Family Assistance: Supporting Evacuees in Receiving Communities following an IND attack

January 24, 2013
Assumptions

- Formal and informal movement/distribution of evacuees and patients over extended period of time
- Lack of unified patient tracking capabilities
- Large numbers of reported “missing”
- Large numbers of fatalities – identification may take prolonged period of time
- Significant psychological burden for loved ones of missing/unaccounted for and deceased
Family Assistance Centers

- Coordinated information sharing regarding response and recovery activities related to missing or unaccounted for persons and the deceased
- Collecting antemortem information to assist with victim identifications
- Providing psychological and emotional support
- Connect families/loved ones of missing or deceased to supportive services and basic human needs assistance
Missing Persons

- What systems will be established to centralize information and inquiries regarding missing persons?
- Who will be responsible for determining is missing? How will local law enforcement and other responders coordinate with this effort?
- Centralized database?
- Red Cross Safe and Well?
- Unaccompanied minors?
Antemortem Data Collection

- Required for scientific victim identification
- Where is antemortem data collected?
  - Centralized Victim Identification Center and call center?
  - Coordination of local law enforcement, coroner/medical examiner in receiving communities with this effort?
- What about fatalities not occurring at incident site?
Patient Tracking and Accountability

- What systems will be used to track patients?
  - JPATS?
  - Local systems?
- How does disparate patient tracking information get reconciled in a centralized way?
- Who is responsible for communicating with families about status and whereabouts of patients?
  - HHS – Service Access Teams?
  - Red Cross?
Psychological and Social Services

- Highly traumatic events
- Traumatic grief
- Appropriate triage and referral to services
- Case management
- Crime Victims Assistance
Integration with CRCs

- Co-locate services where possible but recognize need for separate and specialized activities for sensitive operations
- Mental health triage and support
- Missing persons/family reunification-information gathering and referral
- Connection to other social services
- Coordination with hospital-based family information/support activities
We *can* do this

- We *can* prepare for these issues
- Education and prioritization from the top down and bottom up
- Addressing the needs of victims’ survivors and reuniting families *is* a health issue
Questions