FAC CALL CENTER TEAM
All remains and personal effects will be handled with dignity and accordance to local plans, policies, and procedures.

INTRODUCTION TO THE FAC CALL CENTER TEAM:

The FAC Call Center Team supports the Family Assistance Center by answering telephone calls from concerned citizens, the bereaved, and a variety of other individuals. The call center utilizes information provided by incident personnel to direct callers to the appropriate resources.

CONTENTS OF THE TOOLKIT:

1. *(TOOL)* Position Descriptions and Responsibilities
2. *(FORM)* Call Center Intake Form
3. *(FORM)* ICS-214: Unit Activity Log
4. *(TOOL)* Information Sheet for Disaster Response Workers
FAC CALL CENTER TEAM

Position Descriptions/Responsibilities

FAC Call Center Team Leader:

- Assigns and coordinates interview team personnel as needed
- Conducts briefings of procedures and guidelines
- Oversees the call center operations within the Family Assistance Center
- May be assisted by support personnel as needed
- Maintains a UNIT LOG (see enclosed) of notable activities
- Participates in family briefings as necessary/required
- Ensures the transition of call center records to the FAC Document Team

FAC Call Center Technicians(s):

- Receives work assignments and briefings from the FAC Call Center Team Leader
- Answers telephone calls to the Family Assistance Center, documenting pertinent information on the CALL CENTER INTAKE FORM (see enclosed)
- Redirects callers to the appropriate resource(s) based on information provided by the caller and incident personnel
- May be assisted by support personnel as needed
- Assists the FAC Call Center Team Leader with completing the UNIT LOG each shift by documenting notable activities/events

Scribe(s):

- Takes notes for the team leader or other assigned team member and documents the notes on the applicable forms as provided
- Assist the team leader in completing the UNIT LOG
## Call Center Intake Form

### Intake Information
- Call Taken By: __________________________
- Date of Call: ____________________________
- Time of Call: ____________________________

### Caller Information
- Name: ________________________________
- Phone Number(s): _______________________
- Address: ______________________________
- City: ____________________________ State: _______ Zip: _______

### Missing Person Information
- Person Calling About: __________________________
- Relationship to that Person: __________________________
- Are they the Primary Next of Kin?  □ Yes  □ No
  - If No, who is the next of Kin? __________________________
- Where the Person Lives
  - Address: ______________________________
  - City: ____________________________ State: _______ Zip: _______
  - Phone Number(s): _______________________
- Where the Person Works
  - Address: ______________________________
  - City: ____________________________ State: _______ Zip: _______
  - Phone Number(s): _______________________
  - Social Security Number: __________________________
- Why does the caller believe the Person was in/around the incident location? __________________________

### Missing person category (check one)
- □ Known Missing  □ Possible Missing  □ Not Known

### Other information
- Summarize: __________________________

### Follow-up with the Caller
- Best time to reach them: __________________________
- Phone number(s): __________________________
- Address for the next 24 hours:
  - City: ____________________________ State: _______ Zip: _______
  - Email: __________________________
- Follow-up needed/FAC staff responsible: __________________________
# Activity Log (ICS 214)

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<tbody>
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<td></td>
<td>Date From: Date</td>
<td>Date To: Date</td>
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<td>Time From: HHMM</td>
<td>Time To: HHMM</td>
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<tr>
<th>6. Resources Assigned:</th>
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<tr>
<th>Name</th>
<th>ICS Position</th>
<th>Home Agency (and Unit)</th>
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| 7. Activity Log: |

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Notable Activities</th>
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<tbody>
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</table>

8. Prepared by:  
Name: Position/Title: Signature:  
ICS 214, Page 1  
Date/Time: Date
**ACTIVITY LOG (ICS 214)**

1. Incident Name: ____________________________

2. Operational Period: Date From: ____ Date To: ____
   Time From: ____ Time To: ____

7. Activity Log (continuation):

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Notable Activities</th>
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</tbody>
</table>

8. Prepared by: Name: ____________________________ Position/Title: ____________________________ Signature: ____________________________

ICS 214, Page 2 Date/Time: ____
ICS 214
Activity Log

**Purpose.** The Activity Log (ICS 214) records details of notable activities at any ICS level, including single resources, equipment, Task Forces, etc. These logs provide basic incident activity documentation, and a reference for any after-action report.

**Preparation.** An ICS 214 can be initiated and maintained by personnel in various ICS positions as it is needed or appropriate. Personnel should document how relevant incident activities are occurring and progressing, or any notable events or communications.

