

FAMILY INFORMATION & SUPPORT CENTER

RESPONSE PLAN

Purpose

To prepare a central area where families can gather, receive information on their loved one and expedite reunification as a result of a mass casualty or other incidents that bring families into the hospital

Objective

- Provide information and support to families whose loved one may be hospitalized
- Provide Psychosocial First Aid to families
- Crisis Response and Grief Counseling for certain events impacting families. (goal is to stabilize the individuals in the moment and refer to appropriate community services)
- Provide community resources and referrals for families based on the nature of the emergency event, coping with traumatic events to include but not limited to Bereavement Services, Children and Adult Counseling
- Provide identification or reunification of all individuals affected (both survivors and deceased),
- Provide timely information and real-time updates, and assistance to reunify with loved ones and their belongings.
- Regularly communicate with the Hospital Emergency Operations Centre (HEOC) and in-patient units to support patient identification and reunification

Definitions

Psychological First Aid

“Psychological First Aid is an evidence-informed 1 modular approach to help children, adolescents, adults, and families in the immediate aftermath of disaster and terrorism. Psychological First Aid is designed to reduce the initial distress caused by traumatic events and to foster short- and long-term adaptive functioning and coping” (NCTSN, n.d.).

Leadership

Social Work, Spiritual Care Practitioners and Volunteer Resources will be providing a co-leadership model through a core team of Social Workers/Spiritual Care Practitioners /Volunteer Resources, as well as hospital volunteer colleagues who will work collaboratively to operationalize a FISC response when a Code Orange Minor or Major is called. The Professional Leader for Social Work will act as the FISC Lead unless unable to do so. If unable a designated FISC Social Work team member will be identified to fill the lead role.

Staffing

The FISC will be staffed by Social Workers, Spiritual Care Practitioners, Volunteer Resources and hospital volunteers as well as other Sunnybrook staff as needed.

Authority to Activate

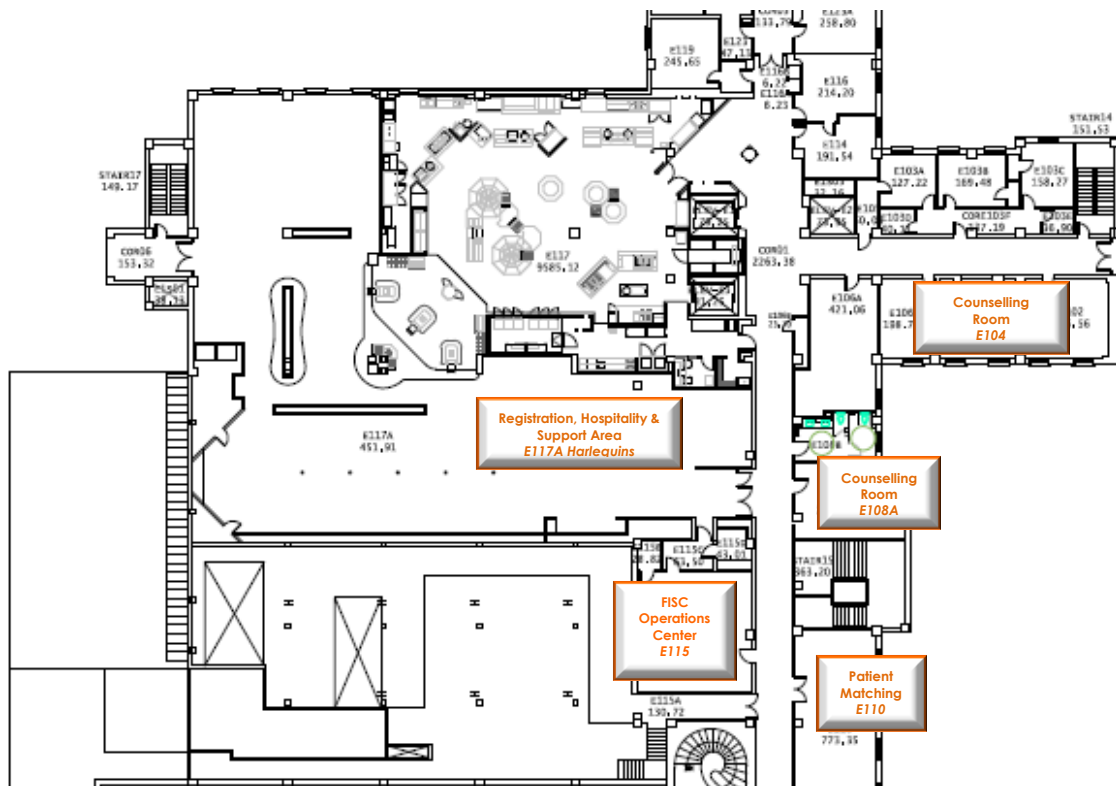
The activation of the FISC will be from the FISC Leader in consultation with the Hospital Incident Commander

Location

The set-up of the FISC at Bayview Campus will utilize the first floor of E wing to specifically include the following rooms:

- E117A Harlequins – Registration, Hospitality & Support Area
- E115 – FISC Operations Center
- E110 – Patient Matching
- E104 & E108A – Counselling Room
- H230 – Staff Assignment Center

Floor Plan



The set-up of the FISC at the Holland Center will encompass the first floor cafeteria and at St. John's Rehab the upper level outpatient area.

