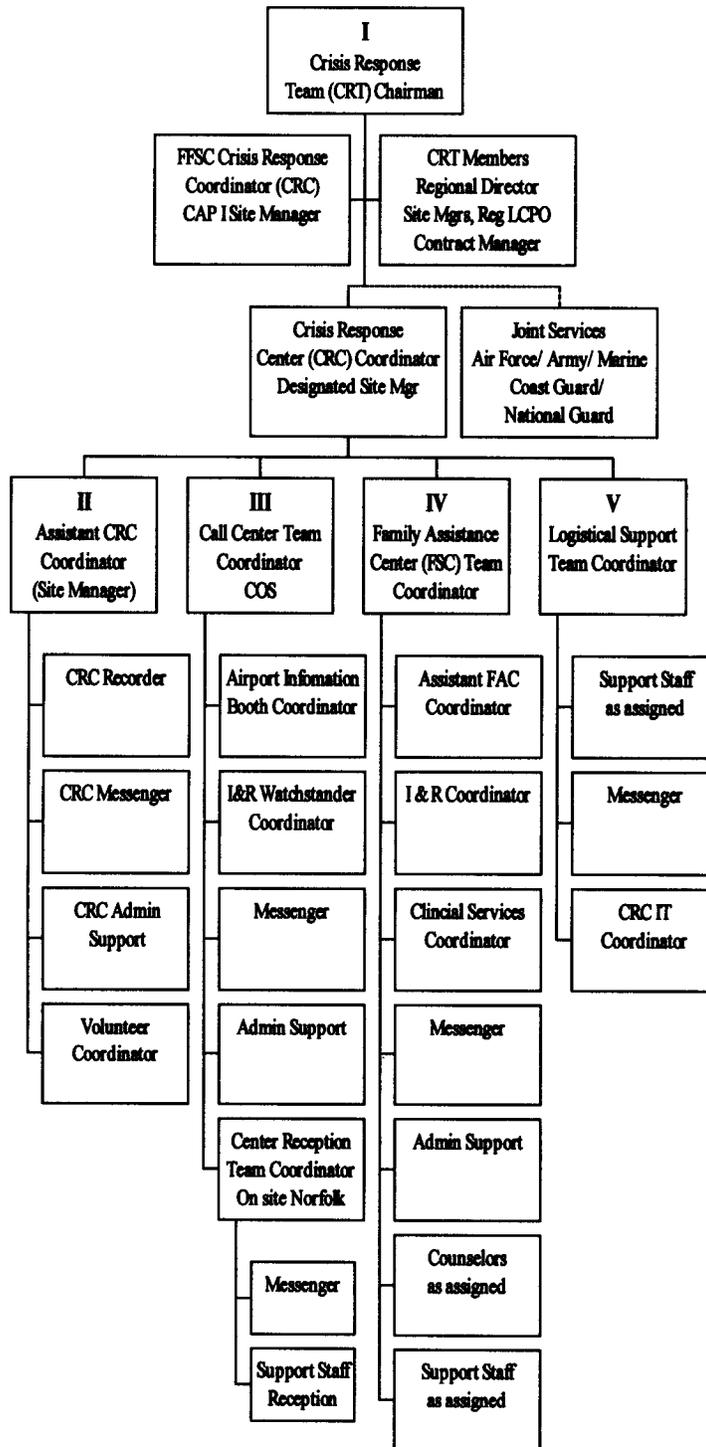


Crisis Response Teams

(example)



