Information & Notification Center/ Reunification (Annex/Appendix)

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Record of Change

The Director of Emergency Management (EM) is responsible for maintaining this (annex/appendix). This (annex/appendix) was developed to serve as a dynamic, living document. It will be updated on an on-going basis and will receive formal review every (enter timeframe).

Revision	Issue Date	Summary of Revisions

I. Purpose

The purpose of this Information and Notification (INC)/ Reunification Center (annex/appendix) is to ensure the informational, emotional, and practical needs of victims and survivors, families and the campus community are being addressed immediately following any incident such as a mass casualty incident (MCI) or a natural disaster. The INC serves as a critical component of the overall emergency response and assistance efforts, with a primary focus on providing information, support, and a centralized location for concerned friends and relatives. Its role is critical during the immediate aftermath when emotions are high, and clear, compassionate communication is essential to support those seeking information and reunification with their families. By providing clear guidelines for both internal and external collaborators, it enables an efficient response that addresses the injured and missing, as well as effective communication to concerned families and the wider community. Furthermore, the plan fosters a culture of preparedness, ensuring that the institution can swiftly recover, rebuild, and continue its educational mission in the face of adversity, demonstrating the commitment to safeguarding both lives and the continuity of learning.

While the plan outlines logistical and operational concepts focused on Emergency Operations Center (EOC) utilization, customization with more of a tactical focus is recommended for specific INC positions, including the development of standard operating procedures and position-specific checklists to meet institutional needs.

II. Scope

The type of incident is going to dictate who the overall lead agency will be to manage the INC/FAC operations. For a transportation-related incident, the National Transportation Safety Board (NTSB) will be the lead. For a federal incident, the Federal Investigation Bureau (FBI) will be the lead. For an incident that happens within a surrounding jurisdiction involving campus students, staff, or faculty being impacted, the local jurisdiction will take the lead. In any of these types of incidents, the campus INC staff will be in a supporting role and will need to integrate into the lead agency's operation, as requested. For this plan, it will focus on the situations where the campus is the lead agency for INC operations. The IHE must act in the best interest of victims and survivors and victims' families and treat victims and survivors and families with compassion and dignity. It's the right thing to do, there is legislative guidance, and it mitigates the impact on those affected. Additionally, the perceived quality of the victim, survivor, and family assistance response will affect the victims', families', and the general public's perception of the organization.

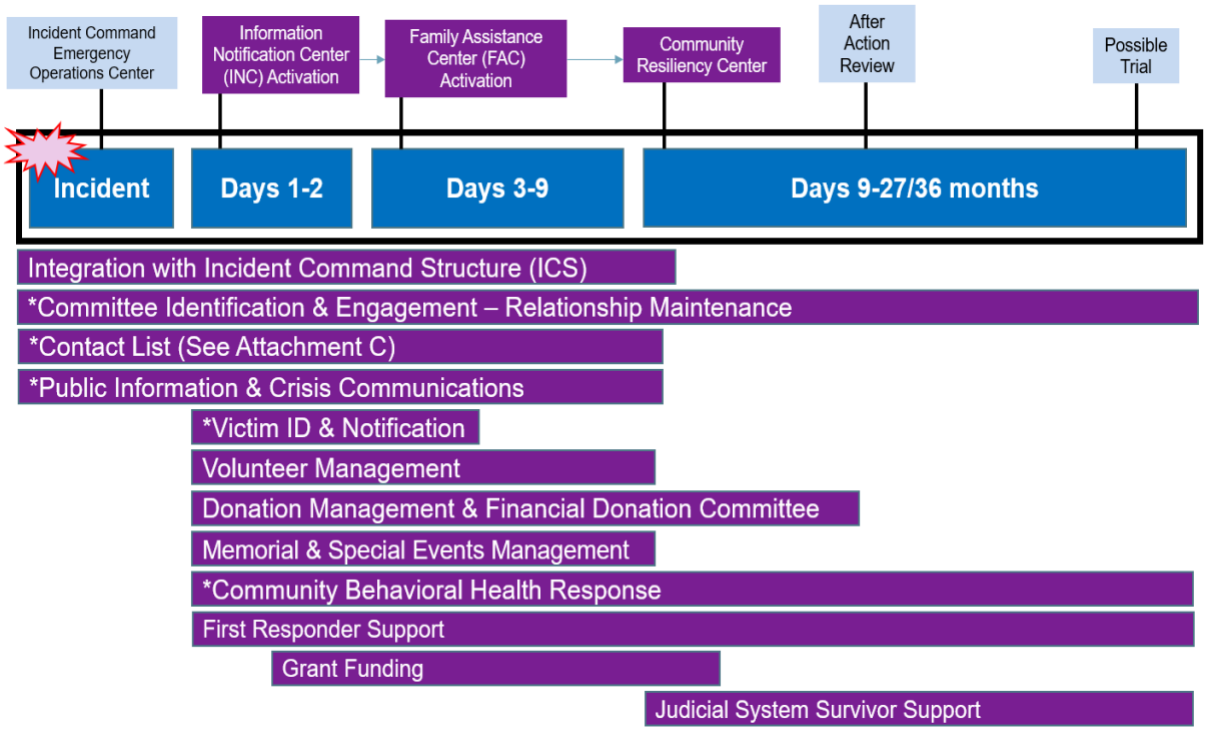
The scope of this (annex/appendix) is focused on addressing the immediate needs of victims and victims and survivors, families of the survivor, and the impacted campus community members during and after an MCI or any disaster that requires the activation of an INC. For the purposes of this document, the term *victim* describes those directly

impacted by suffering harm, injury, or loss as a direct result of the incident. The term *survivor* describes those that endured or lived through the incident and face emotional trauma or loss because of the incident. The term *family member* encompasses any number of relationships: a parent, a child, a sibling, a spouse, a partner or significant other, a stepchild, a fiancé, an ex-spouse, even a best friend. In this type of situation, family is used broadly.

This (annex/appendix) template is organized into 6 chapters with each chapter having two sections.

- Section 1 provides planning considerations that reflect standards and lessons learned from past responses. Questions the college or university needs to answer during the planning process are included. Planning conversations should be guided by the questions. Planning considerations should inform the college or universities what possible answers are to the questions.
- Section 2 is the written (annex/appendix) for the respective chapter. The (annex/appendix) incorporates the answers developed in Section 1 into a plan that establishes common language, responsibilities, and action steps for collaborator agencies during planning and response. From there, the verbiage can be copied into a new separate document to develop a campus specific Information and Notification / Reunification Center (annex/appendix). Alternatively, the information can be incorporated into the body of the existing EOP if that is consistent with the overall college or university plans.

The Support or Family Assistance Response Timeline shown below is included to assist institutions of higher education (IHEs) in understanding how key concepts of the response are related to each other in time, and which key concepts have operational tasks during the incident. This timeline accounts for the full list of the 16 Best Practices that were developed by the Improving Community Preparedness to Assist Victims of Mass Violence and Domestic Terrorism: Training and Technical Assistance (ICP TTA) program funded by the Office for Victims of Crime. This template, however, will only focus on those items marked by an asterisk. Keep in mind, that this timeline is just a guide. Response timelines will vary based on each unique event.


Incident Command Emergency Operations Center
Information Notification Center (INC) Activation
Family Assistance Center (FAC) Activation
Community Resiliency Center
After Action Review
Possible Trial
Incident
Days 1-2
Days 3-9
Days 9-27/36 months
Integration with Incident Command Structure (ICS)
*Committee Identification & Engagement – Relationship Maintenance
*Contact List (See Attachment C)
*Public Information & Crisis Communications
*Victim ID & Notification
Volunteer Management
Donation Management & Financial Donation Committee
Memorial & Special Events Management
*Community Behavioral Health Response
First Responder Support
Grant Funding
Judicial System Survivor Support

III. Committee Identification and Engagement

Section 1

Note: Many IHEs have a communications or a crisis core team plan as part of their all-hazards plan. If that plan is sufficient and the answers to questions 1-4 in the chart below are "yes," this section may simply refer to the relevant section in the all-hazards plan and can be removed.

Committee Identification and Engagement *Key collaborators who will meet regularly to conduct planning and coordination efforts. During an INC activation, this group will help support the INC operation and will be a good source for possible key leadership positions*.		
	Considerations	**Questions**
Planning Considerations	• Committees should include representatives from key Victim Services (VS) providers, government agencies, non-profit, faith- based and other community-based organizations. • Including key state and federal government officials (e.g., U. S. Attorney's Offices, FBI, consulates) and the state Victims of Crime Act (VOCA) administrators in planning and response will ensure comprehensive response if the event involves victims from multiple jurisdictions, states, or countries. • Consider developing a conflict resolution protocol to address and resolve the conflicts that may naturally arise among agencies and individuals during planning, response, and recovery.	1. What VS collaborator will provide coordination for the VS group - including gathering input from VS providers and assisting with plan development? 2. What agencies are currently involved in planning processes? Are there agencies/NGO/collaborators missing? 3. How will conflict between collaborators be managed? 4. Who will be responsible for facilitating resolution of conflict between collaborators using established protocols?
Services	• Committee members should collaboratively develop a plan for INC	5. Who is responsible for coordinating planning during steady state?

	operations. However, lead member(s) should be identified to coordinate efforts. • Develop a structure for conducting an initial meeting, ongoing meetings, and a debriefing.	6. When and how often does the committee meet?
Staffing	• Emergency management, first responders, communications, and victim and survivor services professionals should be represented. • Non-traditional agencies with identified survivor care responsibilities should be included. This includes, but is not limited to: victim advocates, district attorney representatives, VOADs, COADs, mental health professionals, spiritual care professionals, social services, and crisis resource centers. • Assigning a VS provider to work as co-chair of the committee alongside the Emergency Manager/Planner can ensure VS concerns are prioritized when needed. • Committee members may act in leadership roles during a response and should have the authority to perform the roles and responsibilities assigned under local ordinance. • At minimum, all new committee members should be provided a copy of this	7. What agencies will be represented on the planning committee? 8. If the committee chooses to have a VS co- chair to work alongside the campus Emergency Manager, what agency or person will serve in that role? 9. What onboarding will new committee members receive? 10. Who is responsible for maintaining a committee roster? How often will the roster be updated for accuracy?