Appendices & References

Appendices

- APPENDIX A: *FISC Activation – Business Hours*
- APPENDIX B: *FISC Activation – Evenings & Weekends*
- APPENDIX C: *FISC Organization Chart*
- APPENDIX D: *Staffing Requirements*
- APPENDIX E: *FISC Process Flow Chart*
- APPENDIX F: *Internal & External Stakeholder Support*
- APPENDIX G: *FISC Supplies Inventory*
- APPENDIX H: *FISC Team Requirements*
- APPENDIX I: *FISC Compensation Protocol*
- APPENDIX J: *FISC Family Registration Form*
- APPENDIX K: *FISC Unidentified Patient Form*
- APPENDIX L: *PHI Decision Support Tool*

Job Action Checklists

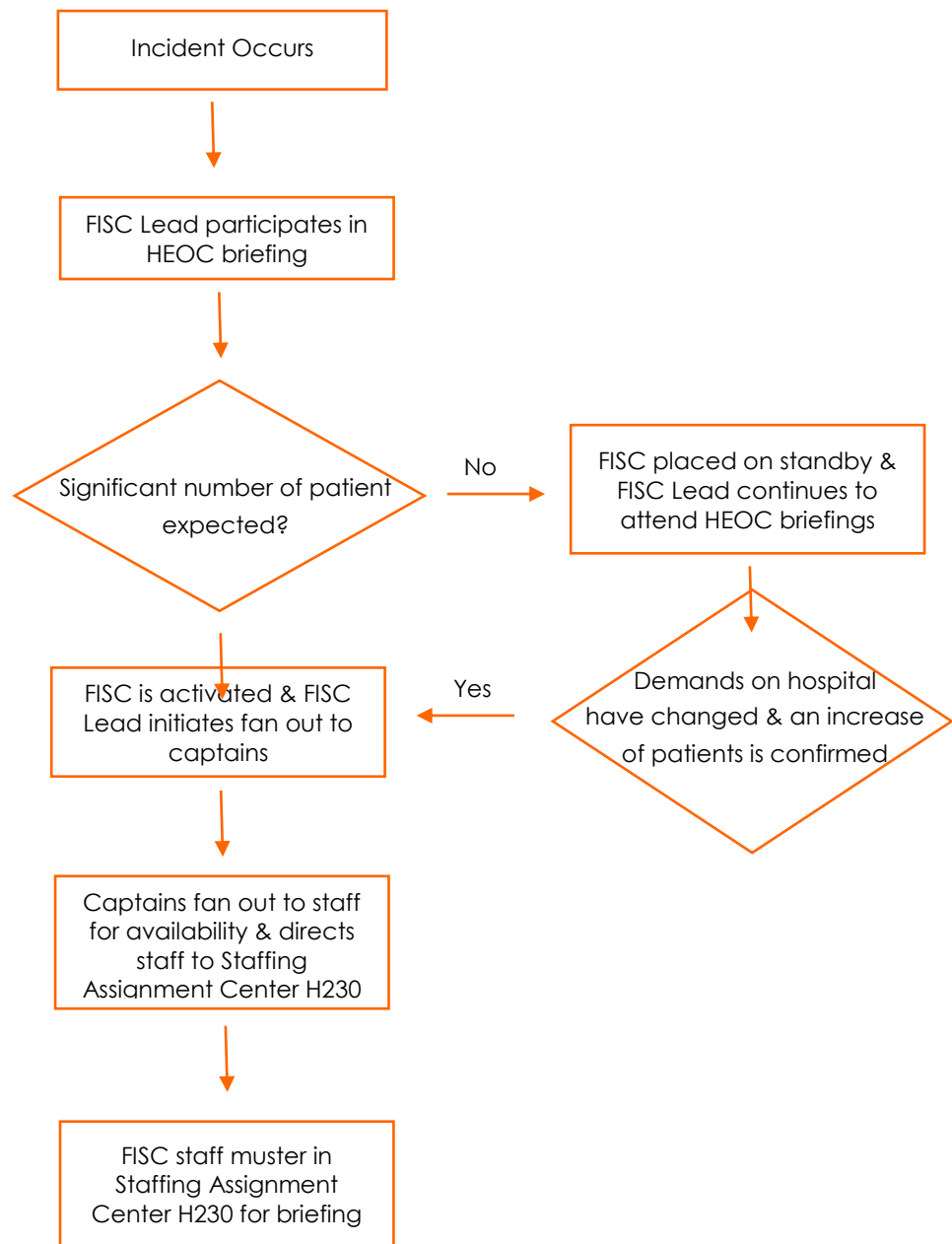
- *FISC Lead*
- *FISC Fan-Out Captains*
- *Emergency Department Specialist*
- *Greeter Specialist*
- *Registration Specialist*
- *Hospitality & Support Area Specialist*
- *Patient Matching Specialist*
- *Registration*
- *Patient Matching*
- *Support Team*
- *Hospitality Team*
- *Runner*
- *Greeter*
- *Staffing Assignment*

