Helping in Complex Emergencies

Reception Centres, Shelters and Family Assistance Centre Operations: Holding Environments in Times of Emergencies

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Topics

- Learning Objectives
- The Holding Environment
- Reception Centres
- Shelters and Sheltering
- Family Assistance Centre Operations
- Common Stress Reactions
- Closing a Holding Environment
- Conclusion
INTRODUCTIONS

*Please think about what brought you to this workshop and consider one or two things you would like to get out of participating today...*

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**Learning Objectives**

- Understand how to establish settings for those impacted by emergencies
- Be familiar with the typical holding environments established in relation to the type of precipitating event
- Understand the structure of these environments and the needs of those impacted
- Know when and how to close holding environments appropriately
- Understand the need for self-care for workers in these environments
The Holding Environment

- Emergencies differ in scope, intensity and duration
- These events are disruptive to those impacted and impair adequate coping
- As a result, a need for holding or recovery environments is created
- These environments differ in levels of services provided

Holding Environment Case Example: St. Paul’s Chapel and “Radical Hospitality”
### Definitions: Reception Centre

- A place where distressed people gather to receive information and support
- Most often is not a 24-hour operation
- Shuts down when critical incident ends and no further information will be provided or when the incident requires a Shelter or Family Assistance Centre to be opened

### Definitions: Shelter

- A place of refuge that provides life-sustaining services in a congregate facility for individuals who have been displaced by an emergency or disaster
- 24-hour operation – provides food, sleeping dormitories, and information on the status of the incident
- Shelter operations close when those affected have returned to their primary dwelling or have obtained transitional housing
Definitions: Family Assistance Centre

- Purposes:
  - To provide relatives of victims with information and access to services they may need
  - To protect families from the media and curiosity seekers
  - To allow investigators and the medical examiner/coroner access to families so they can obtain information more easily

- Often run concurrently with rescue/recovery efforts and morgue operations during a mass casualty incident response

- FAC ends operations when identification of remains has been given to families and there are no additional needs
Reception Centre Components

- Provision of information – briefings
- Food, beverages
- Mental health and spiritual care support
- Child care (if reception center will remain open for more than one operational period)

Reception Centre Initial Actions

- Determine location using considerations of size needed and daily availability
- Ensure location is a convenient and accessible gathering place for family and friends
- Develop an ongoing staff schedule
- Plan for schedule of meals
- Assign an individual with authority and access to timely information to provide briefings to those affected
- Begin to assess if Reception Centre will transition to a Shelter or Family Assistance Centre, and if so, is the current space adequate
Shelters

- Provide a safe environment for large groups of individuals/families temporarily displaced from home
- May or may not involve fatalities and lost or missing individuals
- Inherently stressful, so take care to structure well, minimize discomfort

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<th>Shelters Components</th>
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<td>Sleeping Dormitories</td>
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<td>Feeding Area</td>
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<td>Staff Break Room/Meeting Area</td>
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<td>Recreation Area</td>
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<td>Information Centre - verbal and written guidance</td>
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<td>Security</td>
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<td>Pet Care (in some instances)</td>
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Shelter Planning Considerations

- Determine shelter site(s) considering adequate space and bathroom facilities, safety, accessibility for those mobility impaired, and appropriate distance from the incident site
- Determine shelter management team
- Create logistics plan for transfer of needed materials to shelter(s): cots, telephones, computers, etc.
- Determine a plan for provision of meals and assess for any necessary meal considerations to accommodate religious or cultural needs
- Establish standard shift schedules for staff, usually for 9 to 13 hours

- Determine identification system for staff and residents
- Determine how shelter will be maintained and cleaned daily
- Determine systems for tracking expenditures and material supplies
- Assess any needs related to special needs populations such as infants, children, seniors, physically or emotionally challenged
- Assess need for health and mental health personnel/spiritual care providers
- Determine if there will be service animals or pets at the shelter(s)
- Establish a plan for providing information to the media as appropriate
### Shelter Activities

- Schedule staff meetings and resident meetings daily to provide timely and accurate information.
- Post resident schedules for meals, showering, and quiet times in dormitory area(s).
- Maintain communication with facility representative to ensure residents’ needs are being met.
- Begin discussion on closing of shelter(s) and plan for residents to return home or relocate to long term housing.

