



Support Services for Mass Casualty Incidents

Guidance & Best Practices



**Active Assailant Interdisciplinary
Work Group (AAIWG)**

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Acknowledgements

The Maryland Active Assailant Interdisciplinary Work Group (AAIWG) was created in 2018 to provide active assailant guidance, information sharing, community preparedness, and outreach education to ensure Maryland remains prepared and resilient.

The AAIWG's Emergency People Search and Recovery Subcommittee developed this *Support Services for Mass Casualty Incidents: Guidance and Best Practices* to identify best practices, resources, and operational considerations relevant to emergency people search and recovery activities.

The following organizations contributed to the Emergency People Search and Recovery Subcommittee's efforts:

Collaborating Agencies

- 211 Maryland
- American Red Cross
- Anne Arundel County Critical Incident Stress Management and Peer Support Team
- Anne Arundel County Maryland Police
- Anne Arundel County Office of Emergency Management
- Baltimore City 9-1-1
- Baltimore County Department of Health and Human Services
- Calvert County Office of Emergency Management
- Cedar Ridge Counseling Centers
- Charles County Emergency Medical Services
- Frederick County Office of Emergency Management
- Governor's Office of Crime Prevention, Youth, and Victim Services | Maryland State Board of Victim Services
- Governor's Office of Homeland Security
- International Critical Incident Stress Foundation
- Johns Hopkins Center for Law Enforcement Medicine
- Maryland Center for School Safety
- Maryland Department of Disabilities
- Maryland Department of Education
- Maryland Department of Emergency Management
- Maryland Department of Health
- Maryland Department of Human Services | Local Departments of Social Services
- Maryland Department of State Police
- Maryland Fire and Rescue Institute | Advanced Life Support
- Maryland Institute for Emergency Medical Services Systems
- Montgomery County Department of Health and Human Services
- St. John's College | Annapolis Campus Office of Public Safety
- US Department of Justice
- Washington County Division of Emergency Services
- The Workplace Trauma Center



I. Introduction

Background

Formerly known as *reunification*, emergency people search and recovery is the process by which individuals are reconnected with their loved ones as quickly as possible following a disaster or incident. The AAIWG Emergency People Search and Recovery Subcommittee was tasked with developing guidance to assist local, state, and nongovernmental agencies and organizations with managing emergency people search and recovery operations following mass casualty incidents, such as an active assailant incident.

Emergency people search and recovery operations may occur following “notice” or “no-notice” incidents, which may be the result of natural, human-caused, or technological emergencies. While this guidance focuses on emergency people search and recovery operations following an active assailant incident, the noted procedures, resources, and best practices are applicable to any type of notice or no-notice mass casualty incident.

Mission

This document is designed to provide recommended best practices and tools to assist the organizations providing services to those impacted by traumatic events, particularly mass casualty incidents caused by an active assailant.

The goals of any emergency people search and recovery operation should include:

- Accounting for all missing persons (alive, injured, or deceased)
- Providing accurate death and injury notifications to families as quickly as investigations will allow
- Providing a healing environment with appropriate assistance to first responders, victims, their families, and the community during and after a traumatic event

Purpose

This document strives to identify the human and technological resources available to reconnect individuals as quickly as possible following a mass casualty incident. The intended audience of this guidance is state, local, and nongovernmental response teams involved in emergency people search and recovery operations as well as the planning staff who support them. This guidance document is a compilation of best practices and does not supersede jurisdictional laws, policies, and protocols related to emergency people search response activities.



II. Roles and Responsibilities

Multiple agencies and organizations are involved in emergency people search and recovery. Roles and responsibilities may vary based on the incident type. Generally, activities fall within five service areas defined in the table below:

Activity/Service	Description
Incident Stabilization	Involves processes taken by first responders to neutralize a threat in a specific geographical area or event. May include firefighting, law enforcement response, reinforcing damaged facilities, etc.
Investigation	Involves developing reports that include incident details, data analysis, probable cause, and conclusions.
Emergency People Search	Formerly known as <i>reunification</i> . Involves providing resources and support to reconnect individuals to their kin as quickly as possible following a disaster or incident.
Death and Serious Injury Notification	Involves the appropriate governmental authority providing vetted information about the death or serious injury of an individual to their next of kin. Kin should be notified in person.
Family Assistance Center (FAC)	Involves activating a service hub to assist people impacted by mass casualty and mass fatality incidents.

Partners

While many disciplines support emergency people search and recovery activities, the key players involved following most mass casualty incidents, particularly those caused by an active assailant, include law enforcement, Fire/EMS, public health and human services professionals, victim service professionals, facilities with responsibility to provide for people in their care (i.e., schools, hospitals, and residential facilities), and federal partners.

Law Enforcement

Most mass casualty incidents are locally led by appropriate jurisdictional law enforcement, including but not limited to incidents that occur on public transportation, in schools, at state and local government buildings, and/or in public areas.

Public Health and Human Services

State and local public health, human services, and victim service professionals have roles and responsibilities following a mass casualty or mass fatality incident. The Maryland Department of Health maintains a Mass Fatality Plan, which contains a FAC Plan as an annex¹. The FAC Plan was developed by the Maryland Department of Human Services and outlines the operational roles for public health and human services organizations in response to mass casualty or mass fatality incidents, including:

- Management and coordination of FAC operations
- Collection of ante mortem data
- Family briefings and support services

¹ The Mass Fatality Plan and FAC Plan annex are available upon request under certain circumstances through the Maryland Department of Health and the Maryland Department of Human Services.



Schools, Hospitals, and Residential Facilities

Incidents at facilities which have a responsibility to provide for people in their care (i.e., closed populations) fall under “locally-led incidents” and have an appropriate jurisdictional law enforcement lead. However, there may be additional facility and local policies that must be followed by on-site security and other responsible parties. While facility and local policies are critical parts of response, they fall outside of the scope of this document.

Federal

Federal Bureau of Investigation

The Federal Bureau of Investigation (FBI) is typically the lead for investigations of terrorism and mass violence incidents. FBI involvement may introduce additional federal leads and partners to the response and may impact Maryland’s local and state response for mental health and other emergency people search and recovery services.

National Transportation Safety Board

Because the scope of this document is active assailant incidents, the National Transportation Safety Board (NTSB) may not have a role unless the incident is related to legislated transportation incidents. The NTSB is included in this guidance for overarching awareness of federal responsibilities in mass casualty incidents.

The NTSB investigates every civil aviation accident in the United States as well as significant accidents in other modes of transportation (e.g., railroad, highway, marine, and pipeline). Local authorities maintain the same jurisdictional responsibilities regarding the initial accident response, recovery, security, site cleanup, and medical examiner operations, with the NTSB leading the aviation accident investigation. If a criminal act is believed to have caused the accident, the FBI becomes the lead investigative agency and is supported by the NTSB.

Suggested Lead by Incident Type

The following table identifies suggested leads for each activity conducted during human-caused and transportation incidents. The entities identified as leads are responsible for the coordination of these activities and may hold the authority to delegate roles and responsibilities to other response partners.

Mass Casualty Incident Type	Human-Caused	Transportation
Description	<i>Includes construction, fire, and active assailant incidents. Occurs in public areas such as government facilities, public transportation, and schools.</i>	<i>Includes aviation, railroad, certain highway, marine, and pipeline incidents.</i>
Incident Stabilization	<ul style="list-style-type: none"> Local Law Enforcement Fire Emergency Medical Services (EMS) 	<ul style="list-style-type: none"> Local Law Enforcement Fire EMS
Investigation	<ul style="list-style-type: none"> Local Law Enforcement 	<ul style="list-style-type: none"> NTSB



Mass Casualty Incident Type	Human-Caused	Transportation
	<ul style="list-style-type: none"> • Medical Examiner’s Office 	
Death/Serious Injury Notification	<ul style="list-style-type: none"> • Law Enforcement • Local Hospitals • Victim Service Professionals 	<ul style="list-style-type: none"> • Law Enforcement • Local Hospitals • Victim Service Professionals
Emergency People Search	<ul style="list-style-type: none"> • Local <ul style="list-style-type: none"> ○ Law Enforcement ○ Departments of Social Services ○ Hospitals • State <ul style="list-style-type: none"> ○ Maryland Department of Human Services • Victim Service Professionals 	<ul style="list-style-type: none"> • NTSB • Local Law Enforcement • Local Hospitals • Departments of Social Services • Victim Service Professionals
Family Assistance Center	<ul style="list-style-type: none"> • Local <ul style="list-style-type: none"> ○ Departments of Social Services • State <ul style="list-style-type: none"> ○ Maryland Department of Human Services • Victim Service Professionals 	<ul style="list-style-type: none"> • NTSB • Commercial Transportation Provider • American Red Cross • Victim Service Professionals



III. Phases of a Mass Casualty Incident

Mass casualty incidents, including active assailant incidents, can generally be broken down into four phases, with specific activities occurring in each phase. Figure 1 identifies the phases that are used as the overarching framework in this document.

Figure 1. Phases of a Mass Casualty Incident



The phase concept helps to identify roles and responsibilities in a plan and ensure common terminology is used. The following tables provide further detail about the incident management actions that occur in each phase.

Phase 1 – Active

Phase 1 Description	Threat hazard is not yet neutralized.
Stakeholders	<ul style="list-style-type: none"> • Law Enforcement • Emergency Medical Services • Fire and Rescue Services • Emergency Management • Crisis Response Team comprised of licensed mental health and other appropriately trained public safety or health care personnel. • Victim Service Professionals
Critical Activities for Reunification and Recovery	<ul style="list-style-type: none"> • Identify the hot zone or danger area(s). • Determine needs and activate/notify emergency and non-traditional partners. • Set up an evacuee holding area(s) where people within the Hot Zone can be taken for questioning, debriefing, and needs assessment. <ul style="list-style-type: none"> ○ Public and press should not be granted access. ○ This location may evolve into a Reunification Notification Center. • Develop Strategic Crisis Plan for recovery assistance/services available to groups and individuals. • Begin death and serious injury notifications. • Develop Public Messaging Strategy with considerations to communications/language accessibility. • Secure assistive technologies and/or interpretation services to facilitate communications/language accessibility. • Assess support required and identify available partners for the following: <ul style="list-style-type: none"> ○ Identification of the deceased and injured ○ Triage and stabilization of persons in crisis ○ Identification of community partners and support agencies that should be activated