CRISIS RESPONSE STAFFING

Position	Description	Staff Assigned
Crisis Response Team (CRT)	Ensures management of all aspects of disaster planning, exercises, training, and services and support	Regional Director, Site Managers, Regional LCPO, Contract Manager
Crisis Response Team (CRT) Chairman	Chairman of CRT	Regional Director (PM5)
Regional Crisis Response Coordinator	Ensures all aspects of crisis response are carried out	Site Manager assigned to Capability 1
Crisis Response Coordinator (CRC)	Serves as overall disaster response coordinator during a crisis and reports directly to FFSC Director	Site Manager as assigned by Director
CRC Assistant Coordinator	Assists CRC in carrying out designated duties. Serves as CRT Coordinator.	As assigned by Team Chairman
Logistical Support Team Coordinator	Provides all logistical support	Regional LCPO
CRC Watch Recorder	Maintains all written records of disaster	As assigned by Director
CRC Logistics (Watchstander)	Assists with logistics and vehicles	As assigned by Regional LCPO
IT Support	Provide IT support	FFSC IT Regional Support Supervisor or as assigned
Call Center Team Coordinator	Provides 24-hour phone and airport support	As assigned
Airport Information Booth Coordinator	Coordinates operations at airport	As assigned
I&R Watchstander Coordinator	Staffs the phones	As assigned
Center Reception Team Coordinator	Provides phone and walk-in activity support	As assigned
Family Assistance Center Coordinator (FACC)	Oversees the operation of the FAC	Contract Manager assigns a Chief of Services as FACC in coordination with CRT Chairman
FAC Assistant Coordinator	Assists FACC in carrying out duties	Assigned by Contract Manager
Volunteer Coordinator	Coordinates volunteers and sets watchbill if necessary	FFSC Volunteer Coordinator
Messengers	Assist CC staff in communication delivery and supply support (Runners)	Staff or volunteers

Fleet and Family Support Center(s) of Insert Name

Crisis Volunteer Application

Name: _____ Date: _____
(Last) (First) (M.I.) (Month/Day)

Address: _____
(Street) (City) (Zip)

Home Telephone: () _____ Work Telephone: () _____

Military Affiliation or experience: _____

PROFESSIONAL LICENSES:

Area of Clinical Expertise: _____

SKILLS: Please indicate any of the following skills you would be willing to share.

Clerical Skills: Typing Filing Receptionist Using Copier Mailings
 Record Updating Alphabetizing Other (specify): _____
 Foreign Language (specify): _____

Do you have any health restrictions? _____

In case of emergency, contact: (name, relationship, phone #) _____

Availability:

Mon.	Tues.	Wed.	Thurs.	Fri.

THE ABOVE INFORMATION IS ACCURATE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE _____ DATE _____

PRIVACY ACT AND CONFIDENTIALITY STATEMENTS FOR VOLUNTEERS:

1. **LEGAL AUTHORITY FOR REQUESTING INFORMATION FROM YOU:** 5 U.S.C. Sect. 301 allows the Secretary of the Navy to make regulations for the Department of the Navy. One of those regulations, SECNAVINST 1764.1A Department of the Navy Family Support Program, established the Fleet and Family Support Center Program. 10 U.S.C. SECT. 1588 allows the Secretary of the Navy to accept volunteer services to assist the Fleet and Family Support Center Program.

2. **PRINCIPAL PURPOSE FOR WHICH YOUR INFORMATION WILL SERVE:** To supervise your performance as a volunteer in the Navy Family Service Center Program.

3. **ROUTINE USES WHICH MAY BE MADE OF YOUR INFORMATION:** In addition to using information you give us for the "principle purpose" given above, your information may be used for one or more of the "routine uses" listed in the Federal Register Notice for this system (including the blanket routine uses that are applicable to all Navy Privacy Act systems of record). This Federal Register notice is available here at the Fleet and Family Support Center for you to see if you wish. Three of the more important routine uses are:

- a. Disclosure to the appropriate federal, state, local or foreign agency charged with enforcing law, where Fleet and Family Support Center records indicate that a violation the law may have occurred.
- b. Disclosure of certain foreign authorities in connection with international agreements, including Status of Forces Agreements; and
- c. Disclosure to the Department of Justice for litigation purposes.

4. **DISCLOSURE IS VOLUNTARY:** You need not disclose any information to us, however, failure to provide this information will prevent us from being able to assign you duties as a volunteer in the Fleet and Family Support Center Program.

I have read and I understand the above Privacy Act statement and the uses of the information which I may provide. The contents of the Privacy Act have been explained to me.

(DATE)

(SIGNATURE OF VOLUNTEER)

CONFIDENTIALITY STATEMENT

To maintain the trust of the staff as well as individuals seeking assistance from Fleet and Family Support Center, I agree to keep confidential any information about individuals and organizations served by FFSC, shared with me, or overheard in the course of my volunteer service.

