definitions

Key Word or Phrase	Definition
Catastrophic Medical Operations Center (CMOC)	A regional tool organized by SETRAC that allows for collaboration and coordination of response to large-scale emergencies with other healthcare entities and support services.
Custodial Parent	The parent, also considered the primary care parent, a child resides with full time. Most custodial parents have been awarded physical custody of a child by a court of law.
EMTrack	An online tool maintained by SETRAC that is used to collect information about patients transported by Emergency Medical Services from the scene of an accident or disaster to the Emergency Center. This tool can also be used in the reunification process for unaccompanied children transported to the hospital in a Mass Casualty Incident.
Family Assistance Center	The FAC is a non-hospital or community based secure facility established to serve as a centralized location for the provision of information and assistance about missing or unaccounted for persons and decedents to family members, and for the collection of information in support of the identification process from family members.
Family Reception Center	Itinerant location within TCH where designated employees assist family members in the aftermath of emergency situations with the purpose of conducting family reunification.
Legal Guardian	A person or entity who has been granted the legal authority (and the corresponding duty) to care for the personal and property interests of another person, called a ward.

Legal Next of Kin	The nearest blood relatives of a person who has died, including the surviving spouse.			
MCI	Mass Casualty Incident			
MFI	Mass Fatality Incident			
Pediatric Safe Area (PSA)	An area established for the care of unaccompanied minors who do not need, or no longer need, medical treatment to ensure appropriate safety precautions before release to an appropriate custodial adult.			
PFS	Patient and Family Services			
Reunification	The process of reuniting family members with their missing or deceased loved one.			
Separated Children	Children who have separated from both parents or from their previous legal or customary primary caregiver, but not necessarily from other relatives. These may, therefore, include children accompanied by other adult family members.			
SouthEast Texas Regional Advisory Council (SETRAC)	An organization selected by the State of Texas to coordinate Emergency Management, Trauma, and EMS initiatives in this region. Processes all federal grants passed on from the State of Texas and allocates them to applicable entities. Responsible for providing training on electronic services they provide as well as the maintenance, setup, and staffing of the CMOC. Runs an annual exercise in the Spring.			
Unaccompanied Minors  Children who have been separated from both parents, legal gua other relatives and are not being cared for by an adult who, by custom, is responsible for doing so (18 or under).				
Unidentified Patients	Patients presenting to the Emergency Center (EC) or other care area with no identification or means of communicating their identification.			

# C. Assumptions

- After an MCI or MFI, many family members and friends will immediately call or self-report to the hospital where they believe their loved ones may have been taken. Hospitals need to anticipate the arrival of large numbers of people looking for their relatives, even if there are few survivors from the event.
  - a. Eight to ten family members/friends or more may show up per potential victim.
  - b. As many as 100–200 additional people, including media, onlookers, school officials, etc., may arrive at the hospital to seek information.
- 2. Families will expect hospitals to provide immediate identification of all individuals affected by disaster (both survivors and deceased people), access to

- accurate and timely information and real-time updates, and assistance to reunify with their loved ones and their belongings.
- 3. Hospitals may not be able to meet the communication expectations of families because of challenges such as forensic issues and resource shortages.
- 4. A specific Pediatric-Safe Area (PSA) is highly recommended to be established for unaccompanied minors to ensure appropriate safety precautions before release to an appropriate custodial adult.
- 5. Providing behavioral health and spiritual care resources to those affected by disaster events is essential following trauma.
- 6. Call centers or other means of handling the high volume of information may be necessary for effective coordination of information.
- 7. There will be intense public and media interest in any MCI/MFI.

# D. Summary of FRC Functions

- I. Provide families/friends with a safe, private, and comfortable place to give and receive information concerning injured or missing family members
- 2. Provide accurate and up-to-date information concerning the disaster and recovery process
- 3. Provide information about accessing internal and external behavioral health service
- 4. Provide a pediatric safe area for unidentified or unaccompanied minors
- 5. Facilitate family reunification by collecting limited information from visitors on their missing loved one
- 6. Allow critical medical staff to focus on patient care needs

# E. Overview of FRC Operations

- FRC should be activated immediately following an MCI/MFI when a TCH location expects either the arrival of a large number of unidentified/unaccompanied children or a large number of family and friends looking for loved ones that exceeds the usual capacity of the EC or other patient care areas to handle.
- 2. Ideally an FRC should be operational within an hour of notification depending on conditions at the time. An FRC may need to be in operation for 24 to 48 hours or until a regional FAC can be established, usually within 24 hours.

3. The FRC is scalable to the event size and may be implemented to provide support for a few or a multitude of patient and families after an MCI/MFI. The following table outlines the FRC event size categories by patients and possible families/friends for Main Campus. Smaller events may have larger impact on West and The Woodlands Campus than an event of similar size at Main Campus.

Smal	l Scale	Mediu	n Scale	Large	Scale		rophic ale
Low	High	Low	High	Low	High	Low	High
10	25	26	40	41	55	56	+
80	250	208	400	328	550	448	+

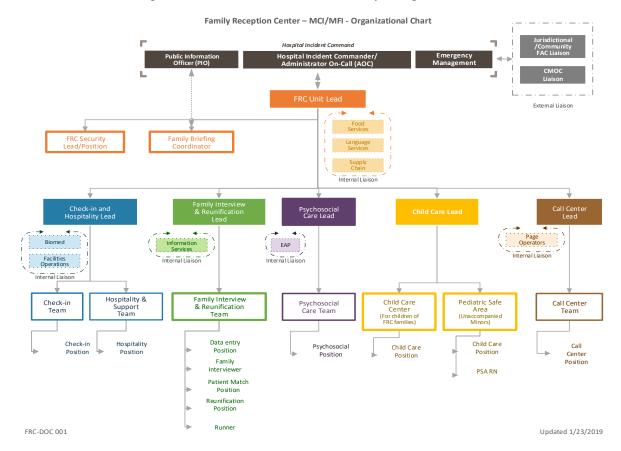
Patients Family/Friends

4. Staff on site and available to complete FRC activation will largely depend on the time and day of the week in which an emergency occurs.

# II. Organizational Structures, Roles, and Responsibilities of FRC

### A. Organizational Structure

 The FRC Unit Lead oversees the FRC under the authority of the Hospital Incident Command Center and manages the FRC process through five FRC team leads, FRC security lead, and FRC briefing coordinator. The following organizational chart outlines the FRC reporting structure.



2. PFS leadership and staff will be pre-assigned to a designated role or as alternates. PFS leaders and staff who are pre-assigned will be familiar with the plan and process. Many FRC roles can also be filled by labor pool staff not pre-assigned to the FRC using just in time training (Appendix A:), position checklist (Appendix I:) and other job aids. The following table outlines FRC roles and responsibilities.

Role	Responsibilities				
FRC Unit Lead	Mission:	Oversees the organization and management of operations/teams within the FRC, including communications with Incident Command Center, personnel, equipment, and supplies unless otherwise designated to another job role.			
	Reports to:	Hospital Incident Command Center			
	Supervises:	<ul> <li>Check-in and Hospitality Team Lead</li> <li>Family Interview and Reunification Lead</li> <li>Psychosocial Care Team Lead</li> <li>Child Care Team Lead</li> <li>Call Center Team Lead</li> <li>FRC Security Lead</li> <li>FRC Briefing Coordinator</li> </ul>			
	Liaison to:	<ul> <li>Language Services</li> <li>Security</li> <li>Food and Nutrition (after initial order)</li> <li>Supply Chain (after initial order)</li> </ul>			
	Filled by:	<ul> <li>Main/West Campus - Assistant Director of PFS or Designee</li> <li>Woodlands Campus - Assistant Director Clinical Support Services</li> </ul>			
FRC	Mission:	Coordinates all FRC briefings and messaging			
Briefing/PIO Position	Reports to:	Hospital Incident Command Center PIO/FRC Unit Leader			
	Filled by:	PIO or designee			
FRC Security	Mission:	Ensure the safety and security of visitors and staff present in the FRC			
Lead	Reports to:	FRC Unit Leader			
	Supervises:	FRC Security Positions			
	Filled by:	TCH Security			
Check-in and Hos	spitality Team -	- Responsible Department - Guest Services			
Check-in and	Mission:	Manage and coordinate Check-in and Hospitality teams			
Hospitality Team Lead	Reports to:	FRC Unit Leader			
	Supervises:	<ul><li>Check-in Position</li><li>Hospitality Position</li></ul>			
	Liaison to:	Facilities Operations – Environmental Services			
	Filled by:	<ul> <li>Main/West Campus - Guest Services Manager/Designee</li> <li>Woodlands Campus - Volunteer Coordinator or designee</li> </ul>			
Check-in Position	Mission:	Screens and completes FRC check-in process for family/friends and sends information about missing loved one from sign-in form to Family Interview and Reunification Team			
	Filled by:	Guest Services, Family Advocate			

Role	Responsibi	ilities				
Hospitality Position	Mission:	Oversees the waiting and common area of FRC, answers basic questions and assists families, directs or escorts family to FRC				
	Filled by:	<ul> <li>Main/West Campus - Guest Services, Patient Experience, Friends and Family, Family Advocacy Staff, Anyone</li> <li>Woodlands Campus - Guest Services, Volunteer</li> </ul>				
Family Interview	and Reunification	on Team — Responsible Department — Social Work				
Family	Mission:	Manage and coordinate Family Interview and Reunification Team				
Interview and Reunification	Reports to:	FRC Unit Leader				
Lead	Supervises:	<ul> <li>Family Interviewer</li> <li>Data Entry Position</li> <li>Patient ID Position</li> <li>Reunification Position</li> <li>Runner</li> </ul>				
	Liaison to:	Information Services				
	Filled by:	<ul> <li>Main/West Campus - Social Work Manager, Social Work Clinical Specialist, or designee</li> <li>Woodlands Campus - Social Work Clinical Specialist or designee</li> </ul>				
Data Entry Position	Mission:	Uses EPIC to find patients listed on FRC sign-in form from check-in desk. Complete other data entry task as available (i.e. compiling list of patients)				
	Filled by:	<ul> <li>Main/West Campus - Any staff with EPIC training</li> <li>Woodlands Campus - Admissions, Staff with EPIC skills</li> </ul>				
Family	Mission:	Gathers additional information from family member/friend to assist in reunification				
Interview Position	Filled by:	Social Worker, Clinical Specialist, Resolution Specialist				
Patient Match	Mission:	Searches for matches between available patient and family data.				
Position	Filled by:	<ul> <li>Main Campus - Anyone (may need computer access) Social Work, Care Management, Project Managers</li> <li>West Campus - Anyone</li> <li>Woodlands Campus - Admissions, Project Managers</li> </ul>				
Reunification Position	Mission:	Works with family, clinical area to verify match and find appropriate way to reunify families.				
	Filled by:	<ul> <li>Main/West Campus - Social Worker, Chaplain, Child Life, Resolution Specialist</li> <li>Woodlands Campus - Social Work, Resolution Specialist, Family Advocate</li> </ul>				
Runner	Mission:	Relays information between Family Interview and Reunification Team members, collects information/items for patient care units or other campus areas				
	Filled by:	<ul> <li>Main Campus – Anyone</li> <li>West Campus - Patient Care Assistants, Unit Secretaries, Administrative Assistants, Anyone</li> <li>Woodlands Campus - Patient Care Assistants, Unit Secretaries, Administrative Assistants, Anyone</li> </ul>				

Role	Responsibilities					
Psychosocial Care	e Team — Respo	onsible Department – Social Work				
Psychosocial	Mission:	Oversees the behavioral health and spiritual care service in the FRC.				
Care Team Lead	Reports to:	FRC Unit Leader				
	Supervises:	Psychosocial Care Staff				
	Liaison to:	EAP Representative (Tandem Team)				
	Filled by:	<ul> <li>Main Campus – Social Work or Child Life Manager, Social Work or Child Life Clinical Specialist, Chaplain, or designee</li> <li>West Campus - Social Work Manager, Social Work Clinical Specialist, Child Life Specialist or designee</li> <li>Woodlands Campus – Family Support Services Manager or designee</li> </ul>				
Psychosocial Care Staff	Mission:	Provide psychological first aid, behavioral health and spiritual care service within individual staff members scope of service				
	Filled by:	<ul> <li>Main/West Campus - Social Work, Child Life Specialist, Chaplains only</li> <li>Woodlands Campus - Chaplains, Social Work or Clinical Child Life Specialist, Tandem Team Member or Spiritual Care Volunteer</li> </ul>				
Child Care Team	– Responsible	Department — Child Life				
Child Care Team Lead	Mission:	<ul> <li>Provide management for child care areas opened as part of an FRC which may include one or two of these areas:</li> <li>Child Care Area – Serving children of adults registered in the FRC</li> <li>Pediatric Safe Area - Serving children who arrive at the hospital uninjured and unaccompanied or unaccompanied children who have been treated and medically cleared and are waiting for reunification</li> </ul>				
	Reports to:	FRC Unit Leader				
	Supervises:	Child Care Position				
	Liaison to:	Food and Nutrition				
	Filled by:	<ul> <li>Main Campus – Child Life Manager, Child Life Clinical Specialist, or designee</li> <li>West Campus - Child Life Manager, Child Life Clinical Specialist, Activity Coordinator or designee</li> <li>Woodlands Campus – Child Life Clinical Specialist or designee</li> </ul>				
Child Care Staff	Mission:	Provide supervision and care for children in the Child Care Areas of the FRC ensuring they are safe and have access to age appropriate activities				
	Filled by:	<ul> <li>Child Life Staff or anyone who has experience working with children</li> <li>Woodlands Campus – Child Life Staff, Child Life Clinical Specialist, Activity Coordinator, Other Staff as Support, Volunteers</li> </ul>				
Call Center Team — Responsible Department — Patient Experience						
Call Center	Mission:	Organize and manage a FRC call center				
Team Lead	Reports to:	FRC Unit Leader				
	Supervises:	Call Center Position				
	Liaison to:	Communications Center/Page Operator				
	Filled by:	Assistant Director of Patient Experience or designee				
Call Center	Mission:	Answer phone calls from family/friend and give appropriate information				
Position	Filled by:	Patient Experience Consultants, Guest Services, Family Advocate				

3. FRC Leaders and staff will work with others outside the FRC to meet objectives. The following table lists FRC internal liaisons and external liaisons. External agencies contacted via the Hospital Incident Command Center.

Role	Responsibilities		
Internal Liaison			
Administrator-on-Call (AOC)/ Incident Commander	TCH leader designated to oversee all aspects related to the event		
Emergency Management	Serves as Liaison to the Incident Commander and to the City of Houston or other jurisdictional FAC Liaisons		
Public Information Officer	Coordinates hospital and public messaging concerning event		
Facilities Operations	Assists in room setup or cleaning		
Biomed (Main)	Assists in A/V setup – projectors, TV		
Information Services	Assists in computer, printers, phone set-up		
EAP (Tandem Team)	Can provided psychosocial resource for staff		
Food Services	Prepares and deliver orders for food and drink for Pediatric Safe Area/Child Care and beverages (coffee/water) for FRC. Additional food for FRC may be provided if approved by Incident Command.		
Language Services	Provide interpreter services for families or patients in their preferred language.  Backup support provided by certified bilingual PFS staff		
Supply Chain	Provides ordered supplies from hospital inventory		
Communications Center/Page Operator	Forwards calls from family and friends looking for loved ones to call center in FRC		
External Liaison			
Jurisdictional/Community FAC Liaison	Contact via Hospital Incident Command Center		
CMOC Liaison	Contact via Hospital Incident Command Center		

#### III. Notification of MCI or MFI

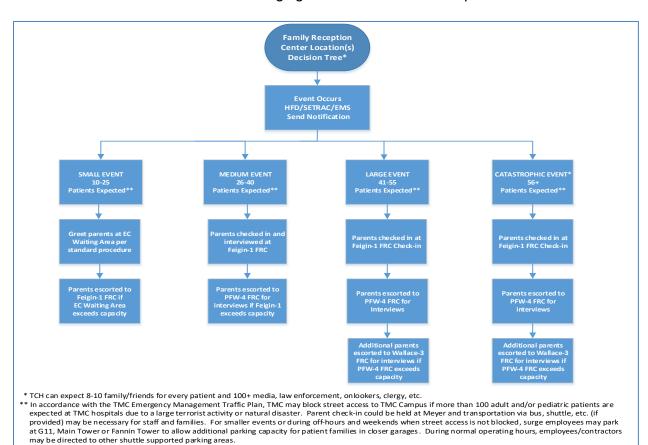
- A. TCH will typically be notified of an MCI, MFI, or other large-scale events that may require a FRC via notification from EMResource. EMResource is an online tool maintained by the SouthEast Texas Regional Advisory Council (SETRAC) used for disaster notifications and to collect information about availability of resources such as beds and staff at healthcare organizations throughout the region. However, MCIs/MFIs in the immediate vicinity could bring patients to the hospital prior to EMResource notification.
- B. Notification of an incident does not necessarily activate the FRC plan. Following the event, a hospital may receive many victims, minimal victims, or none at all. Hospitals may or may not receive confirmation that they will be receiving victims from an incident site.

Monitoring of information will be essential in determining the need for an FRC. Monitoring and dissemination of information is coordinated by the Emergency Management Team.

C. The decision to activate all or part of the FRC plan will be made by the Incident Commander or Administrator—on-Call after evaluating the initial information from the field and will depend on many factors, including size and type of incident.

#### IV. Activation of FRC

- A. The FRC should be activated at the direction of the Hospital Incident Commander or Administrator-on-Call, in coordination with Emergency Management.
- B. The FRC Activation Workflow (Appendix B:) will be used by Hospital Incident Command/Emergency Management, FRC Unit Lead, FRC staff, and others to activate one or more pre-defined FRC locations using the algorithm below as a guide. FRC Locations as determined by size and scope of event. Appendix C: FRC Locations contains diagrams of the potential FRC room setups.
- C. FRC location at TCH Main Campus will be dependent on the event size/type and other considerations. The following algorithm shows the decision process.

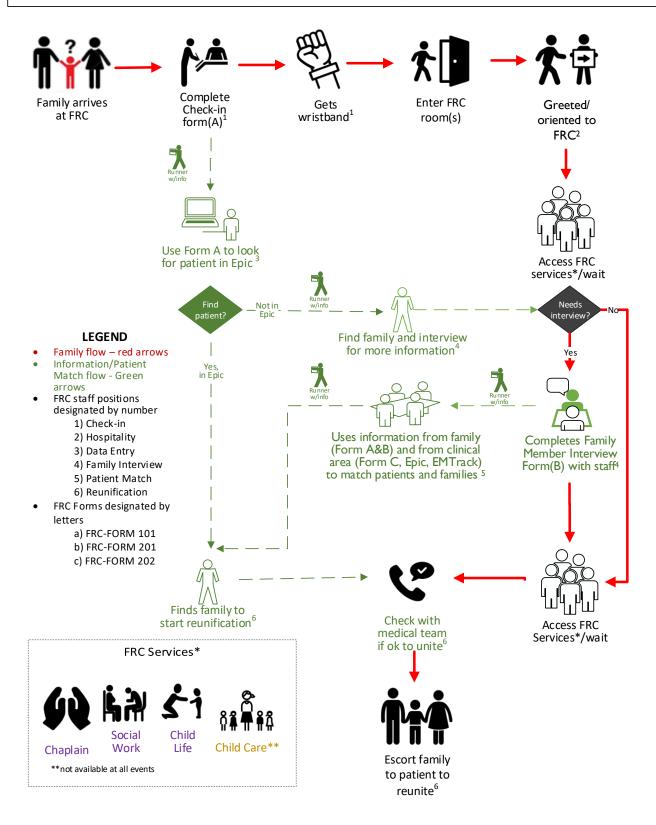


- D. FRC staff will use FRC Activation Checklist (Appendix D:) to set-up the FRC. FRC Unit and Team Lead should use pre-determined supply list to assess and order for any initial resource needs. FRC Activation Checklists are location dependent.
- E. Call Center/Communication Center and Information Desk/Guest Services will be contacted with information about the activation of the FRC and scripting to be used with family and friends who are looking for loved ones.
- F. Communications will be sent by Hospital Incident Command Center/Emergency Management to other departments within the hospital (for awareness) and to the CMOC and other agencies regarding the activation of the FRC.