References

- *Mount Sinai Hospital Family Information Support Centre Response Plan*
- *American Academy of Pediatrics; Family Reunification Following Disasters: A Planning Tool for Health Care Facilities; Version 1: July 2018; <https://www.aap.org/en-us/Documents/AAP-Reunification-Toolkit.pdf>*
- *The National Child Traumatic Stress Network; About PFA: The National Child Traumatic Stress Network <https://www.nctsn.org/treatments-and-practices/psychological-first-aid-and-skills-for-psychological-recovery/about-pfa>*

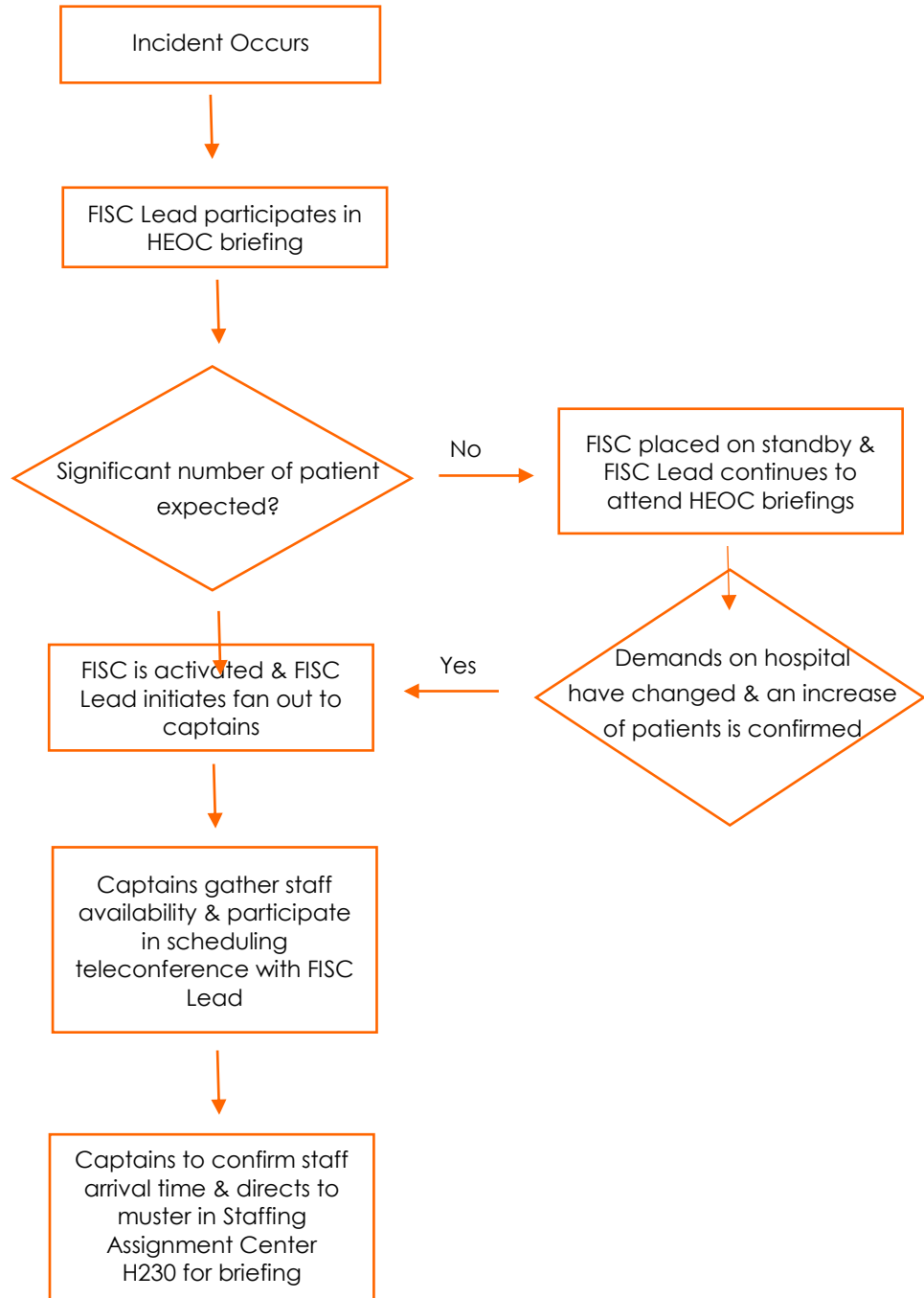
Appendix A

Activation during Business Hours



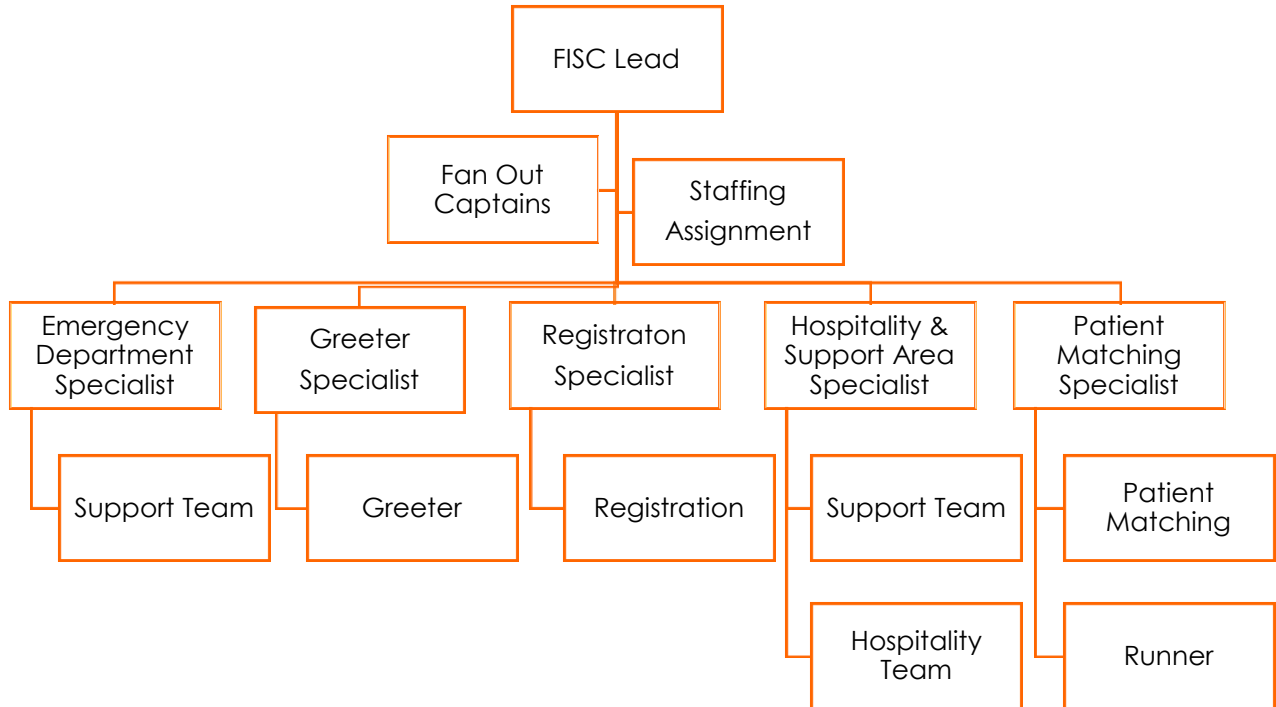
Appendix B

Activation on Evenings & Weekends



Appendix C

Organizational Chart



Appendix D

Staffing Requirements

Quantity	Title	Discipline	Function
1	FISC Lead	Social Work	Communicates with HEOC and FISC Specialists Provide leadership, direction and regular communication to the FISC Specialists team/FISC team Operationalizes & manages FISC
2	Staffing Assignment	Social Work Spiritual Care	Reports to FISC Lead Registers staff and assigns roles Manages schedule of FISC team
1	Emergency Department FISC Specialist	Social Work Spiritual Care	Reports to FISC Lead Oversee psychosocial response in the Emergency Department Provide leadership, direction and regular communication to the Support team Communicates to FISC Lead
1	Greeter Specialist	Volunteer Resources Social Work Spiritual Care	Reports to FISC Lead Provide leadership, direction and regular communication to the Greeter team Welcomes and directs families & friends to the FISC, when required Communicates to FISC Lead
1	Registration Specialist	Spiritual Care Social Work Volunteer Resources	Reports to FISC Lead Provide leadership, direction and regular communication to the Registration team Registers family and friends and provides introduction to the FISC, when required Communicates to FISC Lead