### Family Assistance Centres (FACs)

- Activated in mass casualty incidents.
- Generally more stressful environments than Reception Centres or Shelters.
- Historical Perspective (DVD & Discussion)
FAC historical background

- Family driven legislation requiring activation of a FAC:
  
  AVIATION DISASTER FAMILY ASSISTANCE ACT (1996)
  FOREIGN AIR CARRIER FAMILY SUPPORT ACT (1997)
  RAIL PASSENGER DISASTER FAMILY ASSISTANCE ACT (2008)

- NTSB-coordinates and serves as liaison, family briefings, on going family communication

- Transportation carrier- provide manifest to NTSB, secure facilities for family members arriving airport(s), identify and open/maintain incident site (FAC), timely notifications prior to info being released to public,

- American Red Cross –family care and mental health/spiritual care

- WTC FAC opened under this act
Characteristics of Mass Casualty Incidents

- Mass casualty: Where there are more remains than local resources can handle
  - Leaves lives changed
  - Creates need for teamwork
  - Need for funerals is magnified
  - Requires tremendous sensitivity to needs of those affected

Reactions to death are highly personal
- Reverence for death is based on culture
- Condition of, and access to, remains shapes reactions
- Honour the deceased and treat their family with utmost respect
- Public is watching you
### FAC Services

**Critical Services:**
- Victim identification services
- Missing persons operations
- Mental health/Spiritual Care assistance
- Information management

**Secondary Services:**
- Emergency social services such as financial assistance and emergency benefits

### FAC Mission

- Provide initial information/notifications to family members regarding victims
- Provide psychological and logistical support and services to victims and their family members
- Provide daily briefings to families on the progress of recovery efforts, identification of victims, the investigation, and other areas of concern
- Arrange a memorial service for family members of those who have died
- Provide for the return of personal effects
The FAC Environment

... should offer

- Organization
- Calmness
- Professionalism
- Care
- Concern

FAC Planning Considerations

- Quantify definition of mass fatality prior to incident (# of deceased)
- Pre-identify site(s) in key areas
- Maintain up to date key contact info, internal and external resources
- Expect 5-7 family members/friends per individual affected
### FAC Functional Areas

- Reception/Screening/Registration
- Waiting Area
- Victim Identification Services
  - Death Notification Rooms
- Operations Area/Administrative Offices
- Client Briefing/General Assembly Area
- Social Service Area
- Child Care
- Staff Break Room
- Counseling or Medical Area
- Client Feeding Area
- Reflection Room
- Phone/Computer Area

### FAC Unique Operational Features

- Chaos and confusion, particularly in early stages of operation
- Role ambiguity as operation is established
- Presence of high levels of emotion
- Heightened security and law enforcement
- Media management
- Accurate and timely information to family members before the general public is aware is critical
- Multi-agency coordination
- Presence of language challenges and cultural differences
- Emotional and spiritual impact on families, workers, and community
Key Roles in FAC Operations

**Operations management**
- Determines FAC site
- Maintains oversight of the operation
- Determines staff assignments
- Appoints staff member to chair family briefings 1-2x/day
- Liaison to partner groups if present
- Facilitates daily staff briefings
- Ensures policies are enforced
- Maintains communication with chain of command

**Family Care Team Member**
- Assigned to a specific family
- Works to meet the needs of that family and their friends
- Receives ongoing support from mental health and spiritual care personnel
### Family Care Team Tasks

- Provides comfort and compassion
- Helps family connect to support systems (e.g., family, friends, religious affiliations, etc.)
- Demonstrates empathy
- Communicates clearly; uses active listening; validates others thoughts and feelings
- Attends to wishes of family
- Provides accurate and timely information
- Connects family/friends with mental health or spiritual care if assessed to be necessary or helpful and with consent of family