	(annex/appendix) and be given information regarding their role and the development process to date should be provided and have Family/Victim Assistance and Psychological First Aid training.	
Activation	• Committee members help ensure coordinated, effective short- and long-term services for victims and survivors, families, and friends. This includes: • Organizing and coordinating survivor services response activities • Making or recommending key decisions • Providing critical information to incident command staff • Example criteria used to activate committee members includes: • size/scope of the incident • number of casualties/fatalities, • number of jurisdictions involved, and constituent welfare • An incident or pre-planned event that overwhelms the IHE's resources. • It is best practice for committee members to be a part of the existing ICS/EM Notification protocol used for call downs and assignments for their jurisdiction.	11. What criteria will be used to activate the committee during an actual incident? 12. Who is responsible for activating committee members in an actual incident? 13. How will committee members be notified to begin work during an actual incident? ○ Does EM/EOC use a notification system? ○ Can VS Steering Committee members be included in EM notification system call downs? 14. What are the responsibilities of the committee during an actual incident? 15. How will committee members be brought up to speed on the incident when beginning their work? 16. If a committee member is unavailable, do they have a backup that has delegated authority to represent their agency?

Location/ Material Resources	N/A	17. How will meetings be conducted during an actual incident? Virtually? In-person? 18. What technology and/or materials are needed by the committee during an actual incident? 19. Is there a meeting agenda template that can help provide the meeting facilitator with a foundation? (For example: agency report-outs, meeting objectives, etc.)
Communication	N/A	20. What communications will committee members receive during non-activation times and how often (e.g., notification drills, engagement activities to sustain awareness, etc.)?

Section 2 – Committee Identification and Engagement

3.1 In coordination with the local IHE emergency management planning committee, a victim services (VS) committee shall be established to conduct planning efforts and coordinate response efforts in the case of an incident requiring activation of an INC.

3.2 Steady State Planning. The VS committee will be led by (position(s)/agency(s)) and shall consist of the following member organizations.

Agency Name/ Primary Role	Agency POC Name/Title	Agency POC Phone Number and Email	Alternate POC	Alternate POC Phone Number and Email	Description/ Resources

3.2.1 The VS committee shall meet (monthly/quarterly/biannually).

3.2.2 Outside of meeting times, the VS committee shall maintain (insert types of communications) including (insert information included in communications) to maintain relationships with other committee members and remain up-to-date on INC operations for the IHE.

3.2.3 The VS committee roster will be maintained by (insert position/agency) and updated on a (monthly/quarterly/biannually) basis.

3.2.4 New VS committee members shall be provided a copy of the current INC/Reunification (annex/appendix) and complete recommended trainings (determine recommended training list). Additional onboarding requirements include (insert required onboarding activities).

3.2.5 In the case of conflict between committee members, (insert position/agency) shall be responsible for mediating the conflict using the following procedures (insert conflict mediation protocols).

3.3 Actual INC Response**.** Committee members could serve in leadership roles during a response and should have the authority to perform the roles and responsibilities assigned under local ordinances and/or agency directives.

3.3.1 Committee member responsibilities during an actual incident include:

3.3.1.1 Organizing and coordinating victim services response activities

3.3.1.2 Making or recommending key decisions

3.3.1.3 Providing critical information to incident command staff.

3.3.2 The VS planning committee shall be activated for any incident that requires activation of an INC and/or when (insert criteria used to determine activation).

3.3.2.1 (Insert agency/position) is responsible for activating committee members using

3.3.2.2 (insert system/protocol for activation) within 2 hours of an incident requiring activation of an INC.

3.3.3 When activated, committee members will participate in (insert activity to bring committee up to speed on the incident and their responsibilities) organized and led by (insert position/agency).

3.3.3.1 Meetings shall be conducted in an in-person/virtual setting.

3.3.3.2 Virtual meetings will be conducted using (insert platform) managed by (insert agency)

3.3.3.3 In-Person meetings will be held at (insert location).

3.3.3.4 The following technology and materials will be procured for committee member meetings during an actual incident. (Insert needed supplies)

IV. Information and Notification Center

Section 1

Information and Notification Center (INC) *Immediately after an event occurs, it is critical to identify a temporary, safe location for families of victims and survivors and missing persons to gather as they await information.*		
	Considerations	**Questions**
Planning Considerations	• INC is a safe temporary location where initial information will be collected from and given to victims and survivors, impacted populations, families. • The event will determine the need; however, INCs are typically open for ~12-24 hours after an incident (24 hours/day). • INCs often transition to the Family Assistance Center (FAC) if continued services to victims and survivors are needed. • INC activations should be incorporated into the IHE exercise calendar.	1. Which collaborators need to be involved in planning for and responding to the INC?
Services	• The following services are needed within an INC. Many will continue at the FAC once the transition is made. • Disaster-trained Behavioral health • Disaster-trained Spiritual care (to include guidance and support for religious and cultural handling of remains and burial, etc.) • Missing persons reporting/tracking • Victim identification/tracking	2. What agencies will provide these essential services? (see attached INC Chart for options) 3. Who is the POC for each agency? (populate INC Chart accordingly)

	• Reunification • Death notification • Communications/IT • Transportation • Limited food/beverage • Security • Registration/Badging • Family briefings/Information Updates	
Staffing	• Sample of an INC Organizational Chart can be found in Section 4.2.3. • Typical roles that are needed can be found in Section 4.2 or Attachment 2. • Staffing plans should include provisions to rotate personnel. 12- hour rotations are standard. • Staff briefings should be conducted at each shift change. Scheduling a 30-minute overlap between shifts allows for this. • Many volunteers, both those officially linked to collaborator agencies and those who are unaffiliated, will self-deploy. All volunteers need to follow established protocols. This includes those who arrive with dogs or other support animals.	4. What will the org chart look like? (reference Section 4.2.3) 5. Who will fill the roles identified in the INC Organizational Structure? (see Attachment 1 for Potential List of Internal and External Partners) 6. How will service providers be scheduled? 7. Who is responsible for developing staffing plans? 8. What will be included in the orientation as staff start their roles? 9. How will you ensure staff are appropriately credentialed?
Activation	• Since the INC will need to be opened as quickly as possible after an incident occurs, Incident Command/Crisis Core Team will often determine	10. Who decides that an INC should be opened? 11. Who is activated?

	the need for an INC and the location. • The EOC should be initiated as early as possible to coordinate set-up and survivor care. • Senior representatives from collaborator agencies (often those involved in the planning process) shall be activated and will need authorization to allocate agency resources. • Once key collaborators are activated, they often proceed to do call downs and deployments of their own agency personnel. • Activation notifications should indicate where to report to upon arrival and contain concise directions to the INC.	12. What notification system is used to activate personnel? 13. Has the notification system been tested? 14. If a centralized notification software is being used, do all necessary personnel have access to and training on said software? 15. What information is included in activation notification? 16. Who sends activation notification? 17. How long will it take to activate and get INC up and running with approved service providers? 18. Where do responders park and check-in/register? Who do they report to?
Location/ Material Resources	• The EOC will likely assist with securing and allocating resources. • Pre-identify facilities on and offsite and a plan to secure facilities if an event occurs offsite (i.e. sports team traveling and has a bus accident) • Demographics of the impacted population should be considered when choosing the INC location. • Should be out of line of sight, sounds, and smells of the incident.	18. What facilities could be used as a potential INC? 19. Have Memorandum of Understanding/Agreements been developed? If yes, are they current? 20. What criteria will be used to determine an “on-the-fly” location if none of the pre-identified locations are available? 21. Who is responsible for selecting INC location? 22. Who is responsible for preparing the facility?

	• Occupancy limitations must be followed. • Size dependent on scope and scale of incident. • Communications capabilities such as high-speed internet and phone lines are necessary at the location. • Should have space for 1:1 private meetings with families. • Adequate parking and access to public transportation are necessary. • The ability to record information about those who enter is immediately vital to operations (electronic or paper). • Security should be present and traffic assistance should be available. • Large space for waiting area and to conduct family briefings. Other smaller rooms for operational needs such as command center and responder operations. • Ability to temporarily badge all who enter the INC. Colored and uniquely-numbered wristbands are typically used at first, until the FAC is stood up and more formal badging can occur.	23. What equipment and materials are needed? 24. What potential population characteristics need to be considered in determining location and services at the INC? (neighborhoods, known vulnerable populations, etc.) 25. Who is determining and securing transportation needs? How is this done?
Communication	• Public information is essential at this stage to keep friends and family aware of where to go for	25. Who will be the primary conduit for information sharing between VS and emergency management?

	continued information, assistance, and services. • Information briefings for victims and families should be scheduled periodically, and information should be provided by the highest level of authorities.	26. Who will approve the public release of incident-related information? 27. If possible, have template communications been created, include templated scripts for employees who may receive phone calls or randomly interact with students or families that are directly affected? 28. For Family Briefings, who will be the Family Spokesperson from the IHE? Are they trained?

Section 2 – Information and Notification Center

4.1 Services**.** An Information and Notification Center (INC) shall serve as a safe, private, and compassionate temporary location where initial information can be shared to facilitate family reunification, and notification, and to provide access to support services (emotional/mental health support, logistical support, spiritual care, and limited (food/beverage) for victims, survivors, and families.

4.1.1 The INC shall provide key short-term mental health assistance, such as Psychological First Aid, to disaster victims, survivors and families.

4.1.2 Victim identification and notification services shall be provided as information becomes available.

4.1.3 During registration/intake at the INC, staff shall determine any immediate needs to direct them to the appropriate service.