1	Hospitality & Support Area Specialist	Social Work Spiritual Care	Reports to FISC Lead Provide leadership, direction and regular communication to the Support & Hospitality teams Observes FISC waiting area and receives updates of identified needs from Support & Hospitality teams Communicates to FISC Lead
1	Patient Matching Specialist	Spiritual Care Social Work	Reports to FISC Lead Provide leadership, direction and regular communication to the Patient Matching team Data entry of completed family and unidentified forms, when required Communicates with partner hospital FISC Communicates to FISC Lead
4 - 7	Support Team	Social Work Spiritual Care	Reports to Hospitality & Support Area Specialist or Emergency Department Specialist Supports psychosocial response Escorts families for reunification Escorts families to morgue if appropriate. Supports identifying unidentified patients on in-patient units
2	Hospitality Team	Volunteer Volunteer Resources	Reports to Hospitality & Support Area Specialist Provides families with tissues, water and snacks Directs families to washrooms and charging station Assists with other duties as directed
4	Registration	Spiritual Care Social Work <i>*A Volunteer may fill this role if necessary</i>	Reports to Registration Specialist Registering family and friends to the FISC Introduces family and friends to the FISC Directs family to waiting area
3 - 4	Patient Matching	Social Work Spiritual Care	Reports to Patient Matching Specialist Data entry of completed family and unidentified forms Matches patient to family & friends Communicates with partner hospital FISC
2-4	Runner	Volunteer Volunteer Resources	Reports to Patient Matching Specialist Pick up family registration forms from Support Area and delivers to Patient

