Community Based Emergency Response Seminar 2026

Critical Mass: *The Intersection of Mass Casualty, Mass Care and Mass Fatality Operations in a Complex Incident*

VDH VIRGINIA DEPARTMENT OF HEALTH

Accreditation Statement

In support of improving patient care, this activity has been planned and implemented by Virginia Department of Health and VCU Health Continuing Education. VCU Health Continuing Education is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team.

VCU Health Continuing Education designates this live activity for a maximum of 5.0 ***AMA PRA Category 1 Credits™.*** Physicians should claim only the credit commensurate with the extent of their participation in the activity.

VCU Health Continuing Education designates this activity for a maximum of 5.0 ANCC contact hours. Nurses should claim only the credit commensurate with the extent of their participation in the activity.

This activity was planned by and for the healthcare team, and learners will receive 5.0 Interprofessional Continuing Education (IPCE) credit for learning and change.

NAB/NCERS Approval Number: 20270331-7-A117279-IN
Total Approved Credits: 5 Participant Hours
This program has been approved for Continuing Education for 5 total participant hours by NAB/NCERS. For additional information, contact NAB at 1120 20th St., NW, Suite 750, Washington, DC 20036, (202) 712-9040, or www.nabweb.org.

Housekeeping

- Please ensure you sign in
- Emergency Exits
- Restrooms
- Meals
- Turn cell phones off or on silent or vibrate.
- Wi-Fi
  - Network:
  - Password:
- CME/CE seekers must complete the program evaluation one week post session in order to receive CME/CE.
- EMTs seeking CE credit should sign the course roster at the registration table.

CBERS Webpage/Resources

C/C Due Dates

CBERS Session	CE Due by COB on
June 3, 2026 Dinwiddie Community Enhancement Center	Thursday, June 11, 2026

Housekeeping (continued)

- Ask questions in the nearest microphone so all participants can hear.
- Participants who registered in TRAIN will get their certificate from TRAIN at the end of the event.
- Parking Lot

For CME Purposes

- Acknowledgment of Commercial/In-Kind Support Announcement
  - Acknowledge there is no commercial support for this activity.
  - Acknowledge there is no in-kind support for this activity.
  - Acknowledge there are no exhibits supporting this activity.

For CME Purposes

- Disclosures of Faculty Conflict of Interest
  - The following members of the Planning Committee and/or UHS-PEP staff report(s) having these relevant financial relationships to disclose:

Maria	Almond	Nothing to Disclose
Kyndra	Jackson	Nothing to Disclose
Aaron	Kesecker	Nothing to Disclose
Donald	Moore	Nothing to Disclose
Suzi	Silverstein	Nothing to Disclose
Adreania	Tolliver	Nothing to Disclose

For CME Purposes

- Disclosures of Faculty Conflict of Interest
  - The following Presenting Faculty Member(s) report(s) having these relevant financial relationships to disclose:

Archie	Kate	Nothing to Disclose
Burnette	Sam	Nothing to Disclose
Crawford	Brookie	Nothing to Disclose
DeJong	Emma	Nothing to Disclose
Gerrits	Maria	Nothing to Disclose
Homan	Peter	Nothing to Disclose
Hudson	Stephanie	Nothing to Disclose
Kesecker	Aaron	Nothing to Disclose
Little	Brian	Nothing to Disclose
Mason	Chad	Nothing to Disclose
Peavy	Sean	Nothing to Disclose
Perry	Wayne	Nothing to Disclose
Santillan	Perla	Nothing to Disclose
Scarborough	Linda	Nothing to Disclose
Sharpe	Jennifer	Nothing to Disclose
Stewart	Gene	Nothing to Disclose
Taggart	Cole	Nothing to Disclose
Weaver	Amanda	Conflict Disclosed
Weston	Alex	Nothing to Disclose

CBERS 2026

COURSE OVERVIEW

Objectives & Capabilities

Objectives	Capabilities (DHS, PHEP, HPP)
Examine the ability of participants to Coordinate multi-agency responses to a Mass Casualty Incident in a larger complex incident.	• Operational Coordination • Medical Surge • Public Health, Healthcare, and Emergency Medical Services.
Discuss the activation and management of shelters in response to a complex incident.	• Operational Coordination • Mass Care
Examine and discuss the Implementation of fatality management and family assistance operations in response to a complex incident.	• Operational Coordination • Mass Fatality Operations
Evaluate the ability of participants to communicate effectively with the public and stakeholders in response to a complex incident.	• Emergency Public Information and Warning
Identify gaps in logistics, planning, and interagency coordination.	• Emergency Operations Coordination • Planning

Roles and Responsibilities

- **Players:** Personnel who have an active role in discussing or performing their regular roles and responsibilities during the exercise. Players discuss or initiate actions in response to the simulated emergency.
- **Facilitators:** Provide situation updates and moderate discussions. They also provide additional information or resolve questions as required. Key Exercise Planning Team members also may assist with facilitation as subject matter experts (SMEs) during the exercise.