4.1.4 A list of standard services for an INC can be found in Attachment 1.

4.1.5 Population characteristics of victim and survivor groups shall be considered in determining additional needed services. Populations that may be impacted in the IHE include (insert prominent populations within the IHE).

4.1.6 Other external agencies that may provide essential services to victims and survivors and families should be added on the INC Contact List found in Attachment 2.

4.2 Staffing.

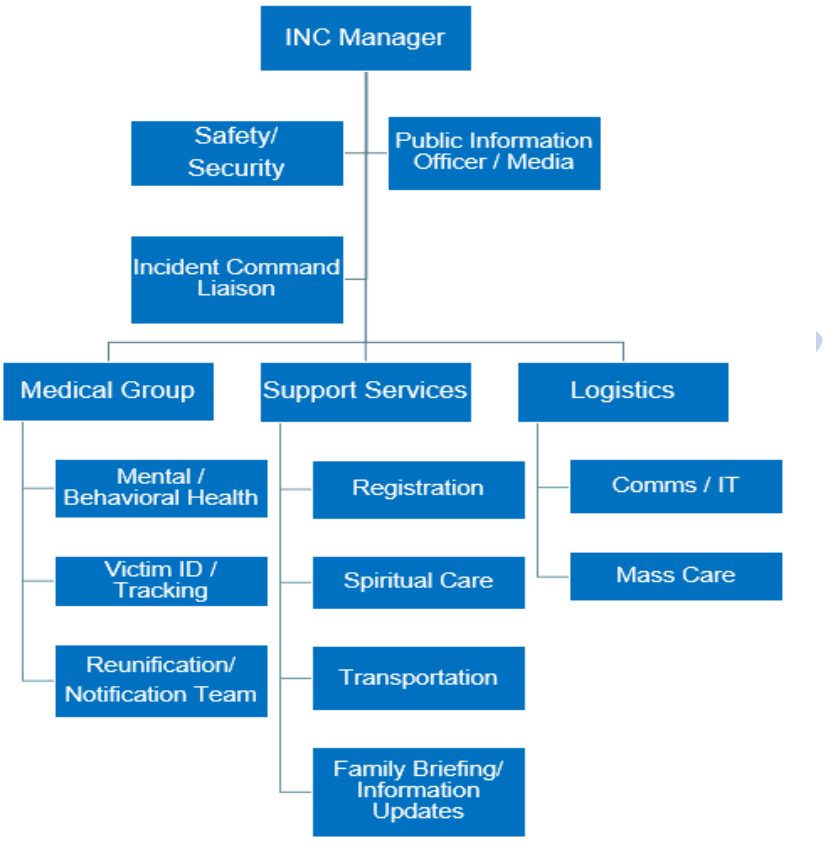
4.2.1 The following administrative roles should be filled for INC Operations:

Role	Responsibilities
INC Manager	Oversight for operation; Supervision of Activity Leads
Security/Safety	Lead for site safety and security of staff and victims/families. Assist PIO with ensuring media remains contained in designated location and away from families.
Logistics/Mass Care	Lead for site set-up and maintenance, lead for feeding and sheltering (if needed)
Liaison to Incident Command (IC)	Information conduit to and from Incident Command/EOC for Victim Services sites; Will assist with coordinating interviews with victims and survivors as needed.
Registration/Badging	Implement registration process for those impacted by the incident and for their families/families; Work with Liaison to Victim ID/Patient Tracking to implement process to contribute data.
Mental/Behavioral Health	Provide individual assistance to victims and families. Assist with coordinating additional support in virtual platforms or referrals to outside agencies.
Victim ID/Patient Tracking	Key POC for the transmission of information about victims/patients/families to and from the Service Site. Must have strong communication with LE, hospitals, and the ME/coroner.
Notification/Reunification Team	Implements plan for notifications including involvement in the incident, injury, missing status and death notifications.
Spiritual Care	Provide religious support to victims or families. Work with the Notification/Reunification Team to ensure families and families have individual support during and aftermath notifications.
Comms/IT	Ensure staff has the ability to communicate to and from the EOC. Establish network connections for any external agencies and provided any needed communication support.
Transportation	Assist with any traffic control issues at the site and any transportation needs for victims or families.
PIO or Liaison	Manages communication between IC/EOC and service sites; Works with Family B/Information Updates rep to ensure briefings for victims and survivors and families are on a periodic basis. Designates location for media to ensure they remain out of the service site or contained away from families.

Family Briefings/ Information Updates	Sets briefing schedule and coordinates with appropriate agencies and PIO to ensure there is representation at each briefing. May be delegated to INC Manager.

4.2.2 Service providers shall report to Responder Check-in/Registration.

4.2.3 The Sample INC Organization Structure below depicts the INC reporting structure.



4.2.4 Staffing plans will be developed by (insert role / agency(s) responsible)

4.2.5 Service providers will be scheduled using the following parameters.

4.2.5.1 (insert staffing requirements)

4.2.6 All staff members shall participate in orientation to their role prior to beginning work. Orientation and "just in time training" shall discuss (insert topics)

4.2.7 All staff members shall be credentialed in accordance with the IHEs volunteer management plan or the INC SOP. (insert process here if IHE does not have a volunteer management plan).

4.3 Activation.

4.3.1 Coordination of victim and survivor services shall remain with the IC/EOC until the INC is operational.

4.3.2 (Insert position/agency) shall determine the need for an INC.

4.3.3 INC site will be operational within (insert number) hours of notification.

4.3.4 (Insert who) shall be activated by (insert position/agency) using (insert notification system/process for both administrative and service provider roles).

4.3.4.1 (insert position/agency) is responsible for ensuring all necessary staff have access to and training on this system.

4.3.4.2 This system shall be tested on a (insert timeframe) basis.

4.3.5 Activation notification shall include (insert notification information)

4.3.6 INC shall remain open until a seamless transition to the FAC can occur – typically 24-48 hours following the incident or grow into the FAC by adding resources and functions needed, or is determined no longer needed.

4.4 Location**.** The INC may start operations virtually while standing up a physical facility.

4.4.1 (Insert position/agency) is responsible for determining the location of the INC.

4.4.2 The following is a list (and/or link to a GIS map) of preplanned potential INC facilities.

Name	Facility Address	Occupancy Limit	Point of Contact (POC) Name, Phone Number, and Email	MOU Dates

4.4.3 In situations that require an alternative site that is not on the list, a site that fulfills the following criteria will be used to select an “on-the-fly” site. (select and/or add options from list below)

4.4.3.1 Out of line of sight, sounds, and smells of incident

4.4.3.2 Has adequate available electrical outlets for powering computers and charging devices as needed

4.4.3.3 Has communications capabilities including high-speed internet, and phone lines, and adequate cellular coverage

4.4.3.4 Offers space for 1:1 meetings with families

4.4.3.5 Adequate parking

4.4.3.6 Access to public transportation

4.4.3.7 Is ADA compliant

4.4.3.8 Is equipped with backup generator power

4.4.3.9 Occupancy limits appropriate to scale of incident – allowing adequate space for victims, families, and needed responders

4.4.3.10 Appropriate for population impacted by incident

4.4.3.11 Access to restroom facilities

4.4.3.12 Separate area for staff in/out briefs, break areas, etc.

4.4.3.13 Separate entrance and exit to aid with security

4.4.3.14 Area to conduct registration

4.4.3.15 Area for waiting/briefing room

4.4.4 Population characteristics of the victims shall be considered in determining INC location. (If possible, refrain from using faith-based or value-based facilities/sites that will not honor all involved.)

4.4.5 (Insert role/agency) shall be responsible for preparing the INC facility for operation. Contact (insert POC) at (insert contact info).

4.4.6 Best practice is to identify what resources are provided by each INC location to determine a list of additional logistical items needed for activation.

4.4.6.1 The following equipment and materials should be considered for procurement to assist with INC operations: (insert list of basic equipment/materials)

Item	Quantity	Procurement Options

4.4.7 The layout of the INC will be dependent on the situation, but should be structured to allow registration to take place first and with a large, secure waiting area.

4.4.7.1 There should also be private or separate rooms available for services such as family interviews, reunification, and death notifications.

4.5 Communications.

4.5.1 (Insert role/entity) shall be the primary conduit for information sharing between victim services at the INC and emergency management/ICS leadership.

4.5.2 The release of incident-related information shall be approved by (insert role).

4.5.3 Information briefings shall be scheduled for victims and survivors and families periodically at the INC and will be handled in coordination between the INC Manager and PIO. An IHE leader should be prepared to speak on behalf of the IHE.

4.5.4 A FAQ document or service cards that lists survivor's assistance and services available at the INC and online shall be developed and distributed.