			Matching Pick up patient identification forms from in-patient units and delivers to Patient Matching Assists with other duties as directed
6-16	Greeter	Volunteer Volunteer Resources	Reports to Greeter Specialist Welcomes and directs family & friends to the FISC
2-4	Children's Area	Volunteer	Coordinate activities and provide support

Appendix E

Internal & External Stakeholders

To successfully set up and operationalize the FISC, support will be required from both internal and external stakeholders. The following are the roles and responsibilities of the stakeholders. These stakeholder will be activated by the FISC Lead as per the agreed upon avenue.

Internal Stakeholder Support

Security - Monitor access to the FISC for staff and families

Food Services – Food and beverage to be provided to support families and staff during operational period

Translation Services - Translation services for the diverse multi-cultural population, with a minimum of 2 translators on site and the support of telephone translation services during the operational period

Office of the Patient Experience – Responds to telephone inquiries of family looking for loved ones. Supports families by completing the family identification form over the phone to then be submitted to Patient Matching within the FISC.

Communication & Stakeholder Relations – Provide effective and accessible communication methods and work with internal and external stakeholders to ensure consistent messaging to families

Privacy Office/Legal/Ethics – Ensure information sharing with surrounding hospitals to support quick reunification of loved ones

Occupational Health & Safety – Provide EAP Responders for staff as the incident can be overwhelming and can lead to traumatic stress.

External Stakeholder Support

City of Toronto Office of Emergency Management – provides support in connecting other municipal and other emergency management services, such as Canadian Red Cross and 311. Working with Toronto Police, the OEM will provide assistance through the Friends and Family Assistance Center (FFAC) which would be located near the incident location.

Toronto Police Services – provides a Liaison Officer to support the FISC by providing regular updates to help keep families informed.

Appendix F

Supplies

All FISC supplies are stored in the FISC rolling cabinet located in H230

- FISC Response Plan including fan out lists
- FISC Job Action Checklists
- Staff Registration Sign in Sheets
- Family Registration Accordion File
- Family Registration forms
- Patient Identification forms
- FISC directional signs
- Orange Vest (FISC team)
- Yellow Vests (FISC Lead/Specialists)
- 3 Computers
- FISC Stickers
- 3 Companion Phones
- 20 clip boards
- Writing utensils/paper/clipboards
- Handouts for Families
- Electronics Charging station for Families

Appendix G

Team Requirements

- Review yearly
 - FISC Plan
 - Job Action Checklists

- Yearly participation in training and/or exercises

Appendix H

Compensation Protocol

Since the FISC is comprised of mainly Social Work and Spiritual Care Practitioners and where these disciplines do not reside under a specific department the following guidelines will be the compensation protocol when a Family Information Support Centre is triggered as a result of a Code Orange.

Guidelines:

If a FISC is triggered at any time which includes regular work hours, after regular work hours and weekends:


- All day staff will congregate in H230
- A decision will be made by the FISC lead to determine who will be reassigned to their units/program and who will be assigned to FISC based on scheduling and degree of Code Orange triggered
- If employees are required to work beyond their regular 7 ½ hour work day, the Manager they reside under will be informed of the “extra” hours the employee has been asked to work based on FISC and unit specific needs by the FISC lead
- Those employees will be compensated accordingly (either in lieu time or overtime pay).

*Note that depending on the response of families to the event staffing of the FISC may not be only designated to Social Work and Spiritual Care Practitioners; it may be determined more support is required which will be decided at such time between the FISC Lead and Redeployment Centre. As such anyone assigned to the FISC from the Redeployment Centre will follow these compensation guidelines.

The FISC will be activated in response to an incident however the operating hours cannot be determined as families will still be in need of support to locating their loved ones. With that in mind it is requested that those involved in the FISC be provided with rest time before returning to normal hospital duties.

Appendix I

FISC Family Registration Form



FISC STICKER #:

Family Information & Support Center (FISC) Family Registration Form

For Internal Use Only:

Reviewed by:	
Date (DD-MM-YYYY):	Time (HH-MM AM/PM):

Missing Person (who you are looking for)

First Name:		Last Name:	
Other Names (Nicknames, Maiden Name):			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Unknown			
Date of Birth (DD-MM-YYYY):		Age:	Height:
Address: <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other (please specify):			
Phone Number(s): Home -		Mobile -	Business -
Email:			

Social Media Information

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Your Contact Information

Date (DD-MM-YYYY):		Time (HH-MM AM/PM):	
First Name:		Last Name:	
Relationship:			
Next of Kin: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not specify			
Address: <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other (please specify):			
Phone Number(s): Home -		Mobile -	Business -
Email:			