# V. Operations of FRC

- A. A simplified overview of the FRC workflow and operations is found on the next page. Additional details about FRC process for each position are contained in the position checklist found in Appendix I:
- B. Check-in Team All arriving families will be directed and/or escorted to the FRC where they will be required to sign-in and receive a wristband. Families will also receive an informational handout about the FRC (Appendix E:)
- C. Hospitality Team helps with general assistance with families and oversees the common or waiting area of the FRC by:
  - 1. Greeting and orienting visitors to FRC location and services.
  - 2. Maintain FRC common areas including supplies, monitoring families need, and cleanliness of area.
  - 3. Escort and/or direct families/friends from hospital entrances to the FRC entrance.
- D. Psychosocial Care Team Utilize staff including Chaplains, Child Life Specialists, and Social Workers working within their scope of services to provide assistance to those in the FRC. Possible assistance and intervention provided by the team include but are not limited to:
  - I. Psychological first aid
  - 2. Resources for behavioral health and recovery
  - 3. Psychosocial education to children and families

# **Overview of Family Reception Center Operational Workflow**



- 4. Collaborating with other FRC staff to provide psychosocial and spiritual care service as needed during individual family briefing, patient identification notification, and reunification
- 5. Referrals to other FRC psychosocial care team members, FRC staff, TCH departments, and external agencies for support services as required
- 6. Psychosocial Team Lead is a resource for FRC leader for staff who need psychosocial assistance during an FRC. Additional support for staff may be provided by EAP representative and/or Tandem Team

#### E. Child Care Team

- I. Establish one or two areas for the care of minor children (under 18 years of age) following an MCI or MFI as needed. These areas are opened as needed at the discretion of Hospital Incident Command/FRC Unit Lead based on the nature and scope of the incidence. These areas are:
  - a. Pediatric Safe Area (PSA) an area for unaccompanied minors arriving at TCH who are uninjured or who have been treated and released and waiting for reunification with caregiver or state representative
  - b. FRC Child Care Area area for minors accompanied by family and friends to FRC allowing children to play or rest, while adults access support services, provide information, visit patient, etc.
- 2. Additional information about operations refer to the FRC PSA and Child Care Supplement in Appendix F:

#### F. Security

- I. Provides staff to set up perimeters and keep media, onlookers, and other unauthorized individuals away from the Emergency Center and FRC.
- 2. Directs visitors and media to the proper locations that the hospital designates.

#### G. Call Center Team

- I. Implements a call center to handle calls from families seeking information about patients who may have been taken to Texas Children Hospital
- 2. Works with page operators/Communication Center to ensure calls are properly forwarded
- 3. Uses appropriate guidelines regarding information disclosure over the telephone and scripting in FRC Call Center Position Checklist located in Appendix I:

- H. Family Interview and Reunification Process
  - I. A detailed workflow showing how information is processed through identification and reunification is located in Appendix G:
  - 2. Preliminary Data Collection from Family
    - a. First request for information about missing loved ones occurs at checkin desk when family or friend completes - FRC Sign In Form [FRC-FORM 101] found in Appendix H: at the FRC check-in desk
    - b. FRC Sign In Form [FRC-FORM 101] collects the following information about the missing loved one: patient name, age, gender
    - c. FRC staff at check-in desk ensure information is sent to FRC data entry staff by runner or electronically
  - 3. Search for patient information in EPIC
    - a. Receive FRC Sign In Form [FRC-FORM 101] from Check-in Desk by runner or electronically
    - b. Look up patient information in EPIC or other patient list
      - If Patient found in EPIC and is ALIVE, send all information and forms to Reunification Staff
      - ii. If Patient found in EPIC and is DECEASED, immediately contactFamily Interview and Reunification Leader
      - iii. If patient NOT currently found in EPIC, send all information and form to Family Interview Position Staff
  - 4. Interviewing family for additional information if needed
    - Receive Family Reception Center (FRC) Sign In Form [FRC-FORM 101]
       for Check-in Desk from Data Entry of patient not currently listed in EPIC
    - b. Use Family Member Interview Form [FRC-FORM 201] to gather information about patient.
    - c. Send information gathered from completed interview to Patient Match Team
  - 5. Matching patient and family information
    - a. Receive and compare information from several sources to use in the patient matching process. The table on the next page lists the most likely information sources available. Copies of all forms are located in Appendix H:

Name	Source	Contents
FRC Sign in Form [FRC-FRC 101]	Family /friends looking for loved ones	Patient Name, Age, Gender Only
Family Member Interview Form [FRC-FORM 201]	Family /friends looking for loved ones	Patient Identifiers, Caregiver information
Patient Identification Tracking Form [FRC-FORM 202]	Patient care staff needing to identify or reunify patient (i.e. staff with the patient)	Patient Identifiers, Caregiver information
EPIC	TCH Electronic Medical Record	Some patient demographic (identifiers, patient status, patient location)
EMTrack	A regional patient tracking system used in emergencies	Patient Identifiers

- b. If one of these three combination of identifiers all match, there is a possible match:
  - i. One unique identifier, such as a specific tattoo or distinct scar, or recent photo
  - ii. One strong identifier such as distinct physical feature plus one broad identifier such as gender or approximate age
  - iii. At least three broad identifiers that could include, but are not limited to: gender, ethnicity, approximate age, hair style or color
- c. If possible match is found at TCH and is alive, send information to the Reunification Position
- d. If possible match is at TCH and deceased contact Family Interview and Reunification Team Lead immediately and handoff case
- e. If possible match is found but is at another location, send information to Reunification Position with information about other location
- f. If possible match is not found, send information to reunification staff with referrals and information on how family can continue to search for loved one

#### 6. Reunification

- a. If patient is at TCH and alive, receive cases to reunify from data entry and patient match process
  - i. Determines if legal guardian is present
  - ii. Checks with medical staff about appropriate timing of reunification
  - iii. Escorts family to patient and is a liaison with family and medical team
- b. If patient is at TCH and deceased, the Family Interview and Reunification Team Lead and FRC Unit are to be notified immediately

- c. If possible match is found but is at another location, give family information about location where possible patient is
- d. If possible match is not found, give referral for additional places to search

# I. Briefings

- I. Briefings will be held on a regular schedule for families in the FRC area by the Family Briefing Coordinators
- 2. FRC briefings provide accurate information on the event, the overall status of patients, the identification process, and the recovery process.
- 3. Information for briefing should be gathered from reputable sources such as:
  - a. Southeast Texas Regional Advisory Council
  - b. Catastrophic Medical Operations Center
  - c. Offices of Emergency Management
  - d. Health Departments
  - e. Law enforcement agencies
  - f. Fire departments
  - g. Other Emergency Management partners
- 4. Patient-specific information should be shared in a private setting.

#### VI. FRC Communications

- A. Effective communications are essential to the successful operation of the FRC. The below tables outline the communications to be sent by and received from the FRC.
- B. Communication to be sent by the FRC

Send to	How	Information/Message
Hospital Incident Command/ Emergency Management	Contact directly via phone, e-mail, meetings, briefing, etc.	<ul> <li>FRC shift change</li> <li>Unusual/significant unexpected incident</li> <li>Breach or suspected breach in Security</li> <li>Safety hazard or other condition that could compromise FRC operations</li> <li>Unauthorized release or suspected unauthorized release of confidential information</li> <li>Resources request</li> <li>Request for information from outside agencies</li> </ul>

Send to	How	Information/Message
		<ul> <li>Request or responses to requests for information from elected official or other VIPS which will be referred to Government Relations</li> <li>Information about patients and families</li> </ul>
Offices of Emergency Management and FACs of Local Jurisdictions	Via Hospital Incident Command/ Emergency Management liaison	<ul> <li>FRC activated and ready for families</li> <li>FRC demobilized</li> </ul>
Medical Examiner/Justice of the Peace	Via Hospital Incident Command/ Emergency Management liaison	All deaths related to incident
СМОС	Via Hospital Incident Command/ Emergency Management liaison	<ul> <li>Current hospital operation, general status and beds available</li> <li>FRC activated and ready for families</li> <li>FRC demobilized</li> <li>Information in EMTrack is available to CMOC</li> </ul>
FAC	Via Hospital Incident Command/ Emergency Management liaison	<ul> <li>FRC activated and ready for families</li> <li>FRC demobilized</li> <li>Provide information gathered on any missing persons not identified at the hospital</li> <li>Provide the FAC Patient Tracking Office with a list of patients identified as part of the disaster for comparison with existing missing persons list.</li> <li>Provide contact information for any family member or unaccompanied child that has presented at the hospital</li> <li>Provide the FAC Patient Tracking Office with information about unidentified patients at the hospital</li> </ul>

#### C. Communication received by FRC

Sender	How	Information/Message
Patient Care Units	<ul> <li>EPIC</li> <li>Patient Identification Tracking Form</li> <li>EMTrack</li> </ul>	<ul> <li>Information about unidentified and unaccompanied patients</li> </ul>
HIC/EM	<ul> <li>Update with leaders</li> <li>Global e-mail</li> <li>Phone</li> <li>Briefing</li> <li>Emergency notification</li> </ul>	Information on disaster and recovery
СМОС	Via Hospital Incident Command/ Emergency Management liaison	<ul> <li>Information on status and location of patients</li> </ul>

Sender	How	Information/Message
		<ul> <li>Estimates of the number of patients that the facility may be expected to receive</li> <li>Identification of confirmed fatalities</li> <li>Location of patients transported to other care facilities</li> <li>Alerts that unidentified patients or minors are being transported to the facility</li> </ul>

#### VII. Public and Staff Communications about FRC

- A. Communications will be provided at regular intervals, as determined by leadership, throughout the event in order to keep the public and staff informed.
- B. The PIO will handle all communications with media, monitor social media, and create public messaging concerning the event.
- C. The PIO will coordinate with Texas Medical Center and surrounding hospital PIOs to keep them up to date on the incident in case they get calls.
- D. The PIO will coordinate all internal and external FRC messaging including scripting for page operators and guest services.
- E. As media will not be allowed in the FRC, an area for media briefings, and controlled interviews, if any, should be designated by the PIO away from the FRC and EC. Areas for consideration may include the Children's Nutrition and Research Center Auditorium, the Children's Nutrition and Research Center Lobby, or other suitable location.
- F. The below table outlines the public and staff communications to be sent.

Sender	How	Information/Message
External Relations/PIO	<ul><li>Media briefings</li><li>TCH website</li><li>Social media</li></ul>	<ul> <li>What has happened</li> <li>What we know and do not know</li> <li>Where families can call or go to the FRC</li> <li>Next update</li> </ul>
External Relations/PIO	Family briefings	<ul> <li>What has happened</li> <li>What we know and do not know</li> <li>FRC resources/services available</li> <li>Reminder to not take photos or post on social media</li> <li>Next update</li> </ul>
Internal Relations	<ul><li>Global alert notice</li><li>Connect</li><li>Texaschildrensnews. org</li></ul>	<ul> <li>All of above plus</li> <li>Actions needed from staff</li> <li>Links (on texaschildrensnews.org) to background information, media policy and HR info as needed</li> </ul>

Sender	How	Information/Message
		<ul> <li>(pay practices, labor pool, sleeping arrangements, food options)</li> <li>Where to find information and contact information</li> <li>Connect alert notice in photo carousel with link to information on external site</li> <li>Texaschildrensnews.org: internal updates, updates from media briefings and above pages</li> </ul>
TCH Patient Care Leaders	<ul><li>Huddles</li><li>Staff Meetings</li></ul>	Same as above
Incident Command / Emergency Management	<ul> <li>TCH notification system (using plain, actionable language)</li> <li>Emergency Management conference bridge</li> </ul>	<ul> <li>Initial MCI notification</li> <li>Secondary updates with scope and number patients inbound to TCH, etc.</li> <li>FRC activation with updates on expanded location(s) if needed</li> <li>PFS specific staff requests</li> <li>Other urgent event updates</li> <li>Closing of FRC</li> </ul>

# VIII. Patient Tracking outside FRC

- A. Staff in patient care areas will collect patient information/identifiers during incident to assist with patient/family reunification using the following:
  - 1. Patient Identification Tracking Form [FRC-FORM 202]
  - 2. EMTrack
  - 3. EPIC
- B. Documentation of observed physical characteristics, clothing, belongings, jewelry, medical devices, scars, birthmarks, tattoos, body piercings, and other unique identifiers should be made upon arrival or as soon as possible.

# IX. Demobilization of FRC

- A. The FRC will be demobilized at the recommendation of the FRC Unit Leader and direction of the Hospital Incident Command Center. Considerations include:
  - I. Rescue operations have ended
  - 2. FAC has been established at the City of Houston or other jurisdiction
  - 3. MCI/MFI patients have been reunified with family members
  - 4. No longer a family support that cannot be addressed by normal operations.

- B. The FRC may continue to function in some capacity (e.g., scale back operations or transition into a family management function) after a FAC has been established by the local jurisdiction.
  - Once demobilized, families should be referred to the City of Houston FAC or other sources for further information or decedent identification as directed by the appropriate authority.
  - 2. Refer all inquiries regarding missing people to the City of Houston FAC (if established), or United Way 2-I-I and the Red Cross Safe and Well website.

# X. Plan Development and Maintenance

A. The Social Work Department, in collaboration with the Emergency Management Department, is responsible for the development and maintenance of this plan. This plan will be reviewed as part of the Emergency Management Committee's annual Emergency Operations Plan review, and updated as necessary based on best practices and lessons learned from exercises or real-world incidents. Further information is available in the After Action Report Policy #5949.

# XI. Training and Exercises

A. The Patient and Family Services Department will train annually on the FRC plan to increase institutional readiness. Emergency Management will include Patient and Family Services and FRC plan in annual MCI/MFI related exercises. Further information is available in the Exercises and Drill Policy #320.

#### XII. Authorities and References

- A. Mass Fatality Plan (draft)
- B. Mass Casualty Incident Plan
- C. Social Media Policy
- D. SouthEast Texas Regional Advisory Council annual agreement
- E. EMTrack User Guide (for staff who have attended in-person training)
- F. American Academy of Pediatrics –Family Reunification Following Disasters: A Planning Tool for Health Care Facilities

# Appendix A: Just in Time Training

# Family Reception Center (FRC) - Just in Time Training

The Family Reception Center (FRC) is a safe, secure place for families and friends to gather located away from medical treatment areas during a mass casualty incident (MCI)/disaster when TCH expects a significant number of patients. The following services may be available for FRC visitors:

- Assistance in locating and reuniting with injured or missing patient
- Support services including social work, child life, and spiritual care
- Group briefings about event with accurate and up to date information
- Short-term child care (not always available)

# Quick facts about reuniting patients and families during or after an MCI

- Getting information about patients will take more time than it would under normal circumstances.
- Families and friends will want to know about their missing loved one immediately.
- FRC staff may need to ask family and friends for more information about the patient to locate/identify them.
- Look at the reverse side of this page for a simplified FRC workflow explaining reunification.

# About interacting with families and friends in the FRC

- Family and friends may display a range of emotions as result of the incident, and/or the wait.
  - o Contact a FRC psychosocial care staff member to assist family and friends as needed.
  - If a visitor displays concerning behavior (anger, extreme anxiety, etc.), contact FRC leadership, psychosocial staff, or security as appropriate.
- Be sensitive to the environment/space where families may be grieving.
- Use "I don't know, but I will try to find out"; don't guess about something –ask.
- Don't promise something that you cannot fulfill.

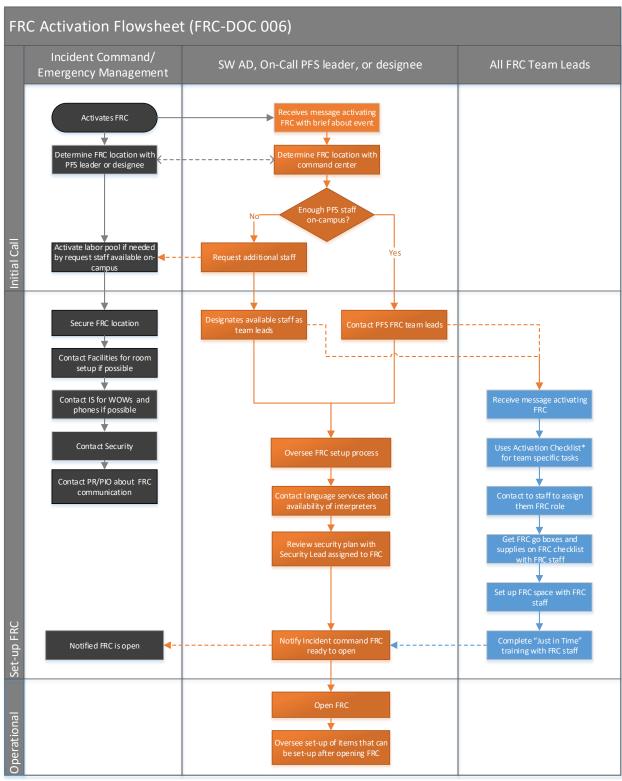
# Important FRC guidelines and processes for privacy and safety

- Make all FRC visitors use designated entry points only.
- Ask visitors to "check-in" and wear FRC wristbands at all times.
- Follow privacy policies (TCH and HIPAA) within the FRC.
- Remind FRC visitors that taking photos, filming, and posting on social media are not allowed to protect the privacy of everyone.

#### Getting information about your specific FRC role/task

- Check-in with your assigned Team Lead and get briefing.
  - Contact the Check-in and Hospitality Lead if you don't have an assignment.
- Get your role specific checklist (i.e. instructions) from your Team Lead.
- Assist other FRC staff to provide services to families and friends promptly.
- Ask your Team Lead for help if you have a problem, question, or barrier.
- Change to different tasks and roles as needed/requested by Team Lead/FRC Unit Lead.
- Practice self-care (eat properly, drink plenty of water, take breaks).

