



Standard Practice for Responder Family Support Service¹

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INTRODUCTION

The delivery of critical emergency response services in time of disaster is largely dependent upon designated individuals (responders) who possess the necessary skill and training to provide relief to those affected. Such designated individuals may come from a variety of public, private, or government sponsored entities depending on the nature and extent of the emergency situation. While their contributions to the relief effort may be diverse, they all share a common concern that has the potential to distract from their focus on emergency response, which is the concern for the safety and security of their families and loved ones.

These responders need to be able to concentrate fully on their response duties, especially in times of a widespread emergency. However, it is recognized that these responders may face the difficult challenge of deciding between professional duty, the welfare of their local community, and the safety and welfare of their families and loved ones. Thus, this practice was developed to provide a framework for the responsible entities to help their response personnel plan for and manage the safety of their families during extended periods of emergency assignment. To avoid unnecessary burden on or reduction in the number of an entity's emergency responders, other available community human resources should be considered to help with this task of ensuring that responder's families are supported. Preferably, such additional human resources would have access, either personally or through their organization, to local resources that might be needed to provide the necessary responder family support.

These additional resources can often be found in local recreational, cultural, and educational programs and organization located within the community. In some communities these programs and organizations may have paid staff, and in other communities such staff may be volunteers or a combination of paid and volunteer staff. Additionally, these resources are likely to be available for such service, because in times of emergency usually recreational and educational programs are curtailed. Also, these programs and organizations often have access to and control of core physical assets (buildings, vehicles, emergency equipment, etc.) that may be valuable for both community and responder family support. They can also be equipped with additional resources as required (food, water, blankets, etc.). Such programs and organizations often have full, part-time or volunteer staff, or both, that can be trained and made available to provide the necessary family assistance support. These programs and organizations often have a command and communications structure that can be expanded to help support such an assistance program. Simply stated, staff in these programs and organizations would be trained and prepared to include assigned members of a responder's family in with the care and support of their own families during the stated emergency or extended responder assignment. This practice outlines a process for responders to identify family members to be included in the program, on strictly a volunteer basis. It is important to note that responder family members included in the program would not be given preferential treatment, but would have someone assigned to look out for them (in the responder's absence) to ensure that they get equal treatment (that is, the same care as everyone else in the community, who have their head of household looking out for them).

1. Scope

1.1 This practice sets forth a standard approach for designated personnel in public, private and not-for-profit organizations that provide recreational, cultural, educational and related services to the public to respond in a support role providing assistance, and as needed to the local family of a responder on assignment in an emergency situation.

1.2 The “responder,” with regard to family support services, may be a first-responder from a variety of responder disciplines (for example, law enforcement, fire service, emergency medical services, public health) or supplementary personnel and may be paid or volunteer.

1.3 This practice describes the roles, responsibility, and actions necessary for designated personnel to provide family care-related services to assigned responder family members under conditions of service during an emergency.

1.4 This practice outlines the approach and system for interrelating with responders and their designated family members in times of emergencies to alleviate responders’ concerns and fears for their family during an emergency assignment.

1.5 This practice does not supersede any current or future official Federal, State, Tribal, or local government policies, laws and protocols that might subsequently be advanced.

1.6 This practice identifies other peripheral professional personnel that could be assigned to assist the designated responder family members during an emergency.

1.7 *This standard does not purport to address all of the safety concerns, if any, associated with its use. It is the responsibility of the user of this standard to establish appropriate safety and health practices and determine the applicability of regulatory limitations prior to use.*

2. Referenced Documents

2.1 Standards:

45 CFR Part 164 Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule (45 CFR Part 164 – Safety and Privacy)²

IAEA 2006 IAEA Annual Report for 2006³

NFPA 1600 Standard on Disaster/Emergency Management and Business Continuity Programs, 2010 Edition⁴

NIMS 2008 National Incident Management System (NIMS), December 2008⁵

Ready America⁶

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² Available from U.S. Government Printing Office Superintendent of Documents, 732 N. Capitol St., NW, Mail Stop: SDE, Washington, DC 20401, <http://www.access.gpo.gov>.

³ Available from International Atomic Energy Agency, P.O. Box 100, Wagramer Strasse 5 A-1400, Vienna, Austria, <http://www.iaea.org/index.html>.

⁴ Available from National Fire Protection Association (NFPA), 1 Batterymarch Park, Quincy, MA 02169-7471, <http://www.nfpa.org>.

