

Family Assistance Centres are established to:

- Provide accurate information about what is happening
- Validate and clarify any information families may have heard and/or received
- Educate on safety and wellness and ensure there are refreshments available for their self-care
- Connect families with affected victims by phone or assist with reuniting them after the MCI
- Help with identity data (this might include personal features and anti-mortem DNA)



Working to support potential witnesses in a MCI

VS practitioners and DPS volunteers can provide support to potential witnesses by helping to reduce the immediate, direct emotional impacts of the MCI for those directly involved or who have witnessed the event. This can be accomplished by supporting victims without talking about what happened, or contaminating any evidence the police might need to collect, by practicing Psychological First Aid with victims prior to being interviewed by the police. This will have the benefit of grounding or calming the victim and providing an opportunity for the police to get a clearer, more coherent and accurate statement.

Managing family reunification in a MCI

Studies indicate that most persons who have been involved in a MCI have an immediate need to reunite with their family members or close friends. We can support victims by:

- Contacting family members by phone on the behalf of the victim to inform family members that they are okay or are being transported for medical treatment
- Facilitating contact with family members via phone with the victim to ensure that contact is supportive and is in the best interest of the victim. For example, we might want to help monitor questions from family members and let them know what is happening next.
- Facilitating reunification with family members if they are at a Family Assistance Centre or if the victim requires immediate medical attention and is being treated at an ambulance staging area or is being transported directly to hospital.



Disaster Psychosocial Services and Victim Services in a Mass Casualty Incident



The role of Victim Services (VS) practitioners and Disaster Psychosocial Services (DPS) volunteers in a mass casualty incident

The following information is meant to help you understand the roles and responsibilities for Victim Services practitioners and Disaster Psychosocial Services volunteers. This information is general in nature; always check with your immediate supervisor to confirm how you should approach the situation and to answer specific questions.

What is the difference between Victim

Services (VS) practitioners and Disaster Psychosocial Services (DPS) volunteers?

VS practitioners are qualified, professional, and committed individuals who provide front line services and support to victims of crime and trauma. VS workers have been trained to work with victims and potential witnesses to crime scenes and are aware of how to provide support without contaminating any potential evidence.

DPS volunteers are mental health professionals and para-professionals and include registered psychologists, social workers, clinical counselors and police Victims Services workers. Their services are provided under the auspices of the BC Provincial Health Services Authority.



Typically, VS workers are called in directly by

the police and have security clearance, allowing them to work behind the scenes. DPS volunteers are usually brought in later in the process or to provide consultation or support in a MCI. Some Victim Services workers are also Disaster Psychosocial Services volunteers.

How do VS practitioners & DPS volunteers provide support in a MCI?

They are integral members of the responder network and they can:

- Offer emotional support to victims, their family and friends, and first responder colleagues, and administer **Psychological First Aid**.

- Connect victims with their family and friends
- Provide information on the incident and referrals to required services
- Establish Family Assistance Centres

Practicing psychological first aid

Administering Psychological First Aid to individuals involved in a MCI reduces their initial distress and fosters short and long term adaptive functioning. It does not involve discussion of the MCI; rather its objectives are to enhance natural resilience by:

- Protecting victims from further harm by establishing safety and security
- Providing the opportunity to talk without pressure and to have concerns addressed and acknowledged
- Discussing coping strategies and offering referrals to restorative services

This is accomplished by following these steps:



Look—connect and engage; ensure safety, comfort, and stability

Listen—gather information and offer practical assistance

Link—connect with social supports and refer to services

Working collaboratively with first responder colleagues

VS Practitioners and DPS volunteers work closely to provide seamless services to victims, their family and friends. They are trained to work collaboratively with first responder colleagues to collectively support victims following an MCI.

They work with **On-Scene Command** to connect with the **Police Liaison Officer** in order to set up a Family Assistance Centre and to establish a communications system for receiving updates and relaying information in a timely manner.

Supporting the family and friends of victims of the MCI

When the incident is known (through the mainstream media, social media, or communication with victims), family and friends as well as the public are going to arrive on the scene quickly. People fear what they do not know; your actions can be calming and can improve confidence and reduce stress for family and friends.