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# From Crisis to Comfort: Successfully Implementing a Hospital Family Reunification Center



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## INTRODUCTION

As a Level 1 Trauma Center in an urban area, NYU Langone Hospital – Brooklyn frequently receives an influx of patients from Mass Casualty Incidents (MCIs). In these high-stress situations, a structured family reunification process is crucial. Providing compassionate and organized support for concerned loved ones is a top priority.

To meet this need, we developed the Family Incident Crisis Center (FICC): a temporary support location activated during large-scale MCIs to assist families during times of crisis.

This initiative involved extensive stakeholder engagement, plan development, and staff training, culminating in our first real-world activation for a pediatric MCI, which involved 24 seven- and eight-year-old patients, in January 2025.

With MCIs becoming increasingly frequent, hospitals must prioritize both preparedness and family support. FICCs offer a scalable, effective model that strengthens emergency response while addressing the human side of healthcare during disaster events.

## METHODS: DEVELOPMENT STAGES

The need for a FICC emerged from real-world lessons, particularly following the 2017 Las Vegas shooting, when local hospitals experienced a “second surge” of family urgently seeking information. This highlighted a critical gap in hospital disaster planning: the lack of structured support for families during large-scale incidents.

Recognizing this, we drew on guidance from NYC Family Assistance Center protocols<sup>1</sup>, adapted key elements from Los Angeles County’s reunification planning tools<sup>2</sup>, and aligned with national best practices outlined by the Administration for Strategic Preparedness and Response<sup>3</sup> to begin shaping a protocol that reflected our operational needs.

Developing an effective FICC followed a continuous cycle of planning, testing, and adapting. As reflected in the development framework (Figure 1), exercises and activations played a pivotal role in surfacing improvement opportunities and change. These experiences also prompted renewed stakeholder engagement, which led to plan revisions and resource refinement. This iterative process strengthened preparedness over time, allowing the FICC to evolve with each cycle and better meet the needs of patients and families. Overall, this reinforces the importance of continuous learning and adaptation.

## KEY PLANNING CONSIDERATIONS

Area	Considerations
Activation Criteria	<ul style="list-style-type: none"><li>Define specific criteria that will trigger activation.<ul style="list-style-type: none"><li>E.g., number of patients, type of patients (pediatric, diminished capacity), timing of incident.</li></ul></li><li>Determine whether preemptive activation (before patient arrival) is appropriate.</li></ul>
Location	<ul style="list-style-type: none"><li>Identify an accessible location near the ED capable of accommodating a sudden influx of people.</li><li>Ensure the space allows for, or there is a nearby space for, private and sensitive conversations.</li></ul>
Staffing & Role Assignments	<ul style="list-style-type: none"><li>Determine which staff members are best suited to and can fulfill roles within the FICC.</li><li>Identify alternative coverage for nighttime or adjust level of operations accordingly.</li></ul>
Communication Pathways	<ul style="list-style-type: none"><li>Establish a clear process for notifying staff and leadership of the activation.</li><li>Ensure operational communication channels are open between the FICC and the ED.</li></ul>
Family Resources	<ul style="list-style-type: none"><li>Determine which resources are essential for visitors, including:<ul style="list-style-type: none"><li>Spiritual and mental health support services, food, water, and phone charging stations.</li></ul></li><li>Establish procedures for when a patient is not located within the facility.</li></ul>
Information Gathering & Reunification Status	<ul style="list-style-type: none"><li>Specify the method of information collection and key elements required for accurate and timely reunification.</li><li>Implement a process for tracking the reunification status and timing of updates.</li></ul>