# Appendix B:Activation Flowsheet



<sup>\*</sup> See Activation Checklist FRC-DOC 002 for details about FRC setup

Updated 1/23/2019

# Appendix C: FRC Locations

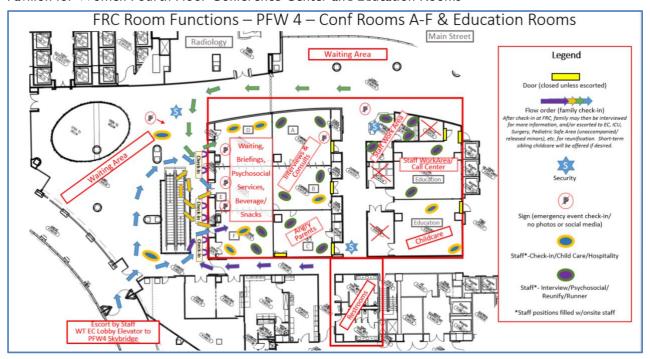
Feigin First Floor - Used for Check-in Only



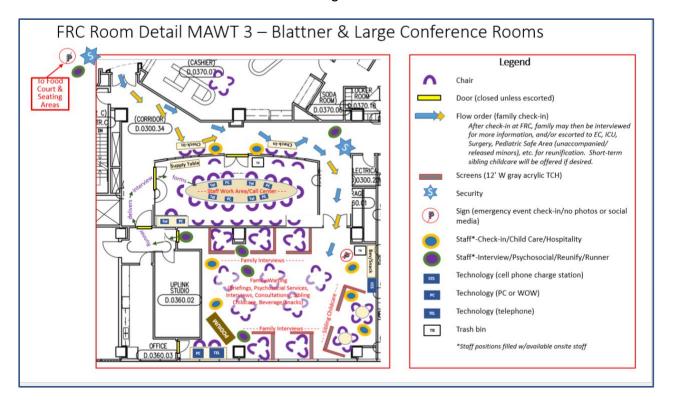
# Feigin First Floor - Used for FRC Small Scale



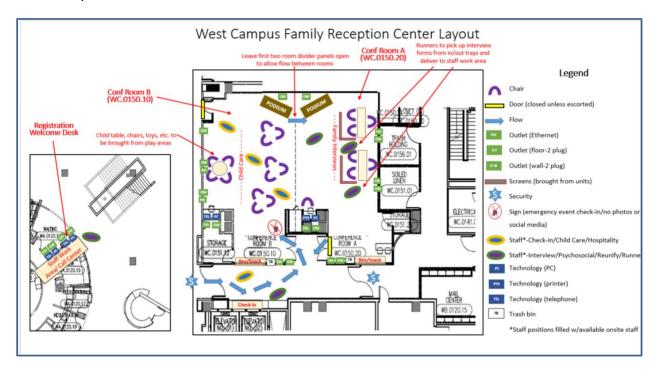
Pavilion for Women Fourth Floor Conference Center and Education Rooms



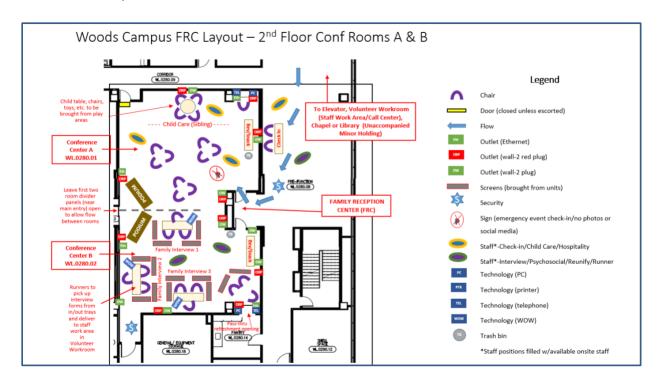
Mark A Wallace Tower Third Floor Blattner and Large Conference Rooms



# West Campus Ist Floor Conference Center Area



# Woodlands Campus 2nd Floor Conference Center Area



# Appendix D: Activation Checklist

# Main Campus FRC Activation Checklist [FRC-DOC 002- MAIN]

# **Section I:** Initial Call

X	Task	Person/Team
	Activation of FRC	Command Center
	Receive briefing on incident and enter information below	FRC Unit Lead
	Incident Type:	
	Date/Time:	
	Approx. # of victims:	
	Approx. Time of arrival at EC:	
	Are victims going to other facilities?	
	Estimated # of family/friends:	
	Identify if following services/areas need to be set up for FRC	Command/FRC Lead
	Escorts from Entrances	
	Pediatric Safe Area (Unaccompanied)	
	Identify Location for FRC	Command/FRC Lead
	Determine FRC staff level using staffing matrix	Command/FRC Lead
	Contact Facilities for room setup	Command Center
	Contact IS for computer/phone setup	Command Center
	Contact Security	Command Center
	Contact PR/PIO about FRC communication	Command Center

#### **Section II:** Activate FRC Teams

Х	Task	Person/Team
	Contact FRC Team Leads below and brief them on the following  • Event and FRC plan  • Approx. FRC staff needed – plan ahead for shifts if needed  • Activation plans	FRC Unit Lead
	Check-in and Hospitality Team Lead Family Interview and Reunification Team Lead Psychosocial Care Team Lead Child Care Team Lead	
	Call Center Team Lead	ED C.I.I. I. I.
	Contact Language Service for interpreters. If all language service interpreters are needed for clinical operations, use certified bilingual staff in PFS	FRC Unit Lead
	Designate and communicate common place for paper and electronic document storage	FRC Unit Lead

# **Section III-A:** Set-up FRC - Check-in and Hospitality Team Tasks

X	Task	Person/Team
	Notify team members about assignment and shifts	Check-in/
		Hospitality Lead
	Retrieve FRC Go-box and bring to FRC Location	Team Member
	Gather Check-in and Hospitality Team documents and forms from FRC Go-box	Check-in/
		Hospitality Lead
	Set up direction sign to FRC	Hospitality Team
	Verify furniture set-up in FRC room with facilities operations – report any	Check-in/
	problems	Hospitality Lead
	Set up Check-in area, desk, process, and supplies	Check-in Team
	Set up family common area/briefing room	Hospitality Team
	Gather Check-in & Hospitality supplies from go-box – check list	Hospitality Team

X	Task	Person/Team
	Set up coffee, water, other beverages etc. – Initial order is planned and sent by	Hospitality Team
	Child Care Team – contact Team Lead for change	
	Ask Child Care Team Lead about any A/V need from Bio-med	Check-in/
	·	Hospitality Lead
	Contact Biomed for TV/projector for waiting and requests from child care area	Check-in/
		Hospitality Lead
	Complete Just-in-Time training with Team Members	Check-in/
		Hospitality Lead
	Contact FRC Unit Lead when tasks are completed	Check-in/
	•	Hospitality Lead
	Assist other teams as needed	Team Members

# **Section III-B:** Set-up FRC – Family Interview & Reunification Team Tasks

X	Task	Person/Team
	Notify team members about assignment and shifts	Family Interview &
		Reunification Lead
	Gather Family Interview and Reunification Team material from FRC Go-box	Family Interview &
		Reunification Lead
	Set up interview/ reunification areas - may need to share with psychosocial care	Team Member
	team	
	Gather Family Interview & Reunification Team supplies from go-box – check list	Team Members
	Set up Staff work area – maybe sharing space with call center.	Team Member
	If using PFW education room – put mats and pillows in storage	
	Gather WOW and phone or verify computer and phone have been set-up and are	Family Interview &
	working -contact IS with issues	Reunification Lead
	Complete Just-in-Time training with Team Members	Team Member
	Contact FRC Unit Lead when tasks are completed	Family Interview &
		Reunification Lead
	Assist other teams as needed	Team Members

# **Section III-C:** Set-up FRC - Psychosocial Care Team Tasks

X	Task	Person/Team
	Notify team members about assignment and shifts	Psychosocial Care Lead
	Gather Psychosocial Care Team documents from FRC Go-box	Psychosocial Care Lead
	Gather and setup psychosocial resources as needed	Team Member
	Gather Kleenex from Go-box or Supply Chain Order	Team Member
	Set up consultation area/rooms – may share with patient ID/reunification	Team Member
	Set up staff break/respite area if room available – can be different location than FRC	Team Member
	Set up central, secure area for collection of paper documentation if needed	Psychosocial Care Lead
	Complete Just-in-time training with Team Members	Psychosocial Care Lead
	Contact FRC Unit Lead when tasks are completed	Psychosocial Care Lead
	Assist other teams as needed	Team Members

# Section III-D: Set-up FRC - Child Care Team Tasks

X	Task	Person/Team
	Notify team members about assignment and shifts	Child Care Lead
	Gather Child Care Team documents from FRC Go-box	Child Care Lead
	Retrieve FRC Child Care Go Box from other Go-boxes retrieved by Check-in	Team Member
	team	
	Get Supplies on Child Care checklist	Team Member – Must
		be Child Life Staff
	Check with reception/hospitality lead for changes to food orders	Child Care Lead

X	Task	Person/Team
	Call food and nutrition services with food orders	Child Care Lead
	Set up child care area (accompanied); If using PFW education room – put mat and pillows in storage	Team Member
	Set up Pediatric Safe area (unaccompanied)	Team Member
	Set up child care check-in and tracking system	Team Member
	Complete Just-in-time training with Team Members	Child Care Lead
	Contact FRC Unit Lead when tasks are completed	Child Care Lead
	Assist other teams as needed	Team Member

**Section III-E:** Set-up FRC – Call Center Team Tasks

X	Task	Person/Team
	Notify team members about assignment and shifts	Call Center Lead
	Gather Call Center Team documents from FRC Go-box	Call Center Lead
	Gather WOW and phone or verify computer and phone have been set-up and are	Team Member
	working -contact IS with issues	
	Set up call center (maybe joint area with staff work area)	Call Center Lead
	Contact Communication Center/Page Operator to have them forward calls when	Call Center Lead
	ready	
	Complete Just-in-time training with Team Members	Call Center Lead
	Contact FRC Unit Lead when tasks are completed	Call Center Lead
	Assist other teams as needed	Team Members

**Section IV:** Completing FRC Activation

X	Ta	sk	Person/Team
	Re	view FRC security plan with security lead assigned to FRC	FRC Unit Lead
	Re	view messaging, briefing, and media plan with PR/PIO	FRC Unit Lead
	Co	ntact Team lead and verify status of tasks/ tasks complete	FRC Unit Lead
		Check-in and Hospitality Team Lead	
		Family Interview and Reunification Team Lead	
		Psychosocial Care Team Lead	
		Child Care Team Lead	
		Call Center Team Lead	
	Со	ntact Command Center when FRC is operational and open FRC	FRC Unit Lead

# West Campus FRC Activation Checklist [FRC-DOC 002 -WEST]

#### **Section I:** Initial Call

X	Task	Person/Team
	Activation of FRC	Command Center
	Receive briefing on incident and enter information below	FRC Unit Lead
	Incident Type:	
	Date/Time:	
	Approx. # of victims:	
	Approx. Time of arrival at EC:	
	Are victims going to other facilities?	
	Estimated # of family/friends:	
	Identify if following services/areas need to be set up for FRC	Command/FRC Lead
	Escorts from Entrances	
	Pediatric Safe Area (Unaccompanied)	
	Identify Location for FRC	Command/FRC Lead
	Determine FRC staff level using staffing matrix	Command/FRC Lead
	Contact House Supervisor for Campus	Command Center
	Grab WOWs	Command Center
	Contact Security	Command Center

# **Section II:** Activate FRC Teams

X	Task	Person/Team
	Contact FRC Team Leads below and brief them on the following	FRC Unit Lead
	<ul> <li>Event and FRC plan</li> </ul>	
	<ul> <li>Approx. FRC staff needed – plan ahead for shifts if needed</li> </ul>	
	Activation plans	
	Registration and Hospitality Team Lead	
	Family Interview and Reunification Team Lead	
	Psychosocial Care Team Lead	
	Child Care Team Lead	
	Call Center Team Lead	
	Contact Language Service for interpreters. If all language service interpreters are	FRC Unit Lead
	needed for clinical operations, use certified bilingual staff in PFS	
	Designate and communicate common place for paper and electronic document	FRC Unit Lead
	storage	

# **Section III-A:** Set-up FRC – Check-in and Hospitality Team Tasks

X	Task	Person/Team
	Notify team members about assignment and shifts	Check-in/
	-	Hospitality Lead
	Retrieve FRC Go-box and bring to FRC Location	Team Member
	Gather Registration and Hospitality Team documents and forms from FRC Go-box	Check-in/
	and grab Stratus iPad	Hospitality Lead
	Set up direction sign to FRC from entrances to FRC	Hospitality Team
	Set-up FRC room – report any problems. Notify EVS/Facilities Supervisor to open	Check-in/
	room divider with 2 panels open on kitchen side.	Hospitality Lead
	Set up registration area, desk, process, and supplies	Registration Team
	Set up family common area/briefing room	Hospitality Team
	Gather Registration & Hospitality supplies from go-box – check list	Hospitality Team
	Set up coffee, water, other beverages etc Initial order is planned and sent by	Hospitality Team
	Child Care Team – contact Team Lead for change	

X	Task	Person/Team
	Ask Child Care Team Lead about any A/V need from Bio-med	Check-in/
		Hospitality Lead
	Complete Just-in-Time training with Team Members	Check-in/
		Hospitality Lead
	Contact FRC Unit Lead when tasks are completed	Check-in/
	·	Hospitality Lead
	Assist other teams as needed	Team Members

# **Section III-B:** Set-up FRC – Family Interview & Reunification Team Tasks

X	Task	Person/Team
	Notify team members about assignment and shifts	Family Interview &
		Reunification Lead
	Gather Family Interview and Reunification Team material from FRC Go-box	Family Interview &
		Reunification Lead
	Set up interview/ reunification areas – may need to share with psychosocial care	Team Member
	team	
	Gather Family Interview & Reunification Team supplies from go-box – check list	Team Members
	Set up patient match work room (for patient matching – can be different location	Team Member
	than FRC)	
	Verify computer and phone have been set-up and are working -contact IS with	Family Interview &
	issues	Reunification Lead
	Complete Just-in-Time training with Team Members	Team Member
	Contact FRC Unit Lead when tasks are completed	Family Interview &
		Reunification Lead
	Assist other teams as needed	Team Members

# **Section III-C:** Set-up FRC - Psychosocial Care Team Tasks

X	Task	Person/Team
	Notify team members about assignment and shifts	Psychosocial Care
		Lead
	Gather Psychosocial Care Team documents from FRC Go-box	Psychosocial Care
		Lead
	Gather and setup psychosocial resources as needed	Team Member
	Gather Kleenex from Go-box or Supply Chain Order	Team Member
	Set up consultation area/rooms – may share with patient ID/reunification	Team Member
	Set up staff break/respite area if room available – can be different location than FRC	Team Member
	Set up central, secure area for collection of paper documentation if needed	Psychosocial Care
		Lead
	Complete Just-in-time training with Team Members	Psychosocial Care
		Lead
	Contact FRC Unit Lead when tasks are completed	Psychosocial Care
		Lead
	Assist other teams as needed	Team Members

# **Section III-D:** Set-up FRC - Child Care Team Tasks

X	Task	Person/Team
	Notify team members about assignment and shifts	Child Care Lead
	Gather Child Care Team documents from FRC Go-box	Child Care Lead
	Retrieve FRC Child Care Go Box from other Go-boxes retrieved by registration	Team Member
	team	
	Get Supplies on Child Care checklist; bring child sized table/chairs if needed	Team Member – Must
		be Child Life Staff
	Check with reception/hospitality lead for changes to food orders	Child Care Lead

X	Task	Person/Team
	Ask Child Life to gather entertainment and gaming equipment from playrooms	Team Member – Must
		be Child Life Staff
	Call food and nutrition services with food orders	Child Care Lead
	Set up child care area (accompanied)	Team Member
	Set up Pediatric Safe area (unaccompanied)	Team Member
	Set up child care registration and tracking system	Team Member
	Complete Just-in-time training with Team Members	Child Care Lead
	Contact FRC Unit Lead when tasks are completed	Child Care Lead
	Assist other teams as needed	Team Member

# **Section III-E:** Set-up FRC – Call Center Team Tasks

X	Task	Person/Team
	Notify team members about assignment and shifts	Call Center Lead
	Gather Call Center Team documents from FRC Go-box	Call Center Lead
	Gather WOW and phone or verify computer and phone have been set-up and are working –contact IS with issues	Team Member
	Set up call center (maybe joint area with staff work area)	Call Center Lead
	Contact Communication Center/Page Operator to have them forward calls when ready	Call Center Lead
	Complete Just-in-time training with Team Members	Call Center Lead
	Contact FRC Unit Lead when tasks are completed	Call Center Lead
	Assist other teams as needed	Team Members

# **Section IV:** Completing FRC Activation

X	Task	Person/Team
	Review FRC security plan with security lead assigned to FRC	FRC Unit Lead
	Review messaging, briefing, and media plan with PR/PIO	FRC Unit Lead
	Contact Team lead and verify status of tasks/ tasks complete	FRC Unit Lead
	Registration and Hospitality Team Lead	
	Family Interview and Reunification Team Lead	
	Psychosocial Care Team Lead	
	Child Care Team Lead	
	Call Center Team Lead	
	Contact Command Center when FRC is operational and open FRC	FRC Unit Lead

# The Woodlands Campus FRC Activation Checklist [FRC-DOC 002 WOOD]

# **Section I:** Initial Call

X	Task	Person/Team
	Activation of FRC	Command Center
	Receive briefing on incident and enter information below	FRC Unit Lead
	Incident Type:	
	Date/Time:	
	Approx. # of victims:	
	Approx. Time of arrival at EC:	
	Are victims going to other facilities?	
	Estimated # of family/friends:	
	Identify if following services/areas need to be set up for FRC	Command/FRC Lead
	Escorts from Entrances	
	Pediatric Safe Area (Unaccompanied)	
	Identify Location for FRC	Command/FRC Lead
	Determine FRC staff level using staffing matrix	Command/FRC Lead
	Contact House Supervisor for Campus	Command Center
	Contact EVS for room setup	Command Center
	Grab WOWs	Command Center
	Contact Security	Command Center
	Contact PR/PIO about FRC communication	Command Center

# **Section II:** Activate FRC Teams

x	Task	Person/Team
	Contact FRC Team Leads below and brief them on the following	FRC Unit Lead
	<ul> <li>Event and FRC plan</li> </ul>	
	<ul> <li>Approx. FRC staff needed – plan ahead for shifts if needed</li> </ul>	
	Activation plans	
	Check-in and Hospitality Team Lead	
	Family Interview and Reunification Team Lead	
	Psychosocial Care Team Lead	
	Child Care Team Lead	
	Call Center Team Lead	
	Contact Language Service for interpreters. If all language service interpreters are	FRC Unit Lead
	needed for clinical operations, use certified bilingual staff in PFS	
	Designate and communicate common place for paper and electronic document	FRC Unit Lead
	storage	

# **Section III-A:** Set-up FRC – Check-in and Hospitality Team Tasks

X	Task	Person/Team
	Notify team members about assignment and shifts	Check-in/
	,	Hospitality Lead
	Retrieve FRC Go-box and bring to FRC Location	Team Member
	Gather Check-in and Hospitality Team documents and forms from FRC Go-box and	Check-in/
	grab Stratus iPad	Hospitality Lead
	Set up direction sign to FRCs	Hospitality Team
	Set-up FRC room – report any problems. Notify EVS/Facilities Supervisor to open	Check-in/
	room divider with 2 panels open on entry side.	Hospitality Lead
	Set up check-in area, desk, process, and supplies	Check-in Team
	Set up family common area/briefing room	Hospitality Team
	Gather Check-in & Hospitality supplies from go-box – check list	Hospitality Team

X	Task	Person/Team
	Set up coffee, water, other beverages etc. – Initial order is planned and sent by	Hospitality Team
	Child Care Team – contact Team Lead for change	
	Ask Child Care Team Lead about any A/V need from Bio-med	Check-in/
	·	Hospitality Lead
	Complete Just-in-Time training with Team Members	Check-in/
		Hospitality Lead
	Contact FRC Unit Lead when tasks are completed	Check-in/
	·	Hospitality Lead
	Assist other teams as needed	Team Members

# **Section III-B:** Set-up FRC – Family Interview & Reunification Team Tasks

X	Task	Person/Team
	Notify team members about assignment and shifts	Family Interview &
	,	Reunification Lead
	Gather Family Interview and Reunification Team material from FRC Go-box	Family Interview &
	,	Reunification Lead
	Set up interview/ reunification areas - may need to share with psychosocial care	Team Member
	team	
	Gather Family Interview & Reunification Team supplies from go-box - check list	Team Members
	Set up patient match work room (for patient matching – can be different location	Team Member
	than FRC)	
	Verify computer and phone have been set-up and are working -contact IS with	Family Interview &
	issues	Reunification Lead
	Complete Just-in-Time training with Team Members	Team Member
	Contact FRC Unit Lead when tasks are completed	Family Interview &
	•	Reunification Lead
	Assist other teams as needed	Team Members

# **Section III-C:** Set-up FRC - Psychosocial Care Team Tasks

X	Task	Person/Team
	Notify team members about assignment and shifts	Psychosocial Care Lead
	Gather Psychosocial Care Team documents from FRC Go-box	Psychosocial Care Lead
	Gather and setup psychosocial resources as needed	Team Member
	Gather Kleenex from Go-box or Supply Chain Order	Team Member
	Set up consultation area/rooms – may share with patient ID/reunification	Team Member
	Set up staff break/respite area if room available – can be different location than FRC	Team Member
	Set up central, secure area for collection of paper documentation if needed	Psychosocial Care Lead
	Complete Just-in-time training with Team Members	Psychosocial Care Lead
	Contact FRC Unit Lead when tasks are completed	Psychosocial Care Lead
	Assist other teams as needed	Team Members

# **Section III-D:** Set-up FRC - Child Care Team Tasks

X	Task	Person/Team
	Notify team members about assignment and shifts	Child Care Lead
	Gather Child Care Team documents from FRC Go-box	Child Care Lead
	Retrieve FRC Child Care Go Box from other Go-boxes retrieved by check-in team	Team Member
	Get Supplies on Child Care checklist; bring child sized table/chairs if needed	Team Member – Must
		be Child Life Staff
	Child Life to gather entertainment and gaming equipment from playrooms	Team Member – Must
		be Child Life Staff

X	Task	Person/Team
	Check with reception/hospitality lead for changes to food orders	Child Care Lead
	Call food and nutrition services with food orders	Child Care Lead
	Set up child care area (accompanied)	Team Member
	Set up Pediatric Safe area (unaccompanied)	Team Member
	Set up child care registration and tracking system	Team Member
	Complete Just-in-time training with Team Members	Child Care Lead
	Contact FRC Unit Lead when tasks are completed	Child Care Lead
	Assist other teams as needed	Team Member

**Section III-E:** Set-up FRC – Call Center Team Tasks

X	Task	Person/Team
	Notify team members about assignment and shifts	Call Center Lead
	Gather Call Center Team documents from FRC Go-box	Call Center Lead
	Gather WOW and phone or verify computer and phone have been set-up and are	Team Member
	working -contact IS with issues	
	Set up call center (maybe joint area with staff work area)	Call Center Lead
	Contact Communication Center/Page Operator to have them forward calls when	Call Center Lead
	ready	
	Complete Just-in-time training with Team Members	Call Center Lead
	Contact FRC Unit Lead when tasks are completed	Call Center Lead
	Assist other teams as needed	Team Members

**Section IV:** Completing FRC Activation

X	Task	Person/Team
	Review FRC security plan with security lead assigned to FRC	FRC Unit Lead
	Review messaging, briefing, and media plan with PR/PIO	FRC Unit Lead
	Contact Team lead and verify status of tasks/ tasks complete	FRC Unit Lead
	Check-in and Hospitality Team Lead	
	Family Interview and Reunification Team Lead	
	Psychosocial Care Team Lead	
	Child Care Team Lead	
	Call Center Team Lead	
	Contact Command Center when FRC is operational and open FRC	FRC Unit Lead

# Appendix E: Family Handout about FRC

# **About the Family Reception Center**



The Family Reception Center (FRC) is a safe, secure place for families to gather during an emergency event that brings a sudden, large number of patients to Texas Children's Hospital. It is located away from medical treatment areas where you can receive help in locating your child, have access to support services, and obtain accurate information about the event as it is available.