Phase 2 – Stabilization

<p>Phase 2 Description</p>	<p>Threat has been neutralized, and investigation/search for injured victims is ongoing.</p>
<p>Stakeholders</p>	<ul style="list-style-type: none"> • Law Enforcement • Emergency Management • Emergency Medical Services • Mental Health Professionals (note: may be a CISM team, mental/behavioral health clinicians, or a combination) • Public Health and Human Services • Victim Service Professionals
<p>Critical Activities for Stabilization</p>	<ul style="list-style-type: none"> • Witnesses are being released from the Evacuee Holding Area. • Hotline may be operationalized. • Secure assistive technologies and/or interpretation services to facilitate communications/language accessibility. • Notification and Reunification Information/Service Center set-up begins, and non-immediate life-safety needs (e.g., information needs, property concerns, etc.) emerge. <ul style="list-style-type: none"> ○ May be a physical facility, virtual, or a hotline. ○ Visitors should be separated by walls or dividers to maintain privacy; loved ones awaiting information should not be able to see people coming in from the hot zone; people awaiting information should also not be able to see people reunifying or leaving the center. • Family/kin briefings should be ongoing, and death notifications may begin. <ul style="list-style-type: none"> ○ Death notifications should be completed by appropriately trained law enforcement personnel and supported by mental health representatives, victim service professionals, and faith/spiritual leaders. ○ Death notifications should occur in a private area away from victims and survivors with appropriate medical services on standby. ○ Separate entrances and exits should be used to escort loved ones receiving death notifications. • Victim advocate professionals should be deployed to provide support to victims before, during and after interviews with law enforcement officials, including: <ul style="list-style-type: none"> ○ Identifying and verifying victims and family members in coordination with the medical examiner and coroner. ○ Identifying victims with injuries but not requiring immediate medical attention and victims who were exposed to but not injured during the incident. Sharing information with family members about which hospitals are treating injured victims and where their loved ones are located. • All response partners should follow the same public messaging plan, and social media should be monitored by appropriate personnel. • The Public Information Officer (PIO) should coordinate with the designated crisis response/mental health team to ensure that information is conveyed to families before being disseminated to the media. In addition, the PIO should facilitate keeping families and victims shielded from the media.



- Witness Interview/Debrief should occur if neither occurred in the Evacuee Holding Area.
- The mental health team should assist survivors and/or witnesses after interviews with law enforcement investigators and/or interaction with medical personnel. This may occur at a law enforcement facility before survivors/witnesses are reunited with their loved ones.
- Victim service professionals will determine victims' needs and coordination of service providers will occur in the Emergency Operations Center (EOC).
- Determine protocol for credentialing new and spontaneous individuals who may respond to the incident.
- Ensure all survivors, witnesses, and families present at any service centers opened during this phase (e.g., Notification and Reunification/Information Service Center, FAC, etc.) must check in and check out. Survivors and/or family members should be provided with take-home materials, including but not limited to victim compensation forms, information on trauma response, medical examiner procedures, area funeral homes, information on their rights, contact information, and any additional relevant resources.



Phase 3 – Recovery

Phase 3 Description	Scene has been released by law enforcement/emergency response.
Stakeholders	<ul style="list-style-type: none"> • Social/Human Services • Aging and Disabilities • American Red Cross • Maryland Responds (Medical Reserve Corps) • Victims of Crime Act (VOCA) Administrator • Criminal Injuries Compensation Board • Victim Service Professionals • Faith-Based Organizations
Critical Activities for Recovery	<ul style="list-style-type: none"> • Shift response efforts to focus on impacted people’s recovery needs. This phase may last days, weeks, or months. • Reunification services may begin to decline during this phase because most impacted individuals who are capable of communicating have contacted their loved ones. • Develop a Mental Health Recovery Support Plan (or similar mental health-focused crisis action plan) by consulting with all members of the crisis response/mental health teams involved in the incident. <ul style="list-style-type: none"> ○ Assign a mental health professional with documenting the plan because the Mental Health Recovery Support Plan is considered a “living document” that will grow and change. • Conduct a needs assessment to determine the resource required and identify the partners who will meet needs (e.g., victim compensation, healthcare, child care, legal, travel, housing, financial planning, language/communications accommodations). • Develop frequently asked questions (FAQ) documents for victims and the public that list available victim assistance and services. Distribute the FAQs in person and post them online. • Mental health assistance should be ongoing, available, and encouraged for all impacted individuals, including response staff. • Determine whether victims or witnesses engaged during this phase have had contact with law enforcement regarding the incident. If not, refer them to the lead investigative law enforcement agency. <ul style="list-style-type: none"> ○ Coordination with law enforcement is necessary to minimize the number of interviews as much as possible. Consider having a law enforcement taskforce on-site at the Service Center(s) to assist. • Assign appropriately trained victim service professionals (i.e., victim liaisons) to victims and their families (including hospitalized victims and those who are not present). • All records should be considered private, and all laws (including the Health Insurance Portability and Accountability Act [HIPAA]) should be followed. • “Handle with Care”² school notifications should be made when appropriate. This initiative is designed to help children who are exposed to traumatic

² <https://handlewithcaremd.org/>



incidents through seamless and careful communication and collaboration between law enforcement, schools, and community organizations.

- Implement a process for managing personal effects (cleaning and returning of personal effects).
- Credential volunteers and assign roles. Deploy credentialed mental health professionals, victim service professionals, and crisis counselors (trained in trauma informed crisis care).
- Set up a process for donations management.



Phase 4 – Resiliency

Phase 4 Description	Focus shifts to mitigating community trauma and planning for and addressing the long-term needs of victims and the community.
Stakeholders	<ul style="list-style-type: none">• Community-based organizations (e.g., nongovernmental and/or nonprofit organizations with a focus on mental health, community resiliency, etc.)• Victim Service Professionals• Faith-Based/Spiritual Leaders
Critical Activities for Resiliency	<ul style="list-style-type: none">• FAC may be closed during this phase, and a Community Resiliency Center may open to provide ongoing services and assistance to victims, family members, first responders, and community members.<ul style="list-style-type: none">○ Services may be offered by caseworkers and/or victim service professionals.○ The hotline may still be open (with scaled-back hours of operations) to assist.○ Organize annual memorial events.• Mitigation efforts should be considered to support community resilience.• Longer-term recovery plans for facilities may be enacted, and site rehabilitation may be completed (devolution of past facility functions may be necessary. All services provided at impacted facility(ies) should be returning to normal.• Mental health support should still be available to the impacted community and responders.



IV. Concept of Operations

This section outlines a general concept of operations for emergency people search and recovery operations following a mass casualty incident and provides general guidance and considerations for key activities and services. Responders should be prepared to accommodate for language/communications barriers when conducting key activities and service provision. Key activities and services include but are not limited to:

- People and patient tracking
- Information sharing
- Hotline operations
- Service centers and reception centers
- Unaccompanied minors
- Death notifications
- Referrals and ongoing casework
- Financial assistance
- Property of impacted individuals

A. People and Patient Tracking

For purposes of this document, “people tracking” refers to the act of monitoring attendance at emergency/disaster mass care facilities, service centers, evacuation transportation services, or within the “hot zone” of a mass casualty incident. By conducting inventory of those who visit these sites/service centers, emergency people search staff produce attendance lists to assist in locating evacuees and/or impacted people. “Patient tracking” refers to tracking patients as they are moved through the emergency medical system, including ambulance transport, hospitals, and other medical centers.

The following lists should be developed and are critical as services and resources become available during the response timeline:

- **Roster Lists** – Frequently developed during “closed population incidents” and note potentially impacted people. Lists may be available from school administration, human resources workers, airline carriers, apartment rental staff, property manager, etc.
- **Fatality Lists** – Compiled by law enforcement, emergency medical, morgues and the Office of the Chief Medical Examiner (OCME).
- **Impacted People Roster** – Notes anyone reporting to any facility or calling any hotline stood up during incident response.

Generally, law enforcement and other agencies will immediately and aggressively pursue any data sources that may be available to provide information on the impacted population. It is important to assign staff to begin formally tracking this information and sharing it with appropriate agencies and organizations supporting the response. Various databases and tools are available to support patient and people tracking, as noted in the table below.

Database/Tool	Description
Chesapeake Regional Information System for our Patients (CRISP)	People who visit a hospital/medical center in Maryland and the District of Columbia (DC) are uploaded into the CRISP database, which includes a “family reunification portal” accessible to human services staff who have a role in emergency people search operations. This database tracks all patients transported by EMS or registered into an emergency department for medical care.



Database/Tool	Description
Encrypted Documents	During an incident, agencies may use shared encrypted documents to track lists of impacted people and seekers (i.e., the individuals looking for someone who may have been impacted).
Cloud-Based Mapping Programs	Agencies may use mapping programs to add information about the specific location of impacted individuals.

B. Information Sharing

Family members and friends who cannot find loved ones who may be missing due to an incident will be in urgent need of prompt, accurate information. Partners throughout the response structure should be prepared to provide accurate and timely information to ensure information is shared appropriately and effectively. Some best practices related to information sharing include:

- Law enforcement or hospital staff should provide death notifications in person.
- If a victim is in the hospital and cannot communicate, conveying information to their family is critical, especially if the victim’s condition is serious. Hospital staff will use their regular protocols to accomplish this mission. Whenever possible, notifications should be in person by law enforcement and mental health professionals. If information presents itself to responding staff outside the hospital environment, emergency people search workers must be prepared to work with hospital staff to ensure family members have the information they need quickly and efficiently. Emergency people search workers should not release information to callers or relatives without clear direction from incident command. This will prevent notifications from being given to the wrong relatives or friends or other members of the public.
- Human services workers, including emergency people search staff, typically collect information on who is in need of reunification and provide this information to frontline first responders/hospital/law enforcement staff who provide death notifications and hospital notifications daily. A system for transferring information quickly and efficiently is key to successful emergency people search practices.

C. Hotline Operations

A hotline may be necessary to accommodate information requests following a mass casualty incident. In Maryland, the Department of Human Services and 211 Maryland can provide hotline assistance for people seeking information about their loved ones who have potentially been impacted by a mass casualty incident. The hotline does not void the necessity of emergency dispatch centers (i.e., 9-1-1 centers), and the 9-1-1 system may still receive calls from loved ones seeking information. Rather, the hotline intends to ease the burden on the emergency dispatch system by providing referral services to callers they cannot assist.

Hotline Capabilities and Processes

A caller requires emergency people search services if they believe their missing loved one to be in safe care but do not know where the loved one is located. Examples include:

- An evacuated minor who is believed to be in the care of a trusted friend/relative
- A medically vulnerable adult evacuated with a nursing home/assisted living facility
- A person transported within the emergency medical system



Hotline operators are prepared to work with concerned callers to determine the location of their loved one. Hotline operators collect information on the missing loved one and work through the emergency response network to determine if the missing person has been admitted to hospitals, checked in at service sites/shelters, or identified as deceased.

If emergency people search staff determine that law enforcement attention is required, they should refer the caller to law enforcement via 9-1-1 unless law enforcement has provided different emergency-specific instructions.

