

White Paper

The Provision of Family Assistance and Behavioral Health Services in the Management of Mass Fatalities Resulting from a Pandemic Influenza in the United States

I Executive Summary

▪ Purpose

The purpose of this white paper is to identify behavioral health and other supportive services that would be of specific concern for families and responders during a mass fatalities event resulting from a pandemic influenza in the United States. These services, termed “family assistance” in this paper for ease of reference, are identified and addressed with recommendations to facilitate efficient implementation of services in mass fatalities planning and response operations.

▪ Overview

Due to the contagious nature of a pandemic influenza, the use of the traditional model of a family assistance center is not feasible. The need for social distancing, with the ultimate possibility of quarantine areas, would prohibit the establishment of a central facility where surviving family members would exchange information about missing loved ones while obtaining spiritual and emotional support. Mass fatalities response operations would most likely need to establish “virtual” family assistance centers in order to provide important public information.

▪ ID major conclusion to establish a separate ESF

It is evident that a separate Emergency Support Function (ESF) needs to be established, within the National Response Plan specifying the lead agency responsible for providing mass fatality management and family assistance services to community members and responders in the event of a significant mass fatality event. There is a distinct need for federal direction and guidance in planning for family assistance in the wake of mass fatalities events.

II. Key Assumptions

The use of the traditional model of a Family Assistance Center (FAC) is not feasible in meeting the needs of surviving family members of the deceased during a pandemic influenza. A traditional FAC is a secure facility established as a centralized location to provide information about missing persons who may be victims of the disaster; a gathering point where information is exchanged in order to facilitate the body identification process and the reunification with next of kin; a location for the collection of DNA; and where spiritual and emotional support is provided for those awaiting information about their missing loved ones. Following recent mass fatalities events, additional supportive services such as housing information/referral, insurance, and legal assistance have been provided at the FAC.

Given the contagious nature of a pandemic influenza, the gathering of people in a specific location would be prohibited for public health reasons. Additionally, unique aspects of a pandemic would significantly alter the need for services provided by a FAC in the following ways.

- A pandemic would be ongoing (chronic) rather than a static (acute) event.
- Deaths are likely to occur over a period of several weeks and may involve multiple family members at different times.

- Most bodies will have complete integrity and will be identified more readily.
- Most information will need to be distributed out to the public (pushed) rather than needing to bring people in (pulled) to obtain information about potential fatalities.

The greatest family assistance need is likely to be the provision of information and can best be delivered with a public health educational approach.

III. Managing a Mass Fatality Event

Family Assistance Center

Issue: Family Assistance Center would function as a “Family Information Center” or “Fatality Management Center” with services focused on the provision of information, education and support through a tiered approach to service delivery, primarily via public media.

Recommend: Family assistance in an infectious disease environment to be provided from “virtual” center using internet, newspapers and television to disburse educational information to the public.

Recommend: A tiered approach to provision of services through the FAC would allow for provision of most services from a distance or virtual center approach. Existing service providers should be strengthened to manage missing persons inquiries and reports; the mass media be prepared to provide information and education; a telephone call system established staffed by trained personnel to interface with individuals who need personal contact; and trained personnel in personal protective equipment available to provide face-to-face interaction for identified individuals who require specific, identified services (crisis intervention).

Recommend: Family Information/Fatality Management Center should be the responsibility of DHHS which would have the authority to activate the virtual center(s).

National Database

Issue: A national database for missing persons is needed to coordinate inquiries and reports. There is no policy or definition for multiple databases and there is a need to share information between data systems. During a pandemic, local jurisdictions may be overwhelmed and due to the need for federal coordination and management, information regarding missing persons will need to be shared. The example of the National Find Family Hotline and call center (virtual FAC) used in Hurricane Katrina and Rita in Baton Rouge, Louisiana is a good model with many applicable commonalities.

Recommend: Build upon the National Crime Information Center (NCIC) via FBI/DOJ if possible. National database needs to be focused on victims of the pandemic and not on the general public. Current work being done toward national medical tracking system of patients and this, combined with NCIC database might be utilized without violating confidentiality.

Recommend: Department of Justice to be the lead agency for national database.

Recommend: U.S. State Department to be the lead agency for international issues, e.g., repatriation issues, coordination with World Health Organization and State Department to review procedures.

Recommend: Establish a fatality/missing person information telephone number to report unidentified fatalities, incorporating this information into a national patient tracking system. Utilize the National Find Family Hotline model.

Recommend: Establish a national voluntary registry of next of kin for families to register information for potential disasters. No recommendation for lead agency.

Education

Issue: There would be a need to provide timely, accurate information to the public via the mass media regarding mortuary affairs, public health issues and other concerns relative to the pandemic.

- General Information
 - Financial assistance – resources, application/referral process
 - Social security – access to death and disability benefits
 - Legal assistance – insurance benefits, death-related concerns
 - Health – safety issues regarding food, water, medications
- Individualized Information and Support
 - Burial sites
 - Death certificate information
 - Information regarding keeping the dead in the home when the potential exists for a prolonged period before removal of the body

Recommend: Prepare emergency public information, public educational materials and succinct statements that can be ready to be pushed, when needed. Information may include how to manage those loved ones that have died in the home, how to cope with stress and grief and legal issues regarding deaths. This material may be developed by HHS resources such as CDC and SAMHSA.

Recommend: Public affairs officers are provided education and materials through HHS/CDC/SAMHSA.

Recommend: Develop and provide education and informational materials regarding family issues for response personnel who may be at higher risk due to potential exposure to the disease.

Issue: There is a critical need for communities to develop plans for the provision of family assistance and to obtain education/training in this area.

Recommend: Develop a template for local jurisdictions to develop family assistance/family information centers including just-in-time training to run call centers and to provide crisis intervention with appropriate PPE when appropriate.

Issue: Need to develop surge capacity to bolster Medical Examiner/Coroner system and Public Health system

Recommend: Utilize those subject matter experts from non-deployed and non-tasked sources that have mortuary affairs expertise. Some sources include: FEMA: Disaster Mortuary Operational Response Teams- DMORT, Retired Medical Examiner/Coroners, Justices of the Peace, Pathologists, Academics, Medical Reserve Corp, etc.

Issues without recommendations:

Issue: Identify individuals at potentially higher risk for psychological distress and behavioral complications and develop plan for mitigating impact including:

- those with previous mental illness
- those with serious physical illness
- those with disabilities
- general pharmaceutical needs
- medication withdrawal issues
- addictions to legal/illegal drugs, tobacco products, alcohol

Issue: Need to quickly determine who is in charge of immigrant and illegal persons

Issue: Key services needed by families include provision of supplies to meet basic needs, particularly in the event of quarantines and/or restriction of normal, daily services.