4.5.5 INC-specific communications templates can be found (insert location such as PIO section of this document or reference another plan)

V. Victim Identification and Notification

Section 1

Victim Identification and Notification *Processes are needed to identify and track large numbers of victims and survivors – including information on victims and survivors' physical status and location – to facilitate notifications of involvement, injury, missing, status, or death. This information will also be used to connect victims and survivors to their families.*		
	Considerations	**Questions**
Planning Considerations	• Some IHEs address victim identification and fatality notification in public health or existing All-Hazards plan. This plan must be integrated into pre-existing systems. • INC activations could service large numbers of both injured and fatalities depending on the incident. Every effort should be made to have separate locations for the families of the injured and families of the deceased. • Identification and notification can span multiple phases of the response. • Notifications include involvement in the incident, injury/hospitalization, missing status and death notifications, positive victim ID, or presumptive death if victim unrecovered or unable to be identified. • A comprehensive list of victims, victims and survivors, their families, and others affected by the incident will include those recorded in hospitals, morgues, the INC, and those who self-identify	1. Does the jurisdiction have a plan for victim identification/notification? 2. Are missing persons addressed in the pre-existing plan? 3. Is patient tracking addressed in the pre-existing plan? 4. Is any pre-existing plan adequate to manage large numbers of casualties, fatalities, and missing persons? a. If not, what processes can be modified for INC situations? 5. Does any pre-existing plan or legal requirement adequately address notification of family/friends regarding their families' status? 6. What agency will be responsible for the centralized comprehensive list of victims and their status? How will that be distributed/accessed by those supporting victims

	when seeking services during long-term recovery and fit the legal eligibility.	and survivors and families? Who will have access to the name list?
Services	**<u>Fatality Management Services</u>** • Fatality notifications are governed by state law. Plans should align with existing state and local protocols. • The Medical Examiner's (ME) office is aware of religious and cultural observances. Spiritual care team members can assist with this and provide information. **<u>Missing Persons Services</u>** • INC/EOC staff, hospitals, medical examiners/coroners, and local law enforcement will need to coordinate to report and locate missing persons. • Assistance will be required for children separated from parents/guardians or orphaned. • It can be helpful to include the National Center for Missing and Exploited Children (NCMEC) in this process. • Large volumes of missing persons reports should be anticipated. (See Attachment 3 for potential data collection methods and concepts) • Reunification processes for minors or K-12 or daycares on a campus should consider using the I Love You Guys	**<u>Fatality Management Services</u>** 7. What adjustments need to be made to any pre-existing fatality management plans to adequately support INC response efforts? 8. What agreement is in place for Disaster Mortuary (DMORT) services through the state or FEMA? 9. What agreements exist for accessing mobile morgues if needed? **<u>Missing Persons Services</u>** 10. Where will missing person reports be made/collected? (See Attachment 3 for potential data collection methods and Attachment 4 for Sample Missing Persons form) 11. How will ME and others coordinate with EOC, INC, and larger response? 12. What is the local phone number for NCMEC, and how will they be activated? 13. What happens if a minor is separated from their

	Foundation, Standard Reunification Method and communicate the status of the response to the EOC. This process should not integrate with the reunification efforts being conducted for the campus students, staff, and faculty near or at the impact site location. **Patient Tracking** • Jurisdictions will need to track the movement of injured victims as they are transported from the scene to local healthcare facilities. • In addition to EMS, in large incidents, victims may be transported by law enforcement, personal vehicles, ride share companies, and by foot. • Special consideration should be given to individuals with disabilities, animals, or medical equipment. • Plans should be made for both closed and open group tracking. See definitions for more information. • Notifications of surviving patients, hospitalized or not, are not dictated by law in most places. However, HIPAA and hospital protocols dictate the release of information for those who are or have been hospitalized.	parent/guardian as a result of the event? **Patient Tracking** 14. What actions will be taken to track patients from the scene through the course of their healthcare? 15. How will victims who do not require medical care be identified? 16. How will the INC/EOC connect with hospitals, medical examiner/coroner, and/or law enforcement? 17. How will reunification be managed? **Other** 18. How will personal effects be tracked and managed? 19. Who is responsible for coordinating the return of personal effects? 20. If transportation for family/friends is needed, who can provide and coordinate this?

	Other • Family/friends may require transportation to appropriate locations to be reunited with families or receive death notifications. • Personal effects will be collected at the scene and a process will be set up for people to claim items that are returnable. This process is generally delayed by a few days and extends for many months after the FAC is closed. It often becomes cataloged online on a secure website. Consider contracting a vendor or site recovery vendor to manage the personal effects.	
Staffing	• Notification teams often consist of law enforcement (LE), victim advocates, mental health professionals, and/or faith leaders. • Ensure proper staffing roles on the notification team to are compliant with local and state laws. Ensure/Require those notifying have notification-specific training. • Conducting death notifications is a draining task. Consider multiple teams to limit secondary trauma and ensure staff have the emotional capacity to conduct assigned notifications. • While the Coroner's office typically takes the lead on	21. Who is the governing agency for death notification in the jurisdiction? 22. Who is responsible for managing and requesting information on missing persons? 23. Who is responsible for patient tracking? 24. Who will provide information on surviving victims, hospitalized or not? 25. Who should be included on a death notification team? 26. What training do members of

	death notifications, understand that they don't address the aftermath of that notification. Consider a team approach to notifications with proper roles present and/or coordinate with the Coroner/ME to have a team ready to support that family's needs immediately following.	death notification teams need to receive?
Activation	• Leaders of family assistance and notifications should have a central location, like a conference bridge or Teams chat, to report and obtain information as it becomes known. They can jump on/off this platform from the INC, IC at scene, contact center, ME's office, etc. The platform is maintained by the overall leader of family and survivor assistance in the EOC and open 24/7 until no longer needed. • The information collected is centrally located into the database for victims and loved ones.	27. How are responsible parties notified of their roles and responsibilities following an incident?
Location/ Material Resources	• It is recommended that there be a centralized system to oversee patient and victim tracking services. This will reduce chaos and increase the speed with which connections and notifications can be made. • Victim lists should not be held solely by the FBI. This hinders their ability to share the victim list with those providing	28. What data collection and management strategies exist in the jurisdictions that can be adjusted to support victim identification and notification? 29. Who will be responsible for adapting the existing data collection tool to perform all needed tracking tasks?

	services. Victim lists should be shared with all service providers. • Victim Identification and Notification may be a function of both the INC and FAC. • Resource gaps (to include personnel, equipment, and material) may be filled by an EOC request • Family locator tools such as American Red Cross Safe and Well or Google Person Finder may be helpful.	30. Where will notifications be performed? 31. What data management system will be used for patient/victim tracking? 32. Who will have access to this system? 33. What training is required for use of this system? How will this be provided?
Communication	• LE missing persons reports should be monitored. • HIPPA and FERPA compliance may impact information able to be shared. • The American Red Cross and NTSB have HIPPA exemptions that can assist a community with patient tracking following an incident. • Determine how name lists(s)/manifests will be gathered and sent/accessed securely to those accounting for people and making notifications in the contact center and INC? Will emergency contacts be included for outbound notification? • How will outbound notification to emergency contacts be managed? Include processes, which may differ, for	34. How will hospital information be shared with families? 35. What MOUs are needed to facilitate information sharing? 36. Where will the public be directed to report missing persons (see Attachment 3)?

	faculty/staff, students, vendors/contractors, and visitors.	

Section 2 – Victim Identification and Notification

5.1 Data Management**.** MCIs typically result in victims in various locations and health statuses. A comprehensive list of victims shall be kept tracking victims recorded in hospitals, morgues, the INC/FAC, and those who self-identify when seeking long-term recovery services.

5.1.1 (Insert position/agency) shall oversee all tracking services and manage resources used in the identification of victims. This includes the management of the centralized victim tracking list.

5.1.1.1 Tracking shall be managed by the EOC and transferred to the FAC when the INC is deactivated.

5.1.2 (Insert data management system) will be used to manage centralized victim tracking functions.

5.1.3 Access to the data management system shall be provided to (insert agencies/roles). Identified staff will receive (insert training type) by means of (insert how and timeframe in which training will be provided)

5.1.4 The following adjustments to existing data management systems are required to support victim identification and notification processes given the increased scope and scale of the incident.

5.1.4.1 (Insert adjustments needed).

5.1.5 (Insert agency/position) shall be responsible for making adjustments to data management processes and systems needed to manage and assist INC operations.

5.1.6 MOUs that are in place/needed to facilitate information sharing include:

Summary of MOU	**Agency 1**	**Agency 2**	**Agency 3**	**MOU Storage Location**

5.1.7 Personal effects will be tracked and managed by (insert entity and process), but will not begin process of collecting, logging, and returning until authorization has been provided by authorities.

5.2 Standard Functions and Staffing for victim identification and notification recommendations are as followed:

Service	**Responsible/ Lead Agency**	**POC**	**Back-Up POC**
Managing and requesting information on missing persons			
Patient tracking through healthcare systems			
Fatality management			
Fatality notifications			
Providing information on surviving victims, hospitalized or not			

5.2.1 Entities responsible for conducting required functions will be notified of their roles and responsibilities following an incident by (insert process for activation of personnel)

5.2.2 Staffing plans for each service shall be developed by the responsible party.

5.2.3 The staffing plan shall include provisions to rotate staff every 12 hours, at minimum, and provide overlap between shifts to allow for situational briefings to occur.

5.3 Patient Tracking supports tracking the movement of casualties through the healthcare system.

5.3.1 MCI victim groups are divided into two categories.

5.3.1.1 A closed group is when all potential victims are known. Closed group tracking shall be accomplished using basic accountability processes.

5.3.1.2 An open group is when an incident occurs in public and all potential victims are unknown. Open group tracking is more complex.

5.3.2 Victims who are transported from the scene will be tracked by (insert entity).

5.3.2.1 (Insert Steps to track movement)

5.3.2.2 This information will be communicated and stored by (insert process and people).

5.3.3 Victims who do not require medical care will be identified by (insert processes). This information will be communicated and stored by (insert process and people).

5.3.4 For tracking and notification purposes, staff in the EOC shall remain in contact with all entities receiving and working with victims. This will be done by:

Entity	**Contact Method**
Hospitals	
Medical Examiner/Coroner	
Law Enforcement	
Any other methods identified in the chart in Attachment 3	

5.3.5 In the case of a surviving victim, family notification and reunification will be managed by (insert entity) and take place at the INC. A separate room shall be identified to conduct this operation.

5.3.5.1 Hospital information will be shared with families by (insert entity and processes)

5.3.5.2 If transportation is needed for family/friends to receive notification or reunification, this can be provided/coordinated by (insert entity/process for coordination)

5.4 Fatality Management

5.4.1 The following are adjustments to a fatality management plan to adequately support the increased scope and scale of an MCI.

5.4.1.1 (Insert adjustments as needed)

5.4.2 Disaster mortuary services shall be provided by (insert agency) in accordance with (insert pre-existing agreement) as needed or requested by the ME/Coroner.