Course Structure

- Each section will begin with a lecture on the prescribed topic.
- Each section will then transition into a corresponding exercise module briefing and small group discussions on that module.
- Following the allotted time, the small group discussions will then transition into larger, facilitated discussions for the remaining time.

Course Guidelines

- This exercise will be held in an open, no-fault environment wherein capabilities, plans, systems, and processes will be evaluated. Varying viewpoints, even disagreements, are expected.
- Respond to the scenario using your knowledge of current plans and capabilities (i.e., you may use only existing assets) and insights derived from your training.
- Decisions are not precedent setting and may not reflect your jurisdiction's/ organization's final position on a given issue. This exercise is an opportunity to discuss and present multiple options and possible solutions.
- Issue identification is not as valuable as suggestions and recommended actions that could improve efforts. Problem-solving efforts should be the focus.
- The assumption is that the exercise scenario is plausible and events occur as they are presented. All players will receive information at the same time.

Assumptions & Artificialities

- Operations will be occurring concurrently
- Weather watches and warnings have been issued
- Current conditions have extended response times and the times of resources requested from outside the jurisdiction
- Main transportation routes are compromised, travel outside the map borders are possible, with extended times:
  - North-35 Minutes (one way)
  - South-90 Minutes (round trip)
  - East-60 Minutes (one way)
  - West-45 Minutes (one way)

Agenda

Time	Activity	Presenter(s)/Facilitators
0900	Welcome and introductions	CBERS Planning Team
0915	Critical Mass 1: *Mass Casualties* Lecture/presentation	Virginia Department of Health, Office of Emergency Medical Services
0945	TTX module 1 Mass Casualty Management & Medical Surge	
1015	Small/Large Group Discussions	
1030	**BREAK**	**All**
1045	Critical Mass 2: *Mass Care* Lecture/Presentation	Virginia Department of Social Services, Office of Emergency Management
1115	TTX Module 2: Shelter Management & Operations	
1145	Small/large Group Discussions	
1200	Working Lunch	
1230	Critical Mass 3: *Mass Fatality Operations & Family Assistance* Lecture/Presentation	Virginia Department of Health, Office of the Chief Medical Examiner Virginia Department of Emergency Management
1330	TTX Module 3: Mass Fatality Operations	
1415	Small/Large Group Discussions	
1430	Special Topic Briefing*: Emergency Public Information & Warning Lecture/Presentation*	**Virginia Department of Health**
1445	BREAK	
1500	Hotwash	All
1530	Closing Comments	
1600	Adjourn	All

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CRITICAL MASS 1: MASS CASUALTIES

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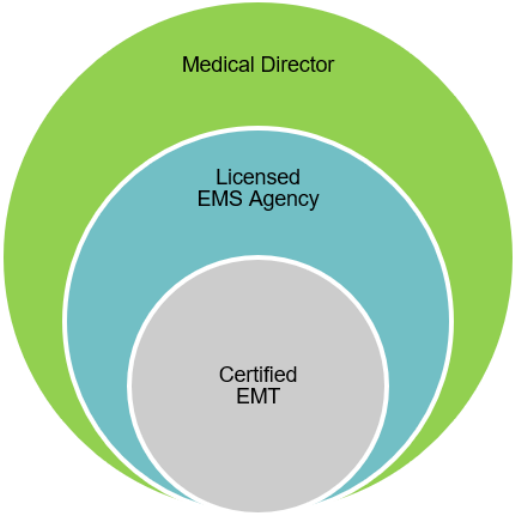
Mass Casualty Incident Management

Sam Burnette, Chad Mason or Wayne Perry

Mass Casualty Incident Management

Emergency Medical Services – What is it?

Emergency Medical Services



EMTs (Emergency Medical Technicians)
- *Certified* by the Virginia Office of EMS
- BLS (Basic Life Support) and ALS (Advanced Life Support)

EMTs must be affiliated with a *licensed* EMS agency to practice

EMS agencies must have an operational medical director (OMD)
- Provides medical oversight
- Approves local trauma/medical protocols

EMTs operate under the OMD's medical license, not independently

EMTs function as "physician-extenders" under delegated medical authority

Mass Casualty Incident Management

Regulations Overview

Mass Casualty Incident Management

Definition:

a coordinated system of actions used by emergency and healthcare services to respond to an event that produces **more injured or ill people than available resources can immediately handle**.