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### Family Care Team Tasks

- Assists family with needed tasks
- Aids in problem solving
- Encourages family to make choices
- Allows ventilation of emotions
- Maintains contact with command staff
- Offers family long term aftercare
- Disengages at the appropriate time
- Accepts that family can end the affiliation as desired
### Key Roles in FAC Operations

#### Mental Health/Spiritual Care
- Provides emotional and spiritual support, crisis intervention
- Assists in connecting family/friends with their support systems
- Attends daily briefings to support family/friends
- Psychoeducation on stress symptoms and coping

#### Key Roles in FAC Operations
- Gives information to families regarding supporting children present upon request
- Arranges for appropriate rituals and a memorial in coordination with wishes of family
- Assists with decision making on disposition of remains if applicable
- Supports staff
- Provides guidance to operations management on needs of family/friends
Child Care

- Provides a safe holding environment for children
- Scheduled activity periods enables parents to attend briefings and take care of other
- Therapeutic activities to support children’s coping

Feeding

- Assesses for cultural and religious food needs
- Arranges for timely and ongoing meal delivery
- Sets up meal areas for family/friends
- Determines location of a staff break room
### Key Roles in FAC Operations

#### Public Affairs

- Sets up area to brief media outside of FAC
- Maintains ongoing communication with media
- Ensures family/friends receive information prior to the public

#### Logistics

- Assesses needs for supplies and equipment
- Ensures timely delivery of necessary items
- Maintains inventory
- Ensures that materials are removed at end of operation
Key Roles in FAC Operations

Technology

- Works with operations management to determine needs for computers, printers, fax machines, email access and other
- Coordinates arrival of needed equipment with logistics staff
- Provides ongoing technical support to the operation

Working with Partner Groups

- International Red Cross/Red Crescent Societies
- Healthcare Institutions
- Human Service Organizations
- Faith-Based Organizations
- Government Officials
- Medical Examiners/Coroners
- Law Enforcement
- Military
Psychosocial Needs in FACs

- Dynamic environment
- Demands on worker are both situational and personal
  - Clients present with a range of needs and reactions
  - Worker also brings his or her own issues and level of well-being: Own losses in relation to the event
FAC Staffing Considerations

- Chaotic environment, high levels of emotion, need to be very somber for extended periods of time = quicker rates of exhaustion
- Staff must take breaks, have a separate congregating area
- Shifts may need to be shortened
- Staff need mental health/spiritual care consultation available during the assignment
- Optional Debriefings and After Action Reviews
- Staff with particular language skills is a primary consideration

Victim and Family Categories

- Working definition of victim and family groups should be broad in scope
- Family in these situations is usually defined as anyone whom the primary victim’s family considers to be a family member
- Families should determine who they will want with them in these situations
Key Concerns of Family and Friends

- Where is my loved one’s body now?
- How will we be notified if s/he is recovered?
- When and how will personal effects be returned?
- What is the condition of the body?
- Did s/he suffer?
- How can we get a copy of the Medical Examiner/Coroner’s report?
- How will we get remains of our loved ones home?

Caring for Families and Friends

- Initial needs:
  - Emergency travel if necessary
  - Housing
  - Safety
  - Security
  - Information
  - Physical and emotional comfort
  - Hydration, meals
  - Protection from media
  - Rumour control
Case Example: Sago Mine Disaster, 2006

Great emotion not always immediately present.

Many will appear initially dazed or numb and will gradually go through stages of denial, hope, and then grief/despair.

Confusion, difficulty with memory and concentration, and physical symptoms such as headaches, dehydration, elevated blood pressure and gastrointestinal distress are common.

Family members’ assumptions and belief systems about the world and their place in it has been shattered.
Irrational beliefs regarding survival of loved ones in face of certain death is common and not abnormal in early stages.

Individuals can experience stress-induced physical or behavioral symptoms of such severity that referral for urgent or immediate care is required.

Acute stress symptoms such as confusion, the presence of intrusive memories, increased anxiety and a sense of disbelief may be present in those who directly experienced or witnessed the incident.