Hotline operators will only provide information to callers on the whereabouts of missing people if they have checked in through open-source platforms, as that information is public-facing. If a missing person is determined to be at a hospital or deceased, the caller's information will be provided to the hospital or appropriate law enforcement agency to potentially assist them in any necessary coordination of information with the patient's or deceased person's family. Hotline operators will open a case and keep the caller's case open until hotline staff can confirm that the appropriate information has been provided to the caller.

State Emergency People Search Hotline

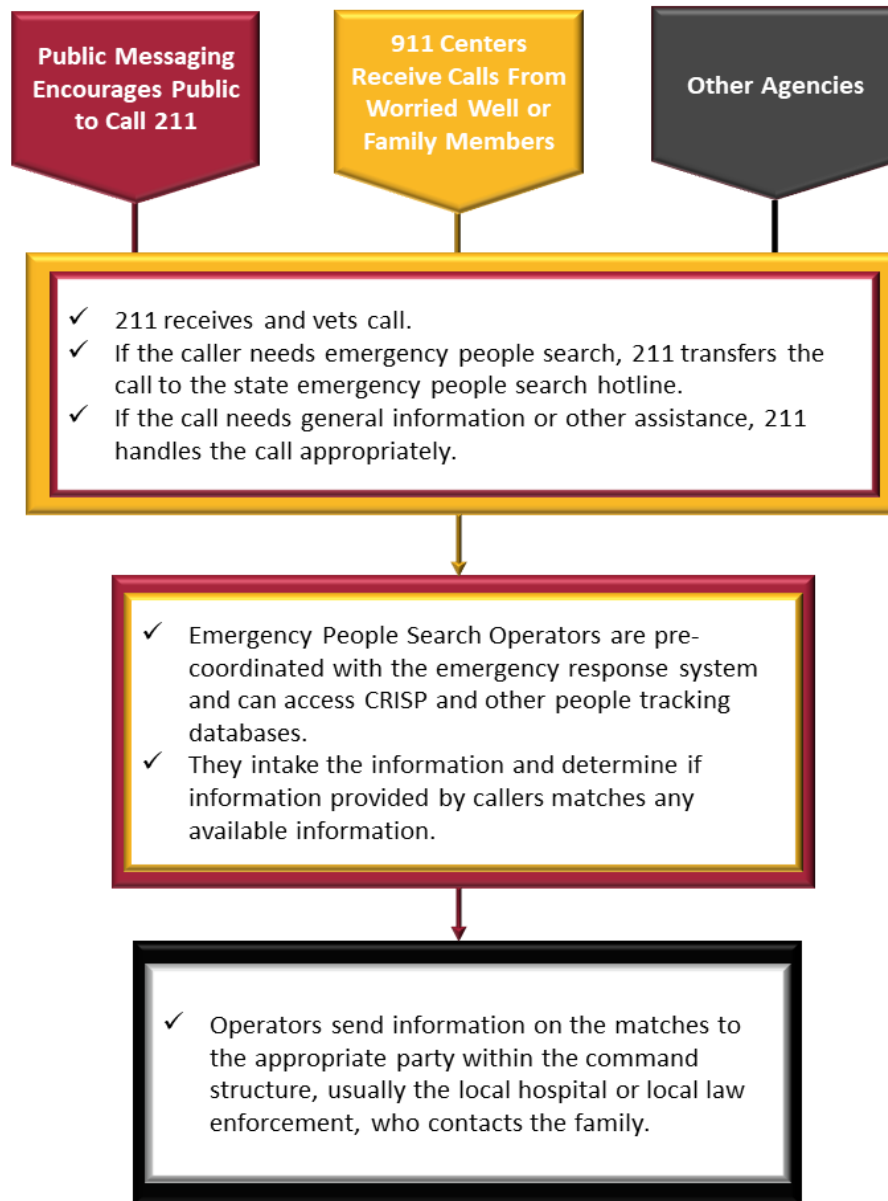
When activated, the state emergency people search hotline will take the following actions:

- Notify the MJOC to inform Public Safety Answering Points (PSAP).
- Notify 211 Maryland to ensure public-facing hotlines are all making the same referrals.
- Call in the operation hotline workers.

The state emergency people search hotline does not provide any services unless an emergency incident occurs, and is not monitored on a day-to-day basis outside of a specific incident or event. Hotline staff will request to be present at any command center (e.g., local EOC, unified command post) that is set up for the emergency to allow for real-time coordination with incident command and to facilitate providing timely and vetted information to the public.

Hotline Coordination

The state emergency people search hotline receives information from various sources and has developed a thorough process to collect and distribute information. The following diagram identifies the procedure by which hotline workers will coordinate with partners to receive and vet incoming emergency people search-related information.



Public-Facing Instructions and Communications Plan During a Hotline Activation

The hotline is activated by contacting the Maryland Joint Operations Center (MJOC) and requesting support from the Maryland Department of Human Services. The MJOC will contact the appropriate representative at the Maryland Department of Human Services to begin coordinating with the entity requesting hotline activation.

The phone number for the MJOC is: 410-517-3600



If the hotline is activated, the public should be instructed to call 211 Maryland if they need assistance or information. 211 Maryland will screen the calls to determine the caller's needs and provide their regular referral services and/or any available general messaging.

If a caller has a missing friend or family member who may have been impacted by the emergency, 211 Maryland will transfer the call to the hotline and provide the hotline number to the caller in case they are disconnected.

The phone number for the hotline is: 1-888-756-7836

The email address is: disasterassistance.dhs@maryland.gov

If a local jurisdiction needs 211 Maryland staff to deliver general information to callers (for example, direction to not report to the scene), the jurisdiction should email this information to disasterassistance.dhs@maryland.gov to 211 Maryland. The email address for the hotline can also be provided to the public or by 211 Maryland staff.

******The hotline should be called an "Assistance Hotline" in all public-facing communications and should not mention "reunification." This is out of respect for family members who receive death notifications instead of reunification with their loved one.******

Types of Hotline Operations

Multiple scenarios may occur during a mass casualty incident and require activation of the hotline.

Unfolding Emergency Impacting a Specific Population

When there is an unfolding emergency, such as an active shelter-in-place or evacuation order, the hotline may be opened for the "worried well" population. For example, callers may inquire about loved ones they believe were evacuated from a specific location. If callers are actively searching for missing loved ones whom they believe are in safe care, they will require emergency people search services. In another example, callers who self-evacuated may be seeking additional information about the incident or guidance on how to reconnect with their loved ones.

Emergency People Search Services

Emergency people search services are intended to support callers seeking information on missing loved ones whom they believe to be in safe care. This may include situations such as:

- Minor who is believed to be in the care of a trusted friend/relative
- Medically vulnerable adult evacuated with a nursing home/assisted living facility
- Individual transported within the emergency medical system
- Minor being sheltered in place at school or with supervision, without any exacerbating circumstances

Certain situations require hotline operators to refer callers to law enforcement immediately:

- A minor is missing, and the family suspects the minor has been abducted, has run away, is injured, or is not with a trusted adult
- A vulnerable adult is believed to be in danger



Hotline operators should provide appropriate follow-up with callers requiring immediate referral to law enforcement. ***Under no circumstances should the tracking questionnaire be considered an appropriate substitute for cases needing referral to law enforcement.***

Hotline Scripts

The hotline scripts contained in **Appendix B** are the templates used by the Department of Human Services when they open the hotline and should be edited for every incident.

D. Service Centers

Service centers are critical components of emergency people search and recovery operations. As detailed in the table below, several types of service and reception centers may be operationalized depending on the circumstances of the incident, and may be called another name depending on the lead jurisdiction’s preference. Refer to **Appendix A. Definitions and Acronyms** for the full list of the various names and definitions related to Service Centers. In general, these service centers serve to:

- Ensure all impacted parties receive necessary medical care based on the incident, including mental health
- Provide up-to-date information, referrals, and victim assistance for recovery services to anyone impacted by the incident
- Collect information on service gaps or outstanding assistance required for recovery

Center Type	Corresponding Phase	Lead Organization	Description of Service Center
Evacuee Holding Area	1 – Active	Law Enforcement/ Emergency Management	<ul style="list-style-type: none"> • Safe area for victims to congregate out of harm’s way for medical assessment, vetting of immediate critical needs, and/or initial interview by law enforcement. • Likely the first opportunity to assemble a witness interview/debrief area. • Friends and family of impacted people or other response agencies (i.e., stakeholders without an active mission during this phase) may not be admitted. • Mental health assistance may be present and supported by appropriate providers (e.g., crisis response/mental health team, community partners, victim service professionals) to triage and stabilize anyone in crisis. One-on-one interventions should be conducted by clinicians to identify/stabilize those who need immediate assistance and to help identify



Center Type	Corresponding Phase	Lead Organization	Description of Service Center
			resources needed to facilitate the activation of community partners and support agencies.
Early Response Service Center	2 – Stabilization	Law Enforcement/Emergency Management	<ul style="list-style-type: none"> • Also referred to as a <i>Notification and Reunification Center</i> or a <i>Friends and Family Center</i>. • Provides support to meet immediate, basic needs, such as food, water, shelter, mental health support, and connecting impacted individuals with their loved ones. • Set up within the first or second operational period to provide people with information on the whereabouts of their loved one(s), and the location may be publicly advertised. • People returning from the hot zone (i.e., individuals involved with incident or looking for their loved ones) may be taken to this center. • Hospitals and the EMS community should concentrate on ensuring all arriving patients are input into patient tracking databases (e.g., CRISP) and noting all demographic information for people without identification. • Expected that the Early Response Service Center would have a law enforcement/emergency management lead but may be supported and staffed by health and human services workers, victim advocates, and/or faith-based organizations.
Family Assistance Center	3 – Recovery	Human Services Organization	<ul style="list-style-type: none"> • Provides services which assist impacted people, including victims and family members, in a safe and secure location where sensitive information can be shared with people impacted by the incident. • Critical FAC services include but are not limited to: <ul style="list-style-type: none"> ○ Victim identification services



Center Type	Corresponding Phase	Lead Organization	Description of Service Center
			<ul style="list-style-type: none"> ○ Victim assistance ○ Family briefings ○ Emotional and spiritual care ● Designed to provide information, facilitate process of identifying victims, reuniting family members, and ensuring the provision of emergency social services to survivors and loved ones. ● Often led by health and human service workers with multiple agencies, including the Victims of Crime Act (VOCA) Administrator, providing staffing and support. ● A hotline should be opened to support loved ones who cannot be physically present at the FAC. ● Additional information is contained in the State Family Assistance Center Plan, contained within the State Mass Fatality/Casualty Plan.
<p>Community Resiliency Center</p>	<p>4 – Resiliency</p>	<p>Victim Service Professionals and/or Faith-Based, Community Service, and Social Services Organizations</p>	<ul style="list-style-type: none"> ● Addresses secondary and vicarious trauma. ● Provides ongoing case/investigation information in coordination with law enforcement and prosecutor’s office. ● Provides ongoing services to victims and assistance to victims, their loved ones, first responders, and community members. ● Provides specialized resources, organizes funerals and annual memorial, and assigns victim service professionals to families.