⁵ Available from Federal Emergency Management Agency (FEMA), 500 C St., SW, Washington, DC 20472, <http://www.fema.gov>.

⁶ Available at <http://www.ready.gov/>.

3. Terminology

3.1 Definitions of Terms Specific to This Standard:

3.1.1 *authority having jurisdiction (AHJ)*—an organization, office, or individual responsible for enforcing the requirements of a code or standard, or for approving equipment, materials, an installation, or a procedure. **NFPA 1600**

3.1.2 *base home*—the main or primary place of residence for the responder’s household and family.

3.1.3 *congregation center*—the primary location to which the public and a responder’s family will be taken in the event that it is necessary to relocate the family from their base home.

3.1.4 *emergency management/response personnel*—includes Federal, State, territorial, tribal, sub-state regional, and local governments, Non-Governmental Organizations (NGOs), private sector-organizations, critical infrastructure owners and operators, and all other organizations and individuals who assume an emergency management role. (Also known as *emergency responder*.) **NIMS 2008**

3.1.5 *emergency medical services (EMS)*—the provision of treatment, support, and other pre-hospital procedures, including ambulance transportation, to patients.

3.1.6 *emergency operations center (EOC)*—the physical location at which the coordination of information and resources to support incident management (on-scene operations) activities normally takes place. An EOC may be a temporary facility or may be located in a more central or permanently established facility, perhaps at a higher level of organization within a jurisdiction. EOCs may be organized by major functional disciplines (for example, fire, law enforcement, medical services), by jurisdiction (for example, Federal, State, regional, tribal, city, county), or by some combination thereof. **NIMS 2008**

3.1.7 *emergency responder*—same as *emergency management/response personnel*.

3.1.8 *emergency response*—the performance of actions to mitigate the consequences of an emergency for human health and safety, quality of life, the environment and property. It may also provide a basis for the resumption of normal social and economic activity. **IAEA 2006**

3.1.9 *entity*—governmental agency or jurisdiction, private or public company, partnership, nonprofit organization, or other organization that has emergency management and continuity of operations responsibilities. **NFPA 1600**

3.1.10 *evacuation*—the organized, phased, and supervised withdrawal, dispersal, or removal of civilians from dangerous or potentially dangerous areas and their reception and care in safe areas. **NIMS 2008**

3.1.11 *family leader*—the designated person in the family, usually the responder, who serves as the key contact with the Support Service Agency (SSA) before any incident.

3.1.12 *family support*—the type and degree of family assistance, which will vary depending upon the nature, extent, and duration of the emergency. Certain emergencies may require evacuation or medical assistance, or both. Circumstances may occur where relocation is impractical or not prudent. In such situations, support may take the form of delivering necessary services, supplies, and equipment, as well as providing communications to a family. Family assistance providers will need

to develop, in conjunction with the respective emergency management organization and individual responders, appropriate protocols for a variety of covered events (for example, fire, flood, hurricanes, terrorist acts, mutual aid assignments in other jurisdictions) that will define family support.

3.1.13 incident—an occurrence, natural or man-made, that requires a response to protect life or property. Incidents can, for example, include major disasters, emergencies, terrorist attacks, terrorist threats, civil unrest, wildland and urban fires, floods, hazardous materials spills, nuclear accidents, aircraft accidents, earthquakes, hurricanes, tornadoes, tropical storms, tsunamis, war-related disasters, public health and medical emergencies, and other occurrences requiring an emergency response. **NIMS 2008**

3.1.14 incident command system (ICS)—a standardized on-scene emergency management construct specifically designed to provide an integrated organizational structure that reflects the complexity and demands of single or multiple incidents, without being hindered by jurisdictional boundaries. ICS is the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, designed to aid in the management of resources during incidents. It is used for all kinds of emergencies and is applicable to small as well as large and complex incidents. ICS is used by various jurisdictions and functional agencies, both public and private, to organize field-level incident management operations. **NIMS 2008**

3.1.15 incident management—the broad spectrum of activities and organizations providing effective and efficient operations, coordination, and support applied at all levels of government, utilizing both governmental and nongovernmental resources to plan for, respond to, and recover from an incident, regardless of cause, size, or complexity. **NIMS 2008**