Therapeutic qualities (Hobfoll et al., 2007):
- Safety
- Calming
- Sense of self and community efficacy
- Connectedness to social support
- Hope
Caring for Families and Friends

- Families and friends will forgive any mistakes made if they perceive the care they are receiving is compassionate, sincere and well intentioned.
- Do not be fearful of apologizing if you mis-speak or forget a requested action.

Factors Enhancing Resilience in Recovery

- Individuals have been shown care, concern and understanding.
- Consistent information was received concerning the event and why current actions have been taken.
- Available services and resources have been provided or referred.
- Individuals have a strong social network.
AVOID

- Arguing, minimizing problems, providing false assurances or misinformation
- ‘I know how you feel’
- References to religious/spiritual comfort that are your own and not the family member’s
- Thinking you can make the situation better

Back Pocket Skills

Know your lines:

- How can I help?
- What can I do for you?
- Have you eaten?
- Do you need water?
- What do you need to do next?
- I hear you...
Rituals

- Designated area for pictures, messages, mementos, tributes
- Diagrams to identify location where loved ones were lost
- Memorializing those lost – biographies
- Faith-based services as requested by families
- Memorials (1 month) and annual commemorations
- Visits to site where loved ones died escorted by health, mental health and disaster chaplains
- Remnants from the attack site are sometimes requested by families (e.g., rubble that is free of human remains and toxic materials)
- Special considerations for children: drawings, letters, additional support if attending services and memorials

Best Practice Insights
Gained from FAC Operations

- Strong need for continuous flow of information – regularly scheduled family briefings, proactive approach to family issues and requests
- “One stop” support center approach was efficient, provided a safe haven for families and helped facilitate identification process
- Early decisions needed regarding resources for long term emotional, psychological, and financial impact on families
Best Practice Insights Gained from FAC Operations

- Victims’ families must be identified quickly and given access to information and services that are victim-sensitive and easily accessible.
- Consistent and equitable support to all victim family groups is a challenge, but important.
- Injured survivors required much of the same resource information and access to services as families of deceased - outreach to hospitals is necessary.

Common Stress Reactions

- Emotional: fear; sadness; worry
- Physical: anxiety; headaches; GI distress; fatigue; difficulties with eating, sleeping and concentration
- Behavioral: irritability, increased use of substances (tobacco, alcohol)
- Spiritual: questioning your belief systems; seeking the meaning of the event; anger at a higher power

Reactions are related to one’s experiences, culture and belief systems.
Key Factors that Influence Workers

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<th>Positive Impact</th>
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<td>Coping strategies</td>
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<td>recollection of pleasurable and soothing experiences (e.g., people, places)...</td>
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| Personality traits  | tendency to overidentify with clients, with difficulty in maintaining healthy boundaries | hardiness (feeling a sense of purpose to one’s life and work, belief that one can influence one’s own destiny, appreciates challenges and accepts change as normal, ...)
|                      |                             | • sense of internal locus of control
|                      |                             | • tolerance of ambiguity
|                      |                             | • self-awareness |

Coping While Under Stress

- Stay connected to support systems
- Take breaks and time off when possible
- Stay hydrated; try to maintain healthy eating habits
- Exercise and engage in hobbies when off duty
- Minimize caffeine, tobacco, alcohol
- Be aware of your stress reactions
- Talk it out if that helps when stress builds
- Embrace tolerance if irritability occurs
Closing a Holding Environment

Tasks include:
- return of material and supplies
- transitioning those affected to their next steps toward healing
- staff out-processing

Often coincides with closing recovery operations:

Clients may resist losing this comfortable and safe haven with known rituals and supports

Staff also may find return to daily life challenging after intense experience at FAC
Conclusion

- This curriculum has reviewed the basic concepts of operations for Reception Centres, Shelters, and Family Assistance Centres.

- Participants should now have an understanding of when these sites are activated, the core components of each site, and the needs of family and friends affected.

- This is very tender work—remember to take care of yourself and forgive any mistakes.