E. Support to Unaccompanied Minors

Children present a unique challenge in running any type of service center. Jurisdictional policies and authorities are in place to address unaccompanied minors through the law enforcement and social services systems and should be followed regardless of incident type. The following actions and considerations may assist in meeting the unique needs of children and unaccompanied minors:

- Survey all children to identify children who are not accompanied by a supervising adult.
- Place an identification bracelet on the child that matches a supervising adult, if available.



- Report all unaccompanied children to the EOC and the National Center for Missing and Exploited Children (NCMEC).
- Send a complete list of unaccompanied children to local emergency management officials.
- Have a physician, preferably a pediatrician, conduct a social and health screening of the child and the supervising adult (if available).
- Make “Handle with Care”³ school notifications when appropriate.

The *Unaccompanied Minors Registry* supports the NCMEC by allowing the public to report information related to children who have been separated from their parents or legal guardians as a result of an emergency/disaster. This tool enables NCMEC to assist local law enforcement in the reunification of displaced children with their parents or legal guardians. The [Unaccompanied Minor and Separated Child Report Form](#) is accessible through the American Red Cross website and is contained in **Appendix C: Forms**.

F. Death Notifications

Emergency people search and recovery operations often include making death notifications. The table below identifies which agency should lead and conduct death notifications based on different scenarios.

Identity	Disposition	Lead Organization
Known	Transported to hospital and dies	Hospital staff, in coordination with law enforcement
Unknown	Transported to hospital and dies	Hospital staff, in coordination with law enforcement (after verification of identity)
Known	Transported to morgue/OCME	Coordinated by the hospital and/or law enforcement
Unknown	Transported to morgue/OCME	After investigation determining identity, death notification provided by law enforcement
Known or Unknown Bodily Remains	Transport to morgue/OCME	If a terrorist act, the FBI works in conjunction with other federal agencies and state and local law enforcement to investigate the incident and provide death notification

Lead organizations will utilize trained victim service professionals to provide immediate support before, during, and after death notifications. Whenever feasible and possible, death notifications should be completed in-person.

There may be situations during which death notifications of foreign nationals must be made. In these situations, the specific country’s embassy should be contacted. The Department of State should be contacted when a victim’s loved one is a U.S. citizen living abroad. Additionally, state law enforcement should be engaged for incidents that occur at colleges and universities.

Additional resources related to death notifications are included in **Appendix F: Resources and Training**.

G. Referrals and Ongoing Casework

The impacted population may need ongoing disaster casework services. These services are different from traditional social services and may be provided by trained non-professionals, including volunteers.

³ [HWC Behavior Management System \(handlewithcare.com\)](https://www.handlewithcare.com/)



Disaster caseworkers, victim service professionals, and/or trained non-professionals provide referrals and a consistent point of contact for the impacted population during the recovery phase. As new resources become available, caseworkers ensure that the impacted population is aware of the services and assist with connecting people to the service.

H. Financial Assistance

State and Local Resources

The Antiterrorism and Emergency Assistance Program (AEAP) helps jurisdictions respond to victims' immediate and ongoing needs in the aftermath of mass violence or domestic terrorism. AEAP grants are available by the Office of Victims of Crime (OVC) by invitation only. OVC will contact the state VOCA Administrator to discuss the scope of victims' needs and identify what resources are available. It is imperative to include the Maryland VOCA Administrator in the response and recovery process, as only one award per incident is made.

Eligible applicants include:

- State victim assistance and compensation programs
- Public agencies including federal, state, and local governments
- U.S. Attorney's Offices
- Public institutions of higher education
- Nongovernmental and victim service organizations

Assistance available includes crisis response grants, consequence management grants, criminal justice support grants, crime victim compensation grants, and training and technical assistance.

The Maryland VOCA Administrator is housed with the Maryland Governor's Office of Crime Prevention, Youth, and Victim Services (GOCPYVS), and can be contacted at **410-697-9338**.

Victims

The [Maryland Criminal Injuries Compensation Board](#) (CICB) provides aid and assistance to victims of crime in Maryland. Losses as a result of victimization may be reimbursed by CICB, including:

- Medical/dental expenses
- Psychological counseling
- Lost wages or disability
- Crime scene clean up
- Funeral costs
- Loss of support

CICB is a payer of last resort and victims must apply to be reimbursed compensation.

Additionally, the public may donate directly to victims of mass crime via the [National Compassion Fund](#) (NCF). The NCF distributes donated funds directly to victims and their families.

I. Property of Impacted Individuals

Based on the type of incident and who has jurisdiction over the scene, various methods may be used to return property to people impacted by a mass casualty incident. Law enforcement, local planning and



zoning, emergency management, or the operational staff within specific facilities may provide the plans for returning property to impacted people. It should also be noted that personal property left on the scene during acts of mass violence and terrorism is considered evidence and processing may impact the return of items. Applicable jurisdictional laws and authorities should be followed. Victim service professionals may be utilized to assist law enforcement by providing emotional and crisis support services during the return of a victim's personal property.

To ensure that proper procedures are followed in managing the personal property of deceased people, the following information is documented in the Code of Maryland Regulations (COMAR), Title 5, Subtitle 3:

- If the next of kin of the deceased is not present at the investigation, the police officer or sheriff at the investigation, or if a police officer or sheriff is not present, the medical examiner or the investigator shall:
 - Take possession of all property of value found on the body
 - In the report of the death, make an exact inventory of the property
 - Deliver the property to the appropriate sheriff or police department
- The sheriff or police department shall surrender the property to the person who is entitled to its possession or custody.



V. Mental Health Support

Mental health support should be made available to both the impacted population and responders as early in the mass casualty response as possible. Various response partners may provide mental health support, including the American Red Cross and other nonprofit organizations, trained crisis response/mental health responders and teams, victim service professionals, and other community-based options.

Staff with response roles during a mass casualty incident should be trained in emergency response-focused mental health practices (e.g., CISM, psychological first aid) during the preparedness phase.

When considering response staffing, evaluate the impacted population's characteristics (e.g., ages, ethnic and cultural backgrounds, languages, etc.) to provide the best possible match with trained mental health responders.

Services and Resources

In Maryland, mental health resources can be requested through local volunteer corps or the state resource request process via the MJOC and WebEOC. Many victim service organizations provide free counseling to victims of crime, and CICB can compensate victims for out-of-pocket counseling expense.

To request CISM assistance from outside the local jurisdiction, call EMRC/SYSCOM at 1-800-648-3001. The Maryland Institute for Emergency Medical Services System (MIEMSS), in coordination with the Maryland Department of Emergency Management (MDEM), will work with local jurisdictions to identify personnel.

Appendix D: CISM Strategic Crisis Action Plan includes details specific to CISM.



VI. Conclusion

This document will be updated every other year by the Maryland Department of Human Services and will be redistributed to AAIWG membership following each update cycle and AAIWG co-chair approval. Following a real-world incident requiring Emergency People Search and Recovery operations, this guidance will be reviewed and updated by Maryland Department of Human Services personnel with input from the Emergency People Search and Recovery Subcommittee.



Appendices

Appendix A: Definitions and Acronyms

Appendix B: Hotline Scripts

Appendix C: Forms

Appendix D: CISM Strategic Crisis Action Plan

Appendix E: Plan Activation Process

Appendix F: Victims' Rights

Appendix G: Resource and Training



Appendix A: Definitions and Acronyms

The table below provides terms, acronyms, abbreviations, and other specialized terms used throughout the document:

Acronyms/Abbreviations/Terms	Definition
ASHE	Active Shooter Hostile Event
ASHER	Active/Shooter Hostile Event Response, involving one or more persons who are or have been actively engaged in harming, killing, or attempting to kill people in a populated area by means such as firearms, explosives, toxic substances, vehicles, edged weapons, fire, or a combination thereof.
Assistive Technology	Any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities.
Access and Functional Needs	Those actions, services, accommodations, and programmatic, architectural, and communication modifications that enable individuals with access and functional needs to maintain their independence. Individuals requiring supportive services may have physical, sensory, mental health, and cognitive and/or intellectual disabilities. Examples of support services include durable medical equipment, consumable medical supplies, and personal assistance services. ⁴
Critical Incident Stress Management (CISM)	An integrated, systematic, and multi-faceted approach to the provision of crisis intervention and disaster mental health services.
CISM Plan⁵	An action plan with five key elements—target, type, timing, themes, team—that answers the following questions: <ul style="list-style-type: none"> • Who needs the intervention (individual, group)? • What special themes and concerns are there? • When interventions are appropriate and possible? • What team should conduct the intervention? • What type of intervention should be conducted?
CISM Team	Specialized two-person team consisting of a law enforcement officer and a licensed mental health professional.
Closed Population Incident	Disasters/emergencies occurring at locations where most of the impacted population may be known pre-incident. Examples include schools, airline incidents, and workplaces that are generally closed to the public.
Cold Zone	Site is free from dangers and may be safely used for planning, staging, and resources; there is little or no threat due to

⁴ US Department of Health and Human Services, “FEMA’s Functional Needs Support Services Guidance,” <https://www.phe.gov/Preparedness/planning/abc/Pages/functional-needs.aspx>.