3.1.16 jurisdiction—a range or sphere of authority. Public agencies have jurisdiction at an incident related to their legal responsibilities and authority. Jurisdictional authority at an incident can be political or geographical (for example, Federal, State, tribal, local boundary lines) or functional (for example, law enforcement, public health). **NIMS 2008**

3.1.17 preparedness—a continuous cycle of planning, organizing, training, equipping, exercising, evaluating, and taking corrective action in an effort to ensure effective coordination during incident response. Within the National Incident Management System, preparedness focuses on the following elements: planning; procedures and protocols; training and exercises; personnel qualification and certification; and equipment certification. **NIMS 2008**

3.1.18 resources—personnel and major items of equipment, supplies, and facilities available or potentially available for assignment to incident operations and for which status is maintained. Resources are described by kind and type and may be used in operational support or supervisory capacities at an incident or at an Emergency Operations Center. **NIMS 2008**

3.1.19 responder family (family)—spouses, domestic partners, resident children, parents, dependents, co-habitants, and pets/animals normally residing with or in the care of the responder. This definition may be expanded at the option of the AHJ or SSA.

3.1.20 service profile—the data file maintained on a responder family unit.

3.1.21 SSA support member—the individual from the SSA assigned to a family unit.

3.1.22 support service agency (SSA)—the program or organization providing responder family support, as delineated in this practice.

3.1.23 support service agency (SSA) executive—the SSA Manager designated to head and lead the SSA family support operations.

3.1.24 table of organization equipment (TOE)—equipment, materials, or services included in a list published by the responder family support organization that is acceptable to the AHJ. The equipment, materials, or services on such a list needs to meet designated standards of the AHJ or have been tested and found suitable for a specified purpose by the AHJ.

3.1.25 termination—in the context of this standard, is the end of an incident's emergency response operations or mutual aid support assignment, indicating the cessation of family support services for that incident or assignment.

3.1.26 volunteer—for purposes of the National Incident Management System, and this practice, any individual accepted to perform services by the lead agency (which has authority to accept volunteer services) when the individual performs services without promise, expectation, or receipt of compensation for services performed. See 16 U.S.C. 742f(c) and 29 CFR 553.101. **NIMS 2008**

3.2 Acronyms:

3.2.1 AHJ—Authority Having Jurisdiction

3.2.2 EOC—Emergency Operations Center

3.2.3 ICS—Incident Command System

3.2.4 MACS—Multi-Agency Coordination Systems

3.2.5 SSA—Support Service Agency

3.2.6 TOE—Table of Organization Equipment

4. Significance and Use

4.1 This practice applies to responders who are charged with and respond to all types of emergencies whether within or outside of their jurisdiction.

4.2 Two types of incidents are distinguished, depending on their location. If the responder's family is not at risk, the goal is to provide support to the family in coping with issues arising from the responder's absence. This would be the case, for example, if the responder responds to incidents outside the local jurisdiction or responds to an extended incident within the local jurisdiction. The goal is to ensure that the responder's family does not suffer undue hardship because of the responder's service. If the emergency is of a type that the responder's family may be at risk, then the goal is to ensure that the responder's family does not acquire risk beyond that of the general public due to the responder's performance of duty.

4.3 The commander of a local jurisdiction would most likely choose to waive the implementation of this practice for locally managed incidents, such as routine fires, police actions or other such routine incidents, because it is intended for larger-scale emergencies where the general public and responder families may be at risk.

4.4 Care must be taken to ensure that the responder's family does not receive, and is not perceived as receiving, preferential treatment during a local emergency.

4.5 Nothing in this guide precludes an AHJ from expanding services for its own use or increasing requirements for personnel. Each AHJ is encouraged to add to this basic guide as needed to meet local needs.

4.6 It is recognized that a one-size approach will not fit all. Emergency management planning needs to be developed based on the risks, vulnerabilities, and capabilities of the entity.

4.7 With these considerations in mind, a tiered approach should be taken that allows an entity to develop a Family Support Service based on its needs and constraints, while providing guidelines for growth as necessary. In recognizing the importance of alternative or backup facilities, this guide should be used to aid entities in developing self-sustained redundant resources. This guide is based upon current best-business practices.

4.8 This practice is based on existing resources and experience related to the development of emergency response guidelines. This experience base is translated into a practice to help facilitate response agencies toward the goal of building operational guidelines for the emergency phase of incident response. The practice is intended to enhance the ability, knowledge and understanding of personnel, agencies, or departments that respond to an incident.

