

# Tips for Healthcare Facilities: Assisting Families and Loved Ones after a Mass Casualty Incident (Summary)

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This tip sheet summarizes the [ASPR TRACIE](#) document [Tips for Healthcare Facilities: Assisting Families and Loved Ones after a Mass Casualty Incident](#), which highlights best practices and issues related to planning for, activating, and operating hospital or healthcare facility Family Information Centers (FIC)/ Family Support Centers (FSC), in collaboration with Family Reception Centers (FRC) and Family Assistance Centers (FAC).

## Overall Considerations

Following a mass casualty incident (MCI), communities must be prepared to establish family member / loved one reunification and notification processes, and provide assistance and recovery support as quickly as possible.

Rapid activation of pre-designated family support locations, related electronic systems (e.g., information sharing, patient tracking, reunification), and trained personnel are critical to reducing the emotional distress of patients and families, and to reducing demands on 911, hospitals, and other systems that may be overwhelmed.

## Immediately after an Incident

In the immediate aftermath of an MCI, survivors and their loved ones will have four fundamental concerns or needs:

- 1) Determining if their loved one was involved in the MCI;
- 2) Determining their loved one's whereabouts and welfare (i.e., injury status);
- 3) Obtaining information regarding the MCI and receiving available resources (e.g., meeting immediate needs such as food, shelter, clothing, and aid); and
- 4) Receiving their loved one's personal effects.

In the minutes and hours during and after an MCI, people will flock to local hospitals (particularly trauma centers and hospitals closest to the incident), desperate to locate their loved ones. They will also call seeking information, potentially overloading hospital switchboards.

Delays will occur both in gathering data about patients (and their locations as well as people who have gone missing) and providing reunification and notifications to family members due to factors such as: lockdown situations and ongoing threats or hazards, evacuations from the scene, the loss of phones/ phone service, the inability to use a device (e.g., the critically injured or dead), data/internet failures, and/or inability to quickly identify patients.

## Planning Considerations

Healthcare facilities should have operational plans to stand up Family Information Centers/Family Support Centers (FICs/FSCs) as early as possible during an MCI to provide initial information relevant to families arriving at the facility. These FICs/FSCs should also assist with reunification, notification, and providing support to patient's loved ones, *before community resources are made available* through a Family Reception Center (FRC) and/or Family Assistance Center (FAC). As soon as the FRC or FAC is opened, most family support functions should be transferred to that location. (Note that in some circumstances, the hospital-based FIC/FSC may need to remain open for some time following FRC and/or FAC activation.)

- FIC/FSC operations can be organized into three phases:
  - 1) Immediate (establish FIC/FSC, receive patients and loved ones, notification, reunification);
  - 2) Intermediate (concurrent operations with FRC or FAC) when majority of patients remain admitted and bulk of loved ones present in the healthcare facility); and
  - 3) Recovery (majority of patients have been discharged and plans should address assistance with long-term patients admitted).
- Spaces for FIC/FSC functions should be separate from patient care areas and away from media attention.
- Processes and methods (e.g., message boards, regular verbal announcements, social media, etc.) for sharing updates should be pre-defined. Updates should occur at defined intervals, and include situational and hospital information, as well as how many unidentified patients remain at the facility, and the status of the larger jurisdictional family assistance operation as that information becomes known.
- Information should be shared with victims' families before it is provided to the media.
- Once a family member is notified that information is available about their loved one, they should be taken to a private area that can accommodate at least 10 family members, and updated there unless they can be immediately escorted to be with the patient.
- Personnel providing information to family members of the deceased should be trained professionals that have experience with notification. They should be able to take into account cultural and religious sensitivities and be able to accommodate individuals with special needs and/or disabilities. If the incident is the result of a criminal act, law enforcement, medical examiners, or coroners may provide notification of deaths.
- Children may present with patients or be unaccompanied *as patients*. A supervised, secure, pediatric-safe area (sheltered from the response) should be designated for children that are medically cleared without a caregiver. A process for checking children out to an appropriate caregiver should be ensured.
- If there are multiple hospitals in the area, a centralized process for sharing patient lists and information on unidentified patients should be in place (e.g., a specific location, website, or hotline) to provide information to family members seeking loved ones so that they are not making multiple trips / phone calls to multiple facilities.
- The sharing of patient tracking information, including for survivors and the deceased, needs to remain **HIPAA compliant**, and released with information from other hospitals with the approval of official authorities, such as law enforcement and the medical examiner, as directed. Initial emergency medical services patient transport and referral information may be available via their dispatch or operations center and can be shared to facilitate reunification. Note that HIPAA has broad exclusions for the exchange of information necessary for family reunification. If there are issues with proposed information exchange, those should be worked out prior to the incident. Some states have additional patient privacy laws beyond HIPAA that should also be taken into consideration. Hospitals should integrate their planning and response for MCIs and family support with their healthcare coalitions, emergency management and local authorities, to ensure a coordinated response.

### Related ASPR TRACIE Resources

#### Topic Collections

Explosives and Mass Shooting  
 Family Reunification and Support  
 Fatality Management  
 Mental/Behavioral Health

#### Other Resources

Disaster Behavioral Health: Resources at Your Fingertips  
 HIPAA and Disasters: What Emergency Professionals Need to Know

No-Notice Incidents: Family Assistance  
 Select Mass Violence Resources  
*The Exchange*, Issue 3: Preparing For and Responding to No-Notice Events  
*The Exchange*, Issue 4: Disaster Behavioral Health and Resilience