5.4.3 Mobile morgues shall be accessed by (insert protocol and/or providing agency)

5.4.4 Fatality notification teams shall consist of representatives from (insert fields/agencies). However, in accordance with (insert state law), (insert agency) is required to perform the official and /or positive ID notification. Information should be provided to families as it becomes known, which is considered a notification of involvement. (For example: authorities at the scene believe there are no victims and survivors, or your family is not believed to be among the victims and survivors.)

5.4.4.1 Prior to performing notifications, all team members will receive (insert information on training content, modality, and facilitator)

5.4.5 Fatality notifications shall be performed at the INC by the authorized pre-identified staff/representatives (notifying on inbound or by making outbound calls to emergency contacts), at hospitals, at homes, or wherever families might be.

5.4.5.1 If transportation (ground or air) is needed by family/friends, this can be provided/coordinated by (insert entity/process for coordination). The IHE's policy surrounding coordination and payment for travel is <insert policy here>.

5.4.6 Medical Examiner shall coordinate with the EOC and larger response efforts through/by (insert means) to assist in patient tracking and the reconciliation of missing persons cases.

5.4.7 Should fatalities involve international visitors, the US state department and foreign consulates shall be contacted to notify a foreign national has been affected (insert status/information), and for additional direction and information on returning remains to a foreign country. This could be accomplished via the Global Affairs or International Travel Office and should be worked by the EOC.

5.5 Missing Persons

5.5.1 Large numbers of missing reports are expected following an MCI. Led by the agency identified in section 5.2, EOC, INC staff, hospitals, medical examiner/coroner, and local law enforcement shall coordinate to report and locate missing persons.

5.5.1.1 If a centralized tracking system is not established, missing persons lists shall be reconciled with hospital and medical examiner/coroner unidentified patient lists every 24 hours at minimum.

5.5.2 Missing person reports will be collected through (insert means/locations; see attachment 3 for potential data collection methods)

5.5.3 The public will be directed to report missing persons by (insert preferred missing persons reporting process; see attachment 3 for potential data collection methods).

5.5.4 In the case that a minor is separated from their guardian, (insert protocol to manage unaccompanied minors).

5.5.4.1 The National Center for Missing and Exploited Children can be contacted at (insert phone number) or the Social Services Agency at (insert phone number) if services are required.

VI. Public Information and Crisis Communication

Section 1

Note: Most IHEs have a communications plan as part of their all-hazards plan. If that plan is sufficient and can answer "yes" to questions 1-3 in the chart below, this section may simply refer to the relevant section in the all-hazards plan. This (annex/appendix) should be integrated into existing systems.

Public Information and Crisis Communication *Communications professionals will need to provide continuous, accurate, and accessible information about the incident to various audiences – including victims and survivors, families, and the public.*		
	Considerations	**Questions**
Planning Considerations	• Many IHEs have a pre-existing communications plan. This (annex/appendix) should be integrated into pre-existing systems. • The communications process must be scalable and establish timely and accurate information – regardless of size. • If an incident is large, mutual aid between PIOs will likely be needed. • A Joint Information Center (JIC) is often opened as a centralized point for PIOs and agency spokespeople to get and give information. Many All-Hazards plans include details for accomplishing this.If law enforcement or a federal agency has the authority over an investigation, confer with that agency on information release, so not to risk the investigation or being a party to the investigation.	1. Does the jurisdiction have a communications plan that could be activated if an INC is needed? 2. Is any pre-existing plan adequate for an incident that involves large numbers of casualties, fatalities, and missing persons? Does it include templates for notification to next of kin, friends, faculty/staff, etc.? 3. Does the plan provide direction for communication with victims, families, victims and survivors, and the public? 4. Does the jurisdiction have PIO Mutual Aid agreements in place?

Services	• Talking points that include relevant and available investigative information and victim services information are often developed out of the JIC. • The public should be informed of where they can share information they have regarding the incident – including if they think a loved one was impacted. • In addition to discussing the incident itself, information regarding predictable and common reactions to mass violence and available resources should be shared with both victims and the public. These should be provided from a credible, vetted source. Public messaging that contains predictable and common reactions to the incident will reduce the "worried well" from flooding health and behavioral health services mistakenly believing they are demonstrating trauma reactions • Guidance and training should be shared with elected/appointed officials. • Victims/families will likely receive outreach from the media. This outreach can be overwhelming for them, particularly amidst a crisis.	5. How will care and sensitivity for victims/families in communication efforts be demonstrated? Expert consultation from crisis counselors and crisis communication specialist should be included. 6. How will victims/families in dealing with the media and understanding their rights? 7. What outlets will be used to broadcast INC location and services to the public? 8. Have contacts for these outlets been established? 9. How will elected/ appointed officials be directed? 10. How will the contact center staff and INC staff receive updated messaging, updating FAQs, and information before releasing it so they can have the most updated information when families inquire about the messaging?
Staffing	• 24/7 coverage may be needed. • PIO's are responsible for assisting the Family Briefing/	11. What position/agency will fill the PIO role following an MCI?

	Information Update rep in gathering, assessing, prioritizing, and communicating information to victims/families and the public. While they are assisted by others, PIOs set guidelines and hold approval power. • It can be helpful to activate a regional PIO group to provide adequate coverage of shifts and needs. • Regions and/or jurisdictions can sometimes access PIO resources through established centralized multi-agency groups (I.e. MACs or Task Forces) • VS agency spokespeople should be an integral part of the JIC to ensure open lines of communication. • Jurisdictions can outsource communications to Crisis Communication Firms to assist with developing and distributing crisis messaging. (ex. Empathia). • IHEs can outsource Call Center Communications to Crisis Communication Firms (see attached Data Collection Methods chart for sources). • If additional PIO resources are available, it would be beneficial to assign a PIO to the family of the deceased who will help navigate the	12. What mechanism will be used to activate PIO networks, if applicable? 13. Will there be a dedicated PIO assigned to the INC to help ensure the information is being provided to the victims and survivors and families before reaching the media? 14. Who will be the IHEs family spokesperson, usually a senior leader. How will they be trained pre-incident and provided just in time refresher training?

	media (i.e. what picture to use, etc.)	
Activation	• Spokespeople for responding VS agencies should be notified and report to IC/EOC/JIC. • Typically, the lead PIO for the incident is activated as part of the initial activation of IC. • Agency-specific spokespeople are often activated as part of the activation of the INC.	14. How will other communications personnel be notified of their need to respond?
Location/ Material Resources	• IHEs have been known to outsource call centers and crisis communications to crisis communications firms. **<u>Social Media</u>** • Social media can be a good tool to distribute information quickly. It is best practice to select one social media account on which to post the most up-to-date information. All other accounts should point people to the selected account. • If you choose to share information across multiple platforms (e.g. Lead Police Department's Facebook and Twitter accounts) the messages posted should be the same. • Social media can be an ongoing challenge during a response. Information may be unofficially released about the incident and/or investigation, identities of injured and	15. What platforms will be used to provide continuous and accessible public information about the incident? 16. Who is responsible for managing/staffing these platforms? What guidelines will be used for operation? 17. What platforms will be used to provide information to the victims and families? 18. If a call center will be used, what happens if the call center capacity is exceeded? 19. How will the PIO provide updated information to the Call Centers and also receive information back on what types of questions the operators are getting?

	deceased, motives for the incident, etc. This information is often incorrect. Official social media will need to focus on quelling rumors and incorrect information. • Consider using third-party platforms (e.g. Hootsuite or OnSolve) to monitor social media. **Website** • A website is another method to distribute accurate and timely information. If used, the website should be administered by a governmental agency or the organization that is overseeing the response. People are referred to that specific website for "official" information. • It can also be helpful to post information on the websites of collaborator agencies that are involved so that people can get the information from an organization that they trust. • The website will serve as a resource for call center operators who are answering inquiries and can also be updated based on incoming requests for information received at the call center. **Phone** • A centralized phone number helps minimize confusion. Chaos often results from	20. How will staff be apprised of necessary login information for those sources? 21. If applicable, what centralized phone number will be used? Are there internal Interactive Voice Recordings (IVR) /phone greetings that needs to be adjusted to offer the option for callers to "press 1 to be connected to the family support line" and then it routes to the contact center? 22. What method will be used to monitor social media? What agency will take the lead on this effort?

	multiple agencies putting out multiple numbers. • Google Voice has been beneficial in previous incidents. • Call centers are often used to both collect information and answer questions, provide notifications, arrange travel, and provide emotional support. • Call center operators will use existing electronic knowledge bases to access needed response information to answer incoming calls and can also identify information missing from existing knowledge bases that can then be updated. **Push Alerts** • Can be beneficial when delivering news or updates to a large group of people. Example systems include: Cleo Streem, Amerilert, ADT, RAVE, Everbridge or Select Link to name a few. • Your community may already have an Emergency Notification System. • May also be used to post information regarding status updates, changes in court dates etc.	
Communication	• Victims and survivors and families will need information on their families, the status of the case, who to contact with questions or concerns, where to access services, and how to access donations.	21. What population demographics need to be considered that will impact how information is communicated? (language, cultures, use and trust in the media)

	• Information should be tailored specifically for victims and survivors/families. This includes informing them of developments prior to the public when possible.
	• It is best practice to conduct regular briefings with both victims and survivors/families and the media. These should be separate events.
	• Specific information related to other best practices (donations, memorials/vigils) will be developed and funneled through the communications team.
	• It can be helpful to have pre-developed templates. At minimum, the following should be considered:
	  ○ Predictable reactions to an MCI
	  ○ INC info (Where, who, when)
	  ○ FAC info when INC is being deactivated (Where, who (using defined victim pool), when, what services to expect)
	  ○ How to report a missing person
	• How information is communicated will depend on if there is a criminal prosecution with a living offender.
	• Consider using various media and multilingual formats when broadcasting the location and services of the INC.
		22. What processes will be used to brief groups of victims? This includes updating them on the status of the case, where to go for resources, who to contact for further information, and how to access funds.
		23. How will communication take place with individuals unable to travel to INC– particularly those in medical facilities?
		24. How will briefings be conducted for media? How often?
		25. Where will staff find templates that have been pre-developed (i.e. FAQs, fact sheets, talking points)?
		26. Who will develop additional resources for victims and the public that list available victim assistance?
		27. How will these resources be distributed to victims and survivors/families?