4.9 This practice should be incorporated as a reference in emergency operation plans and multi-agency coordination systems (MACS) guidance to assist in policy formulation and development of strategic objectives consistent with the objectives and needs of the incident command system (ICS). For incidents encompassing multiple agencies, multiple victims, and damage to environment and infrastructure, emergency operations centers (EOCs) and MACS are expected to be operating at least at the local level. It is imperative that representatives from the EOCs and MACS be aware of and understand the role of the support service agency (SSA) to ensure responder safety and mental well-being.

4.10 This practice delineates the responsibility of the SSA in considering the care criteria for understanding the procedural basis and types of care necessary to provide adequate support to responder families.

4.11 This practice delineates procedures necessary for the support process to identify the need for appropriate levels of care and supporting service. All of these support services may involve some form of physical security to within an acceptable level of risk.

4.12 This practice provides the minimum requirements for the attention that responder's dependents or families, or both, should receive in an emergency to ensure they receive the same level of care afforded the general public.

4.13 This practice delineates the role of non-emergency response focused municipal/governmental departments and volunteer organizations in serving as an SSA (that is, support group to responders).

5. Procedures for Agency Interaction

5.1 The SSA should be appointed by the AHJ to further the plans and policies of the AHJ to care for and support the

families of its designated responders when they are called on for service. The AHJ would be responsible to appoint a reputable, competent organization as SSA.

5.2 The SSA Executive would be responsible for maintaining ongoing liaison with the AHJ for drills and training.

5.3 The SSA would be responsible for identifying and working with other complimentary or parallel agencies designated by the AHJ to ensure that no duplication of service or resources is engaged.

5.4 The SSA would be responsible for ongoing contact and coordination with other agencies and organizations that might be assisting families and their animals (for example, auxiliaries, religious groups, benevolent organizations, and independent volunteers).

5.4.1 Examples of affiliated volunteer organizations that might be involved as responders (whose families require support services) include Community Response Team (CERT), Land Search and Rescue (SAR), Medical Reserve Corps (MRC), Amateur Radio, American Red Cross (ARC), Volunteers in Police Service (VIPS), Urban Search and Rescue (USAR), Mounted Search and Rescue (MSAR), Veterinary Medical Assistance Teams (VMAT), National Veterinary Response Teams (NVRT), and others.

5.4.2 The SSA should make note of which local organizations have an established method to activate its own additional resource type(s) from out of area, and which organizations do not, in the event that additional resources are needed.

5.5 The SSA would be responsible for establishing, in concert with the AHJ and other assistance organizations, a termination date (which may need adjusted, as the incident progresses) for the provision of support services by involved organizations for a respective incident or incident support assignment.

5.6 The SSA would be responsible for coordination with other professional support service agencies at higher or non-local jurisdictions to ascertain their level of support in the SSA's jurisdiction.

5.7 The SSA would be responsible for periodic review of their table of organization equipment (TOE) to ensure that all resources are current and available.

5.8 The SSA would be responsible for maintaining interaction, cooperation, and coordination with the AHJ in securing resources to implement their action plan.

6. Summary of Program

6.1 Family Registration:

6.1.1 The names of all appointed individuals serving in a responder position, desiring to be included in the program, should be submitted to the local SSA by the AHJ.

6.1.1.1 All responders, desiring to participate in the program, should be provided, by their respective supervisors, the Information and Authorization Form (Form A) as provided in **Appendix X1**, or its equivalent (if modified by the AHJ or SSA).

6.1.1.2 All responders opting to receive responder family support need to complete Form A (or its equivalent, if modified by the AHJ or SSA) and submit it to their respective supervisors.

6.1.1.3 Respective supervisors should submit the Form A (or its equivalent, if modified by the AHJ or SSA) information, from each participating responder, to the SSA Executive.

6.1.1.4 The SSA Executive will use the designated person, identified on the form, as the family leader and establish the necessary number of rosters of those families within the same geographical areas.

6.1.1.5 The SSA Executive will assign an SSA support member, who preferably lives in proximity of the responder families being supported, to each of the respective responder families being supported.

6.1.1.6 SSA employees/volunteers will contact their respective family leaders to introduce themselves and request an appointment and interview to explain the SSA support services available.

6.1.1.7 All participating family leaders will be expected to explain the SSA support program to their family members and secure their cooperation.