**Distribution.** Completed ICS 214s are submitted to supervisors, who forward them to the Documentation Unit. All completed original forms must be given to the Documentation Unit, which maintains a file of all ICS 214s. It is recommended that individuals retain a copy for their own records.

**Notes:**
- The ICS 214 can be printed as a two-sided form.
- Use additional copies as continuation sheets as needed, and indicate pagination as used.

<table>
<thead>
<tr>
<th>Block Number</th>
<th>Block Title</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Incident Name</td>
<td>Enter the name assigned to the incident.</td>
</tr>
<tr>
<td>2</td>
<td>Operational Period</td>
<td>Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.</td>
</tr>
<tr>
<td>3</td>
<td>Name</td>
<td>Enter the title of the organizational unit or resource designator (e.g., Facilities Unit, Safety Officer, Strike Team).</td>
</tr>
<tr>
<td>4</td>
<td>ICS Position</td>
<td>Enter the name and ICS position of the individual in charge of the Unit.</td>
</tr>
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<td>5</td>
<td>Home Agency (and Unit)</td>
<td>Enter the home agency of the individual completing the ICS 214. Enter a unit designator if utilized by the jurisdiction or discipline.</td>
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<td>6</td>
<td>Resources Assigned</td>
<td>Enter the following information for resources assigned:</td>
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<tr>
<td></td>
<td>Name</td>
<td>Use this section to enter the resource’s name. For all individuals, use at least the first initial and last name. Cell phone number for the individual can be added as an option.</td>
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<tr>
<td></td>
<td>ICS Position</td>
<td>Use this section to enter the resource’s ICS position (e.g., Finance Section Chief).</td>
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<td></td>
<td>Home Agency (and Unit)</td>
<td>Use this section to enter the resource’s home agency and/or unit (e.g., Des Moines Public Works Department, Water Management Unit).</td>
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<tr>
<td>7</td>
<td>Activity Log</td>
<td>• Enter the time (24-hour clock) and briefly describe individual notable activities. Note the date as well if the operational period covers more than one day.</td>
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<td></td>
<td>Date/Time</td>
<td>Activities described may include notable occurrences or events such as task assignments, task completions, injuries, difficulties encountered, etc.</td>
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<tr>
<td></td>
<td>Notable Activities</td>
<td>• This block can also be used to track personal work habits by adding columns such as “Action Required,” “Delegated To,” “Status,” etc.</td>
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<td>8</td>
<td><strong>Prepared by</strong></td>
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</table>

Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).
COMMON REACTIONS TO A DISASTER INCIDENT

- No one who responds to a mass fatality incident is untouched by it
- Profound sadness, grief, and anger are normal reactions to an abnormal event.
- You may not want to leave the scene until the work is finished
- You will likely try to override stress and fatigue with dedication and commitment
- You may deny the need for rest and recovery time
- We each have different needs and different ways of coping
- Acknowledging our feelings helps us recover

SIGNS THAT YOU MAY NEED STRESS MANAGEMENT ASSISTANCE

- Difficulty communicating thoughts
- Difficulty remembering instructions
- Difficulty maintaining balance
- Uncharacteristically argumentative
- Difficulty making decisions
- Limited attention span
- Unnecessary risk-taking
- Tremors/headaches/nausea
- Tunnel vision/muffled hearing
- Colds or flu-like symptoms
- Disorientation or confusion
- Difficulty concentrating
- Loss of objectivity
- Easily frustrated
- Unable to engage in problem-solving
- Unable to let down when off duty
- Refusal to follow orders
- Refusal to leave the scene
- Increased use of drugs/alcohol
- Unusual clumsiness

WAYS TO HELP MANAGE THE STRESS

- Limit on-duty work hours to no more than 12 hours per day
- Make work rotations from high stress to lower stress functions
- Make work rotations from the scene to routine assignments, as practicable
- Use counseling assistance programs available through your agency
- Drink plenty of water and eat healthy snacks like fresh fruit and whole grain breads and other energy foods at the scene
- Take frequent, brief breaks from the scene as practicable.
- Talk about your emotions to process what was has been seen and done
- Stay in touch with your family and friends, if possible spend time with them
- Participate in memorials, rituals, and use of symbols as a way to express feelings
- Pair up with a responder so that you may monitor one another’s stress

*When to seek help: If self-help strategies are not helping or you find that you are using drugs/alcohol in order to cope, you may wish to seek outside or professional assistance with your stress symptoms.*