(DATE)

(SIGNATURE OF VOLUNTEER)

(DATE)

VOLUNTEER PROGRAM MANAGER

Reception Crisis Response Materials

The following items are located in a filebox, stored under the Admin Supervisor's desk:

- Coordinator's Pass Down Log
- Watchstander's Sign-in Forms
- Base Maps
- Crisis Response Logs
- Local/Regional Area Maps
- Statistical Report Forms
- Clip Boards
- Pens
- Pocket Folders

Crisis Response Log (I&R)

(sample)

Date

Hour	Client	Relationship to Sponsor	Number in Party	Service Member
	Name Local Phone Number Local Address City	Referrals Provided		Name Social Security Number State/Rank Comment
	Name Local Phone Number Local Address City	Referrals Provided		Name Social Security Number State/Rank Comment
	Name Local Phone Number Local Address City	Referrals Provided		Name Social Security Number State/Rank Comment
	Name Local Phone Number Local Address City	Referrals Provided		Name Social Security Number State/Rank Comment
	Name Local Phone Number Local Address City	Referrals Provided		Name Social Security Number State/Rank Comment
	Name Local Phone Number Local Address City	Referrals Provided		Name Social Security Number State/Rank Comment

Routine Business Calls

Special routing numbers call 1-800-368-5877

Crisis Response Log (Call Center) (sample)

Hour	Client	Relationship to Sponsor	Number in Party	Service Member
	Name Local Phone Number Local Address City	Referrals Provided		Name Social Security Number Birth/Rank Component
	Name Local Phone Number Local Address City	Relationship to Sponsor	Number in Party	Service Member
	Name Local Phone Number Local Address City	Referrals Provided		Name Social Security Number Birth/Rank Component
	Name Local Phone Number Local Address City	Relationship to Sponsor	Number in Party	Service Member
	Name Local Phone Number Local Address City	Referrals Provided		Name Social Security Number Birth/Rank Component
	Name Local Phone Number Local Address City	Relationship to Sponsor	Number in Party	Service Member
	Name Local Phone Number Local Address City	Referrals Provided		Name Social Security Number Birth/Rank Component
	Name Local Phone Number Local Address City	Relationship to Sponsor	Number in Party	Service Member

Routine Business Calls

Record routine business calls that using tick marks !!!

AIRPORT READINESS CHECKLIST (SAMPLE PAGE)

Items required to be in place before the Airport Operation is staffed and ready

✓	Item	Quantity	Source
	Arrange use of additional conference room	1	Airport authority
	Fax	1	Military Information Booth (MIB) in Place
	Phones (Open, Modem, Hospitality, PAC)	4	PWC/Regional PMIT 1 in place. Others will need to be arranged.
	Computer (laptop)	2	1 in place, second one from FFSC (insert name)
	Printer	1	MIB in Place
	Modem	1	MIB in Place
	Cots	5	Billeting
	Blankets	5	Billeting
	Pillows	5	Billeting
	TV/VTR/Children's Tapes	1 / 1 / 3	MIB in place (need tapes)
	Portable File boxes	1	Regional Office
	Coffee Pot	1	MIB in Place
	Coffee Supplies	As needed	ASYMCA
	Refreshments for Customers	As Needed	Commercial/ARC
	Refrigerator	1	MIB in place
	Toys for Children	Various	Child Care Center
	Chairs	30	FFSC lending locker
	Portable Radio	1	FFSC (insert name)
	Table (for Check In)	3	FFFC lending locker
	Desk for Counselor	1	MIB in place
	Clip boards	4	Regional Office
	Portable Easels with paper	1	Regional Office
	Beeper for POC	1	Regional PMIT
	Misc. office supplies	As needed	Regional Office

Crisis Response Log (MIB at local Airport) (sample)

Hour	Client	Relationship to Sponsor	Number in Party	Date	Service Member
	Name Local Phone Number Local Address City	Referrals Provided			
	Name Local Phone Number Local Address City	Referrals Provided			
	Name Local Phone Number Local Address City	Referrals Provided			
	Name Local Phone Number Local Address City	Referrals Provided			
	Name Local Phone Number Local Address City	Referrals Provided			

Routine Business Calls

Record routine business calls here using the matrix!!!!