6.1.1.8 All responder family leaders, who agree to participate in the program, will need to sign Form A or its equivalent (if modified by the AHJ or SSA) to acknowledge participation and understanding of their roles and responsibilities in an emergency situation necessary for cooperating with the SSA support member and SSA support effort.

6.1.1.9 All personal health information must be acquired and maintained in accordance with the HIPAA Privacy Rule (45 CFR Part 164).

6.2 *Family Communication:*

6.2.1 SSA support members will establish, with the respective family leaders, workable and reliable means of notification in an emergency that initiates the SSA plan of action providing support to the family. This includes communication at the base home and at public congregation centers.

6.2.2 SSA support members are expected to maintain this communication network so that backup (substitute) SSA individuals can assume responsibility and carry out the agreed upon support service.

6.2.3 SSA support members are to ensure that all emergency support related family records are secured and confidential, with appropriate access guaranteed to the responders, in accordance with the HIPAA Privacy Rule.

6.2.4 SSA support members should offer to help the participating family leader explain the support services available to the respective family members and help secure their cooperation.

6.3 *Family Information:*

6.3.1 SSA support members are to establish and maintain, with the respective family leaders, a prioritized (emergency response focused) inventory of the family needs, interests and lifestyle patterns to optimize support during an incident or incident support assignment.

6.3.2 SSA support members are to establish, and periodically review with the family, alternate activity plans for the family members based on the different scenarios projected by the AHJ's risk and vulnerability assessment.

6.3.3 SSA support members are to obtain information from family members relevant to the short-term care to be provided, during an emergency, to create a service profile to be incorpo-

rated into the family record so a backup (substitute) individual from the SSA has the necessary information to implement services to the family. This may include worship, shopping, medical visits and other daily or scheduled needs.

6.3.4 SSA support members are to establish an alternate service plan of action should the family need to be moved from a primary congregation center to a secondary center because of the changing emergency event condition and situation.

6.4 *Family Relocation:*

6.4.1 SSA support members should determine, with the family members, the appropriate means for essential family items to be relocated. This may include items, within reason, that the entire family, including the responder, deem necessary to protect or preserve in an emergency situation. Encourage all responder families to make electronic copies of critical documents and photos, when feasible, and store a duplicate copy out of the potential impact area to reduce the need to transport and store originals as critical personal possessions.

6.4.1.1 SSA support members are to develop a checklist for responder families, at the start of the program, to prioritize and record necessary items that will be needed for their well-being and peace of mind during an emergency evacuation.

6.4.1.2 SSA support members are to review, with the families, the completed checklist of items to establish priorities during an emergency relocation.

6.4.1.3 SSA support members are to establish a plan for such relocation of persons and essential possessions that reflects the different risk-based emergency management scenarios, which should be periodically reviewed with family members.

6.5 *Family Transportation:*

6.5.1 SSA support members are to determine the most appropriate means by which identified family members and their essential possessions are to be transported, if such transport becomes necessary. Transportation could be by utilization of the family's own transportation means (for example, personal car, RV, boat, ATV) or by public conveyance (for example, recreation center bus/van, community transit bus, train, or other contracted conveyance such as bus, truck, RV, or other such means).

6.5.2 SSA support members are to prioritize and determine the most reasonable means to transport the family and essential possessions to the primary, secondary, or tertiary public evacuation centers depending upon the evolving emergency conditions and situation.

6.5.3 SSA support members are to periodically review these plans with family leaders and members to secure their understanding and concurrence.

6.6 *Family Moving Transport/Storage/Protection:*

6.6.1 SSA support members are to determine the efforts necessary to convey the persons (some may be non-ambulatory), pets/animals, and household or essential personal possessions from the home via the transport conveyance. Transportation and shelter for larger animals, such as horses, should be preplanned and coordinated with animal evacuation management personnel as needed, which is the responsibility

of the family leader. The family leader is responsible for the preplanning and communication of such plans with the SSA support member.

6.6.2 SSA support members are to determine what and how essential possessions are to be stored either in or around the home/property or at prearranged storage locations, determining when and how such tasks are to be performed.

6.6.3 SSA support members are to work with the family leader to determine what and how such essential possessions are to be reasonably protected during the emergency and identify the arrangements or techniques for undertaking such protection.

6.7 *Family Assistance:*

6.7.1 SSA support members must identify, with the assigned families, all special assistance that may be necessary for a specifically identified family member during an emergency. This may include local services, banking assistance, regional services (for example, medical, dental appointments), state services (for example, pension fund receipt), or Federal services (for example, Social Security checks/deposits).

