

## Family Reunification / Information and Support Center (FISC)

In a mass casualty event the first patients presenting to the hospital will be those who were able to self-extricate. These can be over 80% of the incident's overall patient load, and are typically less physically injured than those who will be arriving later but will include many individuals who are emotionally distressed or psychologically injured. The ratio of psychological casualties to medical patients has been estimated at 4:1 or greater.

Typically in disasters at the hospital level one talks about a second surge of patients who arrive via EMS. There is however a different kind of second surge and this is the psychosocial. This psychosocial second surge is comprised of families and friends who have become aware of the events and cannot locate a loved one.

Families will seek out information in a variety of ways. They may telephone hospitals or other sources of information, they may go online and searching websites or social media, they may post flyers asking people to call if they have any information. Based on the events they may make an assumption as to what hospital that person may have been taken to and may congregate there. If they are assured that their loved one is not at the primary hospital they may move on to other locations. Throughout this process they will be distressed and may cause distress in others.

It is worth keeping in mind that, while a finite number of people may be injured, those individuals may have multiple friends and family members concerned about them leading to a far higher absolute volume of people first responders have to deal with.

For these reasons it is important to have a response plan for family reunification that is able to reconnect family members to their missing loved ones regardless of the primary patient's medical status, be it well, injured or deceased.

Three key points to keep in mind are that:

- In a disaster families and make it a priority to reconnect and reunify.
- The most important initial need of the family is information.
- Family members, while not physically injured, are in psychological pain and may behave as such.

Family reunification plans require the establishment of a Family Information and Support Center or FISC.

### The goals of the FISC are

1. Reunification of families
2. Providing families with information on their loved ones
3. Connecting family members to outside resources [counseling, social work, local housing etc.]
4. Emotional support while at the center and connecting to later support if needed
5. Protecting the hospital so that clinical resources are dedicated to those with the clinical need

Any family reunification plan a hospital puts in place has to have within it the ability to provide accurate information and support in a timely fashion while protecting the infrastructure of the hospital. For example if dozens of people are calling the hospital switchboard it will not be able to keep up with the load. British and Israeli plans include setting up dedicated phone numbers for families to call. This allows for alleviating some of the family's distress without having them come to one or more hospitals which is both inconvenient to them and can interfere with hospital function.

For those families that do come to the hospital the FISC needs to be located away from the emergency department, ideally with its own separate entrance, and allow for both containment and security.

FISCs require:

- 1) Chairs and tables
- 2) Phone and data links adequate for deployment of the appropriate equipment.
- 3) Forms or paperless process to collect information
- 4) Publicly accessible, robust and free data/Wi-Fi so that families can communicate freely.
- 5) Washrooms in proximity.
- 6) Access to smaller private areas for counseling or bereavement notification.
- 7) Access to a discharge area where families can be reunited and leave the facility
- 8) Controlled access to clinical care areas to bring family members to the bedsides of their loved ones where applicable
- 9) Translation services.
- 10) Basic refreshments both for families and staff.
- 11) Staffing including, amongst others, security, social work, chaplaincy, clerical, runners and access to health care staff in case a medical condition arises. Specific Job Action Sheets are attached to this document (courtesy of Sunnybrook Hospital, Toronto)
- 12) Adequate supplies and staffing for 72 hours of independent function
- 13) A private staff area, ideally with a toilet.

FISCs must have the ability to:

1. Register missing people based on information provided by family members. (see below)
2. Interface with other registries so as to avoid double documentation and redundant data
3. Function within an Incident Management System [IMS] structure
4. Receive information from clinical caregivers and the hospital Emergency Operations Center [EOC] in a timely fashion
5. Transmit information to a broad group of clinical caregivers via the hospital EOC while maintaining privacy
6. Make periodic announcements and updates
7. Limit access to people who were there with legitimate reasons [as opposed to media or gawkers]
8. Mitigate or control emotional outbursts.

Registration is the equivalent of a missing person's report. It must include the following;

1. Who is submitting the report including name, relationship to the missing person, phone number and email address if available (if not how should the person be contacted if information becomes available).
2. Any secondary contact people if the primary person is unavailable and their contact information. Missing person's identification including name, date of birth, address, patient identifiers and description. Patient identifiers would include skin colour, hair colour, eye colour, height, weight, identifying marks such as tattoos, scars etc.
3. Pertinent missing person's medical information
4. Ideally a photograph of the missing person and their contact information

There is a similar process for unidentified patient registration. Forms for both these processes are attached to this document (courtesy of Sunnybrook Hospital, Toronto)

The FISC should provide registered families with;

1. Identification so family members can access the FISC
2. A phone number for family members to call if they want to provide further information or if they have further questions [if the infrastructure exists this can be shared between multiple facilities with a common database]
3. Ideally a password protected webpage where they can find information on their loved ones [again this can be shared if adequate infrastructure exists]