⁵ Strategic Response to Crisis, International Critical Stress Foundation <https://icisf.org/strategic-response-to-crisis/>



Acronyms/Abbreviations/Terms	Definition
	geographic distance from the threat, or the area has been secured by law enforcement. ⁶
Community Partner	Governments, businesses, nonprofits, and other organizations that can provide a service, skill, tool, or resource to assist anyone affected by an incident.
Community Resiliency Center (CRC)	Spaces (physical or virtual) that serve as resource and referral centers for victims, survivors, families, residents, community members, and responders affected by an active shooter hostile incident.
Chesapeake Regional Information System for Patients (CRISP)	Authorizes disaster workers to query hospital encounter data during a qualifying emergency.
“Co-Responder” Team/ Crisis Intervention Team (CIT)	A law enforcement-based intervention program assisting individuals with mental illness. CIT officers partner with mental health professionals to ensure officer and community safety.
Emergency People Search	Area of human service response formerly known as <i>Reunification</i> ; a system to reunite families and provide information about the whereabouts of family members who have been separated as a result of the chaos surrounding an emergency.
Emergency Operation Center (EOS)	Coordinates information and resources to support incident management on-scene activities; can be physical or virtual,
Evacuee Holding Area	Also known as a casualty collection point (CCP), this temporary location is used for the gathering, triaging (sorting), and medical stabilization of persons and subsequent evacuation from the crisis site.
Federal Bureau of Investigations (FBI)	A domestic intelligence and security service of the United States and its principal federal law enforcement agency.
Health Worker	A person engaged in actions to enhance health, including health service providers (doctors, nurses) and support workers. ⁷
Hot Zone	The area where the actual incident occurred (e.g., crime scene) and which should be considered extremely dangerous.
Human Services Worker	Individuals, including social workers, psychologists, emergency management specialists, and grief counselors, providing services to help people navigate through crisis or chronic situations, move forward with their lives, and become self-sufficient. ⁸

⁶ A Checklist of Emergency Response Issues, p2 http://www.dem.ri.gov/topics/erp/3_1_to_3_3.pdf

⁷ Health Workers, The World Health Report 2006, p2 https://www.who.int/whr/2006/06_chap1_en.pdf

⁸ The Definition of Human Services, Human Services EDU.org <https://www.humanservicesedu.org/definition-human-services.html#context/api/listings/prefilter>



Acronyms/Abbreviations/Terms	Definition
Language Access	A service that many agencies use to facilitate communications between people who do not speak the same language.
Mass Casualty	An incident when the number of injuries stresses the capabilities of first responders or local support systems. Reunification services may be needed when families and friends are separated, victims are transported to medical facilities, or non-local kin need to know the whereabouts of a family member. In small scale incidents, hospitals and other medical facilities usually provide Reunification services without the assistance of mass care disaster workers. However, if facilities are overwhelmed, or a service center is set up, Reunification/Emergency People Search staff will be critical to providing care to families separated because of disaster.
Mass Fatality	An incident in which the number of fatalities exceeds a jurisdiction’s resource capabilities. Additional assistance and resources must be obtained to support fatality management. Emergency people search services provided will be different than those of non-mass fatality incidents. Protocol for ante mortem data collection will be provided by the Maryland Department of Health/local health departments.
Medicolegal	A term used to describe both the medical and legal aspects of an issue, e.g., medicolegal death investigation, which can be carried out by coroners or medical examiners. Maryland has a centralized medical death investigation system. The Office of the Chief Medical Examiner within the Maryland Department of Health has medicolegal responsibility to determine cause and manner of death, from injury, homicide, suicide, under unusual or suspicious circumstances. ⁹
National Transportation Safety Board (NTSB)	An independent federal agency charged by Congress with investigating every civil aviation accident in the United States and significant accidents in other modes of transportation — highway, marine, pipeline, and railroad. Determines the probable cause of the accidents and issues safety recommendations aimed at preventing future accidents.
Open Population Incident	Disasters/emergencies that occur at locations frequented by the general public, or where there is little formal knowledge of who may be among the impacted population. Examples include malls, government buildings, churches, and public transportation.

⁹ Maryland Department of Health, Office of Chief Medical Examiner <https://health.maryland.gov/ocme/Pages/Home.aspx>



Acronyms/Abbreviations/Terms	Definition
Recovery	Continuity of services and support to restore the equilibrium and meet the needs of the whole community, affected businesses, and/or directly or proximately harmed persons, often victims, who have been physically, psychologically, or otherwise affected in the short- or long-term following the incident.
Recovery Coordinator	A person designated for incorporating recovery and mitigation considerations into the early decision-making processes. The recovery coordinator monitors the impacts and results of such decisions and evaluates the need for additional assistance and adjustments where necessary and feasible throughout the recovery.
Reunification	Formerly the term for <i>Emergency People Search</i> . <i>Reunification</i> considered inappropriate for use in public-facing communications due to the implication that families will be reunified, when often family members may be deceased.
Service Center	<p>There are a variety of service centers that can open in response to a specific incident. Service center terminology used in Maryland for planning purposes is listed below. It is important to note that there is controversy involved with how to name a service center after an incident. The term “Reunification” is considered inappropriate because it can be misleading or triggering, particularly for families receiving information that their relative is deceased.</p> <p>Types of service centers include:</p> <p>Disaster Recovery: A Disaster Recovery Center (DRC) is stood up when federal programs are administered to support impacted residents and jurisdictions. FEMA defines a DRC as, “a readily accessible facility or mobile office where survivors may go for information about [FEMA] programs or other disaster assistance programs, and to ask questions related to your case.”¹⁰ These centers are typically composed of representatives from the governor’s office, state emergency management agency, FEMA, the US Small Business Administration (SBA), volunteer groups and other federal, state, and local departments and agencies. Maryland will identify a primary point of contact (manager) when a DRC is established to support disaster recovery.</p> <p>Disaster Service: A locally operated, state-supported facility, a Disaster Service Center (DSC) is established for impacted</p>

¹⁰ Disaster Recovery Centers, Federal Emergency Management Agency <https://www.fema.gov/disaster-recovery-centers>



Acronyms/Abbreviations/Terms	Definition
	<p>residents, businesses, and visitors to gather information from public, private, nonprofit and faith-based organizations about resources for recovery and meet immediate needs. A DSC is managed by a department/agency or DSC manager, and operates based on hours set by the jurisdiction and with representation from agencies with programs or services that support immediate and short-term needs. A DSC is typically open for a brief period and is not established to serve as a location for FEMA programs.</p> <p>Family Assistance: A Family Assistance Center (FAC) assists people impacted by mass casualty and mass fatality incidents. A FAC can be open for a few days to several weeks depending on the unique and specific needs resulting from the incident. A FAC must be prepared to provide a safe and secure place for extremely sensitive information to be shared with people affected by a tremendously serious incident. FAC services include:</p> <ul style="list-style-type: none">• Call center• Childcare• Crime victim compensation• Crisis intervention• Emotional and spiritual care• Family briefings• Financial assistance• First aid/medications• Funeral planning• Insurance benefits• Legal assistance• Spiritual care/pastoral support• Transportation• Victim identification• Victim assistance and services <p>Housing</p> <p>During a mass fatality incident, the early service center may be called “Respite” or “Family and Friends” Center. The center is designed to:</p> <ul style="list-style-type: none">• Provide a centralized location to disseminate resources and information,• Facilitate the process of identifying victims of a mass violence incident,• Reunite family members,• Assess needs, and• Provide emergency social services to survivors and families as they recover from the emergency.



Acronyms/Abbreviations/Terms	Definition
	<p>Family Reunification: Sometimes referred to as a Friends and Relatives Center, the Family Reunification Center (FRC) is the initial gathering for family and friends immediately after an incident. The FRC may provide for basic needs and should provide an avenue for sharing initial information about the incident and the next steps in the process, which can include transition to a FAC. For more information, see resource guide tool kit, Maryland Department of Human Services, Office of Emergency Operations Family Reunification Standard Operating Procedures.</p> <p>Joint Field Office: A temporary federal multiagency coordination center, the Joint Field Office (JFO) facilitates field level domestic incident activities. The JFO provides a central location for coordinating federal, state, local, tribal, nongovernmental, and private organizations with primary responsibility for activities associated with threat response and incident support.¹¹ Operations are centered on recovery and coordination of broader support operations that may extend beyond the immediate incident site. The JFO does not manage on-scene operations. The Maryland Department of Emergency Management State Coordinating Officer (SCO) or State Disaster Recovery Coordinator (SDRC) will work with the JFO coordination group to identify a suitable location for the facility or multiple JFOs, ensure the appropriate state and local partners are represented at the facility and provide ongoing coordination of state and local operations within the JFO in support of federal partners.</p> <p>Notification and Reunification: The Notification and Reunification Center (NRC) is a secure facility in a centralized location that provides information about missing or unaccounted for persons and the deceased and helps to reunite individuals with loved ones. The NRC also help survivors, including children, re-establish contact with family and friends after a period of separation.</p> <p>Reception: Radiological specific, a Reception Center is a pre-designated facility where registration, monitoring, and decontamination of evacuees and emergency equipment are conducted following a radiological release from a nuclear power plant. These centers must be established at least 15 miles from the nuclear power plant. Guidance, information, and transportation will be provided to move evacuees to an appropriate mass care shelter operated by the local Departments of Social Services or MDHS. Local departments of health within the plume zone have the responsibility to</p>

¹¹ Joint Field Office Activation and Operations Interagency Integrated Standard Operating Procedures, Federal Emergency Management Agency, April 2006, p5-6 https://www.fema.gov/pdf/emergency/nims/jfo_sop.pdf



Acronyms/Abbreviations/Terms	Definition
	<p>monitor and decontaminate evacuees, and public safety and fire emergency services personnel typically assist health workers with this task.</p> <p>Maryland Department of the Environment health physicists also have responsibility for radiation accident assessment coordination and analysis in response to emergencies at either the Calvert Cliffs Nuclear Power Plant (located in Maryland) or Peach Bottom Atomic Power Station (located in Pennsylvania) as well as any Maryland industrial, medical or transportation incident involving radiation.¹²</p> <p>Recovery Family Assistance: This center, which can be physical or virtual, is where victims and family members can seek referrals to FEMA and local services after immediate recovery operations have taken place.</p>
Survivor	Someone who is directly or proximally harmed by a specific incident. Some victims prefer to be called survivors rather than victims. ¹³
Victim	A person who suffers actual or threatened physical, emotional, or financial harm as a direct result of a crime or delinquent act.
Victim Advocate	<p>A professional trained to support victims of crime. Advocates offer victims information on their rights, emotional support, assistance with locating resources, and completing crime victim related paperwork. Advocates often accompany victims/survivors to court proceedings and assist with navigating the criminal justice process. Advocates may also contact organizations such as criminal justice or social service agencies to get help or information for victims. Advocates often staff crisis hotlines, coordinate support groups, or provide in-person counseling. Victim advocates may also be called victim service professionals, victim service providers, victim/witness coordinators or victim/witness specialists. Advocates can be housed within nongovernmental, nonprofit, or governmental organizations or agencies.</p> <p>Also referred to as <i>Victim Navigator</i>.</p>
Video Remote Interpreter	Video remote interpreting is a video telecommunication service that uses devices such as web cameras or videophones to provide sign language or spoken language interpreting services. The interpreter provides services

¹² Radiological Health Program, Maryland Department of the Environment
<https://mde.maryland.gov/programs/Air/RadiologicalHealth/Pages/index.aspx>

¹³ Helping Victims of Mass Violence and Terrorism, Office for Victims of Crime, US Department of Justice
<https://www.ovc.gov/pubs/mvt-toolkit/glossary.html>



Acronyms/Abbreviations/Terms	Definition
	remotely or offsite in order to communicate with persons with whom there is a communication barrier.
Warm Zone	The transition area between the highly dangerous active incident or hot zone and the cold zone; also called the threat reduction area. There is the potential for a hazard or an indirect threat to life to emerge.
Witness	An individual who has information or evidence regarding an event or incident.
Witness Interview/Debrief Area	An area/location where individuals who have knowledge of or involvement in the incident can assemble.