Section 2 – Public Information Officer/Crisis Communication

6.1 Incident Public Information Officer (PIO) shall be responsible for all public facing communications with approval or authority from the Incident Commander.

6.1.1 The PIO position shall be filled by (insert position/agency).

6.1.2 The PIO will be notified of their need to respond by (insert entity and process)

6.1.3 The PIO shall gather, assess, prioritize, and communicate information to victims, families, and the public.

6.1.4 The PIO may be assisted by others. However, the PIO shall set guidelines and hold approval power.

6.2 Partner and support agencies may also have spokespeople who assist with incident response communications. These individuals do not have authority to release information without approval from the Incident PIO.

6.3 A Joint Information Center (JIC**)** may be opened to provide a centralized location for the PIO(s) and agency spokespeople to receive and give information.

6.3.1 Spokespeople from victim services agencies shall be present at the JIC.

6.3.2 Individuals working in the JIC will be notified of their need to respond by (insert entity and process)

6.3.3 Talking points including relevant and available investigative and victim services information shall be developed out of the JIC.

6.4 24/7 coverage may be needed following an MCI.

6.4.1 If needed, (insert PIO mutual aid agreement(s)) are in place.

6.4.2 PIO networks will be activated by (insert process)

6.5 Information shall be categorized into two categories. Release of both must be approved by the Incident PIO.

6.5.1 Public Information is very general information about the incident and response that is authorized to be released to the public at large.

6.5.2 Information for victims and survivors and families, on the other hand, will not be released to the public, but may be authorized to be shared with those impacted by the incident.

6.6 Care and sensitivity for victims and families should be always prioritized. The following guidelines will be used in communication efforts.

6.6.1 All information provided to media should be shared with victims and survivors/families/friends in advance.

6.2.2 Unless provided in a family briefing, provide any updated printed information to the contact center preferably before releasing to families so they can review and provide to families upon release. Indicate when they can share the information.

6.2.3 (insert additional strategies).

6.7 Public Information will be shared in a continuous and accessible manner using (insert platforms that will be used and reference relevant section below (i.e. social medial (6.9), call center (6.11)).

6.7.1 The public shall be informed of where they can share information they have regarding the incident – including if they think a loved one was impacted.

6.7.1.1 INC location and services shall be distributed through various media and in multilingual formats for higher visibility and accessibility.

6.7.1.2 INC location and services will be shared via the following outlets.

Outlet	Contact Name	Contact Information

6.7.2 Information regarding predictable and common reactions to mass violence, as well as available resources, shall be shared with the public.

6.7.3 Population demographics shall be considered in determining communication strategies. Important considerations include (insert prominent populations within jurisdiction and impacts on communication needs).

6.8 Information for victims and families shall be briefed on the case/investigation status, where/how to obtain services and other resources, and who to contact for further information.

6.8.1 Briefings will be conducted by (insert role/entity) on a (insert timeframe) basis at (insert location).

6.8.1.1. Some victims and family members may not be able to travel to a designated briefing location due to hospitalization of victims, for example. Information will be shared with these individuals by (insert communication means).

6.8.2 Outside of briefings, information will also be shared with victims and families via (insert platforms/strategies that will be used).

6.8.3 Additional resources that describe available assistance and assistance and services shall be compiled by (insert role/agency). These resources will be distributed to victims and families by (insert how resources will be distributed).

6.8.4 Victims and families may need guidance on dealing with the media. Information regarding victim and family rights and strategies for media management will be provided through (insert how you will assist victims/families).

6.9 Mainstream Media (Delete if not being used)

6.9.1 (Insert role/agency) is responsible for managing mainstream media.

6.9.2 Media briefings will be conducted via (insert manner) on a (insert timeframe) basis.

6.9.3 (Insert additional mainstream media information/guidelines)

6.10 Social Media (Delete if not being used)

6.10.1 Social media will be used to both distribute and collect information.

6.10.2 (Insert role/agency) is responsible for monitoring social media for information collection purposes.

6.10.2.1 Monitoring will be done by (insert strategies for monitoring)

6.10.2.2 Relevant/urgent information gathered will be shared with the JIC and PIO.

6.10.3 (Insert role/agency) is responsible for pushing out information on social media.

6.10.3.1 Staff will be appraised of log-in information by (insert process)

6.10.4 (Insert additional social media information/guidelines)

6.11 Website (Delete if not being used)

6.11.1 (Insert role/agency) is responsible for managing website content.

6.11.1.1 Staff will be appraised of log-in information by (insert process)

6.11.2 (Insert additional website information/guidelines)

6.11.3 Private websites with support resources, updated information, and long-term support will be available for specific to families of a deceased loved

one; victims and survivors; and responders. (Insert role/agency/process) will manage the website and logins will be utilized.

6.12 Call Center. (Delete if not being used) It will be necessary to establish a centralized mechanism for managing missing person inquires and collecting information to help identify potential next of kin and to gather antemortem information to assist with victim identification. This typically involves establishing a call center to collect information about those that are missing and unaccounted for and to document the names of individuals looking for potential victims.

6.12.1 A centralized phone number will be used to minimize confusion. (Insert phone number) has been reserved and configured for crisis situations.

6.12.2 (Insert role/agency) is responsible for managing the call center.

6.12.3 (Insert additional social media information/guidelines)

6.12.4 If call center capacity is exceeded (insert actions to be taken)

6.13 Push Alerts (Delete if not being used)

6.13.1 (Insert role/agency) is responsible for sending push alerts.

6.13.1.1 Staff will be appraised of log-in information by (insert process)

6.13.2 (Insert additional website information/guidelines)

6.14 University Office of the President or other elected/appointed officials will likely wish to be involved in response efforts. The following guidance shall be provided.

6.14.1 (insert strategies to balance elective officials interests with victim needs).

6.15 Messaging templates have been pre-developed for the following. They can be found (insert location, if applicable)

6.15.1 (Insert templates that have been developed)

VII. Community Behavioral Health

Section 1

Community Behavioral Health *Community Behavioral Health may be called upon to assist with psychological first aid needs of victims and the community immediately after an incident. They will also assess and build capacity to meet the ongoing and increased needs for services due to MCIs.*		
	Considerations	**Questions**
Planning Considerations	• Behavioral health encapsulates mental health, addiction, and psychiatry, as well as overall physical wellness such as sleep, nutrition, exercise, etc. • Mental health is narrower in scope and looks at emotional health and mental health treatment. • Behavioral Health leadership should develop plans for immediate, short- term and long-term response. • The subcommittee (or their designated POCs) will be activated during an actual incident to deploy immediate responders and explore funding options for behavioral health services. **<u>IMMEDIATE RESPONSE</u>** • Psychological first aid trainings, presentations, and support are the recommended responses to MCIs during the immediate and short-term responses. Compassionately providing information, emotional support, and practical, basic needs along with stabilization and normalization of reactions are the goal.	1. What agencies should be represented on the Behavioral Health Subcommittee? 2. How will state disaster mental health and spiritual care response teams be included in the plan? 3. What VOAD/COADs in the community need to be included in the behavioral health plan? 4. What state statutes and regulations exist regarding contracts with mental health providers? 5. Which existing entities within the jurisdiction provide behavioral health services? 6. What IHE resources and vendors will be activated (EAP, Student Support Services, IHE Chaplains, Red Cross, Empathia, FEI, etc.)? 7. How will these local resources be activated? How is the number of resources needed

	• Extensive coordination with agencies (e.g., city/state emergency preparedness organizations, city/state mental health providers, and local chapters of the American Red Cross and the United Way) federal and state law enforcement, and prosecution personnel is a necessary component of an effective immediate response to mass violence. **LONG-TERM** • Evidence-based interventions should be used for long-term treatment once victims and survivors are ready for more traditional treatment. • Additional psychological needs may emerge as time progresses and people find it difficult to go back home or function well at work. The Resiliency Center will continue to assess the needs of victims and survivors as time progresses. • This planning should start occurring as soon as the INC and/or EOC is activated as the FAC will take some time to set up and get resources recalled.	determined? Who is coordinating and managing these resources? To whom do they report?
Services	**IMMEDIATE RESPONSE** • The lead law enforcement, prosecution, and victim services agencies will determine who will be considered a legal victim of the incident, however, expect others to show up to the INC for services or information.	7. Once the definition of who will be considered a legal victim is determined by Law Enforcement/FBI, how will that information be communicated to collaborators and the public?

	• An initial and ongoing assessments of survivor's needs should be conducted at the INC. This will help to determine the essential services that are needed at the FAC and, later, the Resiliency Center. • Individuals who share the experience of a mass violence incident do not necessarily share the same traumatic reactions. • Trained mental health professionals can identify individuals who may have pre-existing issues or be in extreme distress. • Engage a holistic approach, which includes diverse faith or spiritual healing practices, to support victims and survivors and surviving family members in the long term. Do remember, however, that not all victims are religious or spiritual. • Initial efforts of mental health professionals should focus on providing compassionate support and information that will help victims and survivors cope and bolster resilience. **<u>LONG-TERM</u>** • Service linkage and tracking should shift to the Resiliency Center once it opens. • Many victims may benefit from grief counseling, but this type of counseling generally is more appropriate at a later time as individuals adjust to day-to-day life.	8. How will a comprehensive list of those who are eligible for services be compiled and shared between agencies? 9. How will victims who want to access follow-up services be connected to linkage services and funded resources, such as those found at the Resiliency Center or program? 10. How will the Behavioral Health response ensure that there are multiple methods for accessing needed care (i.e. as many "open doors" as possible), and that alternative interventions are included? 11. Consider establishing MOUs for organizations with trained/certified/approved comfort dogs.