6.7.2 The SSA support member should work with the family leader to establish and maintain a list of valuable documents to be brought with the respective family member (on their person) when being relocated to an assigned public evacuation center. Ask responder families to provide an electronic copy of important documents, where possible, in a predefined format – such as portable document format (PDF) or JPG images – to be stored in a secure location as defined or provided by SSA management in coordination with the AHJ. Storage of such documents must be maintained in accordance with HIPPA and other applicable legal constraints.

6.7.3 The SSA support member should periodically ensure that contact persons, telephone numbers, and information are correct so that follow-up with the listed service agencies can be managed in cases where the family is to be away from their home for longer than one week or as otherwise stipulated by the SSA/AHJ.

6.7.4 The SSA support member should initially and periodically contact each assistance contact number on the list and confirm status.

6.7.5 The SSA support member in the initial and subsequent interviews must address, in concert with the family leader, any anticipated special assistance that non-SSA service agencies might need to provide a particular family member and the contact information for that non-SSA agency.

6.8 *Family Habitation:*

6.8.1 The SSA will work with the AHJ to identify the appropriate public evacuation centers to be used that provide adequate temporary housing accommodation with sleeping, eating and hygiene facilities and equipment. The use of mobile resources, if locally available, may be the AHS's choice for temporary housing accommodations, when stationary (fixed) facilities are not available.

6.8.2 The SSA support member must maintain a record of the type and location of public evacuation centers with adequate sleeping arrangements for each family member, eating arrangements with dietary and allergy considerations for

each family member, and any specific hygiene facilities or essential equipment necessary for each family member.

6.8.3 The SSA support member must periodically check, once a year, if adequate public evacuation center sleeping, eating, and hygiene arrangements are still valid and in place. Sleeping arrangements would include cots, bedding, and privacy screens; eating arrangements, with appropriate meals or stored food supplies for meal preparation including utensils for both preparation and consumption, beverages (bottled or approved source), and snacks appropriate for the family.

6.8.4 The SSA support member must periodically check, once a year, that backup facilities and personnel (that is, alternates) are still available and ready for food preparation, serving, clearing and cleaning, and other noted housekeeping activities at the relocation facility or alternate housing location.

6.8.5 The SSA support member must periodically check, during the course of each year, that hygienic arrangements are still adequate at relocation facilities to be used in an emergency.

6.8.6 The SSA support member should work with the family leaders to have each family member prepare an “Emergency Supply Kit” (as per, Ready America) that contains primary clothing and underclothing for a minimum 72-hr stay. These kits should be readily available along with valuable documents. Such emergency kits should be updated every six months, including examining for and assuring that clothing sizes for children are current. The AHJ/SSA might recommend families pack for longer periods, depending upon the scenarios identified as high risk and the evacuation center facilities available.

6.9 *Family Activity Tasks:*

6.9.1 The SSA will work with designated public evacuation centers to ensure evacuation needs and use of that the center (for example, recreation centers, schools, community center, YMCAs/YWCAs, houses of worship, and other public/private locations serving as designated evacuation centers) are anticipated by the center.

6.9.2 The planned activities program and schedule must be adaptable to the internal conditions of the evacuation center and consider available activity space, availability of permanent and portable utilities, environmental quality (for example, air, water, and temperature), storage space, and internal and external communications capability.

6.9.3 Planned and non-scheduled activity programs should be consistent with the evacuation center's ongoing routine schedule, such as meal times, quiet times, lights out, etc.

6.9.4 The activities program should allow for unscheduled participation (that is, independent activities), if the evacuees choose.

6.9.5 Each evacuation center should have professional/volunteer staff members assigned. Staff should be skilled in a wide range of personal and recreational activity support appropriate for diverse members of the public and responder families (for example, age, gender, ethnics, and physically challenged).

6.9.6 The SSA support member should seek out volunteers among responder family member groups who have skills and experience in child care, elder care, working with citizens with disabilities and the multi-lingual. Volunteers with teaching,

crafts, music, art, entertainment, and other recreation-related skills should be identified and recruited to assist the designated center staff. Family members may also choose to volunteer in various other capacities including as relocation center staff. SSA may choose to plan ahead by providing a form on which to indicate individual skill sets advantageous for a relocation center environment.