Appendix B: Hotline Scripts

Note to users: These scripts serve as samples and should be tailored with specific incident information prior to use.

[Operator]:

1. ***Hello. You have reached the (Event Name or Maryland Human Services) Emergency Assistance Line. Do you need assistance with communication and/or accommodation for disabilities?***

[Note answers.] Arrange for required accommodation(s).

May I please have your name and a phone number in case we get disconnected?

[Note answers.]

Is this an emergency?

NO: [Continue down to question 2.]

YES: ***Have you called 911 for emergency or police assistance?***

NO: ***Please call 911 first, and then call us back if you need further assistance.***

YES: ***How did they direct you? (Did they take a report from you? Did they refer you to this hotline?)*** [Note answer and continue.]

2. ***Do you have any special language, communication, or medical needs?***

[Note answer.]

3. ***My name is [your first name]. How may I be of assistance?***

[Note answer.]

[IF THERE IS ONLY **GENERAL INFORMATION** AVAILABLE ABOUT AN UNFOLDING INCIDENT: Skip to Section A/Yellow SECTION]

[IF THERE IS SOMEONE WHO NEEDS **EMERGENCY PEOPLE SEARCH ASSISTANCE (Reunification)**: Skip to Section B/Blue SECTION]

[IF THERE IS SOMEONE WHO NEEDS **NON-EMERGENCY ASSISTANCE**: Skip to Section C/Pink SECTION]



Section A/Yellow: GENERAL INFORMATION

If there is an active shelter-in-place or similar unfolding emergency, and the hotline is opened for the “worried well” population, or there is no information yet that anyone has been transported to a hospital or is deceased, this section of the script may be used. For example, if there is a concert going on with many unaccompanied minors at the concert and there are reports of a shooter at the concert but no reports of injuries, the hotline may be opened to support questions from parents. If someone needs an actual reunification, use Section B].

[Operator]:

Thank you for calling with your concerns.

Here is what we know right now: GET MESSAGING FROM INCIDENT COMMAND. Messaging may be something like: There is an increased police presence in the area due to reports of a gun. At this time, we have no reason to think anyone is in need of medical attention.

Would you like to leave your contact information so we can call you back if we receive additional details specific to your situation?

NO: *Thank you for calling. Is there any other assistance we can provide?* [Make referrals based on script Section C.]

YES: [Confirm name and contact information.]

Please note, no one from this hotline will be calling you back unless we receive information that is specific to your situation. Please pay attention to public messaging and the media to follow this event.



SECTION B/Blue: Emergency People Search/Reunification

NOTE TO OPERATOR:

A caller needs reunification services if they do not know where their family member is but believe the missing family member(s) to be in safe care

For example:

- a minor who evacuated during an emergency and is believed to be in the care of a trusted friend/relative
- a medically vulnerable adult evacuated with a nursing home/assisted living facility
- someone transported, or thought to have been transported, within the emergency medical system
- a minor being sheltered in place at school, or with appropriate supervision, without any exacerbating circumstances

If reunification staff encounters someone looking for a person who would be more appropriately categorized as a missing person requiring the attention of law enforcement, the family should be immediately referred to law enforcement (usually 911, unless law enforcement has provided different emergency/disaster-specific instruction). Appropriate follow-up should be made by the reunification staff to ensure the presenting family members are able to follow through with the law enforcement referral (Does the family have access to a phone or necessary transportation?). If a minor is not in the care of their guardian, and the family suspects an abducted child, a runaway child, a lost child unaccompanied by a trusted adult or an injured minor who can't communicate, then the family needs to be immediately referred to law enforcement. If the family is seeking a vulnerable adult that they believe to be in danger, they also should be referred immediately to law enforcement.

Reunification workers are trained to ask questions similar to questions asked by law enforcement personnel when investigating a missing person, but under no circumstances should the reunification questionnaire be considered an appropriate substitute for cases that should be referred to law enforcement.

The above guidelines should be followed unless different disaster-specific direction is provided by law enforcement at the time of the emergency.

If the caller requires emergency people search services, continue with script below.

[Operator]:

Thank you for that information. We can try to help you find [name/description of person; i.e., "Johnny" or "your cousin"] by checking currently available information from the medical system and by helping you with an online service from the Red Cross that reunites separated families and friends.

What is the full name of the person you are trying to locate?



[Note answer.]

What is their gender?

[Note answer.]

What is their birthdate and age?

[Note answer.]

What is the last known location (Street Address, when possible)? Date Missing? Time Missing? Were they with anyone else?

[Note answer.]

Do you know if [name] is carrying a cell phone? What is the phone number? What happens when you call the number?

[Note answer.]

What is [name]'s complexion, weight/build, height, hair color? Build? Eye color? Eyeglasses? Hair style? Describe any identifying marks?

[Note answer.]

Do you know what they are [name] wearing?

[Note clothing – top to bottom.]

Do you know of any items they might have with them or be carrying?

[Note answer.]

Did you today, or do you ever, have a meeting plan in case you are separated?

[Note answer.]

Do they have any needs such as limited English, limited mobility, or anything else that might make them have a difficult time seeking help on their own?

[Note answer.]

Do they have any medical or other conditions that require immediate medical attention?

[Note answer.]

Do you have a recent photo of the person? Can you text or email it to me?



[Note answer.]

What is the person's home address, and local jurisdiction (County/Baltimore City):

[Note answer.]

What are their favorite or typical places they go besides their home?

[Note answer.]

What job(s) or school do they attend?

[Note answer.]

The following questions on social media may or may not be asked, based on the specific event. Request advice from mental health professional prior to making the following inquiries during a specific event:

Do they have any social media accounts – like Facebook, Instagram, WhatsApp, Twitter, etc.?

[Note answer.]

Have you checked their social media accounts for any information?

[Note answer.]

Do you have the capability of checking those accounts for information?

[Note answer.]

Do you have any relatives that may be able to check those accounts for you?

[Note answer.]

At this point, the operator should refer the information to a staffed “matchmaker” position to compare the collected information to the information that people search workers have available.

In all cases: **IF THE OPERATOR IS AWARE OF THE LOCATION OF THE PERSON WHO IS BEING DESCRIBED, DO NOT, UNDER ANY CIRCUMSTANCES, PROVIDE THE POTENTIAL LOCATION OF THE PERSON TO THE CALLER AT THIS TIME. Additional verification is required prior to revealing information to callers, and that work will be completed by the matchmaker, supervisor, hospital, or law enforcement.**

[Operator]:

Thank you for the information and for your patience in answering all our questions. I don't have any specific information about (person) right now; however, you have provided sufficient information that we can use to continually check for updates on the whereabouts of [Name].



Let me confirm your contact information: [read back name and call-back phone number]. Is that correct? If we find a match, do you have any brief message (one or two sentences), that you would like passed along, such as the contact information provided?

[Note answer.]

Okay. Let me read that back to make sure I got it right:

[Read back short message.]

We are going to continue searching, and will call you back to provide any updates.

At this point, end the call.

Section C/Pink: SOMEONE WHO NEEDS NON-EMERGENCY ASSISTANCE:

[If the person is a Maryland resident who needs non-emergency City services (for example, trash pickup or debris removal, food assistance)]

Please ask the person to call 211 for further assistance.

[If they request help regarding Social Services]: Please find out if they currently have benefits/recently lost them: if the caller has benefits or recently lost them, find out which office they visited to get their benefits and get a legal name and home address so the situation can be researched and tell them someone will call back.

[If the caller does not have benefits (or recently lost them)]

Please tell them to go to the office nearest them, and/or help them look that up on the computer. The caller can also apply online at <https://mymdthink.maryland.gov/home/#/> if the local office is not open. *(As a last resort, you may take their information and have someone call them back when our offices re-open – we can't take applications over the phone.)*

[If you believe that further research may identify the necessary resources, please take their name and information for someone to follow up with them later. If you have not identified an appropriate referral, talk to your supervisor.]

[NOTE CONTACT INFORMATION]

End call.



Appendix C: Forms

Unaccompanied Minor Release Form

Instructions:
Complete this form for every unaccompanied minor being released to a parent/guardian or other governmental agency.

Minor's Name: _____
First **Last**

Nickname: _____

Take a photo of the minor.

Person Filling out this form:
Name: _____
Agency: _____ **Job Title:** _____

Signature: _____ **Date and time** _____

In a disaster mass care environment, the only person with the authority to release an unaccompanied to a guardian is a representative of the local Department of Social Services, or the Maryland Department of Human Services. This activity should only be performed under the authority of the Director of the Local Department of Social Services or an authorized agent of the Maryland Department of Human Services. Upon completion of this form, provide all necessary information to the Local Director, or the mass care incident commander, and contact the Director to obtain consent to release. Provide the documentation of authority here:

Director's Name and Title: _____

Documentation of contact Date and time, and confirmation of release information:

If the Director or his/her designee cannot be reached, please call the Assistant Chief of the Division of Administrative Operations, Office of Emergency Operations, for assistance. That position can be reached 24 hours a day at 443-930-2298.



Parent/Guardian Information (Cross out section if not applicable)

Name (of the parent/guardian taking custody of child): _____

Form of Identification: _____

(State or Federal issued photo identification required.)

Take photo of the guardian presenting to pick up the child.

Take a photo of the identification of the guardian presenting to pick up the child.

Description of vehicle/license plate:

Verify that the car has appropriate supplies to transport the minor – car seat, booster seat. Document information here:

Street Address: _____

City/State/Zip: _____

Telephone Number: _____

Cellular Telephone Number: _____

Email: _____

Documentation of Verification of guardianship:

1. Request the minor's social security number from the guardian. Record the answer here:



Protective Custody Information (Cross out section if not applicable) Cont.

2. Request documentation showing guardianship. Take photos of all documents provided. Some types of appropriate documentation are provided in the list below.
 - Government issued documentation explaining custody arrangement.
 - Identifying documents for the minor that are in the possession of the guardian, including passport, Social Security card and similar.
 - Recent medical documentation, including prescriptions.
 - Recent report cards and school documents that include the minor's name.
 - Request to see recent social media on the guardian's phone showing appropriate interaction with the minor (pictures together, social media statements recording minor's milestones, etc.)

Interview minor and guardian separately, and in an area where the minor comfortable speaking freely, without concern for being overheard.

Ask any/all of the following appropriate questions, based on the age and communication and record the answers from both parties:

For the minor:

- Do you know what your parent's names are?
- Who is that person (indicate the guardian)?
- What do you call that person?
- Does that person take care of you? If yes, how?
- Do you sleep in the same home as that person?
- Where do you sleep at night?
- Where does that person sleep at night?
- What does your bedroom look like?
- What did you have for breakfast this morning? What did you have for dinner last night?
- Does the guardian's car look familiar? Have you ever been in that car When?
- Can you think of anything you may left in have the car, or like to look at while you're in the car? (What does your car seat look like? Air fresheners, etc.)
- What is your teacher's name?
- Do you have any food allergies?
- What time of day do you usually brush your teeth?