Who Else Maybe Looking for this Person

First Name:		Last Name:	
Relationship:			
May your contact information be given to them? <input type="checkbox"/> Yes <input type="checkbox"/> No			


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Mod/Dev from Peel Regional Police Services Casualty Bureau Forms

Ethnic Appearance:	<input type="checkbox"/> Arab	<input type="checkbox"/> Filipino	<input type="checkbox"/> Korean	<input type="checkbox"/> South Asian	<input type="checkbox"/> West Asian
	<input type="checkbox"/> Black	<input type="checkbox"/> Indigenous	<input type="checkbox"/> Latin American	<input type="checkbox"/> Southeast Asian	<input type="checkbox"/> White
	<input type="checkbox"/> Chinese	<input type="checkbox"/> Japanese	<input type="checkbox"/> Multiple Ethnicity	<input type="checkbox"/> Visible Minority 0-10	
Build:	<input type="checkbox"/> Athletic	<input type="checkbox"/> Heavy	<input type="checkbox"/> Muscular	<input type="checkbox"/> Slim	<input type="checkbox"/> Thin
	<input type="checkbox"/> Average	<input type="checkbox"/> Medium	<input type="checkbox"/> Obese	<input type="checkbox"/> Stocky	
Hair Colour:	<input type="checkbox"/> Auburn	<input type="checkbox"/> Blue	<input type="checkbox"/> Green	<input type="checkbox"/> Orange	<input type="checkbox"/> Red
	<input type="checkbox"/> Black	<input type="checkbox"/> Brown	<input type="checkbox"/> Light Brown	<input type="checkbox"/> Pink	<input type="checkbox"/> Silver/Grey
	<input type="checkbox"/> Blonde	<input type="checkbox"/> Dye	<input type="checkbox"/> Other	<input type="checkbox"/> Purple	<input type="checkbox"/> White
					<input type="checkbox"/> Yellow
Hair Type:	<input type="checkbox"/> Afro	<input type="checkbox"/> Collar Length	<input type="checkbox"/> Implants	<input type="checkbox"/> Shoulder Length	<input type="checkbox"/> Wavy
	<input type="checkbox"/> Bald	<input type="checkbox"/> Cornrows	<input type="checkbox"/> Long	<input type="checkbox"/> Sideburns	<input type="checkbox"/> Wig/Toupee
	<input type="checkbox"/> Balding	<input type="checkbox"/> Crew Cut	<input type="checkbox"/> Pompadour	<input type="checkbox"/> Slightly Receding	
	<input type="checkbox"/> Box Cut	<input type="checkbox"/> Curly	<input type="checkbox"/> Receding	<input type="checkbox"/> Straggly	
	<input type="checkbox"/> Braided	<input type="checkbox"/> Dreadlock	<input type="checkbox"/> Shaved	<input type="checkbox"/> Straight	
	<input type="checkbox"/> Brush Cut	<input type="checkbox"/> Extensions	<input type="checkbox"/> Short	<input type="checkbox"/> Unkempt	
Eyes:	<input type="checkbox"/> Black	<input type="checkbox"/> Blue	<input type="checkbox"/> Brown	<input type="checkbox"/> Grey	<input type="checkbox"/> Green
					<input type="checkbox"/> Hazel
					<input type="checkbox"/> Maroon
Complexion:	<input type="checkbox"/> Albino	<input type="checkbox"/> Light/Fair	<input type="checkbox"/> Other	<input type="checkbox"/> Sallow	
	<input type="checkbox"/> Dark	<input type="checkbox"/> Medium	<input type="checkbox"/> Pimples/Pockmarks	<input type="checkbox"/> Unspecified	
	<input type="checkbox"/> Freckled	<input type="checkbox"/> Moles	<input type="checkbox"/> Ruddy		
Facial Hair:	<input type="checkbox"/> Beard	<input type="checkbox"/> Greying	<input type="checkbox"/> Sideburns	<input type="checkbox"/> Unknown	
	<input type="checkbox"/> Bushy	<input type="checkbox"/> Handlebar	<input type="checkbox"/> Stubble	<input type="checkbox"/> Very Long	
	<input type="checkbox"/> Clean Shaven	<input type="checkbox"/> Long Sideburns	<input type="checkbox"/> Thick Bushy Eyebrows		
	<input type="checkbox"/> Full Beard	<input type="checkbox"/> Moustache	<input type="checkbox"/> Thin Eyebrows		
	<input type="checkbox"/> Goatee	<input type="checkbox"/> Other			
Glasses:	<input type="checkbox"/> Bifocal	<input type="checkbox"/> Distance	<input type="checkbox"/> Seeing		
	<input type="checkbox"/> Corrective	<input type="checkbox"/> Reading	<input type="checkbox"/> Sun Glasses		
Jewelry:					
Clothing:					
Distinguishing Features					
Type <small>(i.e. piercing, scar, tattoo)</small>	Location <small>(eye, ear, arm, leg, etc.)</small>	Position <small>(left, right, etc.)</small>	Full Description		

Appendix J

FISC Unidentified Patient Form



FISC STICKER #:

Family Information & Support Center (FISC) Unidentified Patient Form

Completed by: _____

Date (DD-MM-YYYY): _____ Time (HH-MM AM/PM): _____

➕ Patient Details

First Name: _____ Last Name: _____

Other Names (Nickname, Maiden Name): _____

Gender: Male Female Other Unknown

Date of Birth (DD-MM-YY): _____ Age: _____ Height: _____

Address: Home Business Other (please specify): _____

Phone Number(s): Home - _____ Mobile - _____ Business - _____

Email: _____

Location Details

Location: _____

General Health Status

Critical Poor Fair Stable Satisfaction

Next of Kin Details

First Name: _____ Last Name: _____

Relationship: _____

Consent: Permission to disclose information to searching family or friends and other agencies
 Yes No Unable to provide consent

Address: Home Business Other (please specify): _____

Phone Number(s): Home - _____ Mobile - _____ Business - _____

Email: _____

Comments

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Mod/Def from Peel Regional Police Services Casualty Bureau Forms

Ethnic Appearance:	<input type="checkbox"/> Arab	<input type="checkbox"/> Filipino	<input type="checkbox"/> Korean	<input type="checkbox"/> South Asian	<input type="checkbox"/> West Asian
	<input type="checkbox"/> Black	<input type="checkbox"/> Indigenous	<input type="checkbox"/> Latin American	<input type="checkbox"/> Southeast Asian	<input type="checkbox"/> White
	<input type="checkbox"/> Chinese	<input type="checkbox"/> Japanese	<input type="checkbox"/> Multiple Ethnicity	<input type="checkbox"/> Visible Minority	<input type="checkbox"/>
Build:	<input type="checkbox"/> Athletic	<input type="checkbox"/> Heavy	<input type="checkbox"/> Muscular	<input type="checkbox"/> Slim	<input type="checkbox"/> Thin
	<input type="checkbox"/> Average	<input type="checkbox"/> Medium	<input type="checkbox"/> Obese	<input type="checkbox"/> Stocky	<input type="checkbox"/>
Hair Colour:	<input type="checkbox"/> Auburn	<input type="checkbox"/> Blue	<input type="checkbox"/> Green	<input type="checkbox"/> Orange	<input type="checkbox"/> Red
	<input type="checkbox"/> Black	<input type="checkbox"/> Brown	<input type="checkbox"/> Light Brown	<input type="checkbox"/> Pink	<input type="checkbox"/> Silver/Grey
	<input type="checkbox"/> Blonde	<input type="checkbox"/> Dye	<input type="checkbox"/> Other	<input type="checkbox"/> Purple	<input type="checkbox"/> White
Hair Type:	<input type="checkbox"/> Afro	<input type="checkbox"/> Collar Length	<input type="checkbox"/> Implants	<input type="checkbox"/> Shoulder Length	<input type="checkbox"/> Wavy
	<input type="checkbox"/> Bald	<input type="checkbox"/> Cornrows	<input type="checkbox"/> Long	<input type="checkbox"/> Sideburns	<input type="checkbox"/> Wig/Toupee
	<input type="checkbox"/> Balding	<input type="checkbox"/> Crew Cut	<input type="checkbox"/> Ponytail	<input type="checkbox"/> Slightly Receding	<input type="checkbox"/>
	<input type="checkbox"/> Box Cut	<input type="checkbox"/> Curly	<input type="checkbox"/> Receding	<input type="checkbox"/> Straggly	<input type="checkbox"/>
	<input type="checkbox"/> Braided	<input type="checkbox"/> Dreadlock	<input type="checkbox"/> Shaved	<input type="checkbox"/> Straight	<input type="checkbox"/>
	<input type="checkbox"/> Brush Cut	<input type="checkbox"/> Extensions	<input type="checkbox"/> Short	<input type="checkbox"/> Unkempt	<input type="checkbox"/>
Eyes:	<input type="checkbox"/> Black	<input type="checkbox"/> Blue	<input type="checkbox"/> Brown	<input type="checkbox"/> Grey	<input type="checkbox"/> Green
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hazel
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Maroon
Complexion:	<input type="checkbox"/> Albino	<input type="checkbox"/> Light/Fair	<input type="checkbox"/> Other	<input type="checkbox"/> Sallow	<input type="checkbox"/>
	<input type="checkbox"/> Dark	<input type="checkbox"/> Medium	<input type="checkbox"/> Pimples/Pockmarks	<input type="checkbox"/> Unspecified	<input type="checkbox"/>
	<input type="checkbox"/> Freckled	<input type="checkbox"/> Moles	<input type="checkbox"/> Ruddy	<input type="checkbox"/>	<input type="checkbox"/>
Facial Hair:	<input type="checkbox"/> Beard	<input type="checkbox"/> Greying	<input type="checkbox"/> Sideburns	<input type="checkbox"/> Unknown	<input type="checkbox"/>
	<input type="checkbox"/> Bushy	<input type="checkbox"/> Handlebar	<input type="checkbox"/> Stubble	<input type="checkbox"/> Very Long	<input type="checkbox"/>
	<input type="checkbox"/> Clean Shaven	<input type="checkbox"/> Long Sideburns	<input type="checkbox"/> Thick Bushy Eyebrows	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Full Beard	<input type="checkbox"/> Moustache	<input type="checkbox"/> Thin Eyebrows	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Goatee	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glasses:	<input type="checkbox"/> Bifocal	<input type="checkbox"/> Distance	<input type="checkbox"/> Seeing	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Corrective	<input type="checkbox"/> Reading	<input type="checkbox"/> Sun Glasses	<input type="checkbox"/>	<input type="checkbox"/>