Please help us maintain safety, security, and privacy for all families by:

- Checking in every member of your group and wearing your wristbands in the FRC
- Not using any cameras, recording devices, or social media inside the FRC
- Being respectful of other families visiting the FRC at all times

If at any time you have any questions, concerns, or requests, do not hesitate to ask any FRC staff member.

### Locating and re-uniting with your child

We are here to help you find and reunite with your child. To help us find your child, you can expect for us to:

- Collect your child's name and age as part of the FRC check-in process
- Ask you and your group to wait inside the FRC while we look for your child
- Search in the patient list using your child's name and age
- Find you if we need more information about your child to help find him or her
  - This is not unusual and can happen for many reasons
- Tell you when we locate your child
- Escort you to your child after the medical team says it is medically "ok" for you to come

#### **Support Services Available in the FRC**

While in the FRC, we have several support professionals available for immediate needs and referrals. They include:

- Chaplains who provide emotional and spiritual support
- Child Life Specialists who help children and adolescents cope and assist caregivers in understanding children's reaction to difficulties
- Social Workers who assist in families coping and help them locate community resources

Depending on the size and duration of the event, short-term child-care services may be available. Please let staff know about any accommodations for a disability that need to be made.

## Appendix F: Child Care Area Supplement and Forms

- FRC-DOC 401 FRC PSA and Child Care Area Supplemental Information
- FRC-FORM 401 Child Care/PSA Safe Area Registry
- FRC-FORM 402 Child Care Center Check-in Form

## FRC Pediatric Safe Area and Child Care Area **Supplemental Information**

Purpose: Establish one or two areas for the care of minor children (under 18 years of age) following an MCI or MFI as needed. These areas are opened at the discretion of Hospital Incident Command/FRC Unit Lead based on the nature and scope of the incident. These areas are:

- Pediatric Safe Area (PSA) an area for unaccompanied minors arriving at TCH who are uninjured or who have been treated and released and waiting for reunification with caregiver or state representative.
- Child Care Area an area for children accompanied by family and friends to FRC while adults access support services, visit patient etc.

### **Location:** Both areas should have the following requirements:

- Be in secured area where access in and out can be monitored
- Have access to a restroom and sink within or near room
- Have a minimum capacity of 20 square feet per person based on the Educational Classroom Code
- Pediatric Safe Area should be geographically separated from FRC
- Child Care Area should be adjacent to FRC but preferably a separate room

#### Staffing:

While the exact number of minors arriving during an event cannot be predetermined, the event size is to be used to estimate the number of staff initially needed and then staff to child ratios in the tables below are to be used to adjust staffing as needed. The ratios in table I will be the ratios most commonly used during an event. The ratios in table 2 should be used in the PSA only if the minors will be present more than 12 hours and require overnight care. Staffing should also consider that at least two FRC staff members are needed to supervise each room or other enclosed space.

Table 1: Staff to Child Ratio for Short-Term Care

Age	Ratio of staff
Under 2	1:2
Age 2-3	1:3
Age 3-5	1:6
Age 6-8	1:8
Age 9-12	1:10
Age 12-15	1:12
Age 16-17	1:20

Table 2: Staff to Child Ratio for PSA overnight care

Age	Ratio of staff
Under 3	1:2
Age 3-5	1:3
Age 6-8	1:6
Age 9-12	1:8
Age 12-15	1:10
Age 16-17	1:15

#### Check-in:

Each Child Care Area will maintain a separate sign-in process and log of children who are signed-in and signed-out. Materials for sign-in are located in the FRC Go-box. The process for sign-in is below.

Pedia	tric Safe Area	Child Care Area	
Ι.	Complete Patient Identification Form	<ol> <li>Have caregiver complete Child Care</li> </ol>	
	[FRC-DOC 202] if not already completed	Center Check-in form [FRC-FORM 40	2]
2.	Take photo and give child wristband	<ol><li>Give both child and parent matching wristband</li></ol>	
3.	Complete log – PSA/Child Care Center Registry [FRC-FORM 402]	<ol><li>Complete log – PSA/Child Care Cente Registry [FRC-FORM 402]</li></ol>	r
4.	Send Patient Identification Form [FRC-DOC 202] to Patient Match Process		

**Security:** Have security officer present or readily available depending on size of event.

Supervision: At least two FRC staff members should supervise each room or other enclosed space.

- If two adults are supervising and one must step away, there must be at least two children present in the room and the door must be open.
- If a staff member finds him or herself alone with a child, she/he should promptly move to a location where she/he can be observed by other FRC staff member.
- If a child needs one-on-one direction, due to disciplinary issues, tears, etc., FRC staff can still have private conversation with child if it takes place in plain sight of the other staff.

#### **Restroom Guidelines:**

- No child, regardless of age, should ever use a restroom alone.
- Strive to always take children to the bathroom in groups.
- Always take a minimum of three people. Either two adults and one child or one adult and two children.
- Ensure the restroom is unoccupied before allowing children to use the facilities.
- If assisting young children in the toilet stalls, the door to the stall must remain open.
- If multiple children are in the bathroom and do not need assistance, stand in the doorway to provide auditory supervision.
  - This allows privacy for the children and protection for the staff (not being alone with a child).

#### **Operations:**

- News broadcast- No televised, broadcasted, or streamed media video content should be played in the PSA and Child Care Area.
- Staff is responsible for set-up of a safe secure area with age-appropriate activities.
- Food and drink can be ordered for Child Care Area with FRC Unit Lead/HICC approval. Begin with snacks and then meals if needed for prolonged event.
- Send regular updates on the number of minors in the PSA and the length of time they have been waiting to your Unit Lead and Patient Match Position.

- Contact Hospital Incident Command/FRC Unit Lead if PSA minor will be needing overnight care in order to make sleeping arrangements.
- Track when children are dropped off and picked up in the FRC. Call and text caregiver if child is left in child care too long without checking in.

### **Emergency and Safety Situations:**

Situation	Precautions and Responses
Abducted or Lost Child	<ul> <li>If a child is lost or abducted, Security Services will initiate a Code Pink response to recover the child.</li> </ul>
Evacuation	<ul> <li>In the event of substantial building damage or other emergency requiring an evacuation, children will be relocated to an alternate care site. Attempt to re-unite caregiver and child in FRC Child Care Area if possible. Off-campus evacuation must be avoided unless parent and child are united.</li> <li>Child Care Area will take all sign-in papers and log. PSA will take log. Both will do a roll call to confirm everyone is accounted for.</li> <li>Child Care Area will contact caregiver and if still unable to locate the parent, runners may be requested from the Labor Pool to locate the parent. PSA will continue normal process of using Patient Match Position to contact parents.</li> </ul>
Medical Emergency	<ul> <li>Medical emergencies requiring immediate care will be handled by the Emergency Center staff or the On-call Emergency Response Team.</li> </ul>

#### Sign Out:

**For PSA**: Caregiver identity is verified in the FRC and then the Reunification Position reunifies child and caregiver. For children who have received medical treatment, they must also finish any medical sign out/registration/discharge before leaving with caregiver.

**From Child Care Area:** Caregiver must have the wristband and/or be identified on the child's preregistration materials as an acceptable person to sign out the child. All caregivers need to show ID when signing out the child. Child must be signed out even if it's for a short period of time. Hold the paperwork out and re-file when the child returns.

## Child Care/Pediatric Safe Area Check-In Sheet [FRC-FORM 402]

#	Name of Child	Age	Arrival Time	Discharge Time	*Disposition	Responsible Adult Name	Responsible Adult Signature	Contact Phone

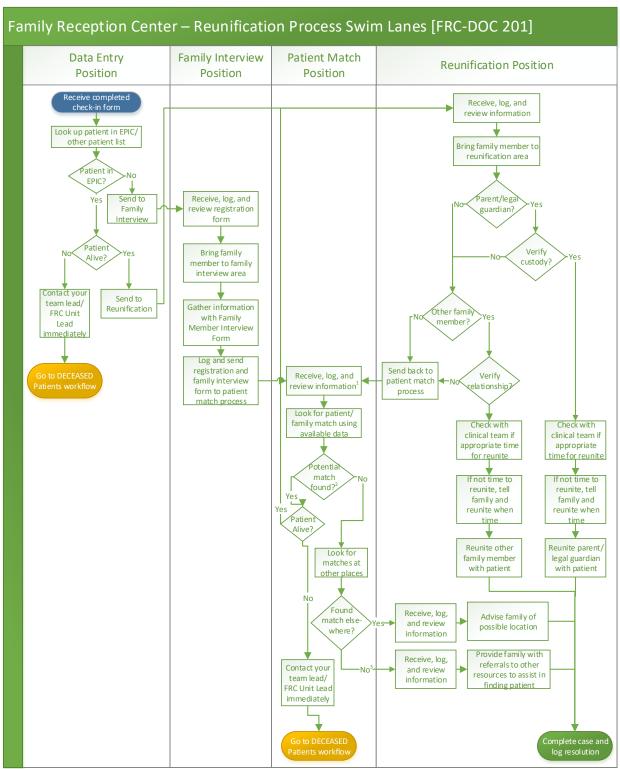
<sup>\*</sup>Disposition – Released to Registered Adult on Child Care Form (R), Released to Alternative Adult on Child Care Form (A), Unidentified minor released to parent/legal guardian (U), Other (O)

### **FRC Child Care Area Check-in Form**

**Instructions:** Please complete this form and agreement to help us provide a safe and secure environment

Child Information	า				
Last:		First:			Middle/ Nickname:
Age:	Gender:				
Allergies: □Ye	s □No (specif	y)	М	edical Condition:	☐Yes ☐No (specify)
Comments:			•		
Responsible Adu	lt Information				
Last:		First:			Middle/Maiden/Nickname:
Legal Guardian: [	□Yes □ No	If no, who?			
Relationship to	□Parent	□Grandpare	nt	□Extended Famil	•
child:	□Guardian	□Friend		□Other(Please ex	plain):
Cell number:				Other contact:	
Address:					
City:			Stat	e:	Zip:
I can be  Authorization of r  Only authorized adu	e reached by release to anotalits can pick up o	phone or text ther adult	t	·	in the FRC child care area and on the FRC child care area and on the safety of your
child, no exceptions ,		herehy ai	ıthoı	ize the staff of the	e Texas Children's Hospital FRC
				nat I have listed on	·
Last:		First:			Middle/Maiden/Nickname:
Relationship to	□Parent	□Grandparen	it	☐Extended Family	1
child:	□Guardian	☐Friend		☐Other(Please exp	olain):
Address:					
Cell number:				Other contact:	

## Appendix G:Reunification Swim Lanes



 $<sup>^{1}</sup>$  Patient Identification Tracking Form for Patient Care Area enter Patient Match Process here

<sup>&</sup>lt;sup>2</sup> Re-check for patient/family match as information is updated or additional information becomes available.

<sup>&</sup>lt;sup>3</sup> Assumes that available resources have been used and/or a regional Family Assistance Center or similar service to assist families in locating missing persons is operational.

## Appendix H:Data Collection Forms and Logs

### **Data Collection Forms**

- FRC-FORM 101 Family Reception Center (FRC) Sign in Form
- FRC-FORM 201 Family Member Interview Form
- FRC-FORM 202 Patient Identification Tracking Form

### Logs

- FRC-FORM 102 FRC Master Check-in Log
- FRC-FORM 203 Data Entry Log
- FRC-FORM 204 Family Interview Log
- FRC-FORM 205 Patient Match Log
- FRC-FORM 206 Reunification Log

## Family Reception Center (FRC) Sign- In Form

**Instruction for parents/family**: Complete this **form** to check-in your family or group and give us basic information about the patient you are looking for. If you are looking for more than one patient, use a separate form for each patient but complete only section A after the first form.

Section A: Patient a	and Family Contac	t Info	rmation				
Patient Information							
Last Name:	First Name:				Middle Name/Nickna	me:	
Gender: □Male □Fema	ale Unspecified	Age:	:			DOB:	
Primary Family Contact	Information					•	
Last Name:	First Name:				Middle/Maiden/Nicknam	ne	
Cell phone:	Secondary phone:		Relationship □Grandpar □Extended	ent	□Ward □Sp	uardian oouse ther	
Secondary Family Conta	ct Information						
Last Name:	First Name:				Middle/Maiden/Nicknam	ne	
Cell phone:	Secondary phone:		Relationship □Grandpar □Extended	ent	□Ward □Sp	uardian ouse ther	
Section B: List other Do not complete this sepatient)				anot	her form (i.e. looking for	more than	one
Name			Under	18?	Relationship		
			□Y€	:S	□Parent/Guardian □Other Family	□Sibling □Friend	$\square$ Spouse $\square$ Other
			□Y€	:S	□Parent/Guardian □Other Family	□Sibling □Friend	$\square$ Spouse $\square$ Other
			□Y€	:S	□Parent/Guardian □Other Family	□Sibling □Friend	$\square$ Spouse $\square$ Other
			□Y€	:S	□Parent/Guardian □Other Family	□Sibling □Friend	$\square$ Spouse $\square$ Other
			□Y€	:S	□Parent/Guardian □Other Family	□Sibling □Friend	$\square$ Spouse $\square$ Other
			□Y€	:S	□Parent/Guardian □Other Family	□Sibling □Friend	$\square$ Spouse $\square$ Other
			□Y€	:S	□Parent/Guardian □Other Family	□Sibling □Friend	$\square$ Spouse $\square$ Other
			□Y€	:S	□Parent/Guardian □Other Family	□Sibling □Friend	$\square$ Spouse $\square$ Other
This section to be comp		A	Leiman		D	Dun	
Family ID#	Arrival Date	Arriva	i ume	Far Pat	Routed to I sta Entry mily Interview tient Match unification Process	□Yes □ □Yes □	No □n/a No □n/a No □n/a No □n/a

Family Member Interview Form [FRC-FORM 201]
Instructions to Staff: Use with family/friends to gather information about the patient they are looking for during an emergency/MCI event

Section A - Infor	mation about int	erview					
Date of Interviev	v: Time of In	terview:	Campus:	□Main		Area/Unit:	□FRC
			□West	□The Wo	oodlands	□EC	☐Waiting Area
Section R - Infor	rmation Given By		□Other:			□Other:	
Last name:	mation diven by		irst name:			Middle/Maid	den/Nickname:
Lust name.		''	ist name.			ivilatic/iviale	derij Mekriarrie.
Street Address:							
City:				St	ate:	Zip:	
Cell Phone:		Seconda	ry Phone:	l .	E-mail:	l	
Relationship to p	patient:	nt	Are you the le	gal guardian	ı? □Ye	es □No	
□Guardian		dparent	If no, who?	0. 0			
□Ward	□Child	•	-				
□Friend	□Spou	se	Does patient li	ive with you	? □Ye	es □No	
□Extended Fam	•		Can you give n	nedical cons	ent? □Ye	es □No	
			Type of Custoo	y?	□Fu	ıll □Partial □I	None
Do you have a re	ecent photo of mi	ssing patie	ent? (prefer pho	to with lega	l guardian a	nd patient – g	et copy if possible)
☐ Yes, photo wit	th adult and child	\	Yes – photo of ju	st child	☐ No ph	oto	
Section C - Patie			, ,		,		
Last name:	-	Fii	rst name:			Nickname:	
Street Address: (	if different than a	above)					
City:			State:	Zip:		Phone:	
Age:	DOB:		School:				Grade:
Condor	Race/Ethnicity:					Languagas	
<i>Gender:</i> □Unknown	□American Indi	an or Alas	ka Native	□Asian	nic/Latino	Language: □Spanish	□English □Arabic
□Male	□Black or Africa			□Mhite	IIC/Latillo	□Vietname	
□Female	□Native Hawaii			□ Willice		□Other:	□NON VERDA
□Unspecified	□Not applicable	e, not kno	wn, not available	9			
Date/time patier	nt was last seen:		Location when	e patient wo	as last seen:	(Please be sp	ecific)
, ,				•		` .	,
	one checked for patient list before				no, check fo	r patient in EF	PIC and/or other
	tifying Questions,						
_ ·	Hazel □Black	Hair co		□Bald	Facial I		Height: (give units)
□Blue □E	Brown □Gray	□Blacl	k □Red	$\Box$ Gray	□Bear	d	
□Green □(	Other:	□Blon	,	□White	□Must	tache	Weight: (give units)
		□Othe	er:		□Othe		(9.70 0)
Eye Glasses? - □	lYes	Hair Le	ength:		Skin co	lor:	
Patient Ougstis	os Usad ta sa fi	m nation	t/naront idontiti				
What is the patie	s – Used to confi	ın patient	γρατεπι ισεπίπγ		family bays	a "safe' word	2
vviiat is the patie	ent her 2 names			Dues your	iaiiiiiy ilave	a said Wold	:

Other Markings – Please Describe	2:					
□Braces:		☐Missing front tee	☐Missing front teeth:			
□Scars:		□Piercings:	□Piercings:			
□Moles:		☐Birthmarks:				
□Tattoos:		☐Medical devices:	:			
□Other:						
Section E - Items Worn or Carried	d – Describe all it	ems				
Shirt:		Pants/Skirt:				
Shoes/socks:		Dress:				
Jacket/Coat:		Hat:				
Jewelry:		Other Items carried	:			
Section F - Alternate Caregiver/C	Contact Person					
Last name:	First name:		Middle/Maiden/Nickname:			
Street Address:						
City:	State:		Zip:			
Cell Phone:	Secondary Pho	ne:	E-mail:			
Relationship to patient: □Pare	nt Is the	is the legal guardian?	□Yes □No			
		, who?	_1C31NO			
□Ward □Child		s patient live with him/he	r? □Yes □No			
□Friend □Spou		he/she give medical cons				
□Extended Family □Othe		of Custody?	□Full □Partial □None			
Section G - Reunification Plan						
	□Yes □No	Pt MRN:	Location:			
Reunified family at TCH?	□Yes □No	Date:	Time:			
If not reunited, why?	☐Family present	but not caregiver	☐Custody/legal guardianship issues			
	□Unable to verif	y patient/family identity	□Other:			
If reunification issues, notify socio		er? Referred to:				
STOP here if patient found at TC						
_		If yes, where?				
		Date:	Time:			
STOP here if patient found at and If not found, give info on how		Date:	Time:			
to continue search?	□Yes □No	Date.	Time.			
If patient not found, notify social	work /FRC leader	? Referred to:				
Comments		•				



Patient Identification Tracking Form [FRC-FORM 202]
Instructions to Staff: Complete this form for separated minors or unidentified patient to the best of your ability with the information available. Keep a copy of form as part of the patient's medical record.