	• Address the potential for increased risk of substance, physical, sexual, and emotional abuse.	
Staffing	**<u>IMMEDIATE RESPONSE</u>** • The Behavioral Health Subcommittee should designate a POC to oversee the immediate coordination of providers for the INC. • Communities are often inundated with offers of help and support immediately after MCIs. However, as the months go by and the news cycle changes, people may lose interest in providing services. This may be when victims most need these services. • Representation will be needed from the behavioral health community providers on the funding team. • Staff impacted by the incident will likely be working through their own trauma and should not be assigned to provide behavioral health care to others. • Consider training "Care Teams" to assign to families and victims and survivors who are trained in PFA and crisis response; responder deployment and logistics; codes of conduct; etc. **<u>LONG-TERM</u>** • An appropriate trauma therapist must be knowledgeable and trained about evidence-based trauma treatments and	12. Which providers can provide bi- lingual professionals when needed? 13. How will behavioral health service providers be included in the incident management organizational structure? 14. What roles are needed? 15. What responsibilities need to be covered?

	practices, particularly those that are effective in treating victims and victims and survivors of violent crime.	
Activation	**IMMEDIATE RESPONSE** • Crisis-trained mental health and spiritual care teams and victim advocates should be deployed to the INC to provide psychological first aid support of victims and families. • These trained teams will provide psychological first aid and support to victims, families, and families. They may also assist victim advocates with navigation to services in the FAC once activated. • Communities can always rely on the Disaster Distress Helpline at 1-800- 985-5990 (call or text). **LONG-TERM** • Behavioral health support and/or referrals to behavioral health care in the community will transition to the Resiliency Center. • Determine if opening a 24/7 counseling line to support those affected, especially those in the inner circle of impact.	15. How will incident-specific behavioral health services be coordinated? 16. How notification and activation take place of credentialed mental health professionals, victim advocates, and crisis counselors? 17. Who is responsible for ensuring volunteers are managed according to standards set in BP #7? 18. Who is responsible for activating and staffing the hotline, if applicable? 19. Who is responsible for documenting which agencies are providing services? 20. How will the jurisdiction continue to ensure services are available and coordinated after the immediate response to the incident? 21. Will the IHE provide counseling sessions, especially for those how might not have access to the student counseling center or an EAP?

Location/ Material Resources	**IMMEDIATE RESPONSE** • Behavioral health teams may be available in the jurisdiction through VOADS (i.e. American Red Cross or Salvation Army) and through state or county developed and maintained teams. • Federal grants may be available to fund or reimburse jurisdictions for the provision of behavioral health services. Application for this funding is time-sensitive after an MCI. **LONG-TERM** • A list of behavioral health services with the capacity to work with victims for the long term should be developed by the Behavioral Health Subcommittee. This list should be available during INC and transferred to the FAC and Resiliency Center operations for referrals. • Victims will need to bypass standard waitlists. If unable to bypass the waitlist, seek alternate resources to provide immediate support. • Referrals should be tracked. This will be completed at the Resiliency Center if one is opened, but tracking is needed regardless of the opening of a Resiliency Center.	22. How will immediate behavioral health services at the response locations be funded? 23. Who is responsible for developing a list of behavioral health agencies who are willing and have capacity (or are willing to bypass existing waitlists) to work with victims and survivors? 24. How will referrals to behavioral health professionals be provided to victims? 25. How will referrals be tracked?
Communication	**IMMEDIATE RESPONSE** • PIOs should communicate that there will be trained behavioral health and spiritual care support available for victims at all service locations.	26. How will behavioral health services information be shared with victims? 27. How will communications about behavioral health

	• PIOs should communicate to unaffiliated/spontaneous behavioral health volunteers where they should report (i.e. Volunteer Intake Center) so that they don't arrive at service sites where victims are gathering. • Offer group and individual sessions for responders, especially before leaving the site. Incorporate into the EOC, INC, FAC, etc. **LONG-TERM** • Ensure victims are informed of behavioral health services available. • First responders may also need behavioral health services but may be reluctant to seek them. Additional communication efforts may be necessary to encourage first responders to seek services when needed. • Ensure victims and advocates are informed of centralized numbers, email, and text that can be used to get information on acquiring behavioral health services.	services be shared with collaborators? 28. How will victims be kept informed of changes to call centers or centralized numbers for call or text? 29. How will victim input and feedback about services be collected and analyzed?

A. Section 2 – Community Behavioral Health

7.1 Behavioral health encapsulates mental health, addiction, and psychiatry, as well as overall physical wellness such as sleep, nutrition, exercise, etc.

7.1.1 Mental health is narrower in scope and looks at emotional health and mental health treatment.

7.1.2 To the greatest extent possible, proposed mental health interventions should be evidence-based treatments/empirically supported treatment or evidence-based practices.

7.2 Services. The lead law enforcement, prosecution, and victim services agencies will determine who will be considered a legal victim.

7.2.1 Once the definition of who will be considered a legal victim is determined, (insert method used) will communicate that information to the collaborators and the public.

7.2.2 Individuals who share the experience of a mass violence incident and/or crisis incident do not necessarily share the same traumatic reactions.

7.2.3 A thorough assessment is essential to determine the mental health needs of mass violence victims and survivors.

7.2.4 Engage a holistic approach, which includes diverse faith or spiritual healing practices, to support victims and survivors and surviving family members in the long term. Do remember, however, that not all victims are religious or spiritual.

7.2.5 Initial efforts of mental health professionals should focus on providing compassionate support and information that will help victims cope and bolster resilience.

7.2.6 Many victims and survivors and bereaved may benefit from grief counseling, but this type of counseling generally is more appropriate at a later time as individuals adjust to life.

7.2.6.1 (Insert agency/department responsible) will be responsible for determining who will be eligible for behavioral health services by (Insert process to determine eligibility).

7.2.6.2 Once a comprehensive list of those who are eligible for services has been compiled, (insert method used) will be used to share this information between agencies.

7.2.2.3 (Insert method used) will be used to ensure victims who want to access follow up services are connected to linkage services and funded resources, such as those found at the Resiliency Center or program.

7.2.6.4 (Insert method used) will ensure that there are multiple Behavioral Health response methods for accessing needed care (I.e., as many “open doors” as possible), and that alternative interventions are included.

7.3 Organizational Chart/Staffing**.** In the aftermath of a mass violence/domestic terrorism incident, communities are often inundated with offers of help and support. An appropriate trauma therapist must be knowledgeable and trained about evidence-based trauma treatments and practices, particularly those that are effective in treating victims and victims and survivors of violent crime.

7.3.1 Unfortunately, lots of individuals are interested in providing services right after an incident but as the months go by and the news cycle changes, people may lose interest in providing services. This may be when victims most need these services.

7.3.2 Provider credentials shall be vetted by (insert vetting process).

7.3.3 Behavioral health service providers may be included in other organizational structures such as the FAC structure. If there is a need for a separate organization structure for behavioral health, the following organizational chart can be used. (The organizational chart, identifying reporting structure, for behavioral health services should be inserted here.)

7.3.4 The roles and responsibilities of staffing for a behavioral health team include:

Role	Responsibility(s)	Providing Agency	Agency POC	Backup POC

7.3.5 Bi-lingual service providers are sometimes overlooked during staff planning. The following providers include bi-lingual professionals:

Entity/Organization	Point of Contact (POC) Agency, Phone Number & Email	Services Provided

7.4 Activation. Behavioral health services are needed throughout the response and recovery of an incident. Services may be included from the immediate response through the FAC and into long-term recovery at the Resiliency Center.

7.4.1 As you move through the early months of an incident, behavioral health needs may change. More psychological needs may come out later when people find it difficult to go back home or to function well at work.

7.4.2 (Insert department/agency responsible) will be responsible for coordinating incident-specific behavioral health services.

7.4.3 (Insert method used) will be used to coordinate incident-specific behavioral health services.

7.4.4 Credentialled mental health professionals, victims' advocates, and crisis counselors will be notified of the activation of their services and the reporting date, time, and location, if appropriate, by (insert method used to notify staffing members).

7.4.5 (Insert department/agency responsible) will be responsible for ensuring volunteers are managed according to (reference volunteer management plan or develop a process to add here).

7.4.6 (Insert department/agency responsible) will be responsible for documenting which entities/organizations are providing/have provided services.

7.4.7 Behavioral health should be responding as soon as they have been notified of an INC activation and a location has been determined.

7.4.8 When/if it is determined that a hotline should be made available to assist victims or provide them with behavioral health service options/locations, (insert agency/department responsible) shall be responsible for activating and staffing the hotline.

7.5 Location and Material Resources**.** Low-cost or no cost psychological care providers may be available to assist in the immediate aftermath of an incident. It is important these are crisis-trained and credentialed providers. Federal grants may also be available to fund or reimburse jurisdictions for the provision of behavioral health services. In addition, the campus Employee Assistance Program may have additional services to provide after an MCI.

7.5.1 Costs associated with the provision of these services may be covered by (insert exercise funding options).

7.5.2 (Insert agency/department responsible) will be responsible for developing a list of Behavioral Health agencies who are willing and have the capacity (or are willing to bypass existing waitlists) to work with victims and survivors.

7.5.3 Victim referrals to behavioral health professionals will be provided by (insert method used).

7.3.4 Victim referrals will be tracked by (insert method used).

7.6 Communication. (Insert agency/department responsible) will be responsible for informing the victims of behavioral health services available.

7.6.1 (Insert communication avenue) will be the primary conduit for informing the victims and survivors of behavioral health services available.

7.6.2 (Insert communication avenue) will be the primary conduit for sharing behavioral health service information with collaborators.