For the guardian:

- What is your relationship to the minor?
- What did the minor eat for breakfast this morning? Dinner last night?
- Do you sleep in the same home as the minor?
- What does the minor's bedroom look like?
- What is the minor's teacher's name?
- Does the minor have any food allergies?
- What time of day does the minor usually brush his/her teeth?
- Compare the answers to ensure there are no discrepancies or concerns with the answers.



3. Contact a representative from the local Department of Social Services to verify whether or not there is a history of custody issues for the minor. Record who you spoke to, and the record the information here:



Protective Custody Information (Cross out section if not applicable)

Name (of the person taking custody of child): _____

Agency: _____

Street Address of Agency: _____

State/Territory of Agency: _____ City of Agency: _____

Zip Code of Agency: _____ Telephone Number of Agency: _____

Cellular Telephone of Agency _____

Email Address of Agency: _____

Form of Identification: _____

(State or Federal issued photo identification required.)

Identification Number: _____

Take a photo the person taking custody of the child, of the car and license plate they are using for transport, and a picture of the identification they are using.

Call the mass care incident command, to provide an independent and off-site verification of the credentials for the person presenting. Record information here:



Privacy Waiver Authorizing Disclosure to a Third Party

STEP 1 Provide information about yourself and identify the third party (“Recipient”) to receive your information and/or records.

Full Name: _____ **Date of Birth:** _____

Phone Number: _____ **Mobile Number:** _____

Permanent Address: _____

Current Address: _____

I authorize the Maryland Department of Human Services to share my information with entities it reasonably

believes can assist with my recovery from _____ (the “Event”), including:

- Other government agencies
- Nonprofit/faith-based organizations
- School system
- Employer

Other: _____

Recipient Name: _____

Recipient Mailing Address (if known): _____

Recipient Agency/Organization: _____

STEP 2 Specify information DHS is authorized to share with Recipient(s).

- Personal data
- Family data

STEP 3 Please sign below to authorize MDHS to disclose your information and/or records to the Recipient(s). This disclosure form is valid for three months from the date of signing.

I certify under penalty of perjury that the information above is accurate. I authorize MDHS, its components, offices, employees, contractors, agents, and assignees, to disclose information or records specified above to the Recipient(s). I understand this may include reports and notes contained in any recordkeeping system maintained by or on behalf of MDHS and that MDHS retains discretion to decide records or information within the scope of this waiver. Recipient(s) is required to keep the information I provide confidential by law and to use it only to help me in my recovery; however, I understand that MDHS has no control over how the Recipient(s) will use or disseminate my information. I agree to release and hold harmless MDHS, its components, offices, employees, contractors, agents, and assignees, from any and all claims of action or damages of any kind arising from, or in any way connected to, the release or use of any information or records pursuant to this waiver.



Your Signature: _____ Witness Signature: _____

Date: _____ Witness Name: _____



Child Identification Checklist/SOP

1. Child Physical Identification

1.1 Fabric Tape Measure:

- 1.1.1 Attach one to a wall for older kids to stand and be measured; a second one can be used to measure infants and young children as they are lying down.

1.2 Travel Scale

- 1.2.1 Have older children stand on the scale to determine weight. For younger children have an adult stand on the scale holding the child then subtract the adult's weight to determine the child's weight.

1.3 Body Chart

- 1.3.1 Use the body chart below to document any birthmarks, tattoos, identifying marks.
- 1.3.2 Do not expose for documentation any private area marked off in black.

1.4 Milestones for Developing Kids

- 1.4.1 Use the guide below (see *Milestones for Developing Kids – Guide to Estimating a Child's Age* table below) to estimate a child's age for the purposes of reunifying a child with a parent/guardian. All children develop at a different rate; therefore, this list is not inclusive and is simply a tool to assist with identification.

2. Supplemental Questions

2.1 Questions to help determine custody

- Who makes you breakfast?
- Who tucks you in at night?
- Who picks you up from school?

2.2 Questions to help identify parent/guardian name

- What does your grandmother (father, uncle, etc.) call your mom/dad?
- Does anyone call your mother/father Mr/Mrs....?

2.3 Questions to identify a known adult who may have parent/guardian information

- Do you go to Church? Where?
- What school do you go to?
- Who is your teacher?
- Do you play soccer? (Baseball, etc.) What is the name of your team? Who is your coach?



3. Non-English Speaking/International Language Guide

3.1 Younger Children

3.11 Use the picture guides below (pages 5-8) to assist in determining what language a child is speaking.

Milestones for Developing Kids – Guide to Estimating a Child’s Age

This is a guide to estimate a child’s age for the purposes of reunifying a child with a parent/guardian. All children develop at a different rate; therefore, this list is not inclusive and is simply a tool to assist with identification.

2 Months:

<p>Social and Emotional</p> <ul style="list-style-type: none"> • Begins to smile at people • Can briefly calm himself (may bring hands to mouth and suck on hand) 	<p>Language/Communication</p> <ul style="list-style-type: none"> • Coos, makes gurgling sounds • Turns head toward sounds
<p>Cognitive (learning, thinking, problem-solving)</p> <ul style="list-style-type: none"> • Begins to follow things with eyes and recognizes people at a distance • Begins to act bored (cries, fussy) if activity doesn’t change 	<p>Movement/Physical Development</p> <ul style="list-style-type: none"> • Can hold head up and begins to push up when lying on tummy • Makes smoother movements with arms and legs

4 Months:

<p>Social and Emotional</p> <ul style="list-style-type: none"> • Smiles spontaneously, especially at people • Likes to play with people and might cry when playing stops 	<p>Language/Communication</p> <ul style="list-style-type: none"> • Babbles with expression and copies sounds he hears • Cries in different ways to show hunger, pain, or being tired
<p>Cognitive (learning, thinking, problem-solving)</p> <ul style="list-style-type: none"> • Responds to affection • Reaches for toy with one hand • Uses hands and eyes together, such as seeing a toy and reaching for it 	<p>Movement/Physical Development</p> <ul style="list-style-type: none"> • Holds head steady, unsupported • Pushes down on legs when feet are on a hard surface • May be able to roll over from tummy to back • When lying on stomach, pushes up to elbows



6 Months:

<p>Social and Emotional</p> <ul style="list-style-type: none"> • Knows familiar faces and begins to know if someone is a stranger • Likes to play with others, especially parents • Likes to look at self in a mirror 	<p>Language/Communication</p> <ul style="list-style-type: none"> • Responds to own name • Makes sounds to show joy and displeasure
<p>Cognitive (learning, thinking, problem-solving)</p> <ul style="list-style-type: none"> • Brings things to mouth • Shows curiosity about things and tries to get things that are out of reach • Begins to pass things from one hand to the other 	<p>Movement/Physical Development</p> <ul style="list-style-type: none"> • Rolls over in both directions (front to back, back to front) • Begins to sit without support • When standing, supports weight on legs

1 Year:

<p>Social and Emotional</p> <ul style="list-style-type: none"> • Is shy or nervous with strangers • Hands you a book when he/she wants to hear a story • Repeats sounds or actions to get attention • Puts out arm or leg to help with dressing • Plays games such as “peek-a-boo” and “pat-a-cake” 	<p>Language/Communication</p> <ul style="list-style-type: none"> • Responds to simple spoken requests • Uses simple gestures, like shaking head “no” or waving “bye-bye” • Says “mama” and “dada” and exclamations like “uh-oh!”
<p>Cognitive (learning, thinking, problem-solving)</p> <ul style="list-style-type: none"> • Looks at the right picture or thing when it’s named • Starts to use things correctly; for example, drinks from a cup, brushes hair • Follows simple directions like “pick up the toy” 	<p>Movement/Physical Development</p> <ul style="list-style-type: none"> • Gets to a sitting position without help • Pulls up to stand, walks holding on to furniture • May take a few steps without holding on • May stand alone

18 Months:



<p>Social and Emotional</p> <ul style="list-style-type: none"> • Likes to hand things to others as play • May have temper tantrums • Plays simple pretend, such as feeding a doll 	<p>Language/Communication</p> <ul style="list-style-type: none"> • Says several single words • Says and shakes head “no” • Points to show someone what he wants
<p>Cognitive (learning, thinking, problem-solving)</p> <ul style="list-style-type: none"> • Points to get the attention of others • Can follow 1-step verbal commands without any gestures; for example, sits when you say “sit down” 	<p>Movement/Physical Development</p> <ul style="list-style-type: none"> • Walks alone • May walk up steps and run • Pulls toys while walking • Drinks from a cup/eats with a spoon

2 Years:

<p>Social and Emotional</p> <ul style="list-style-type: none"> • Gets excited when with other children • Copies others, especially adults and older children • Plays mainly beside other children, but is beginning to include other children, such as in chase games 	<p>Language/Communication</p> <ul style="list-style-type: none"> • Points to things or pictures when they are named • Knows names of familiar people and body parts • Says sentences with 2 to 4 words • Follows simple instructions
<p>Cognitive (learning, thinking, problem-solving)</p> <ul style="list-style-type: none"> • Finds things even when hidden under two or three covers • Begins to sort shapes and colors • Builds towers of 4 or more blocks • Follows two-step instructions such as “Pick up your shoes and put them in the closet.” • Names items in a picture book such as a cat or dog 	<p>Movement/Physical Development</p> <ul style="list-style-type: none"> • Stands on tiptoe • Kicks a ball • Begins to run • Climbs onto and down from furniture without help • Walks up and down stairs holding on • Throws ball overhand

3 Years:



<p>Social and Emotional</p> <ul style="list-style-type: none"> • Shows affection for friends without prompting • Takes turns in games • Shows concern for crying friend • Understands the idea of “mine” and “his” or “hers” 	<p>Language/Communication</p> <ul style="list-style-type: none"> • Follows instructions with 2 or 3 steps • Understands words like “in,” “on,” and “under” • Says first name, age, and sex • Talks well enough for strangers to understand most of the time
<p>Cognitive (learning, thinking, problem-solving)</p> <ul style="list-style-type: none"> • Can work toys with buttons, levers, and moving parts • Plays make-believe with dolls, animals, and people • Turns book pages one at a time 	<p>Movement/Physical Development</p> <ul style="list-style-type: none"> • Climbs well • Runs easily • Walks up and down stairs, one foot on each step

4 Years:

<p>Social and Emotional</p> <ul style="list-style-type: none"> • Plays “Mom” and “Dad” • Would rather play with other children than by himself • Cooperates with other children • Talks about what she likes and what she is interested in 	<p>Language/Communication</p> <ul style="list-style-type: none"> • Sings a song or says a poem from memory such as the “Itsy Bitsy Spider” or the “Wheels on the Bus” • Tells stories • Can say first and last name
<p>Cognitive (learning, thinking, problem-solving)</p> <ul style="list-style-type: none"> • Names some colors and some numbers • Understands the idea of “same” and “different” • Draws a person with 2 to 4 body parts • Plays board or card games 	<p>Movement/Physical Development</p> <ul style="list-style-type: none"> • Hops and stands on one foot up to 2 seconds • Catches a bounced ball most of the time • Pours, cuts with supervision, and mashes own food



Appendix D: CISM Strategic Crisis Action Plan

Critical Incident Stress Management (CISM) teams will be responsible for developing the CISM Strategic Crisis Action Plan. The plan should be developed when the FAC is operational. Some questions are listed here that should be answered in the development of the CISM Strategic Action Plan:

- What is the location type of the incident, and how many people were immediately affected or proximately harmed?
- Who and how many people were evacuated?
- When are interventions appropriate and possible?
- What CISM team members should conduct intervention?
- What type of intervention should be conducted?
 - Individual and/or group?
 - Are children involved or specifically affected?