Section A – Arrival Informat	ion									
Arrival time:	MRN	l:			EMT	rack Num	ber:		Disaster/Ti	riage Tag Number:
If minors, did patient arrive? Can patient self-identify?	)	□Accom □Yes	npanied b	y an	adult		ccompani ient unide			□No
Is this an anonymous patien	t?	□Yes	□No		Anon	nymous pa	itient nam	e: (EPI	C generated)	
Is photo/ID attached?		□Yes	□No							
Section B - Patient Informat	ion									
Last name:			First n	ame	e:			Nicl	kname/Alter	nate Name:
Street Address:			•					•		
City:			State:			Zip:		Phone	e:	
Age: DOB:			School:			•	'			Grade:
□Approx. age										
Gender: Race/Ethi						□Asian			guage:	□English
□Unknown □Americ				e			ic/Latino		anish	□Arabic
☐Male ☐Black o						□White			etnamese	□Non-Verbal
☐Female ☐Native ☐					-1-1-				ther:	
☐Unspecified ☐Not app						faad. /D	Janaa laa a		`	
Date/time patient was found			•	atiei	nt was	found: (P	lease be s	pecific	)	
Section C - Identifying Chard										
l <u></u>	Black	Hair cold				∃Bald	Facial H	air:	Height: (gi	ve units)
	Gray	□Black □Blonde	□R€			∃Gray	□Beard	۔ ماہ		
□Green □Other:		□Other:		inay	L	□White	□Musta □Other:		Weight: (g	ive units)
Eye Glasses? - □Yes		Hair Len	gth:				Skin colo	or:	<u> </u>	
Other Marking – Please Desc	cribe:									
□Braces:					Vissing	g front tee	eth:			
□Scars:				□Piercings:						
□Moles:				☐Birthmarks:						
□Tattoos:				☐Medical devices:						
☐ Other:										
Patient Questions – Used to	confirr	n patient,	/parent id	dent	ity					
What is your pet's name?						Does you	ur family h	nave a "	'safe' word?	
Section D - Item Worn or Ca	rried -	Describe	all items							
Shirt:				Pai	nts/Ski	irt:				
Shoes/socks:				Dre	ess:					
Jacket/Coat:				Ha	t:					
Jewelry:				Otl	her ite	ms carried	d:			
									Patient Lab	el

Section E - Presumed Parent/Lega	ıl Guardian	#1 Information					
Last name:	First name	2:	Middle/Maiden/nickname:				
Street Address:							
City:	State:		Zip:				
Cell Phone:	Secondary	Phone:	E-mail:				
Relationship to ☐Parent patient: ☐Grandp	arent	Is this the legal guardian? If no, who?	□Yes □No				
☐Guardian ☐Child ☐Ward ☐Spouse		Does patient live with him/her?	P □Yes □No				
:		Can he/she give medical conse	nt? □Yes □No				
☐ ☐ ☐ ☐ ☐ Other: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		Type of Custody?	□Full □Partial □None				
•	Locatio						
Date and time caregiver last seen:  Location where caregiver was last seen:							
Section F - Presumed Parent/Lego							
Last name:	First name	2:	Middle/Maiden/nickname:				
Street Address:							
City:	State:		Zip:				
Cell Phone:	Secondary	Phone:	E-mail:				
Relationship to □Parent		Is this the legal guardian?	□Yes □No				
$\underline{patient:}$ $\Box$ Grandp		If no, who?					
☐Guardian ☐Child		Does patient live with him/her?	□Yes □No				
□Ward □Spouse		Can he/she give medical consent	? □Yes □No				
☐Friend ☐Other: ☐Extended Family		Type of Custody?	□Full □Partial □None				
Date and time caregiver last seen:	Loc	cation where caregiver was last so	een:				
Section G: Identifying and Reunify	uina Dationi	1					
			cribes patient accurately				
		correct patient from group of pic					
☐Other information source (speci		correct patient from group or pic	cures				
		<b>5</b> .	<b>-</b>				
Reunited with Family? ☐Yes	,,	Date:	Time:				
STOP here if patient successfully							
		ome to hospital	e or contact family				
If not successful in reuniting patien		eferred to:					
case to social work leader/FRC lea	-						
Comments	ue						
Comments							

## FRC Registration Master List [FRC-FORM 102]

**Instructions to staff:** Please complete a separate entry for every member in the group regardless of age using one line per person **How to create Family Group #:** Everyone in a family/group should have the same number and that number should be recorded on all sign-in form for family. Each Check-in staff member/desk will have letter assigned (i.e. A, B) and will then give families numbers in order as they arrive. For example FRC-DOC 001 desk/staff member one gives numbers – A1, A2, A3 while Desk/staff two gives number B1, B2, B3 to avoid duplicate numbers

Family Group#	Date	Time	Name	Under 18?
•				
			_	

## **FRC Data Entry Position Log**

**Instructions:** Complete the "Check In" side of log when a Family Reception Center Check-In Forms are received, complete "check out" side of log after EPIC search to record results and where forms are sent next.

	Check In						Check out			
Group ID#	DATE	TIME f	Patient Information  Last Name	First Name	MI	Found in EPIC	Sent to:	Pt Location	PT MRN	
						☐ Not found☐ Alive☐ Deceased	☐ Family Interview☐ Reunification☐ Team Lead			
						☐ Not found☐ Alive☐ Deceased	☐ Family Interview☐ Reunification☐ Team Lead			
						☐ Not found☐ Alive☐ Deceased	☐ Family Interview☐ Reunification☐ Team Lead			
						☐ Not found☐ Alive☐ Deceased	☐ Family Interview☐ Reunification☐ Team Lead			
						☐ Not found☐ Alive☐ Deceased	☐ Family Interview☐ Reunification☐ Team Lead			
						☐ Not found☐ Alive☐ Deceased	☐ Family Interview☐ Reunification☐ Team Lead			
						☐ Not found☐ Alive☐ Deceased	☐ Family Interview☐ Reunification☐ Team Lead		_	
						☐ Not found ☐ Alive ☐ Deceased	☐ Family Interview☐ Reunification☐ Team Lead			

## **FRC Family Interview Position Log**

**Instructions:** Complete the "Check In" side of log when Family Reception Center Check-in Forms are received, complete "check out" side of log after Family Interview is complete to record where both forms are sent next.

Check in							C	heck out
Group ID#	DATE Of Arrival	TIME Of Arrival	Patient Information  Last Name	First Name	MI	Completed Interview	Sent to:	Comments
						☐ Yes ☐ No	☐ Patient Match ☐ Other	
						☐ Yes ☐ No	☐ Patient Match☐ Other	
						☐ Yes ☐ No	☐ Patient Match ☐ Other	
						☐ Yes ☐ No	☐ Patient Match ☐ Other	
						☐ Yes ☐ No	☐ Patient Match ☐ Other	
						☐ Yes ☐ No	☐ Patient Match ☐ Other	
						☐ Yes ☐ No	☐ Patient Match ☐ Other	
						☐ Yes ☐ No	☐ Patient Match ☐ Other	
						☐ Yes ☐ No	☐ Patient Match ☐ Other	
						☐ Yes ☐ No	☐ Patient Match ☐ Other	
						☐ Yes ☐ No	☐ Patient Match ☐ Other	

FRC Patient Match Position Log
Instructions: Complete the "Check In" side of log when forms are received. If forms are received together (i.e. about same patient) list forms on the same line. Complete "check out" side of log after patient match is found to record results and where the forms are sent next.

		(	Check In	Check Out				
Type of form	DATE	TIME	Patient Information Last Name	First Name	MI	MRN/Pt location	Match Result	Sent to:
☐ FRC Sign-In ☐ Family Interview ☐ Patient Ident.							☐ Found Alive –TCH ☐ Found Dead –TCH ☐ Found Other Location ☐ Not Found	☐ Reunification TCH ☐ Team Lead ☐ Reunification- Other
☐ FRC Sign-In ☐ Family Interview ☐ Patient Ident.							☐ Found Alive -TCH ☐ Found Dead -TCH ☐ Found Other Location ☐ Not Found	☐ Reunification TCH ☐ Team Lead ☐ Reunification- Other
☐ FRC Sign-In ☐ Family Interview ☐ Patient Ident.							☐ Found Alive –TCH ☐ Found Dead –TCH ☐ Found Other Location ☐ Not Found	☐ Reunification TCH ☐ Team Lead ☐ Reunification- Other
☐ FRC Sign-In ☐ Family Interview ☐ Patient Ident.							☐ Found Alive –TCH ☐ Found Dead –TCH ☐ Found Other Location ☐ Not Found	☐ Reunification TCH ☐ Team Lead ☐ Reunification- Other
☐ FRC Sign-In ☐ Family Interview ☐ Patient Ident.							☐ Found Alive –TCH ☐ Found Dead –TCH ☐ Found Other Location ☐ Not Found	☐ Reunification TCH ☐ Team Lead ☐ Reunification- Other
☐ FRC Sign-In ☐ Family Interview ☐ Patient Ident.							☐ Found Alive –TCH ☐ Found Dead –TCH ☐ Found Other Location ☐ Not Found	☐ Reunification TCH ☐ Team Lead ☐ Reunification- Other

FRC Reunification Position Log
Instructions: Complete the "Check In" side of log when forms are received. If group of forms about the same case are received together (i.e. about same patient), list forms on the same line. Complete "check out" side of log when case is resolved to record disposition of the case.

		Che	ck In		Check out			
DATE	TIME	Forms received	Patient Information  Last Name	First Name	Deceased?	MRN/ Pt Location	Disposition	
		☐ Registration Sign-in☐ Family Interview☐ Patient Identity			☐ Yes		☐ Reunited ☐ Custody Issue ☐ Other location	☐ Can't find patient☐ Can't find family☐ Other
		☐ Registration Sign-in☐ Family Interview☐ Patient Identity			☐ Yes		☐ Reunited ☐ Custody Issue ☐ Other location	☐ Can't find patient☐ Can't find family☐ Other
		☐ Registration Sign-in☐ Family Interview☐ Patient Identity			☐ Yes		☐ Reunited ☐ Custody Issue ☐ Other location	☐ Can't find patient☐ Can't find family☐ Other☐
		☐ Registration Sign-in☐ Family Interview☐ Patient Identity			☐ Yes		☐ Reunited ☐ Custody Issue ☐ Other location	☐ Can't find patient☐ Can't find family☐ Other
		☐ Registration Sign-in☐ Family Interview☐ Patient Identity			☐ Yes		☐ Reunited ☐ Custody Issue ☐ Other location	☐ Can't find patient☐ Can't find family☐ Other
		☐ Registration Sign-in ☐ Family Interview ☐ Patient Identity			☐ Yes		☐ Reunited ☐ Custody Issue ☐ Other location	☐ Can't find patient☐ Can't find family☐ Other
		☐ Registration Sign-in ☐ Family Interview ☐ Patient Identity			☐ Yes		☐ Reunited ☐ Custody Issue ☐ Other location	☐ Can't find patient☐ Can't find family☐ Other
		☐ Registration Sign-in☐ Family Interview☐ Patient Identity			☐ Yes		☐ Reunited ☐ Custody Issue ☐ Other location	☐ Can't find patient☐ Can't find family☐ Other

## Appendix I:FRC Position Checklist/Job Action Sheets

### FRC Unit Lead Team

- FRC JAS 000 FRC Unit Lead Checklist
- FRC JAS 001 FRC Briefing PIO Checklist
- FRC JAS 002 FRC Security Lead Checklist

#### Check-in and Hospitality Team

- FRC JAS 100 FRC Check-in and Hospitality Lead Checklist
- FRC JAS 102 FRC Check-in Position Checklist
- FRC JAS 102 FRC Hospitality Position Checklist

#### Family Interview and Reunification Team

- FRC JAS 200 FRC Family Interview and Reunification Team Lead
- FRC JAS 201 FRC Family Interview Position Checklist
- FRC JAS 202 FRC Data Entry Position Checklist
- FRC IAS 203 FRC Patient Match Position Checklist
- FRC JAS 204 FRC Reunification Position Checklist
- FRC JAS 205 FRC Runner Position Checklist

#### Psychosocial Care Team

- FRC JAS 300 FRC Psychosocial Care Team Lead
- FRC JAS 301 FRC Psychosocial Care Position Checklist

#### Child Care Team

- FRC JAS 400 FRC Child Care Lead Checklist
- FRC JAS 401 FRC Child Care Position Checklist

#### Call Center Team

- FRC JAS 500 Call Center Team Lead
- FRC JAS 501 Call Center Position

## FRC Unit Leader Checklist [FRC-JAS 000]

Mission: Oversees the organization and management of operations/teams within the FRC,

including communications with Incident Command Center, personnel, equipment, and

supplies unless otherwise designated to another job role.

**Report to**: Hospital Incident Command/Administrator On-Call (AOC)

**Supervises:** Check-in and Hospitality Team Lead

Family Interview and Reunification Lead

Psychosocial Care Team Lead

Child Care Team Lead FRC Security Lead FRC Briefing Coordinator

**Liaison to:** Language Services

Security

Food and Nutrition (after initial order) Supply Chain (after initial order)

Documents: All Supplies: Pen

Computer/Phone

#### **Beginning of Shift Duties**

o If this is initial FRC setup, go to Activation Duties.

If this is after ongoing FRC operations, go to Handoff/Shift Change.

#### **Activation Duties**

- Receives notification from the Hospital Incident Command/Administrator On Call activating FRC; notification should include the following:
  - o Briefing on incident and event size.
  - Determination of FRC location, staffing size, and if Pediatric Safe Area (PSA) child care should be activated.
  - Confirmation that Command Center will contact Facilities and IS for FRC setup and Communications Department for FRC messaging.
- Notify your usual supervisor of your FRC assignment.
- Contact the FRC Team Leads about incident and activate team-specific plans.
- Review this document and documents listed above.
- Use the FRC Activation Checklist [FRC-DOC 002] and oversee set-up of the FRC.
- Review security plan with Security Department.
- Coordinate with Language Service for interpreter(s), if available. If all Language Service interpreters are needed for clinical operations, use certified bilingual staff in PFS.
- Contact Communications Department or FRC Briefing PIO Position about scheduling family briefings in FRC and messaging plans.
- Get confirmation from Team Lead that the FRC Activation Checklist is complete.

#### Handoff/Shift Changes

- Receive briefing from previous shift FRC Unit Lead about FRC status and previous shift activities
- Conduct meeting/briefing with all FRC direct reports about operational status of teams and issues.
- Establish communications with Hospital Incident Command.
- Set priorities of issues to address during shift.



#### **During Shift Duties**

#### **Operations**

- Responsible for overall FRC operations.
- Coordinate activity of Team Leads and direct reports.
- Assess issues, priorities, and needs.
- Advise the Hospital Incident Command/Administrator on Call immediately of any operational issues you are not able to correct or resolve.
- Coordinate contact with external agencies through Emergency Management/Hospital Incident Command Center, if necessary.

#### Communication and Documentation

- Provide periodic updates to, and maintain communications, with the Hospital Incident Command Center.
- Maintain contact with Communications Department and Family Briefing Coordinator to:
  - Plan for family briefings with the FRC.
  - Assist with other communications/media/messaging about FRC.
  - Ensure accurate and timely information is being released about FRC as appropriate.
- Document all communications (internal and external) and decisions.

#### Staffing and Supplies

- Monitor FRC staffing needs and ability to meet workload demands by:
  - Instructing all FRC Team Leads to periodically evaluate and report on staffing needs.
  - Rotating staff/shift assignments regularly.
  - Providing for staff rest periods and relief.
  - Using labor pool as needed.
- Ensure staff health and safety issues are being addressed by resolving health and safety issues with assistance of Employee Health and/ Safety Officer as needed.
- Observe staff for signs of stress and inappropriate behavior Utilize Psychosocial Team Lead, EAP Liaison, and/or Tandem Team as additional resource to observe and intervene with staff.
- Monitors FRC supply needs by:
  - o Asking all FRC Team Leads to periodically evaluate and report on supply needs.
  - Coordinate with Food Services and Supply Chain to re-supply after initial orders (initial orders are part of team specific activation plans).
  - If there are supply needs that are not available at TCH, coordinate with Emergency Management/Hospital Incident Command Center to obtain external resources.
- Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.
- As need for the FRC decreases, return staff to their normal jobs and combine or deactivate
  positions in a phased manner, in coordination with the FRC Team Leads, Hospital Incident
  Command, and Emergency Management.

#### **End of Shift Duties / Demobilization Duties**

- If this is a shift change/FRC is still operational, *Handoff/Shift Change*.
- If FRC demobilizing/closing, go to *Demobilization Duties*.

### PHandoff/Shift Change

- Brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.
- Ensure all FRC documentation and records from shift are completed correctly and collected.

#### **Demobilization Duties**

- Upon deactivation of your position, brief the Hospital Incident Commander/Administrator on Call on current problems, outstanding issues, and follow-up requirements.
- Upon deactivation of your position, ensure all documentation and FRC Operational Logs are submitted to the Hospital Incident Commander/Administrator on Call.
- Debrief staff on lessons learned and procedural/equipment changes needed.
- Ensure return/retrieval of equipment and supplies.
- Submit comments to Emergency Management for discussion and possible inclusion in the after-action report; topics include:
  - Review of pertinent position descriptions and operational checklists.
  - Procedures for recommended changes.
  - Section accomplishments and issues.
- Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.
- Send message to all FRC direct reports/FRC staff encouraging participation in stress management and after-action debriefings.

## FRC Briefing/PIO Position Checklist [FRC-JAS 001]

Mission: Coordinates all FRC briefings and messaging.

Report to: Hospital Incident Commander Center PIO/FRC Unit Leader

Supervises: N/A

Liaison to: None

**Documents:** FRC Activation Checklist [FRC-DOC 002]

FRC Just-in-Time Training [FRC-TRN 001]

**Supplies:** Pen, Paper

**FRC Scripted Holding Statements** 

#### **Beginning of Shift Duties**

- Receive notification from Hospital Incident Command Center or Emergency Management about FRC activation.
- Notify your usual supervisor of your FRC assignment.
  - o If this is initial FRC setup, go to Activation Duties.
  - If this is after ongoing FRC operations, go to Handoff/Shift Change.

#### **Activation Duties**

- Contact FRC Unit Lead.
- Review this document and documents listed above.
- Develop a messaging plan and schedule for family briefings in the FRC and discuss with FRC Unit Lead.
- Review just in time training.

### Handoff/Shift Changes

- Contact current FRC Unit Lead.
- Review just in time training and other documents listed above if this is your first shift in the FRC.
- Update messaging plan and schedule for family briefing for your shift.

### **During Shift Duties**

#### **Operations**

- Establish and communicate briefing schedule times to families, FRC staff, and other key stakeholders. (Table of communication on reverse of page)
- Use FRC scripted holding statements as needed.
- Coordinate and provide all family briefings.
- Coordinate all internal and external FRC messaging, including scripting for page operators and guest services.
- Monitor social media.
- Address any issues of media requesting or attempting to enter the FRC.
- Will be responsible for media briefings area and controlled interviews, if any
  - Area should be away from the FRC and EC such as CRNC 2<sup>nd</sup> floor auditorium or Lobby.

#### Communication and Documentation

- Communicate any family concerns to FRC Unit Lead.
- Advise the FRC Unit Lead or Hospital Incident Command Center immediately of any operational issue you are not able to correct or resolve.
- Coordinate with Texas Medical Center and surrounding hospital PIOs to keep them up to date on the incident in case they get calls.

• Provide periodic updates to, and maintain communications with, the Hospital Incident Command Center.

#### Staffing and Supplies

• Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.