VIII. Training and Exercise

By regularly practicing this plan, the campus can identify potential gaps, improve response efficiency, and enhance coordination among various campus units and external agencies. Moreover, engaging with external collaborators, including local emergency services and community organizations, fosters a collaborative, cohesive approach to crisis management, which is essential when the campus's resources alone might be insufficient to address a large-scale incident. By conducting exercises and drills, institutions also raise awareness and preparedness levels, both within the campus community and among external partners, ultimately enhancing the likelihood of a successful and swift reunification process in times of need. In sum, the regular training and exercising of reunification plans not only contribute to the safety of all involved but also promote resilience and a culture of readiness within and beyond the campus environment.

IX. Attachments

Attachment 1 – List of Potential Internal and External Partners

Service	Planning Considerations	Potential Internal Partners	Potential External Partners
Mental/ Behavioral Health	• Need to have the ability to have services and/or providers service both staff and students • Coordinate with EAP contractor to determine the level of support in a crisis • Develop MOUs with surrounding Universities for additional support	• Student Health Center • Counseling Center • EAP Services • Student Affairs • Academic Health System • Public Health • Wellness Center • Disability Services Center • Telehealth	• EAP Contracts • Victim Services Providers • Crisis Response Teams • Health Care Coalitions • FBI Victim Services • Peer Support • Dept. Criminal Justice Services • Critical Incident Stress Management Teams • American Red Cross • State Disaster Behavior Health response teams
Spiritual Care	• If these services are not readily available on campus, consider working with outside groups. This should not be a service handled by student groups/ organizations	• EAP Services • Academic Health System Spiritual Center • Chaplaincy • Campus Spiritual Life Groups/ Ministry Leaders	• Spiritual leader in the local area • Volunteer Organizations Active in a Disaster • Hospital Chaplaincy Coordinators • Local Non-profits • Local pastoral services
Victim ID/ Tracking	• Need to have several methods used to coordinate with the hospitals • Send a campus representative other than PD with	• Campus Social Workers • EAP • Academic Health System	• Victim Services • Social Workers • County EMS • Health Care Agency • American Red Cross

	authorization to receive updates on patient information (i.e. Social Services Rep) • Pre-determine personnel authorized to release	• Registrar's Office/Strategic Enrollment • Executive Group of Student EMS/ EM • Student Life/ Dean of Students	• FBI Victim Services • Coroner • Regional Advisory Councils • Health Care Coalition • 211 • Personal Effects and site recovery vendors • Public health
Reunification/ Notification Team	• Individuals who implement plans for notification including involvement in the incident, missing status, and death notifications • Preidentified personnel authorized to make corresponding notifications	• Campus Social Workers • Counseling Center • Campus PD/Safety • Student Affairs	• Coroner • Victims Services Departments • American Red Cross • Contracted Services (e.g. Empathia)
Comms/IT	• Cell phones and/or computers that work to allow individuals to update their status • Service providers offer a program for first responders to assist with obtaining phones • Additional Wi-Fi hotspots/capability	• OIT	• RACES • GETS/WPS • Service Providers (Verizon, At&T, etc.) • Cellular on wheels/light pouch
Transportation	• Have this information already laid out and available in a template to quickly push out • Include transportation from	• Parking & Transportation services • Campus bus/shuttle service • Fleet	• Local School Districts • Uber/Lyft Contracts • Hotel shuttle services • Existing charter contracts

	airport, parking information, transportation to hotels, etc. • Be prepared to provide info on local hotels (work with local visitor's bureau or other agency to get current information)		• Sports & Recreation • Paratransit • Public Transit
Logistics/ Mass Care	• Have information on what is acceptable for donations and procedures for coordinating those in a template to quickly push out • Leverage campus food pantries if available • Determine what level of service the campus food service vendor could provide • Leverage existing contracts	• Campus Dining • Special Events & Protocol • Campus Housing • Campus Facility/ Maintenance • Student Center/Events • HR Donations Manager	• Local Non-profit organizations • National/Regional Non-profit • Local business leaders • Local Community Organization Active in a Disaster (COAD)/ Voluntary Organization Active in a Disaster (VOAD)
Safety/ Security	• Depending on the incident, law enforcement may be present to conduct interviews • If not required, consider using non-uniform officers, especially inside the INC or FAC • Leverage CSOs/CSAs/PSOs/ PSAs Develop a process to manage self-deployed agencies	• Campus PD • Public Safety Officers • Community Safety Ambassadors • Contracted security	• Local law enforcement officials • Sherriff's office • Contracted security

Registration	• Personnel filling this role should be prepared to do quick case management on what the individual's needs are and get them to the right resource within the INC
	• They should expect to address the major issues such as:
	  ○ Notification of involvement
	  ○ Victim Accounting
	• Information about the incident and recovery plan
		• Employee Experience Center
		• Special Events & Protocol
		• Mental Health First Aid Instructors
		• CERT
		• Student Affairs
		• Athletics
			• Volunteer Organizations Active in a Disaster
			• Local/Regional/National non-profits
			• Local school district staff
			• Crisis Response Teams

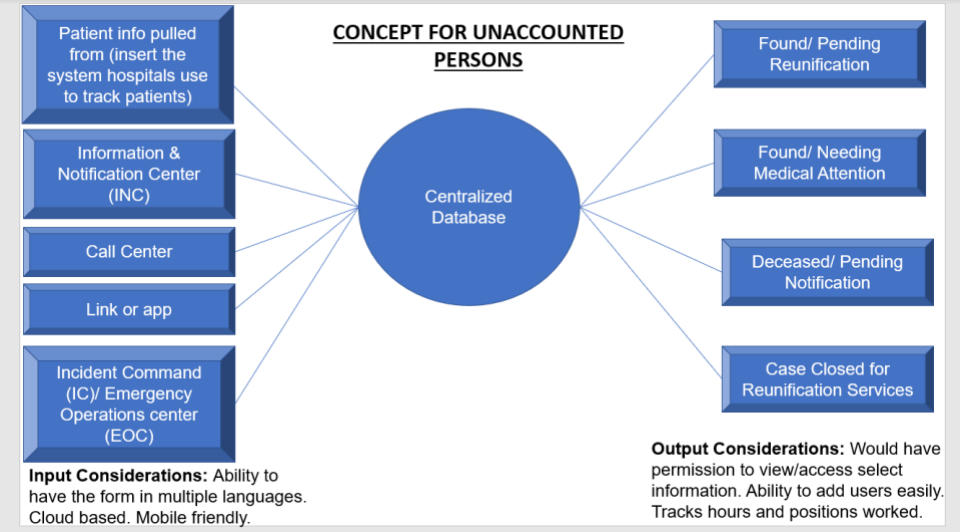
PIO/Media	• Shall conduct briefings with information prior to it being released to the media • Messaging needs to be consistent across all platforms • Encourage internal and external collaborators to share official campus messaging versus drafting new messaging as well as to ensure misinformation/false information is not spread • Pre-establish media locations for each INC location	• PIO/ News Office/ Enterprise Communication	• PIOs from surrounding cities • Contracts with local school districts/universities • MAAs • NIMAA
Family Briefings/	• Assign a person with experience in	• Campus Social Workers	• Victims Services Departments

Information Updates	crisis communication, preferably someone trained in crisis intervention or a mental health professional. • Ensure they are well-versed in the incident details, have empathy, and can manage stress well. • Collaborate closely with emergency response authorities to ensure that the information being conveyed is accurate and consistent with official updates. • Respect the privacy of the affected families and avoid disclosing sensitive details unnecessarily.	• Counseling Center • Student Affairs • Mental Health First Aid Instructors • Academic Health System	• American Red Cross • Critical Incident Stress Management Teams • State Disaster Behavior Health response teams • Contracted Services (e.g. Empathia)

Attachment 2 – INC Fillable Contact List

Service	Internal Resources	Contact Information	External Resources	Contact Information
Mental/ Behavioral Health				
Spiritual Care				
Victim ID/Tracking				
Reunification/ Notification Team				
Comms/IT				
Transportation				
Logistics/ Mass Care				
Safety/Security				
Registration/Badging				
PIO/Media				
Family Briefings/ Information Updates				
Other:				

Attachment 3 – Potential Methods for Reporting Missing Persons



Input Method	Responsibility
Call Center	• Contracted out (AWS Connect, FEI, Call Experts, Ambs, Empathia Black Swan, AnswerNet, etc.) • County Hotline • 211 • INC Staff
App/Link	• QR code • PIO post on social medio/campus platforms
In Person	• INC staff
Hospital Information Systems / Family Information Centers	• POC at hospital site location • Ability to access hospital patient tracking system • American Red Cross • Victims Services
Other	

MISSING PERSON FORM

Informant Contact Information

Last Name	First Name	Middle Name	
Relationship to Missing Person	Phone Number(s)	e-Mail	
Street Address	City	State	Zip
Contact Person (if different than above)			
Last Known Contact (please list time, location, method of interaction)			
Please list why you think they are missing:			

Missing Person Information

Last Name	First Name	Middle Name			
Maiden Name (if applicable)	Nicknames or Aliases	Phone Number(s)			
Date of Birth	Age	Gender	Relationship to Informant	Race	Marital Status
Street Address	City	State	Zip		
Does the person require medication (if yes, please list)	Primary Language				
Does the person have any major medical or mental health concerns (if yes, please list)					
Weight	Height	Eye Color	Hair Color & Length		
Identifying Characteristics – scars, tattoos, piercings, birth marks, ...					
Last known Clothing – type, size, color, footwear, jewelry, ...					
Does the person carry a wallet or purse, if so please describe?					

Informant's Needs – Do you have any need for any of the following? (please circle if yes)

Lodging	Medical	Dietary	Religious	Transportation	Other:

Confidentiality: We respect your privacy. We will honor your wishes when sharing information about your needs. *Please let us know of limitations.*

Staff Use

Staff Name		Staff Phone Number
Date	Time	Method of Collection: By Phone In Person, list location _____