D.3. Family Assistance Support Team Member Checklist (FASTM)

No	Item	Time	Initials
	FAST MEMBER CHECKLIST		
1.	Report to the Family Assistance Centre immediately upon receiving notification.		
2.	Be prepared for deployment to the appropriate Reception Centres (such as CRC, FAC, etc.), Hospitals or Mortuaries.		
3.	Liaise with hospital head and police authorities regarding details of admissions, victims' status reports, i.e. life threatening or non-life-threatening injuries, discharges and subsequent fatalities.		
4.	Proceed to your assigned area by taking the necessary equipment (e.g. communications equipment) and paperwork).		
5.	Set up and man a "reception point" for arriving victims or family members.		
6.	Maintain a master list of admissions and ward numbers.		
7.	Be a link person in the communication chain – NOT a therapist or counsellor.		
8.	Act as liaison between survivors / family members and ADA EMT.		
9.	Facilitate family members to act, make it easier for them to take required actions – not necessarily do the action for the family.		
10.	Identify any immediate needs the victim or family may have e.g. accommodation, childcare, clothing, toiletries, transportation, and communication with loved ones, monetary, medical, religious and other needs as necessary.		
11.	Gather as much information as possible from the victim and forward completed information to the FAST Coordinator for further forwarding to EMT.		
12.	Respond to any questions or anxieties the victim may have regarding their checked in or cabin baggage and accumulate as many details as possible about the description and contents, whilst providing information that release of such baggage is authorised only by the Police, who have secured the area.		
13.	Notify on site Next-of-Kin of victim status and keep them informed of information developments if country / cultural rules allow.		
14.	Liaise with Emergency Services (or appropriate agency) regarding the repatriation of human remains (shipping the deceased to the country originating).		

Remarks:

Note: Turn-over this document after completion including other related documents (i.e. active logs, etc) to the EMC Administrator

End of Checklist

Name and Signature:			Date:	