#### Table of Public and Staff Communication to be sent

Sender	How	Information/Message
External Relations/PIO	<ul><li>Media briefings</li><li>TCH website</li><li>Social media</li></ul>	<ul> <li>What has happened</li> <li>What we know and do not know</li> <li>Where families can call or go to the FRC</li> <li>Next update</li> </ul>
External Relations/PIO	<ul> <li>Family briefings</li> </ul>	<ul> <li>What has happened</li> <li>What we know and do not know</li> <li>FRC resources/services available</li> <li>Reminder to not take photos or post on social media</li> <li>Next update</li> </ul>
Internal Relations	<ul> <li>Global alert notice</li> <li>Connect</li> <li>Texaschildrensnews.org</li> </ul>	<ul> <li>All of above plus</li> <li>Actions needed from staff</li> <li>Links (on texaschildrensnews.org) to background information, media policy and HR info as needed (pay practices, labor pool, sleeping arrangements, food options)</li> <li>Where to find information and contact information</li> <li>Connect alert notice in photo carousel with link to information on external site</li> <li>Texaschildrensnews.org: internal updates, updates from media briefings and above pages</li> </ul>

### **End of Shift Duties / Demobilization Duties**

- If this is a shift change/FRC is still operational, *Handoff/Shift Change*.
- If FRC demobilizing/closing, go to *Demobilization Duties*.

#### Handoff/Shift Change

- Brief the FRC Unit Lead, Hospital Command Center/PIO, and your replacement on current problems, outstanding issues, and follow-up requirements.
- Ensure all FRC documentation and records from shift are completed correctly and collected.

#### **Demobilization Duties**

- Ensure return/retrieval of equipment and supplies.
- Brief the FRC Unit Lead and Hospital Command Center/PIO on current problems, outstanding issues, and follow-up requirements.
- Submit comments to Team Lead for discussion and possible inclusion in after action report.
- Participate in stress management and after-action debriefings.

## FRC Security Lead Checklist[FRC-JAS 002]

**Mission:** Ensure the safety and security of visitors and staff present in the FRC.

Report to: FRC Unit Leader

**Supervises:** FRC Security Positions

Liaison to: N/A

**Documents:** FRC Activation Checklist [FRC-DOC 002]

FRC Just-in-Time Training [FRC-TRN 001]

Supplies: N/A

#### **Beginning of Shift Duties**

• Receive notification from Hospital Incident Command Center or Emergency Management about FRC activation.

- Notify your usual supervisor of your FRC assignment
  - If this is initial FRC setup, go to Activation Duties.
  - o If this is after ongoing FRC operations, go to Handoff/Shift Change

#### **Activation Duties**

- Contact FRC Unit Lead.
- Review this document and documents listed above.
- Review layout of floor plan and location of officers or managers.

#### Handoff/Shift Changes

- Receive briefing from previous shift FRC Unit Lead about FRC status and previous shift activities.
- Conduct meeting/briefing with all FRC direct reports about operational status of teams and issues.
- Set priorities of issues to address during shift.

#### **During Shift Duties**

#### **Operations**

- Monitor FRC for safety and security issues.
- Allow entry of authorized persons only TCH employees or FRC visitors with FRC wristbands.
- Provide security for child care area and pediatric safe areas of the FRC.
- Ensure press and media do not enter the FRC. Any media and press events will be held in a separate location.
- Advise the FRC Unit Lead immediately of any operational issues you are not able to correct or resolve.

#### Communication and Documentation

 Provide periodic updates to, and maintain communications with, the Hospital Incident Command Center.

#### Staffing and Supplies

• Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.

#### **End of Shift Duties / Demobilization Duties**

- If this is a shift change/FRC is still operational, *Handoff/Shift Change*.
- If FRC demobilizing/closing, go to *Demobilization Duties*.

### PHandoff/Shift Change

- Brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.
- Ensure all FRC documentation and records from shift are completed correctly and collected.

#### **Demobilization Duties**

- Ensure return/retrieval of equipment and supplies.
- Brief the FRC Unit Lead on current problems, outstanding issues, and follow-up requirements.
- Submit comments to Team Lead for discussion and possible inclusion in after action report.
- Participate in stress management and after-action debriefings.

## Check-in and Hospitality Team Lead Checklist [FRC-JAS 100]

**Mission:** Manage and coordinate Check-in and Hospitality Teams.

Report to: FRC Unit Lead

**Supervises:** Check-in Position

**Hospitality Position** 

**Liaison to:** Facilities Operations – Environmental Services

Biomed – Television Services

**Documents:** Family Reception Center (FRC) Sign In Form [FRC-FORM 101]

FRC Activation Checklist [FRC-DOC 002] Check-in Position Checklist [FRC-JAS 101] Hospitality Position Checklist [FRC-JAS 102] FRC Just-in-Time Training [FRC-TRN 001]

**Supplies:** Wristbands, Pens, Clipboards, Sharpie Markers

#### **Beginning of Shift Duties**

- Receive notification from FRC Unit Lead about event and assignment.
- Notify your usual supervisor of your FRC assignment.
  - o If this is initial FRC setup, go to Activation Duties.
  - If this is after ongoing FRC operations, go to Handoff/Shift Change.

#### **Activation Duties**

- Notify/inform team members about assignments and shifts.
- Retrieve FRC Go-box and bring to FRC Location (may delegate).
- Review this document and documents listed above.
- Use the FRC Activation Checklist [FRC-DOC 002] to coordinate setup of check-in, hospitality, and common areas of FRC.
- Utilize team member(s) to complete activation checklist tasks as they arrive.
- Call Biomed to set up TVs or projectors with TV feed in the waiting room and a TV with DVD in the child care areas if needed.
- Contact supply chain and use supply list to send initial order Check with other Team Leads for any changes to order (FRC Unit Lead is normal liaison).
- Contact Child Care Team Lead to change/add items for hospitality area's initial food and nutrition order.
- Brief team members on incident and complete just-in-time training for team members.
- Document all key activities, actions, and decisions.
- Contact FRC Unit Lead when activation plan complete.

#### Handoff/Shift Changes

- Receive briefing from previous Shift Team Lead about FRC status and previous shift activities.
- Check with other leaders about any environmental cleanliness issues to address during shift.
- Brief incoming team members on incident and complete just-in-time training for new team members.
- Set priorities of issues to address during shift.

#### **During Shift Duties**

#### Operation

- Manages and ensures check-in team follows protocol to greet, screen, register, and give wristbands to families and friends.
- Manage hospitality and support team ensuring that team:
  - o Assists family/friends while in the common/waiting areas of the FRC.
  - Helps families navigate FRC.
  - Escorts families to FRC and within FRC.
  - Maintains waiting /common area and refreshments.
- Assists staff in determining if someone is withholding information or is giving false information to gain entry to the FRC.
- Advise the FRC Unit Lead immediately of any operational issues you are not able to correct or resolve.
- Ensure that team members escort unaccompanied minors to pediatric safe area.

#### Communication and Documentation

- Keeps master check-in list and other documentation.
- Document actions and decisions and send to the FRC Unit Lead at assigned intervals and as needed.
- Provide periodic updates and maintain communications with the FRC Unit Lead.

#### Staffing and Supplies

- Floats team members between positions as needed to handle high demand especially during initial surge.
- Reports equipment and supply needs appropriately document all equipment and/or supply requests from other departments if you are the liaison.
- Ensure staff health and safety issues are being addressed by:
  - Providing staff rest periods and relief.
  - o Observing and responding to reports of staff stress and inappropriate behavior.
  - Reporting and resolving concerns with FRC Unit Lead, FRC Psychosocial Lead, EAP Liaison, and/or Employee Health as appropriate.
- Ensure you and your team's physical readiness through proper nutrition, water intake, rest, and stress management techniques.
- As need for the FRC decreases, return staff to their normal jobs and combine or deactivate positions in a phased manner, in coordination with the FRC Unit Lead.

#### **End of Shift Duties / Demobilization Duties**

- If this is a shift change/FRC is still operational, Handoff/Shift Change.
- If FRC demobilizing/closing, go to Demobilization Duties

### Handoff/Shift Change

- Brief your replacement and FRC Unit Lead on the status of all ongoing operations, issues, and other relevant incident information.
- Ensure all FRC documentation and records from shift are completed correctly and collected.

#### **Demobilization Duties**

- Brief the FRC Unit Lead on current problems, outstanding issues, and follow-up requirements.
- Ensure all documentation is submitted to FRC Unit Lead.

- Ensure return/retrieval of equipment and supplies.
- Submit comments to FRC Unit Lead for discussion and possible inclusion in after-action report. Comments should include:
  - Review of pertinent position descriptions and operational checklists.
  - Procedures for recommended changes.
  - Section accomplishments and issues.
- Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.

## **Check-in Position Checklist [FRC-JAS 101]**

**Report to**: FRC Check-in and Hospitality Team Lead

**Documents:** Family Reception Center (FRC) Sign In Form [FRC-FORM 101]

FRC Activation Checklist [FRC-DOC 002] Check-in Position Checklist [FRC-JAS 101] FRC Just-in-Time Training [FRC-TRN 001]

**Supplies:** Wristbands, Pens, Clipboards, Sharpie Markers

#### **Beginning of Shift Duties**

- Receive notice to report to FRC for Family Interview Position.
- Contact your usual supervisor about FRC assignment.
- Receive incident briefing.

During initial FRC setup	During ongoing FRC operations		
<ul> <li>Set-up FRC as directed by Team Lead using FRC Activation Checklist [FRC-DOC 002].</li> <li>Receive just in time training.</li> <li>Review this document and documents listed above.</li> </ul>	<ul> <li>Receive just in time training, if this is your first shift in the FRC.</li> <li>Review this document and documents listed above, if first time in this position.</li> </ul>		

#### **FRC Entry and Check-in Process**

- 1. All visitors to the FRC must enter and exit through the check-in area.
- 2. Determine if individual/group is visiting FRC for the first time.
  - a. If repeat FRC visitor, follow process for subsequent FRC entry.
  - b. If first-time FRC visitor, individual/group must complete the check-in process.

b. If first-time FRC visitor, individual/group must complete	the check-in process.
Check-in Process	
• Determine if person/group is family member or friend	of possible patient.
If yes	lf no
<ul> <li>Have one member for each group complete the signin form [FRC-FORM 101].</li> <li>If searching for multiple patients, ask family to complete one form for each missing person. Ask them to complete the entire form for the first patient. Then tell them to only complete patient and contact person sections on any additional forms.</li> <li>Give group an ID number* and write on form.</li> <li>Give each member of group a wristband with ID number* written on it.</li> <li>Write group members on master check-in log (or copy form).</li> <li>Send form to Data Entry Position Staff.</li> </ul>	<ul> <li>Do not continue check-in.</li> <li>Politely directly person/group away from area.</li> <li>Escalate if needed to security and/or your Team Lead.</li> </ul>

#### Process for subsequent FRC entry

- Check each returning visitor for appropriate wristband before re-entry into the FRC.
- Visitors only must complete check-in log once (unless leadership changes procedure.)

<sup>\*</sup>Create group ID by giving each check-in station or desk a letter. Then number each group that comes to that station with its letter at the beginning. For example – Table A would have AI, A2, A3 – Table B would have BI, B2, B3

#### What to do when

Be alert for the following situations, take appropriate action or obtain additional assistance:

Situation	Action
Long lines or surge of visitors at check-in.	<ul> <li>Inform Check-in and Hospitality Team Lead.</li> <li>Have Check-in Position staff supplied with clipboard, Check-in Log, and wristbands, then register visitors in line to expedite the process.</li> </ul>
Visitor intentionally presents false information or withholds information to enter FRC.	<ul> <li>Contact Check-in and Hospitality Team Lead and/or Security.</li> </ul>
People who are angry, frustrated, aggressive, challenging, etc.	<ul> <li>Immediately contact Security and/or Check-in and Hospitality Team Lead.</li> </ul>
Unaccompanied minor (persons under 18 without adult) arrives at check-in.	<ul> <li>Contact Check-in and Hospitality Lead.</li> <li>Escort minor to Pediatric Safe Area.</li> </ul>
Media attempts to enter FRC.	Contact Team Lead and/or Media Relations contact.
Visitor needs interpretation.	<ul> <li>Contact FRC interpreters or Check-in and Hospitality Team Lead.</li> </ul>

#### **General Duties**

- Be alert to family members with disabilities, mobility, and other functional needs.
- Request supplies, equipment, and services as needed.
- Report equipment and supply needs to your Team Lead
- Advise your Team Lead immediately of any operational issues you are not able to correct or resolve.

### **End of Shift Duties / Demobilization Duties**

- Ensure return/retrieval of equipment and supplies.
- Brief Team Lead on current problems, outstanding issues, and follow-up requirements.
- Submit all documentation to your Team Lead

## **Hospitality Position Checklist [FRC-JAS 102]**

**Report to**: FRC Check-in and Hospitality Team Lead

**Documents:** FRC Activation Checklist [FRC-DOC 002]

Hospitality Position Checklist [FRC-JAS 102] FRC Just-in-Time Training [FRC-TRN 001]

**Supplies:** Supplies to stock FRC common areas – Kleenex, beverage supplies, napkins

Light cleaning supplies – Paper towels, Hospital approved surface cleaner

## **Beginning of Shift Duties**

Receive notice to report to FRC for Hospitality Position.

- Contact your usual supervisor about FRC assignment.
- Receive incident briefing.

During initial FRC setup	During ongoing FRC operations
<ul> <li>Set-up FRC as directed by Team Lead using FRC Activation Checklist [FRC-DOC 002].</li> <li>Receive just in time training.</li> <li>Review this document and documents listed above.</li> </ul>	<ul> <li>Receive just in time training, if this is your first shift in the FRC.</li> <li>Review this document and documents listed above, if first time in this position.</li> </ul>

#### **General Duties**

- 1. Familiarize yourself with FRC layout and how to access FRC services for visitors.
- 2. Check with your Team Lead about specific Hospitality Position assignments
  - a. Orient visitors to FRC as they complete check-in process.
  - b. Escort families/friends from hospital entrances to the FRC check-in desk.
  - c. Monitors FRC common areas.

#### Orient visitors to FRC location and services

- Greet groups as they complete the check-in process.
- Familiarize groups with services available in the FRC and where they are located such as:
  - Social Worker, Chaplains, Child Life
  - Water, coffee, snacks as available
  - o Phones, computers, phones chargers
  - o If and when briefings and announcements will occur

#### Maintain FRC common areas

- Engage and monitor families and friends in these common areas of FRC.
- Check supplies in common areas (including Kleenex, beverages, cups, etc.) and replace as needed.
- Monitor FRC waiting/common area cleanliness.
- Perform light cleaning (small spills, pick up trash, straighten).
- Notify Team Lead/Housekeeping for large cleanups in any areas.

Escort and/or direct families/friends from hospital entrances to the FRC entrance

#### What to do when

Be alert for the following situations, take appropriate action or obtain additional assistance:

Situation	Action
Unaccompanied minor (persons under 18 without adult).	<ul> <li>Contact Check-in and Hospitality Lead.</li> <li>Escort minor to Pediatric Safe Area.</li> </ul>
Visitor without wristband inside FRC (adult).	<ul> <li>Have them return to check-in desk and contact</li> <li>Security and/or Check-in and Hospitality Team Lead.</li> </ul>
Visitor without wristband inside FRC (child) who is with adult with wristband.	<ul> <li>Have them return to check-in desk</li> <li>Contact Security and/or Check-in and Hospitality</li> <li>Team Lead only if concern about security breach.</li> </ul>
Visitors with psychosocial or spiritual need.	<ul> <li>Contact member of Psychosocial Care Team (Social Workers, Chaplains, Child Life Specialist).</li> </ul>
People who are angry, frustrated, aggressive, challenging.	<ul> <li>Immediately contact Security and/or Check-in and Hospitality Team Lead.</li> </ul>
Unauthorized Media in FRC.	<ul> <li>Immediately contact Team Lead and/or Media Relations.</li> </ul>
Visitor needs interpretation.	<ul> <li>Contact FRC interpreters or Check-in and Hospitality Team Lead.</li> </ul>
Visitors taking pictures, filming, using social media.	<ul> <li>Politely inform them that photos, filming, and social media are not permitted to protect the privacy of everyone and direct to posted signs.</li> <li>Escalate to Check-in and Hospitality Team Lead as needed.</li> </ul>

#### **General Duties**

- Answer general assistance questions for families and friends.
- Be a calm and supportive presence for family and friends in the waiting and common areas of the ERC.
- If you are not able to address need, contact your Team Lead.
- Be alert to family members with disabilities, mobility, and other functional needs. Request supplies, equipment, and services as needed.
- Report equipment and supply needs to your Team Lead.
- Advise your Team Lead immediately of any operational issues you are not able to correct or resolve.

#### **End of Shift Duties / Demobilization Duties**

- Ensure return/retrieval of equipment and supplies.
- Brief Team Lead on current problems, outstanding issues, and follow-up requirements.
- Submit all documentation to your Team Lead

# Family Interview and Reunification Team Lead Checklist [FRC-JAS 200]

**Mission:** Manage and coordinate Family Interview and Reunification Team.

Report to: FRC Unit Leader

Supervises: Family Interviewer

Data Entry Position
Patient ID Position
Reunification Position

Runner

**Liaison to:** Information Services

**Documents:** Family Reception Center (FRC) Sign In Form [FRC-FORM 101]

Data Entry Log [FRC-FORM 203]

Family Interview Position Checklist [FRC-JAS 201]
Data Entry Position Checklist [FRC-JAS 202]
Patient Match Position Checklist [FRC-JAS 203]
Reunification Position Checklist [FRC-JAS 204]
Runner Position Checklist [FRC-JAS 205]
FRC Activation Checklist [FRC-DOC 002]
FRC Just-in-Time Training [FRC-TRN 001]

Supplies: Pen

Computer/Phone

#### **Beginning of Shift Duties**

- Receive notification for FRC Unit Lead about event and assignment.
  - Notify your usual supervisor of your FRC assignment.
    - o If this is initial FRC setup, go to Activation Duties.
    - If this is after ongoing FRC operations, go to Handoff/Shift Change.

#### **Activation Duties**

- Notify/inform team members about assignments and shifts.
- Review this document and documents listed above.
- Use the FRC Activation Checklist [FRC-DOC 002] to coordinate set up of interview/reunification rooms and patient match work rooms.
- Utilize team member(s) to complete activation checklist tasks as they arrive.
- Get WOW from IS and pre-programmed phones if available or verify IS has set-up phones, computers, and other equipment.
- Brief team members on incident and complete just-in-time training
- Document all key activities, actions, and decisions in an Operational Log.
- Contact FRC Unit Lead when activation plan complete.

#### Handoff/Shift Changes

- Receive briefing from previous shift FRC Family Interview and Reunification Team Lead about FRC status and previous shift activities.
- Brief incoming team members on incident and complete just-in-time training for new team members.
- Ensure team members know how to:
  - Consult the Psychosocial Care Team for extra assistance.
  - o Contact Security if needed to de-escalate an interaction.
- Set priorities of issues to address during shift.

#### **During Shift Duties**

#### Operation

- Coordinate the processes of Family Interview and Reunifications Teams.
- Ensure that teams are maintaining confidentiality and proper documentation.
- Assist team members in troubleshooting barriers to accessing information about patient location, status, identity, or identifying characteristics.
- Monitor overall status of patient care areas, patient arrivals, patient census as possible to determine its effects on FRC patient identification and reunification activities.
- Work with complex cases such as patient's death, custody issues, patients not found, caregivers not found, and lack of identifying information.
- Access or assist in accessing information from outside of FRC including but not limited to EMtrack, other medical locations, using Hospital Incident Command.
- Immediately contact FRC Unit Lead of any family reunification case in which patient is deceased.
- Advise the FRC Unit Lead immediately of any operational issues you are not able to correct or resolve.

#### Communication and Documentation

- Keep and file all paperwork and logs.
- Document actions and decisions and send to the FRC Unit Lead at assigned intervals and as needed
- Provide periodic updates and maintain communications with the FRC Unit Lead.