Clothing: _____

Distinguishing Features

Type (i.e. piercing, scar, tattoo)	Location (i.e. ear, eye, arm, leg, etc.)	Position (i.e. left, right, etc.)	Full Description

Personal Effects:

Medical/Additional Information:

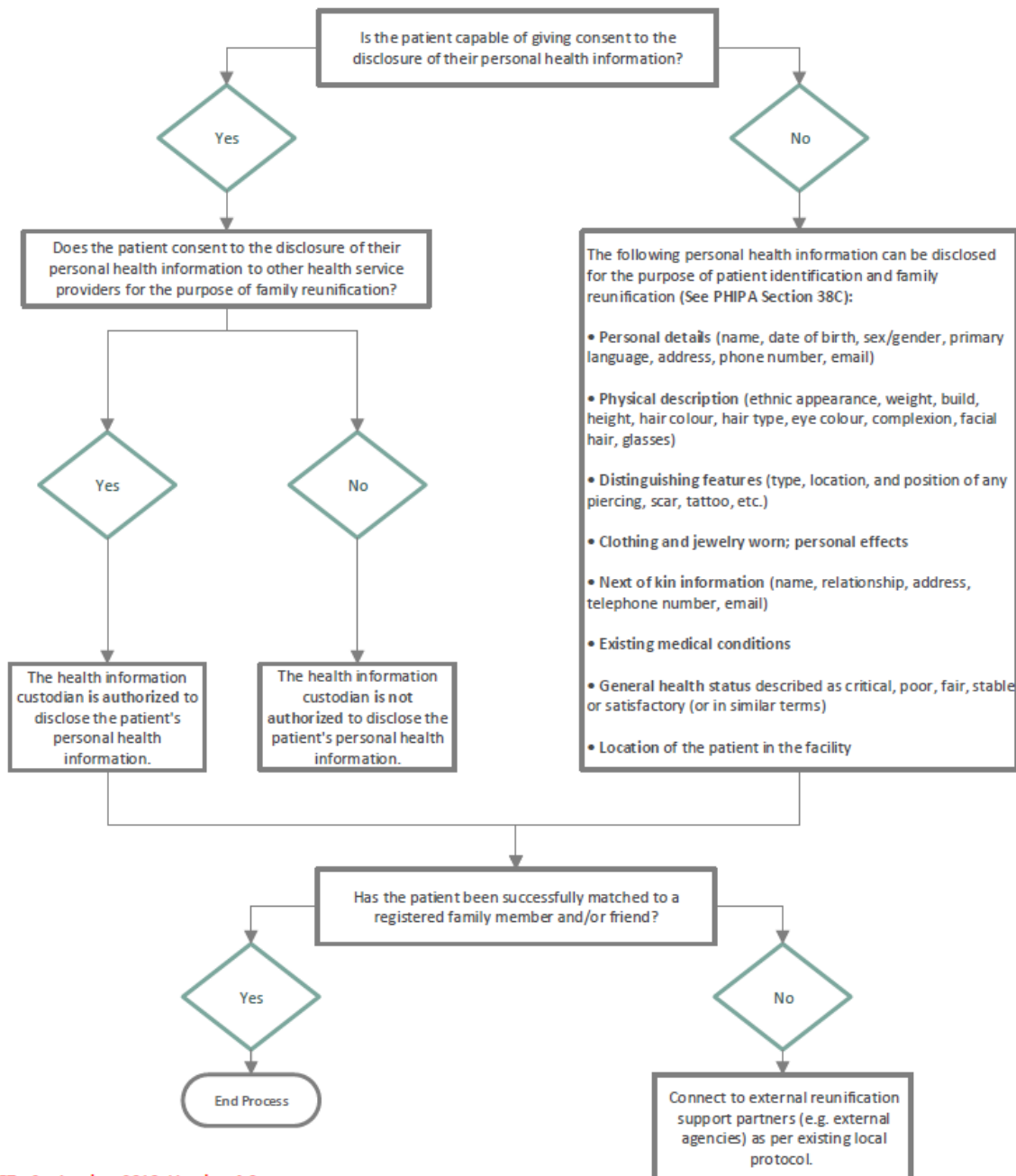
Mod/Def from Peel Regional Police Services Casualty Bureau Forms

Appendix K

PHI Decision Support Tool



Decision Support Tool for the Disclosure of Personal Health Information (PHI) to Other Agencies (Including Police) for the Purpose of Patient Identification and Family Reunification During a Mass Casualty Incident



DRAFT - September 2019, Version 4.0