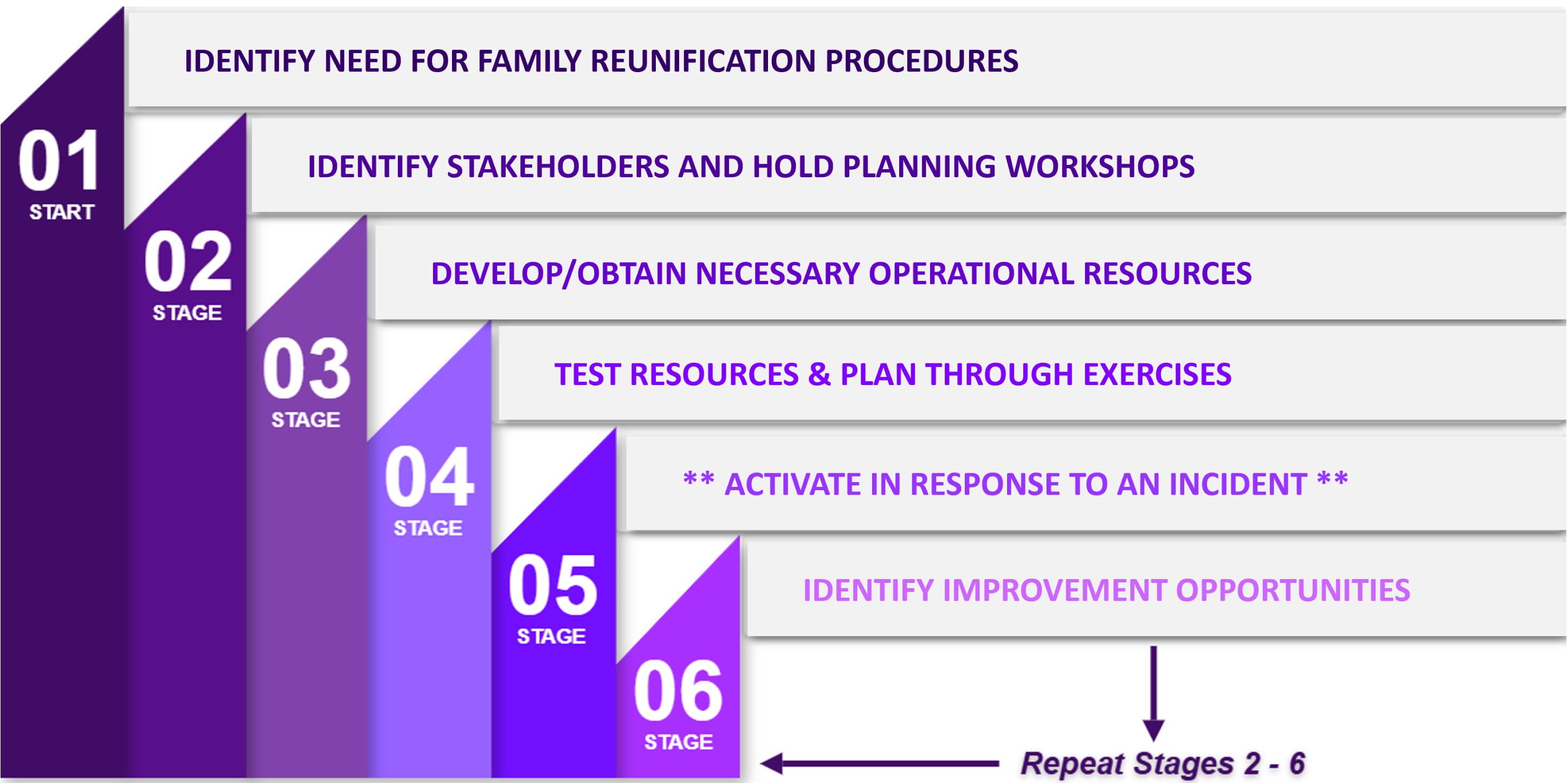


Figure 1: Development Process for the FICC at NYU Langone Hospital – Brooklyn

## IMPLEMENTATION: INCIDENTS AND EXERCISES

NYU Langone Hospital – Brooklyn has continuously tested and refined its FICC through exercises and incidents. From discussion-based planning in 2023 to a real-world activation in 2025, each engagement has strengthened coordination and enhanced operational readiness. These efforts shaped subsequent improvements and reinforced the value of an ongoing development cycle.

Date	Type	Short Description	Patient / Visitor Count
June 2023	Tabletop Exercise	Discussion-based exercise focused on finalizing initial draft plan	N/A
September 2024	Functional Exercise	Partial testing of initial procedures, notifications, and resource acquisition	N/A
January 2025	Incident	Multi-vehicle accident involving a school bus	27 patients / 22 visitors
July 2025	Incident	Car accident involving adults with diminished mental capacity	13 patients / 6 visitors
Upcoming: November 2025	Full Scale Exercise	Full-scale MCI exercise including a FICC activation	Est. 24 patients / 10 visitors

## INCIDENT PHOTOS



Image 1: An influx of pediatric patients arrive simultaneously after being transported by FDNY in a large-capacity medical bus.



Image 2: Patients and family members gather in the auditorium for reunification. Green-tagged patients were brought here as a temporary discharge lounge, marking a departure from typical FICC protocols.



Image 3: Pediatric MCI patient beaming as she plays with Cannoli, a NYU Langone Health therapy dog, after her school bus was in an accident.

## CONCLUSIONS

Successfully developing a hospital family reunification center requires a continuous development process grounded in structured planning, regular testing, and iterative improvement.

At NYU Langone Hospital – Brooklyn, focused efforts on MCI events have led to the development of a Family Incident Crisis Center (FICC). Through real-world incidents and exercises, we continue to strengthen this system, reinforcing the value of an ongoing development cycle that adapts to emerging needs and enhances patient and family support during crises.

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**References:** 1. New York City Office of Chief Medical Examiner. Unified Victim Identification System (UVIS) Information Guide. August 24, 2009., 2. Los Angeles County Department of Health Services. Family Reunification: Check-In/Check-Out Process for Locating Patients. June 28, 2013., 3. U.S. Department of Health and Human Services, ASPR TRACIE. Family Assistance Center (FAC) Fact Sheet. January 2025.