#### Staffing and Supplies

- Floats team members between positions as needed to handle high demand.
- Report equipment and supply needs to appropriate leader document all equipment and/or supply requests from other departments.
- Ensure staff health and safety issues are being addressed by:
  - Providing staff rest periods and relief.
  - Observing and responding to reports of staff stress and inappropriate behavior.
  - Reporting and resolving concerns with FRC Unit Lead, FRC Psychosocial Lead, EAP Liaison, and/or Employee Health as appropriate.
- Ensure you and your team's physical readiness through proper nutrition, water intake, rest, and stress management techniques.
- As need for the FRC decreases, return staff to their normal jobs and combine or deactivate positions in a phased manner, in coordination with the FRC Unit Lead.

#### **End of Shift Duties / Demobilization Duties**

- If this is a shift change/FRC is still operational, Handoff/Shift Change.
- If FRC demobilizing/closing, go to Demobilization Duties,

#### 'Handoff/Shift Change

- Brief your replacement and FRC Unit Lead on the status of all ongoing operations, issues, and other relevant incident information.
- Ensure all FRC documentation and records from shift are completed correctly and collected.

#### Demobilization Duties

Brief the FRC Unit Lead on current problems, outstanding issues, and follow-up requirements.

- Ensure all documentation is submitted to FRC Unit Lead.
- Ensure return/retrieval of equipment and supplies.
- Submit comments to FRC Unit Lead for discussion and possible inclusion in after-action report. Comments should include:
  - Review of pertinent position descriptions and operational checklists.
  - Procedures for recommended changes.
  - Section accomplishments and issues.
- Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.
- Send message to all FRC Psychosocial Team Staff encouraging participation in stress management and after-action debriefings.

# Family Interview Position Checklist [FRC-JAS 201]

**Reports to**: FRC Family Interview and Reunification Team Lead

**Documents:** Family Interview Position Checklist [FRC-JAS 201]

Family Member Interview Form [FRC-FORM 201]

Family Reception Center (FRC) Sign In Form [FRC-FORM 101]

Family Interview Log [FRC-FORM 204]
FRC Activation Checklist [FRC-DOC 002]
FRC Just-in-Time Training [FRC-TRN 001]

Supplies: Pen

Computer/Phone

## **Beginning of Shift Duties**

• Receive notice to report to FRC for Family Interview Position.

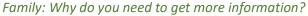
- Contact your usual supervisor about FRC assignment.
- Receive incident briefing.

During initial FRC setup	During ongoing FRC operations
<ul> <li>Set-up FRC as directed by your Team Lead using FRC Activation Checklist [FRC-DOC 002].</li> <li>Receive just in time training.</li> <li>Review this document and documents listed above.</li> </ul>	<ul> <li>Receive just in time training, if this is your first shift in the FRC.</li> <li>Review this document and documents listed above, if first time in this position.</li> <li>Receive hand off of active cases from previous shift.</li> </ul>

### **Interview/Information Gathering Process**

- 1. Receive Family Reception Center (FRC) Sign In Form [FRC-FORM 101] from Data Entry Position Staff.
- 2. Use Family Interview Log [FRC-FORM 204] to "check in" form.
- 3. Locate primary and/or secondary contact, as listed on sign in form, in FRC and bring them to Family Interview Area.
- 4. Tell family member(s) that you want to gather more information to help locate and/or identify their child/missing person

I am here to get more information about {patient's name} to help us locate him/her.





Currently we can't find him/her in the computer with just a name, age, and gender. The additional information will give us more information to better locate {patient name}.

- 5. Complete ALL sections of Family Member Interview Form [FRC-FORM 201].
- 6. Use Family Interview Log [FRC-FORM 204] to "check out" form.
- 7. Send Sign-In Form [FRC-FORM 101] and Family Member Interview Form [FRC-FORM 201] to patient match staff positions.

# **General Duties**

- Maintain confidentiality and proper documentation.
- Request assistance with interpretation and psychosocial support as needed.
- Report equipment and supply needs to your Team Lead.
- Advise your Team Lead immediately of any operational issues you are not able to correct or resolve.

# **End of Shift Duties / Demobilization Duties**

<ul> <li>Brief Team Lead on current problems, outstanding issues, and follow-up requirement.</li> </ul>	
FRC operations is continuing	FRC is being closed
<ul> <li>Hand off active cases to staff on the next shift.</li> <li>Submit all documentation to your Team Lead.</li> </ul>	<ul> <li>Ensure return/retrieval of equipment and supplies.</li> <li>Submit all documentation to your Team Lead.</li> </ul>

# Data Entry Position Checklist [FRC-JAS 202]

**Report to:** Family Interview and Reunification Team Lead

**Documents:** Data Entry Position Checklist [FRC-JAS 202]

Family Reception Center (FRC) Sign In Form [FRC-FORM 101]

Data Entry Log [FRC-FORM 203]

FRC Activation Checklist [FRC-DOC 002]
FRC Just-in-Time Training [FRC-TRN 001]

Supplies: Pen

Computer/Phone

Recommended skill: Epic

## **Beginning of Shift Duties**

• Receive notice to report to FRC for Data Entry Position.

- Contact your usual supervisor about FRC assignment.
- Receive incident briefing.

During FRC initial setup	During ongoing FRC initial operations
<ul> <li>Set-up FRC as directed by Team Lead using FRC Activation Checklist [FRC-DOC 002].</li> <li>Receive just in time training.</li> <li>Review this document and documents listed above.</li> </ul>	<ul> <li>Receive just in time training, if this is your first shift in the FRC.</li> <li>Review this document and documents listed above, if first time in this position.</li> </ul>

#### .

## **Process for Family Reception Center Sign-In Forms**

- 1. Receive Family Reception Center (FRC) Sign In Form [FRC-FORM 101] for Check-in Desk.
  - a. Use Runner to retrieve or go to Check-in Desk to pick up forms.
- 2. Use Data Entry Log [FRC-FORM 203] to check in form.
- 3. Use EPIC or other patient list in a staff only area to look for patient status.
  - If Patient found in EPIC and is ALIVE.
  - b. If Patient found in EPIC and is DECEASED.
  - c. If Not Found in EPIC.

## NOT currently found in EPIC

- Use Data Entry Log check out form, record results, and where it will be sent.
- Send Sign-In Form to Family Interview Position Staff.

### Found in EPIC but DECEASED

- Immediately contact Family ID/Reunification Team Lead and FRC Unit Lead.
- Hand-off case to your Team Lead/FRC Unit Lead.
- Use Data Entry Log check out form, record results, and where it was sent.

### Found at TCH and ALIVE

- Add information about patient location.
- Use Data Entry Log check out form, record results, and where it will be sent.
- Send Sign-In Form to Reunification Position Staff.

# **General Duties**

- Check with Family Interview and Reunification Team Lead about other assignment areas.
- Maintain confidentiality during FRC process.
- Familiarize self with process you are assisting with and coordinate with team members.
- Assist in the completion of logs and documentation.
- Submit all documentation to your Team Lead.
- Complete Family Member Interview Form electronically or manually while other FRC staff is interviewing family member.

# **End of Shift Duties/Demobilization Duties**

- Ensure return/retrieval of equipment and supplies.
- Brief team lead on current problems, outstanding issues, and follow-up requirements.

# Patient Match Position Checklist [FRC-JAS 203]

**Report to**: FRC Patient ID and Reunification Team Lead

**Documents:** Patient Match Position Checklist [FRC-JAS 203]

Family Reception Center Sign in Form [FRC-FRC 101]
Family Member Interview Form [FRC-FORM 201]
Patient Identification Tracking Form [FRC-FORM 202]

Patient Match Log [FRC-FORM 205] FRC Activation Checklist [FRC-DOC 002] FRC Just-in-Time Training [FRC-TRN 001]

Supplies: Pen

Computer/Phone

### **Beginning of Shift Duties**

• Receive notice to report to FRC for Patient Match Position.

Contact your usual supervisor about FRC assignment.

• Receive incident briefing.

During initial FRC setup	During ongoing FRC operations
<ul> <li>Set-up FRC as directed by Team Lead using FRC Activation Checklist [FRC-DOC 002].</li> <li>Receive just in time training.</li> <li>Review this document and documents listed above.</li> </ul>	<ul> <li>Receive just in time training, if this is your first shift in the FRC.</li> <li>Review this document and documents listed above, if first time in this position.</li> </ul>

#### **Patient Match Process**

1. Receive information and forms for Patient Match process including:

Name	Source	Contents
FRC Sign in Form [FRC-FORM101]	Family /friends looking for loved ones	Patient name, age, gender Only
Family Member Interview Form [FRC-FORM 201]	Family /friends looking for loved ones	Patient identifiers, caregiver information
Patient Identification Tracking Form [FRC-FORM 202]	Patient care staff needing to identify or reunify patient (i.e. staff with the patient)	Patient identifiers, caregiver information
EPIC	TCH Electronic Medical Record	Some patient demographics
EMTrack	A regional patient tracking system used in emergencies	Patient identifiers

- 2. Use Patient Match Log [FRC-FORM 205] to check in all forms received
- 3. Compare available information to find possible matches
- 4. If one of these three combination of identifiers all match, there is a possible match:
  - a. One unique identifier, such as a specific tattoo or distinct scar, or recent photo.
  - b. One strong identifier such as distinct physical feature plus one broad identifier such as gender or approximate age.
  - c. At least three broad identifiers that could include, but are not limited to: gender, ethnicity, approximate age, hair style or color.

- 5. Is there a match for one of the three combinations?
  - a. If yes, possible match is found.
  - ■b. If no, possible match is not found.

### Possible match - Not found

- Continue to re-check periodically.
- Contact your Team Lead about searching at other locations or alternative sources of information.

information.		
Match Found	Found other location	Not found
Move to next section  – Patient found.	<ul> <li>Use Patient Match Log to check out form and record outcome.</li> <li>Send information about other location to Reunification Position Staff.</li> </ul>	<ul> <li>Use Patient Match Log to check out form and record outcome.</li> <li>Send information about case with referrals on where family can continue to search to Reunification Position Staff.</li> </ul>
Possible match found  • Check EPIC, if p	patient is alive or deceased.	
If /	Alive	If Deceased
location. • Log out form P [FRC-FORM 20. form will be se	atient Match Log 5] and note where nt. on to Reunification	Immediately contact Family ID/Reunification Team Lead/FRC Unit Lead. Handoff case to Team Lead/FRC Unit Lead. Log out form Patient Match Log [FRC-FORM 205] and note where form was sent.

### **General Duties**

- Maintain confidentiality and proper documentation.
- Notify your Team Lead/FRC Unit Lead in case of deceased patient.
- Report equipment and supply needs to your Team Lead.
- Advise your Team Lead immediately of any operational issues you are not able to correct or resolve.
- Submit all documentation to your Team Lead.

# **End of Shift Duties/ Demobilization Duties**

- Submit all documentation to your Team Lead.
- Brief Team Lead on current problems, outstanding issues, and follow-up requirements.
- Ensure return/retrieval of equipment and supplies.

# **Reunification Position Checklist [FRC-JAS 204]**

**Report to**: FRC Family Interview and Reunification Team Lead

**Documents:** Reunification Position Checklist [FRC-JAS 204]

Family Reception Center Sign in Form [FRC-FRC 101]

FRC Activation Checklist [FRC-DOC 002]
FRC Just-in-Time Training [FRC-TRN 001]
Reunification Log [FRC-FORM 206]

Patient Identification Tracking Form [FRC-FORM 202] Family Member Interview Form [FRC-FORM 201]

Supplies: Pen

Computer/Phone

## **Beginning of Shift Duties**

- Receive notice to report to FRC for Reunification Positions.
- Contact your usual supervisor about FRC assignment.

Receive incident briefing.

During initial FRC setup	During ongoing FRC operations
<ul> <li>Set-up FRC as directed by Team Lead using FRC Activation Checklist [FRC-DOC 002].</li> <li>Receive just in time training.</li> <li>Review this document and documents listed above.</li> </ul>	<ul> <li>Receive just in time training, if this is your first shift in the FRC.</li> <li>Review this document and documents listed above, if first time in this position.</li> </ul>

### **Reunification Process**

- 1. Receive case/forms with information to reunify patients and families from:
  - a. Data Entry Position Staff/Process
  - b. Patient Match Position Staff/Process
- 2. Use Reunification Log [FRC-FORM 206] to check in form/case.
- 3. Determine if you need to ask questions about guardianship and custody.

## Only Family Reception Center Sign in Form

Patient Identification or Family

Locate caregiver/guardian or

family member and bring to

Reunification Area in FRC.

- Get a copy of Family Member Interview Form [FRC-FORM 201] to ask guardianship/custody questions.
- Locate caregiver/guardian or family member and bring to Reunification Area.
- Complete section A and B of this form. Use section F for a second guardian.
- 4. Confirm patient identity and/or relationship by asking if family member has photo of patient that matches patient or use the following alternatives:
  - a. School officials/record.
  - b. Family accurately describing patient.
  - c. Family correctly pick patient photo out of group.
  - d. Other information sources.

## If identity/relationship is verified

If identity/relationship is NOT verified

Go to next step.

Send information to Patient Match Process.

- 5. Verify legal guardianship.
  - a. If family member is not the guardian and guardian is not available, skip verification.
  - b. If this is caregiver/guardian, go to next step.

# To verify legal guardianship,

- Use information gathered from:
  - Family Member Interview Form [FRC-FORM 201] Section B, F, G.
  - o Patient Identification Tracking Form [FRC-FORM 202] Section D, E, F, G.

# If legal guardian

# If not legal guardian

Go to next step.

- If custody issues, contact your team lead.
- If incorrect identity, send back to Patient Match.
- 6. Check with medical staff for appropriateness and medical condition before reunification.

## Yes, appropriate time to reunify

### No, not appropriate time

- Assess and engage psychosocial support staff as needed.
- Escort parent to Reunification.
- Be liaison for clinical staff/ handoff.
- Use Reunification Log check out form and to record case outcome.
- Determine messaging for family use Team Lead as resource.
- Assess and engage Psychosocial Support staff as needed.
- Continue to monitor situation to reunite family as soon as possible.

### If notifying family – "Patient At Other Location" or "Patient Not Found"

- Receive request/forms with information that patient is at other location or not found.
- Use Reunification Log to check in form/case.
- Locate caregiver/guardian or family member and bring to Reunification Area.
- Assess and engage Psychosocial Support staff as needed.
- Give family information about other location or referral for additional places to search sent by patient match.
- Use Reunification Log check out form and to record case outcome.

### **General Duties**

- Maintain confidentiality and proper documentation.
- Use your assessment and judgement to determine by signals that reunification should not occur such as custody issues, abuse, neglect, unsafe living conditions.
- Coordinate reunifications with patient using Psychosocial Support as needed.
- Maintain log of all forms given to team and the disposition of those cases.
- Request assistance with interpretation as needed.
- Report equipment and supply needs to your Team Lead.
- Immediately contact your Team Lead/FRC Unit Lead if patient is deceased.
- Advise your Team Lead immediately of any operational issues you are not able to correct or resolve.

### **End of Shift Duties / Demobilization Duties**

- Submit all documentation to your Team Lead.
- Ensure return/retrieval of equipment and supplies.
- Brief Team Lead on current problems, outstanding issues, and follow-up requirements.

# **Runner Position Checklist [FRC-JAS 205]**

**Report to**: FRC Family Interview and Reunification Team Lead

**Documents:** Runner Position Checklist [FRC-JAS 205]

FRC Activation Checklist [FRC-DOC 002]
FRC Just-in-Time Training [FRC-TRN 001]

Supplies: N/A

### **Beginning of Shift Duties**

- Receive notice to report to FRC for Runner Position.
- Contact your usual supervisor about FRC assignment.

• Receive incident briefing.

During initial FRC setup	During ongoing FRC operations
<ul> <li>Set-up FRC as directed by Team Lead using FRC Activation Checklist [FRC-DOC 002].</li> <li>Receive just in time training.</li> <li>Review this document and documents listed above.</li> </ul>	<ul> <li>Receive just in time training, if this is your first shift in the FRC.</li> <li>Review this document and documents listed above, if first time in this position.</li> </ul>

# **General Duties**

- Check with FRC Family Interview and Reunification Team Lead about specific assignment areas/locations.
- Maintain confidentiality and proper documentation during FRC processes.
- Assists Family Interview and Family Reunification Team in patient identification and family reunification process by:
  - Send and receiving information between FRC to patient care areas.
  - o Transferring paper documents between FRC and patient care areas.
  - Takes and transfers digital photo.
  - Visit patient care areas to gather information directly from staff.
- Report equipment and supply needs to your Team Lead.
- Assist with other FRC teams and processes as needed.
- Advise your Team Lead immediately of any operational issues you are not able to correct or resolve.

### **End of Shift Duties / Demobilization Duties**

- Ensure return/retrieval of equipment and supplies.
- Brief Team Lead on current problems, outstanding issues, and follow-up requirements.

# FRC Psychosocial Care Team Lead Checklist [FRC-JAS 300]

Mission: Manage Psychosocial Care Team and assists the FRC Unit Lead and other Team

Lead in monitoring the psychosocial well-being of FRC staff during operations.

Reports to: FRC Unit Leader

**Supervises:** Psychosocial Care Position [FRC-JAS 301]

**Liaison to:** EAP Representative (Tandem Team)

**Documents:** FRC Activation Checklist [FRC-DOC 002]

FRC Just-in-Time Training [FRC-TRN 001]

Psychosocial Care Position Checklist [FRC-JAS 301]

**Supplies:** Determined by team members/individual departments

Requirements: Social Worker, Chaplain, Clinical Child Life Specialist

## **Beginning of Shift Duties**

Receive notification from FRC Unit Leader about event and assignment.

• Notify your usual supervisor of your FRC assignment.

If this is initial FRC setup, go to Activation Duties.

• If this is after the initial set-up of FRC operations, go to Handoff/Shift Change.

### **Activation Duties**

Review this document and documents listed above.

Notify/inform Psychosocial Care Team members about their assignments and shifts.

• Use the FRC Activation Checklist [FRC-DOC 002] to coordinate:

Setting up counseling/spiritual care spaces.

Gathering any additional psychosocial resources.

Utilize team member(s) to complete activation checklist as they arrive.

Brief team members on incident and complete just-in-time training for team members.

### Handoff/Shift Changes

- Receive briefing from previous shift FRC Psychosocial Care Team Lead about FRC status and previous shift activities.
- Brief team members on incident and complete just-in-time training for new team members.
- Set priorities of issues to address during shift.

### **During Shift Duties**

### **Operations**

- Oversees management of the Psychosocial Care Team by ensuring:
  - o Patient/client information is kept confidential.
  - Appropriate behavioral health standards of care are being followed.
  - Psychosocial staff are providing support and resources for behavioral health, recovery, and psycho-education to children and families.
- Provide behavioral health care supervision, including monitoring quality of care, document completion, and safety practices.
- Meet regularly with the psychosocial team members in the FRC Unit.
- Provide behavioral health guidance and recommendations to the FRC Unit Leader.
- Advise the FRC Unit Leader immediately of any operational issue you are not able to correct or resolve.

### Communication/Documentation

- Document any actions and decisions. Send to the FRC Unit Lead at assigned intervals and as needed.
- Provide periodic updates and maintain communications with the FRC Unit Lead.

### Staffing /Supplies

- Report equipment and supply needs to FRC Unit Leader.
- Ensure staff health and safety issues are being addressed; resolve with the FRC Unit Lead and Employee Health when appropriate.
- Assist FRC Unit Lead in observing all FRC staff for signs of stress and inappropriate behavior by:
  - o Reporting concerns to FRC Unit Lead.
  - o Responding to reports or concerns from other staff and Team Leads.
  - Utilizing EAP Liaison, and/or Tandem Team as resources to observe and intervene with staff.
- Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.
- Assess staffing levels, combine, or deactivate positions in a phased manner, in coordination with the FRC Unit Lead, and return staff to normal jobs as need for FRC decreases.

# **End of Shift Duties / Demobilization Duties**

- If this is a shift change and FRC is still operational, go to *Handoff/Shift Change*.
- If FRC is demobilizing/closing, go to Demobilization Duties.

## Handoff/Shift Change

- Ensure any documentation is submitted to FRC Unit Lead.
- Brief your replacement and the FRC Unit Lead on status of all ongoing operations, current problems, outstanding issues, and follow-up requirements.