Special circumstance or concerns that should be taken into considerations include:

- When will employees return?
- How were businesses affected? Employees and customers?
- Will the business community need assistance?
- Will the location be used in the same matter?
 - How/who will clean up the crime scene?
 - Will personal affects be removed?
- Are there any political or social issues?
- When will the public be allowed back at the scene?
- Are there any temporary memorials that will have to be removed?
- Will assistance be needed at any memorial services?
- Will there be a permanent memorial?
 - Librarian or archivist can be tasked with deciding, along with families, what happens with items that are left as a temporary or permanent memorial.
- What will be provided for the anniversary of the incident?



Appendix E: Plan Activation Process

To activate the State of Maryland Emergency People Search/Reunification Plan:

If a mass casualty or mass evacuation occurs on the weekend and the local jurisdiction requires activation of the Emergency People Search/Reunification Plan, the local jurisdiction emergency manager will submit a request to the State WebEOC platform and contact the MDEM Liaison Officer, who will coordinate with the MD-DHS Assistant Chief of the Division of Administrative Operations, Office of Emergency Operations.

MD-DHS personnel will take the following actions:

- Notify 211 Maryland.
- Establish a coordination and staffing structure for hotline operations, and activate hotline workers within one hour of notification.
- Request that MD-DHS staff be present at any command center that is set up for the emergency, allowing for real-time coordination with incident command and facilitating information vetting prior to public release of information.

MD-DHS does not plan to provide any services unless an emergency incident occurs.

Public-Facing Instructions

If the hotline is activated, the public should be instructed to call 211 Maryland if they need assistance or information. 211 Maryland will screen the calls to determine the caller's needs, provide their regular referral services as necessary, or provide the caller with any available general messaging.

If a caller has a missing friend or family member who may have been impacted by the emergency, 211 Maryland will transfer the call to the hotline and provide the hotline number to the caller in case the caller gets disconnected.

The phone number for the hotline is: 1-888-756-7836.

The email address for the hotline can also be provided to the public, or by the 211 staff.

The email address is: disasterassistance.dhs@maryland.gov

The hotline is located at the Maryland Department of Human Services, Division of Administrative Operations, Office of Emergency Operations Command Center, located at 311 W. Saratoga Street, Baltimore, Maryland, 21201.

******The hotline should be called an "Assistance Hotline" in all public-facing communications and should not mention "reunification." This is out of respect for family members who receive death notifications instead of reunification with their loved one.******



Appendix F: Victims' Rights

Under Maryland Law, victims of crime, victim's representatives, and witnesses have the right to be:

- Treated with dignity, respect, courtesy and sensitivity;
- Informed of and connected to crisis intervention, emergency medical treatment, and counseling services;
- Notified of court proceedings and offender custody status;
- Informed of protections available to them and how to request protections for their safety;
- Provided with a waiting area separate from a suspect and the family and friends of a suspect;
- Informed of criminal injuries compensation and other social services available, and how to apply for services;
- Informed of employer intercession services to minimize an employee's loss of pay resulting from participation in the criminal justice process;
- Informed by the police or the State's Attorney of the arrest of a suspect and closing of the case;
- Notified that upon written request have stolen or other property be promptly returned when evidentiary requirements for prosecution can be satisfied by other means;
- Permitted to be present and heard at criminal justice proceedings, or request hearings when applicable;
- Permitted to seek restitution from their offender(s);
- Entitled to a speedy disposition of the case; and
- Permitted to request notice about any DNA related to their case.

Victim Service Professionals

A victim service professional is trained to support victims of crime. Victim service professionals include victim advocates, victim service providers, victim/witness coordinators, victim/witness specialists, attorneys, and other professionals. Victim service professionals can be housed within non-governmental, non-profit, or governmental organizations and agencies. Victim service professionals offer victims, their families, and their support systems with information on their rights, emotional support, assistance with locating resources, and completing crime victim-related paperwork.

After a mass violence incident, victim service professionals are important partners to include when implementing a Family Assistance Center, Community Resiliency Center, and other service centers. These centers are critical to supporting victims and survivors. Victim service professionals can assist with death notifications, planning and organizing funerals, assisting with applying for compensation, property return, connecting families to resources and information, and more.

Once an Offender has been Charged

Each State's Attorneys' Office (SAO) has victim/witness coordinators and advocates to assist victims, victim's representatives, and witnesses with understanding criminal justice proceedings, informing them of their rights, serving as a liaison between them and the prosecution, providing information on court dates, attending court with them, applying for financial assistance, and providing emotional support, counseling, and referrals for other services.



Victims are required to notify criminal justice agencies in writing if they want to be notified of court hearings and events related to their case. Victims are urged to complete the Crime Victim Notification Request and Demand for Rights Form and return it to the State's Attorney's Office to ensure their rights are upheld. The form is available in English, Spanish, Korean, Chinese, and French.

If you don't already have a working relationship with your local SAO advocates, it is recommended that you foster that relationship. Victim advocates can and will provide victims and their families with information on the criminal justice process, victims' rights, and more, while other entities involved in an investigation/prosecution can focus on their respective duties. A list of all the State's Attorneys' Offices can be found in the resource section below.

Victims' Rights Information and Resources

- [Crime Victims' Rights - Maryland Article 47 of the Maryland Declaration of Rights](#)
- [Governor's Office of Crime Prevention, Youth, and Victim Services - Brochures and Forms](#)
- [House of Ruth Maryland - Victims' Rights Tip Sheet and Video](#)
- [List of Maryland State's Attorneys' Offices](#)
- [Maryland Crime Victims' Resource Center - Know Your Rights](#)
- [Maryland Criminal Injuries Compensation Board](#)
- [Maryland State Board of Victim Services](#)
- [The People's Law Library of Maryland - Rights of a Crime Victim or Victim's Representative](#)
- [Victim Information Notification Everyday \(VINE\)](#)
- [Victims' Rights - Maryland Code, Criminal Procedure §11-104](#)
- [Victims' Rights - Maryland Code, Criminal Procedure §11-1002](#)
- [Antiterrorism and Emergency Assistance Program \(AEAP\) | OVC \(ojp.gov\)](#)



Appendix G: Resources and Training

Below is a list of online resources and training materials, organized by key activities noted in the Concept of Operations. This list is not exhaustive and numerous training opportunities and additional resources are available through governmental, non-governmental, and private entities.

Death Notifications

Death Notification Resource	Hyperlink
Podcast about making death notifications	Proper Death Notification Procedures (coronertalk.com)
Training course made available through the FBI and Penn State University	Death Notifications (psu.edu)
An 8-step guide for making death notifications	How to Deliver the News of a Death Beyond the Dash
A how-to guide with questions and reactions to expect	Death Notifications (squarespace.com)
Online course through the International Critical Incident Stress Foundation	Techniques for Delivering Bad News for Crisis Response Personnel - ICISF
Step-by-step guide on military death notifications	This Is How the Military Conducts a Death Notification Military.com
Law enforcement perspective on delivering death notifications	Death notification: Breaking the bad news Officer
American College of Emergency Physicians, Delivering the News with Compassion	The GRIEVING Death Notification Protocol

Information Sharing

Information Sharing Resource	Hyperlink
PIO response to the Century 16 Theater Shooting, July 20, 2012	PIO Lessons Learned from a Major Incident
IS-42.A: Social Media in Emergency Management	FEMA Social Media and Emergency Management

Property of Impacted Individuals

Property of Impacted Individuals Resource	Hyperlink
NTSB Fact Sheet	NTSB Personal Effects Best Practices
U.S. Department of Justice, Office of Justice Programs	Mass Fatality Incidents: A Guide for Human Forensic Identification (page 46)

Referrals and Ongoing Casework

Referrals and Ongoing Casework Resource	Hyperlink
Information on victims' rights, Governor's Office of Crime Prevention, Youth, and Victim Services	Victims' Brochures and Forms
U.S. Department of Justice, Office of Justice Programs	Preventing a Disaster within the Disaster: The Effective Use and Management of Unaffiliated Volunteers
Victim Liaison Description	Sample Victim Liaison Job Description



Support via Veterans Affairs, Office of Security and Law Enforcement if suspect is a veteran

[Office of Security and Law Enforcement - Office of Operations, Security, and Preparedness \(va.gov\)](#)
 VA Office of Security & Law Enforcement 24-7
 Duty Agents can be reached at vacoosle@va.gov or (202) 461-0262

Family Assistance Center

Family Assistance Center Resource	Hyperlink
U.S. Department of Justice, Office for Victims of Crime	Providing Relief to Families After a Mass Fatality
NTSB Family Assistance Operations: Planning and Policy	NTSB Family Assistance Center Planning and Policy
U.S. Department of Justice, Office for Victims of Crime, Training & Technical Assistance Center Webinars	OVC Helping Victims of Mass Violence and Terrorism Webinars
U.S. Department of Justice, Office for Victims of Crime, Planning, Response, Recovery, and Resources	OVC Helping Victims of Mass Violence and Terrorism Toolkit
Crisis Response Team Training Program Overview	National Organization for Victim Assistance, CRT Training

Survivor Benefits

Survivor Benefits Resource	Hyperlink
Financial Compensation, The Maryland People’s Law Library	Financial Compensation Options for Crime Victims
National Association of Crime Victim Compensation Boards, compensation protocol	Compensation Protocol: A Guide to Responding to Mass Casualty Incidents
Antiterrorism Emergency Assistance Program (AEAP) overview and resources	Antiterrorism and Emergency Assistance Program (AEAP) OVC (ojp.gov)

Unaccompanied Minors

Survivor Benefits Resource	Hyperlink
Handle With Care Training	Trainings HWC WP (handlewithcare.com)