6.9.7 The activities program and schedule needs to anticipate the projected duration of the emergency and plan accordingly.

6.9.8 The activities program and schedule needs to be supplied with the appropriate equipment, materials and supplies to ensure effective conduct of the activities.

6.9.9 In the event of an emergency, the designated responder family members should be instructed, as part of their evacuation plans and Ready Evacuation Kits, to include with their essential belongings their own preferred recreation equipment, materials, and supplies including reading materials and favorite games.

6.9.10 Planned activities at the relocation center should include activities in the following categories:

- 6.9.10.1 Appropriate reading materials (all forms);
- 6.9.10.2 Group and personal portable electronic devices;
- 6.9.10.3 Traditional board games (wide variety);
- 6.9.10.4 Card games, puzzles, and word games;
- 6.9.10.5 Portable fitness equipment;
- 6.9.10.6 Infant/juvenile toys and activity books;
- 6.9.10.7 Portable projection equipment and sound systems;
- 6.9.10.8 Arts and crafts supplies (all age groups); and
- 6.9.10.9 Folding tables and chairs.

7. Procedures for Implementation

7.1 The SSA Executive and AHJ should meet to ascertain the role of the candidate organization in assuming the responsibility of being the designated SSA.

7.2 Once the SSA is designated, the SSA Executive will charge the organization with the support of designated responder families. SSA personnel (either career or volunteer) will be assigned as support members and receive responder family assignments based on criteria in this practice. SSA personnel will receive appropriate designation, recognition, and identification to act under the direction of the SSA Executive. An organizational check list designed to assist the SSA in program design is provided in [Appendix X1](#).

7.3 The SSA will provide a TOE for all its personnel enlisting its physical plant, equipment supplies, and other resources for the execution of services to responder families in times of emergencies.

7.4 The SSA Executive will be responsible for scheduling training, drills, and assignments.

7.5 The SSA organization will establish, in the form of job descriptions, the responsibilities and duties to be assumed by SSA personnel in the event of an emergency to support responder families during such designated emergencies.

7.6 The SSA organization's routine governmental, functional and organizational policies will need to be modified (if applicable and necessary) to accommodate the use of the organization as an SSA.

7.7 All governmental (local jurisdiction) actions should have the designation of the SSA established by ordinance or law.

8. Procedures for Administration

8.1 The AHJ needs to integrate the SSA into its program for managing all applicable emergency scenarios.

8.2 The AHJ may establish, after consultation with respective supervisors, priority levels based upon the urgency of maintaining the well being of its responders and alleviating their concerns.

8.3 The AHJ will issue notice to the designated SSA organization and its executive to officially activate the SSA organization for its responder family support role in emergency management consistent with broad governmental constitutional and organizational policies that are established by the AHJ.

8.4 Other applicable standards, though not necessarily stated or set forth in this practice, should be consulted in the interpretation of this practice and in its administration and implementation.

9. Procedure for Training and Drills

9.1 Designated SSA personnel will require appropriate training in order to perform their duties, as defined in this practice. While family support personnel are not expected to confront all of the challenges addressed by responders, they will need to react to many logistical issues as well as individual family member emergencies (for example, acute medical needs of family members).

9.2 Designated SSA support personnel will need to be trained in all areas where their performance is critical. The most effective means for their training may be by the responder organizations themselves, whose interests are aligned with the training objectives.

9.3 Designated SSA support members should receive, as a minimum, training in the following areas:

- 9.3.1 Use of communications equipment and procedures for effective operation;
- 9.3.2 First aid/cardiopulmonary resuscitation/use of automated external defibrillator;
- 9.3.3 Communicating with people in stressful conditions; and
- 9.3.4 Stress management/counseling.

9.4 Designated SSA support members, before carrying out their emergency response duties identified in this practice, will need to be activated and directed by the AHJ (that is, the same authority under which the professional responders are activated).

9.5 Designated SSA personnel, as with all effective emergency operations personnel, should demonstrate performance in the skills identified in Section 9.3. Responder family support program drills should be aligned with the AHJ's risk and vulnerability analysis for the different types of emergencies to be encountered (for example, fire, flood, power failure, hurricane, terrorist event). Drill scenarios should vary to cover such emergency scenarios on a rotating basis. Drills should occur at least annually, in different seasons, to include weather change as a drill variable.