### **Demobilization duties**

- Brief the FRC Unit Lead about current problems, outstanding issues, and follow-up requirements.
- Ensure all documentation is submitted.
- Ensure return/retrieval of equipment and supplies.
- Submit comments to FRC Unit Lead for discussion and possible inclusion in after-action report. Comments should include:
  - o Review of pertinent position descriptions and operational checklists.
  - o Procedures for recommended changes.
  - Section accomplishments and issues.
- Participate in stress management and after-action debriefings.
- Send message to all FRC Psychosocial Team staff encouraging participation in stress management and after-action debriefings.

# Psychosocial Care Position Checklist [FRC-JAS 301]

FRC Psychosocial Care Team Lead Reports to:

FRC Activation Checklist [FRC-DOC 002] **Documents:** 

Psychosocial Care Position Checklist [FRC-JAS 301]

FRC Just-in-Time Training [FRC-TRN 001]

Supplies: Determined by team members/individual departments

**Requirements:** Social Worker, Chaplain, Clinical Child Life Specialist

## **Beginning of Shift Duties**

Receive notice to report to FRC for Psychosocial Care Position.

- Contact your usual supervisor about FRC assignment.
- Receive incident briefing.

During initial FRC setup	During ongoing FRC operations
<ul> <li>Set-up FRC as directed by Team Lead using FRC Activation Checklist [FRC-DOC 002].</li> <li>Receive just in time training.</li> <li>Review this document and documents listed above.</li> <li>Gather any additional psychosocial or other resources as needed.</li> </ul>	<ul> <li>Receive just in time training, if this is your first shift in the FRC.</li> <li>Review this document and documents listed above, if first time in this position.</li> <li>Receive hand off of active cases from Psychosocial Care Position staff from previous shift and get introduction to family when possible.</li> </ul>

### **General Duties**

- Provide assistance/interventions within scope of service.
- Meet with family members to determine family support and behavioral health needs.
- Be alert to family members with disabilities, mobility, and other functional needs.
- Provide psychological first aid.
- Provide resources for behavioral health and recovery.
- Provide psychosocial education to children and families.
- Provide referrals to other FRC Psychosocial Care Team members, FRC staff, TCH departments, and external agencies for support services as required.
- Ensure patient and family information is kept confidential.
- Advise your Team Lead immediately of any operational issues you are not able to correct or resolve.
- Report equipment and supply needs to your Team Lead.

## **End of Shift Duties /Demobilization Duties**

FRC operations is continuing	FRC is being closed
<ul> <li>Hand off active cases to Psychosocial Care Position staff on the next shift and introduce to family when possible.</li> </ul>	<ul> <li>Ensure return/retrieval of equipment and supplies.</li> </ul>

# Child Care Team Lead Checklist [FRC-JAS 400]

Mission: To ensure that the Child Care Area and Pediatric Safe Area are properly staffed

and stocked for implementation during an FRC.

**Reports to**: FRC Unit Leader

**Supervises:** Child Care Position

**Liaison to:** Food and Nutrition

**Documents:** FRC Activation Checklist [FRC-DOC 002]

FRC Just-in-Time Training [FRC-TRN 001]

Child Care and Pediatric Safe Area Sign in Sheet [FRC-FORM 401] FRC PSA and Child Care Area Supplemental Information [FRC DOC-401]

Child Care Center Check-in Form [FRC-FORM 402]

Child Care Position Checklist [FRC-JAS 401]

**Supplies:** Use FRC Child Care Area Supply List

### **Beginning of Shift Duties**

Receive notification from FRC Unit Lead about event and assignment.

• Notify your usual supervisor of your FRC assignment.

o If this is initial FRC setup, go to *Activation Duties*.

If this is after the initial set-up of FRC operations, go to Handoff/Shift Change.

### **Activation Duties**

- Ask FRC Unit Lead if Unaccompanied Minor/Pediatric Safe Area is needed.
- Review this document and all documents listed above.
- Notify/inform Child Care Team members about assignments and shift.
- Use the FRC Activation Checklist [FRC-DOC 002] to coordinate:
  - Set up Child Care Areas.
    - Child Care Center for children of FRC visitors.
    - Pediatric Safe Area for unaccompanied minors (if needed).
  - Gather additional age-appropriate supplies and set up Child Care checkin area.
- Utilize team member(s) to complete activation checklist tasks as they arrive.
- Call Food Service with initial snack and drink orders for FRC (Child Care
   Area/Hospitality Area) Ask Reception/Hospitality Team for any changes to initial
   hospitality order before calling (FRC Unit Lead is liaison after initial order).
- Brief team members on incident and complete just in time training for team member.
- Contact FRC Unit Lead when activation plan is complete.

### Handoff/Shift Change

- Receive briefing from previous shift FRC Child Care Team Lead about FRC status and previous shift activities.
- Set priorities of issues to address during shift.
- Brief team members on incident and complete just in time training for new team members.
- Check on supply needs from previous shift Team Lead. Prepare any order for food and nutrition for FRC and request other needs.

### **During Shift Duties**

### Operations

- Oversee the management of the FRC child care areas.
- Ensure appropriate procedures are followed and that security is in place to safeguard children. Communicate with Security to ensure safety of children and Child Care Area.
- Monitor the check-in and release processes for safety and security.
- Initiate the identification/reunification process for any unaccompanied minor found in the FRC with the Family Interview and Reunification Team.
- Advise the FRC Unit Leader immediately of any operational issues you are not able to correct or resolve.

# Communication/Documentation

- Keeps all check-ins logs and forms.
- Keeps a list of all unaccompanied minors and their disposition.
- Provides periodic updates and maintains communication with the FRC Unit Lead.
- Plans for or prepares age-appropriate informational sessions for the pediatric persons in the Child Care Areas as needed and to be led by Child Life Specialist.
- Documents actions and decisions and sends to the FRC Unit Lead at assigned intervals and as needed.

## Staff/Supplies

- Float team members between positions as needed to handle high demand.
- Ensure staff health and safety issues are being addressed by:
  - Providing for staff rest periods and relief.
  - Observing and responding to reports of staff stress and inappropriate behavior.
  - Reporting and resolving concerns with FRC Unit Lead, FRC Psychosocial Lead, EAP Liaison, and/or Employee Health as appropriate.
- Determine if there will be any additional needs required for this event (volunteers, staff, security, and equipment) make arrangements for sleeping/meals if needed.
- Report equipment and supply needs to appropriate leader if you cannot address.
- Ensure you and your team's physical readiness through proper nutrition, water intake, rest, and stress management techniques.
- As need for the FRC and FRC Child Care Area decreases, return staff to their normal jobs and combine or deactivate positions in a phased manner, in coordination with the FRC Unit Lead.

### **End of Shift Duties / Demobilization Duties**

- If this is a shift change and the FRC is still operational, go to *Handoff/Shift Change*.
- If FRC is demobilizing/closing, go to <u>Demobilization Duties</u>.

## Handoff/Shift Change

- Brief your replacement and the FRC Unit Lead on status of all ongoing operations, current problems, outstanding issues, and follow-up requirements.
- Ensure any documentation is submitted to FRC Unit Lead.

### **Demobilization duties**

- Brief the FRC Unit Lead on current problems, outstanding issues, and follow-up requirements.
- Ensure all documentation is submitted.

- Ensure return/retrieval of equipment and supplies.
- Submit comments to FRC Unit Lead for discussion and possible inclusion in after-action report. Comments should include:
  - o Review of pertinent position descriptions and operational checklists.
  - o Procedures for recommended changes.
  - Section accomplishments and issues.
- Participate in stress management and after-action debriefings.
- Send message to all FRC Child Care staff encouraging participation in stress management and after-action debriefings.

# Child Care Position Checklist [FRC-JAS 401]

FRC Child Care Team Lead Reports to:

FRC Activation Checklist [FRC-DOC 002] **Documents:** 

FRC Just-in-Time Training [FRC-TRN 001]

Child Care and Pediatric Safe Area Sign-in Sheet [FRC-FORM 401] FRC PSA and Child Care Area Supplemental Information [FRC-DOC 401]

Child Care Position Checklist [FRC-JAS 401]

Supplies: Use FRC Child Care Area Supply List

### **Beginning of Shift Duties**

- Receive notice to report to FRC for Child Care Position.
- Contact your usual supervisor about FRC assignment.

<ul> <li>Receive incident briefing.</li> </ul>	
During initial FRC setup	During ongoing FRC operations
<ul> <li>Set-up FRC as directed by team lead using FRC Activation Checklist [FRC-DOC 002].</li> <li>Gather supplies on FRC Child Care Supply List.</li> <li>Receive just in time training.</li> <li>Review this document and documents listed above.</li> </ul>	<ul> <li>Receive just in time training, if this is your first shift in the FRC.</li> <li>Review this document and documents listed above, if first time in this position.</li> <li>Review handoff information about current children in Child Care Area from previous shift.</li> </ul>

# **Child Care Area Check-in Process**

- 1. Is child unaccompanied minor?
  - a. If yes, then complete the *Unaccompanied Minor Pediatric Safe Area Process*.
    - If no, then complete the *Child Care Area Check-in Process*.

### Child Care Area Check-in Process

- Ask caregiver to complete one "Child Care Check-in Form" for each child.
- Log each child on Child Care Check-in Log if multiple children each child has a separate entry.
- Give a wristband to caregiver and child write same code number on each wristband – use code number from check-in.
- Check-in complete child enters Child Care Area.

### Unaccompanied Minor – Pediatric Safe Area Check-in Process

- Take minor to Pediatric Safe Area (Unaccompanied Child Area) if operational. If not, take minor to Child Care Area.
- Complete a patient identification tracking form on child.
- Log each child on Child Care Check-in Log.
- Write log number and FRC PSA for MRN on patient identification tracking form.
- Write log number on wristband and put on child.
- Take picture of child.
- Send patient identification tracking form and photo to patient match process.

### **General Duties**

- Monitor needs of children in child care areas:
  - o Child Care Area is for children of FRC visitors only.
  - Pediatric Safe Area is for minors under the 18 who arrive at TCH without a supervising adult and don't need medical treatment/or have completed medical treatment and have been released.
- Assist with age appropriate activities and/or entertainment.
- Report equipment and supply needs to your Team Lead including resources such as food, water, age-appropriate activities, sleeping needs, diapers, etc.
- Advise your Team Lead immediately of any operational issues you are not able to correct or resolve.

### **Child Care Area Release Process**

- 1. Was child checked-in by family member in the Child Care Area?
  - a. If yes, then complete Child Care Area Release Process.
  - b. If no, then complete *Unaccompanied Minor Release Process*.

### Child Care Area Release Process

- You may release child only to:
  - Same person who completed check-in form if he/she has wristband with matching code number or photo ID
  - Alternate person listed on the child care area check-in form with a photo ID

### Unaccompanied Minor Release Process

 In most cases, Reunification Position staff will bring a family member to sign out child. If family member is not with Reunification Position staff, contact Family Interview and Reunification Lead to verify family member's identity.

### What to do when

Be alert for the following situations; take appropriate action or obtain additional assistance:

Situation	Action
Medical emergency	Contact Code Team
Non-emergency medical issues	Contact Team Lead or PSA Child Care RN
Explaining/giving information about event	Use a Clinical Child Life Specialist who is part of Child Care Team
Children needing psychosocial support (i.e. anxious, withdrawn, angry, etc.)	Contact Child Life Specialist from Psychosocial Care Team
Missing child	Immediately contact Security and Team Lead

### **End of Shift Duties / Demobilization Duties**

• Brief Team Lead on current problems, outstanding issues, and follow-up requirements.

FRC operations is continuing		FRC is being closed	
•	Hand off information about current children	<ul> <li>Submit all documentation to your Team</li> </ul>	
	in Child Care Area to incoming shift.	Lead.	
•	Submit all documentation to your Team	<ul> <li>Ensure return/retrieval of equipment and</li> </ul>	
	Lead.	supplies	

# Call Center Lead Checklist [FRC-JAS 500]

**Mission:** Organize and manage a FRC call center, including personnel, equipment, and supplies.

**Report to**: FRC Unit Leader **Supervises:** Call Center Position

Liaison to: Communication Center /Page Operators

Documents: FRC Activation Checklist [FRC-DOC 002]

Call Center Lead Checklist [FRC-JAS 500]

Call Center Lead Checklist [FRC-JAS 500]
Call Center Position Checklist [FRC-JAS 501]
FRC Just-in-Time Training [FRC-TRN 001]

Supplies: Pen

Computer/Phone

# **Beginning of Shift Duties**

- Receive notification from FRC Unit Leader about event and assignment.
- Notify your usual supervisor of your FRC assignment.
  - If this is initial FRC setup, go to Activation Duties.
  - If this is after ongoing FRC operations, go to *Handoff/Shift Change*.

#### **Activation Duties**

- Notify/inform team members about assignments and shifts.
- Review this document and documents listed above.
- Use the FRC Activation Checklist [FRC-DOC 002] to coordinate set up of the call center
- Utilize team member(s) to complete activation checklist tasks as they arrive.
- Get WOW from IS and pre-programmed phones if available or verify IS has set-up phones, computers, and other equipment.
- Brief team members on incident and complete just-in-time training
- Notify your Communication Center/Page operator when call center is ready and calls can be forwarded.
- Document all key activities, actions, and decisions in an Operational Log.
- Contact FRC Unit Leader when activation plan complete.

### Handoff/Shift Changes

- Receive briefing from previous shift FRC Call Center Lead Team Lead about FRC status and previous shift activities.
- Brief incoming team members on incident and complete just-in-time training for new team members.
- Set priorities of issues to address during shift.

### **During Shift Duties**

### **Operations**

- Coordinate the processes of Call Center Team.
- Ensure Call Center staff is using scripting appropriately.
- Update Call Center script with new information as necessary.
- Ensure that appropriate information and/or referrals are being provided to family members.
- Ensure that staff follow procedure to maintaining patient privacy and confidentiality.
- Assist staff in troubleshooting issues and barriers.
- Advise the FRC Unit Leader immediately of any operational issues you are not able to correct or resolve.

#### Communication and Documentation

- Keep and file all paperwork and logs.
- Document actions and decisions and send to the FRC Unit Leader at assigned intervals and as needed.
- Provide periodic updates and maintain communications with the FRC Unit Lead.

### Staffing and Supplies

- Float team members between positions as needed to handle high demand.
- Report equipment and supply needs to appropriate leader document all equipment and/or supply requests from other departments.
- Ensure staff health and safety issues are being addressed by:
  - Providing staff rest periods and relief.
  - Observing and responding to reports of staff stress and inappropriate behavior.
  - o Reporting and resolving concerns with FRC Unit Lead, FRC Psychosocial Lead, EAP Liaison, and/or Employee Health as appropriate.
- Ensure you and your team's physical readiness through proper nutrition, water intake, rest, and stress management techniques.
- As need for the FRC decreases, return staff to their normal jobs and combine or deactivate positions in a phased manner, in coordination with the FRC Unit Lead.

### **End of Shift Duties / Demobilization Duties**

- If this is a shift change/FRC is still operational, *Handoff/Shift Change*.
- If FRC demobilizing/closing, go to *Demobilization Duties*.

## Handoff/Shift Change

- Brief your replacement and FRC Unit Lead on the status of all ongoing operations, issues, and other relevant incident information.
- Ensure all FRC documentation and records from shift are completed correctly and collected.

#### **Demobilization Duties**

- Coordinate with Communication Center /page operator when forwarding of calls will end.
- Brief the FRC Unit Leader on current problems, outstanding issues, and follow-up requirements.
- Ensure all documentation is submitted to FRC Unit Lead.
- Ensure return/retrieval of equipment and supplies.
- Submit comments to FRC Unit Leader for discussion and possible inclusion in after-action report.
   Comments should include:
  - Review of pertinent position descriptions and operational checklists.
  - Procedures for recommended changes.
  - Section accomplishments and issues.
- Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.
- Send message to all FRC psychosocial team staff encouraging participation in stress management and after-action debriefings.

# Call Center Position [FRC-JAS 501]

Report to: Call Center Team Lead

**Documents:** FRC Activation Checklist [FRC-DOC 002]

Call Center Position Checklist [FRC-JAS 501] FRC Just-in-Time Training [FRC-TRN 001]

**Supplies:** Pen, Paper

Computer with EPIC

Phone

## **Beginning of Shift Duties**

- Receive notice to report to FRC for Call Center Position.
- Contact your usual supervisor about FRC assignment.
- Receive incident briefing.

## During FRC initial setup

## During ongoing FRC initial operations

- Set-up FRC as directed by team lead using FRC Activation Checklist [FRC-DOC 002].
- Receive just in time training.
- Review this document and documents listed above.
- Receive just in time training, if this is your first shift in the FRC.
- Review this document and documents listed above, if first time in this position.

### **During Shift Duties**

### **General Phone Process**

- Follow the scripting for calls found on the back of this page
- If the caller is a family member/close friend looking for a patient, you may look for the patient in EPIC. Re-direct all other callers as appropriate.
- When a family/friend requests information about a patient, you should:
  - Use good judgement to determine if you are speaking with a family member/friend.
  - Only search for a patient if the caller asks for the patient specifically by name.
  - Do ask if patient has a nickname or another name that he or she is known by to use in your search.
  - Do NOT give any information about patients who are flagged "no information" or private patient.
- If you find a patient name, **NEVER** state that you found the patient. State **ONLY** that you found a patient with that name.
- Answer all calls -

Texas Children's Hospital's (Name of incident) call center. How may I help you?

## **End of Shift Duties / Demobilization Duties**

Brief your Team Lead on current problems, outstanding issues, and follow-up requirement.

## FRC operations is continuing

### FRC is being closed

- Hand off active cases to staff on the next shift.
- Submit all documentation to your team lead.
- Ensure return/retrieval of equipment and supplies.
- Submit all documentation to your team lead.

# **Scripting for Calls**

Situation	Choice	Script
Family looking for patient	NOT found in EPIC or No Information Patient	Yes, I do show that we have a patient by that name here at Texas Children's Hospital. When you arrive, please check in at the [Feigin Center Lobby or xxx] and we will help you reunite with your loved one.  Unfortunately, I do not show any patient by that name here at Texas Children's Hospital right now. It takes some time for us to confirm patient identity. You may come here to Texas Children's Hospital and we have staff who can assist you in locating your loved one. When you arrive, please check in at the [Feigin Center Lobby or xxx]
		(If caller wants a call back, go to call back script below.)
	NOT found in EPIC and a community-based Family Assistance Center is open (Usually 24 hours after large event)	Unfortunately, I do not show any patient by that name here at Texas Children's Hospital right now. The [City of Houston or xxx] has set up a Family Assistance Center at [location] with additional resources available to assist family members like yourself. This is the best resource for you right now. The address is [Address] / the telephone number is {xxx/xxx-xxxx}.
Family asks to be called when more information is available	Have capacity to call- back (Team Lead decision)	Yes, what is your phone number? We will also require proof of identity and relationship to patient before providing this information over the phone. Please fax your (driver's license, insurance card, or other document showing parent or guardian relationship) to xxx-xxx-xxxx.
	No capacity for call- backs (Team Lead decision)	I apologize but because of the overwhelming number of requests, I am unable to provide callbacks at this time. We are trying to speak with as many callers as we can to reunite family members. You may come to here to Texas Children's Hospital and we have staff who can assist you in locating your loved.
Requesting for information on patient condition	Family (who can't come to TCH)	I apologize but we require proof of identity and relationship to patient before providing this information over the phone. Please fax your (driver's license, insurance card, or other document showing parent or guardian relationship) to xxx-xxx-xxxx.
	Friend, Neighbor, Minister	Unfortunately, we are unable to provide this information over the phone. Please reach out to John Doe's family members.  (You may connect them with patient room if admitted inpatient.)
Law Enforcement, Fire Dept., Public Health Dept. or other involved with investigations		Yes, Officer XXX. I will connect you to Security.  (Then connect with Security at x-xxxx.)
Celebrity or Elected Official wanting to visit		Yes, Mr. /Ms. XXX. I will connect you to Public Relations.  Yes, Senator XXX, I will connect you to Government Relations.  (Then connect with Public Relations at x-xxxx.)
Media and/or Reporters		Yes, Mr. /Ms. XXX. I will connect you to Public Relations.  (Then connect with Public Relations at x-xxxx.)