Crisis Response Log (FAC) (sample)

Date

Hour	Client	Relationship to Sponsor	Number in Party	Service Member
	Name Local Phone Number Local Address City	Referrals Provided		Name Social Security Number Birth/Death Comment Service Member
	Name Local Phone Number Local Address City	Relationship to Sponsor	Number in Party	Name Social Security Number Birth/Death Comment Service Member
	Name Local Phone Number Local Address City	Referrals Provided		Name Social Security Number Birth/Death Comment Service Member
	Name Local Phone Number Local Address City	Relationship to Sponsor	Number in Party	Name Social Security Number Birth/Death Comment Service Member
	Name Local Phone Number Local Address City	Referrals Provided		Name Social Security Number Birth/Death Comment Service Member
	Name Local Phone Number Local Address City	Relationship to Sponsor	Number in Party	Name Social Security Number Birth/Death Comment Service Member
	Name Local Phone Number Local Address City	Referrals Provided		Name Social Security Number Birth/Death Comment Service Member

Record routine business calls here using tick marks: / / /

Routine Business Calls

ACRONYMS (SAMPLE PAGE)

ADO.....	Assistant Duty Officer
ADP	Automated Data Processing
BEQ	Bachelors Enlisted Quarters
BOQ.....	Bachelors Officers Quarters
BUPERS	Bureau of Naval Personnel
CACO	Casualty Assistance Calls Officer
CDO.....	Command Duty Officer
CHAP	Crisis Humanitarian Action Plan
CNRMA.....	Commander, Naval MID-ATLANTIC Region
CP	Command Post
CRC	Crisis Response Center
DO/OOD.....	Duty Officer/Officer of the Deck
DOD.....	Department of Defense
DON.....	Department of the Navy
EFMP	Exceptional Family Member Program
FAC	Family Assistance Center
FFSC.....	Fleet and Family Support Center
I&R	Information and Referral
LCPO	Leading Chief Petty Officer
LIF.....	Locator Information Form
LPO.....	Leading Petty Officer
LT	Lieutenant
MIB.....	Military Information Booth
MOA	Memorandum of Agreement
MOU.....	Memorandum of Understanding
MOW	Messenger of the Watch
NAVBASE	Naval Base
NAVSTA.....	Naval Station
OPCON.....	Operations Command Center
PAO	Public Affairs Office
PNOK	Primary Next of Kin
POC	Point of Contact
RAP	Relocation Assistance Program
REC	Watch Recorder
REP	Representative
SNOK	Secondary Next of Kin
TAP.....	Transition Assistance Program

***Staff: Please remember that family members may not know these acronyms.
Please do not use them when helping family members.***

DOs & DON'Ts of Crisis Response



Be empathetic, compassionate, courteous, understanding, prompt, non-judgmental, calm, non-critical, patient, reassuring, and helpful to clients.

Do say:

- ◆ I'm sorry that this has happened.
- ◆ I can't imagine how difficult this must be for you. I'd like to be with you for a while if you'd like.
- ◆ Would you like me to help you with....
- ◆ It's not your fault.
- ◆ What you're feeling is very normal.
- ◆ Your feelings are very normal in this situation.
- ◆ I do not know how you feel, but I would like for you to please share your feelings with me.

Make sure the client feels safe.

Listen attentively but do not force them to talk.

Get as much necessary information from the client to enable you to follow up at a later date. As a minimum, get the client's name and phone number without becoming intrusive.

De-escalate distressed clients by talking in a soft, calm voice and encouraging them to focus on what they are requesting from you.

Maintain client confidentiality.

Realize callers will be in crisis and may be angry, rude, and irrational. Often anger masks feelings of embarrassment, confusion, and fear. Be sensitive to "where the caller is coming from emotionally," and handle the caller in a professional manner. Be tolerant of anger or other intense emotions.