10. Keywords

10.1 emergency management; emergency response; family support during emergencies; responder families

APPENDIX**(Nonmandatory Information)****X1. FORMS**

X1.1 See Fig. X1.1 and Fig. X1.2.⁷

⁷ Further guidance on the subject can be found under the U.S. DHS Ready Responder Program website: <http://www.ready.gov/america/getakit/responder.html>.

**Form A - Care Givers Information**

(Example – AHJ/SSA should modify to align with specific needs)

Personal/Family Confidential Data is often organized for retrieval by care giver, family member or emergency responders. It is often set forth by any number of agencies and has a variety of forms and formats. Attach additional sheets for each family member. **All personal health information must be acquired and maintained in accordance with the HIPAA Privacy Rule.**

Emergency Responder _____

Agency/Organization Affiliation (for emergency contact) _____

Family Member Leader _____

Relationship to Responder _____

Name _____ Social Security #(Last 4 Digits) _____
 Address _____ City _____ Zip _____
 Phone # _____ Date of Birth ____/____/____ Gender: ☐ M ☐ F Preferred
 Language _____ Single ☐ Married ☐ Divorced ☐ Widowed Medicare
 # _____ Secondary/HMO Insurance Co's _____ Policy #'s
 _____ Contact Phone # _____

Have you requested a Do Not Resuscitate Order or Health Care Proxy? ☐ Yes ☐ No
 If yes, attach to valuable documents file. Also attach photos of family members to be assisted.

Primary Physician _____ Phone # _____
 Secondary Physician _____ Phone # _____
 Other Medical Specialists _____ Phone # _____
 Hospital Records located at: _____ Phone # _____
 Normal Blood Pressure (specify _____ high _____ low) Height _____ Weight _____
 Blood Type _____

Drug Allergies (specify) _____

Food Allergies (specify) _____

Dietary Restrictions (specify) _____

Others (specify) _____

What medical problems/physical disabilities do you have? (For example: heart problems,
 diabetes, high blood pressure, etc.) _____

What chronic conditions? _____

Past Surgeries: (Type and Date) _____

Animal Information

Number _____ Name(s) _____ Type(s) _____

Sitter's Name _____ Phone # _____

Animal Medications _____

Veterinarian _____ ID tags _____

Pet Allergies _____ Vaccinations _____

Handling Issues _____ Include a photo of pet(s)

Signature

Family Leader Signature _____

Date: _____

Example Self Assessment Checklist

Implementing the Standard Guide For Responder Family Support Services

1. The local jurisdiction considering this standard should understand rationale/purpose for this standard and reason behind standard.
2. The lead person should obtain approval from the local jurisdiction to designate or, if necessary, establish a Support Service Agency (SSA).
3. The lead person should ascertain the applicable governmental entities that would be part of a SSA service area and establish a mutual aid agreement.
4. The lead person should secure the advisors to the SSA and ensure they are knowledgeable and informed about emergency actions.
5. The lead person should ensure that the SSA organization can effectively comply with the tenants of this standard guide.
6. The SSA executive should become part of the local emergency office and team.
7. The SSA executive should be able to communicate and interface with every level of government that has an SSA function.
8. The SSA executive should identify the local and off-site Responders and their families.
9. The SSA should identify the auxiliary support personnel's functions.
10. The SSA should register auxiliary support personnel.
11. The SSA executive should have a strong, effective communication plan with Responders and their families incorporated with all appropriate officials.
12. The SSA executive should create, maintain and update inventory, family needs, key contacts, etc. All information must honor the personal "privacy provisions" of the law.
13. The SSA executive needs to understand and/or define the most effective family relocation strategy for each family unit.
14. The SSA executive should define the most effective means to transport family, possessions, pets, etc.
15. The SSA executive needs to determine how best to provide the relocation of physically challenged and/or elderly family members.
16. The SSA should assist the support systems of the family; i.e., legal, financial, insurance, medical or other essential needs.
17. The SSA should be able to provide temporary, appropriate housing related to the characteristics of the incident.
18. The SSA should be able to provide appropriate on-site, space, facilities and activities designed to meet the free time needs of evacuated families and consider age, gender, ethnic group, etc. .
19. The SSA executive should become familiar with the implementation of this *Standard Guide for Responder Family Support Service* any local adaptations.
20. Designated SSA personnel and support personnel should participate in the training and development of the responder family support program.
21. **All individual and family personal health information must be acquired and maintained in accordance with the HIPAA Privacy Rule.**

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