Reassure the client by letting them know you're glad they called/came in; tell them they did the right thing, their feelings are normal, and their questions are valid.

Provide sound information, referrals, resources, and options, so the individuals can make a good decision or solve their own problem.

Remind clients of the 1-800-FSC-LINE information and referral number, especially if they called long distance on another line.

When asked to relay information, verify who you are talking to and pay attention to which information you are releasing on an unsecure line. For example, someone may ask you to call BUPERS or Headquarters with information — don't assume it's okay to provide unpublished information over a non-secure line.

Ask for relief if you become tired, irritable, short, or annoyed with a client.

Stay at your assigned post until you are relieved.

Keep an eye on other staff members and offer assistance and encouragement when possible.



Give personal opinions or advice about the situation.

Don't say:

- ◆ It's God's will.
- ◆ You're so strong. I know you can handle this.
- ◆ Tell me what I can do.
- ◆ I understand.
- ◆ It was a blessing that....
- ◆ I know how you feel.
- ◆ You'll get over this.
- ◆ Remember to be strong for the children.
- ◆ Just be thankful that....
- ◆ You're lucky that....

Give out unofficial information concerning injuries or casualties over the phone or in person.

Offer false hope.

Provide media personnel with information. Refer all media personnel to the Public Affairs Office (PAO), unless PAO and your supervisor have granted authorization for release of information.

Get impatient with clients.

Use military phrases or acronyms with clients and families.

Say you don't know or don't have the information. Tell the client you will try to obtain information and call them back.

Exaggerate the problem.

Take responsibility for the clients' problems. Provide information and referral and then ask them to call back on the 1-800 line, if the information or referral provided is not appropriate. Empower the client by giving them the tools to make their own decisions and solve their own problems.

Self-disclose or focus the conversation on your problems.

Continue to work after you have been relieved unless you have supervisory approval. You will need to rest before your next shift. Resting reduces your stress level.

Make physical contact with clients unless you have asked their permission or they initiate it.

Level 3	FFSC Action	Resources	Coordinates
Major Crisis at Command Level (fire, death, injury)	Coordination with CNRMA I&R Watch informed Crisis Watch Bill activated CHAP activated by direction PAO advised of FFSC services Support Chaplains through Crisis Incident Management Consultation Ombudsman support through Command Representative and Installation/Region Ombudsman Assembly I&R trained personnel to staff phones IT support	As directed by CHAP ARC NMRS USO As requested NFSC Counseling Support Groups	CACO Ombudsman informed PAO releasable information Chaplain support for crew and families SPRINT Squadron/LANT support Logistics
Repatriation	Coordination with CNRMA I&R Watch informed Provide greeters and I&R staff for family members IT support	Housing NMRS ARC As directed by CNRMA USO As requested	PSD Transportation Medical Logistics BUPERS
Level 2	FFSC Action	Resources	Coordinates
Loss of Ship (Many casualties)	CHAP activated by direction Crisis Incident Management Consultation I&R Watch informed PAO Information of services Crisis Watch Bill activated IT support I&R trained staff to man phones Support Ombudsman through Installation/Region Ombudsman Assembly and Command Representative	ARC FFSC Counseling Crisis Debrief Support Groups NMCRS As directed by CNMRA As requested	SPRINT CACO PAO releasable information Ombudsman/Leadership spouses informed Squadron/LANT support Chaplains CHAP involvement
Level 1	FFSC Action	Resources	Coordinates
Natural Disaster/Installation/Region	Activate Recall Bill Plan of action for staff Prep time for staff Program cancellation Reschedule clients Information of closure to media	ARC, FEMA, CNMRA As requested: FFSC counseling crisis debriefs support groups. Naval Atlantic meteorology.	Public Announcements Alpha/Bravo determination Ship evacuation/Aircraft Evacuation Base Closure Medical Chaplains

Crisis Response Levels (sample page)

- The FFSC Installation/Regional Director, Contract Manager, Site Manager, COS, Installation/Regional LCPO and Command Rep will meet to discuss services that require FFSC staff involvement and action. Appropriate chain should be informed and appropriate action taken.
- The Command Representative or designated POC will make all calls to the command and command leadership involved in the crisis to lessen the probability of repetitive calls from various FFSC staff.

Level 3	FFSC Action	Resources	Coordination
Suicide Homicide Kidnapping Serious injury	Act as a referral to Command Leadership Crisis Incident Management Consultation Assist ombudsmen with referrals and support	NMCRS Community Support Groups As requested NFSC Counseling Debrief Support Groups	CACO Chaplain support to crew and families Ombudsman/Leadership spouses informed Squadron support
Level 4	FFSC Action	Resources	Coordination
Multiple Suicide	Crisis Incident Management Consultation	Community Support Groups	Chaplain assistance to crew and families Ombudsman/Leadership spouses informed CACO
Reserve Activation	Provide Deployment Programs Offer support, POC and resources to deploying detachments via E&T unit. Offer referrals to services nearest to families via the closest DOD installation	Armed Forces YMCA Reservist Ombudsman at Large As requested	PSD Legal Medical Information Booklets BUPERS
Minor Crisis at Command (fire, etc.) Injuries only	Crisis Incident Management Consultation Ombudsman Support via Installation/Region Ombudsman Assembly	ARC Community agencies As requested NFSC Counseling	Squadron Support Ombudsman/Leadership spouses informed Chaplain support to crew and families Medical
Aircraft Incident/Loss or Accident	Crisis Incident Management Consultation Additional I&R Watch staffing as needed Ombudsman support through Command Representative and Installation/Region Ombudsman Assembly	ARC As requested NFSC Counseling Debrief Support Groups	Squadron support Chaplain assistance to crew and families CACO Medical PAO Releasable Information

FFSC(s) of Installation/Region Locator Information Form		Time	<input type="checkbox"/> Phone <input type="checkbox"/> Walk-in
List the Name of Each Member of the Party		Primary Next of Kin of a Deceased or Wounded Service Member?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Service Member's Information			
Name		Social Security Number	
Command			
CACO Information			
Did CACO contact ACCOMMO? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Hotel Information			
Hotel Name		Phone Number	
Street Address			
City	State	Zip Code	
Date and Time Reservation Was Made			
Staff Member's Name and Phone Number			

Fleet and Family Support Center(s) of Installation/Region			Date/Time	<input type="checkbox"/> Phone	<input type="checkbox"/> PNOK
CLIENT REGISTRATION				<input type="checkbox"/> Walk-in	
Client		Relationship to Sponsor	Number in Party	Service Member Information	
Name				Name	
Local Phone Number		Referrals Provided		Social Security Number	
Local Address				Rate/Rank	
City				Command	

Fleet and Family Support Center(s) of <u>insert name</u>			Date/Time	<input type="checkbox"/> Phone	<input type="checkbox"/> PNOK
CLIENT REGISTRATION <i>Repatriation</i>				<input type="checkbox"/> Walk-in	
Client		Relationship to Sponsor	Number in Party	Service Member Information	
Name				Name	
Local Phone Number				Social Security Number	
Local Address				Rate/Rank	
City	State	Zip	Command		
<input type="checkbox"/> Counseling		<input type="checkbox"/> I & R		<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Financial		<input type="checkbox"/> Basic Subsistence (food, clothing, shelter)		_____	

REPATRIATION INFORMATION:					
Final Address:					
Phone Number:				POC:	

Crisis Response Center Checklist

(sample)

Items require 1 to be in place before the Crisis Response Center is staffed and ready

	Item	Quantity	Source
	Phones	2	PWC/Regional PMIT 1 in place. Other will need to be arranged.
	FAX	1	Regional resource
	Cell Phone	1	Regional resource
	Computer (laptop)	2	Regional resource
	Printer	1	Regional resource
	Modem	1	Regional resource
	Coffee Pot	1	In place
	Coffee Supplies	As needed	
	Refrigerator	1	In place
	TV	1	In place
	Cots, blankets, pillows	2	Billeting
	Misc office supplies (white board pens, paper pads, pens, dry erasers, etc.)		Regional Office
	Portable Easels with paper		Regional Office
	Portable File Boxes	2	Regional Office
	Portable White Board	1	Regional Office