OEMS Regulations:

"Major medical emergency" means an emergency that cannot be managed through the use of locally available emergency medical resources and that **requires implementation of special procedures to ensure the best outcome for the greatest number of patients** as determined by the EMS provider in charge or incident commander on the scene. This event includes local emergencies declared by the locality's government and states of emergency declared by the Governor.

Mass Casualty Incident Management

12VAC-31-610 Designated emergency response agency standards

1. Designated emergency response agency shall develop and maintain, in coordination with their locality, a written plan to provide **24-hour coverage of the agency's primary service area** with the available personnel to achieve the approved responding interval standard.

Commonly referred to as a "DERA agency".

Mass Casualty Incident Management

12VAC-31-630 Designated emergency response agency mutual aid

A. A designated emergency response agency **shall provide aid** to all other designated emergency response agencies within the locality.

B. A designated emergency response agency **shall maintain written mutual aid agreements** with adjacent designated emergency response agencies in another locality with which it shares a common border. Mutual aid agreements **shall specify the types of assistance** to be provided and any conditions of limitations for providing this assistance.

Mass Casualty Incident Management

12VAC-31-1160 Provision of care by mutual aid

EMS personnel who **have not been specifically requested** to respond to a call may assist a responding EMS agency at the scene of a medical emergency if the provider is licensed or certified to provide a level of care at the scene that is required to meet the assessed needs of a patient, AND

1. A response obligation to locality or a mutual aid agreement exists between the provider's EMS agency and the responding EMS agency, or
2. Medical control shall be contacted to obtain approval to provide care as the AIC. If contact with medical control is not possible or would unduly delay the provision of care, then the EMS provider may proceed with the indicated treatment with the approval of the responding EMS agency's personnel on scene. In such event, the circumstances of the incident must be documented on the PPCR.

Mass Casualty Incident Management

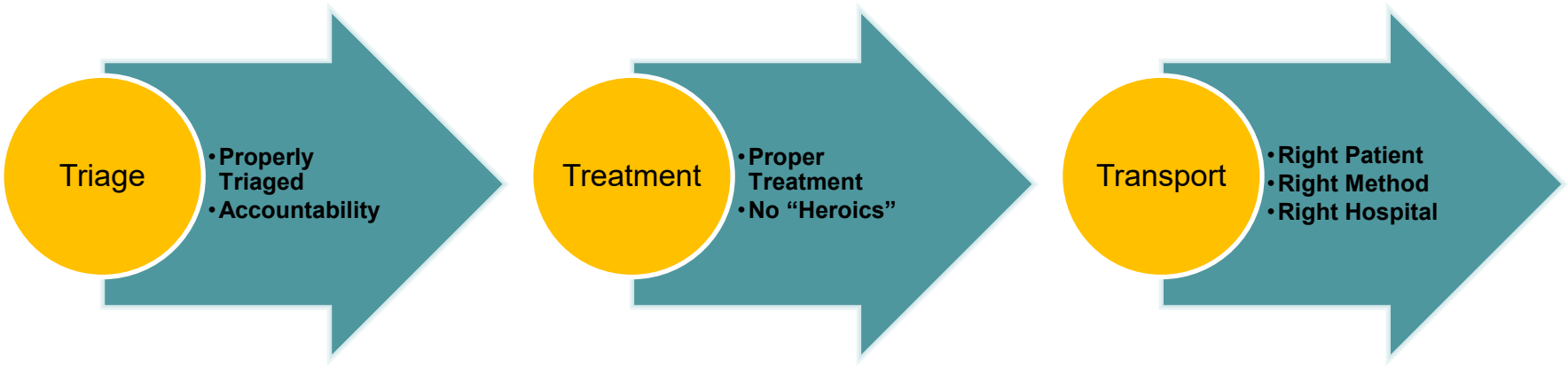
12VAC-31-1250 Advance life support vehicle transport

1. Ambulance is equipped with ALS equipment package.
2. AIC must be certified as an advanced life support level provider.
3. Attendant must be certified as an emergency medical technician.
4. An ALS provider may provide care in the event that the required EMS personnel do not respond to a call to fully staff the ambulance that has responded to the scene. The extenuating circumstances of the call must be documented in writing. Based on the extenuating circumstances and documentation, the EMS agency or the EMS provider may be subject to enforcement action.

Mass Casualty Incident Management

The Process

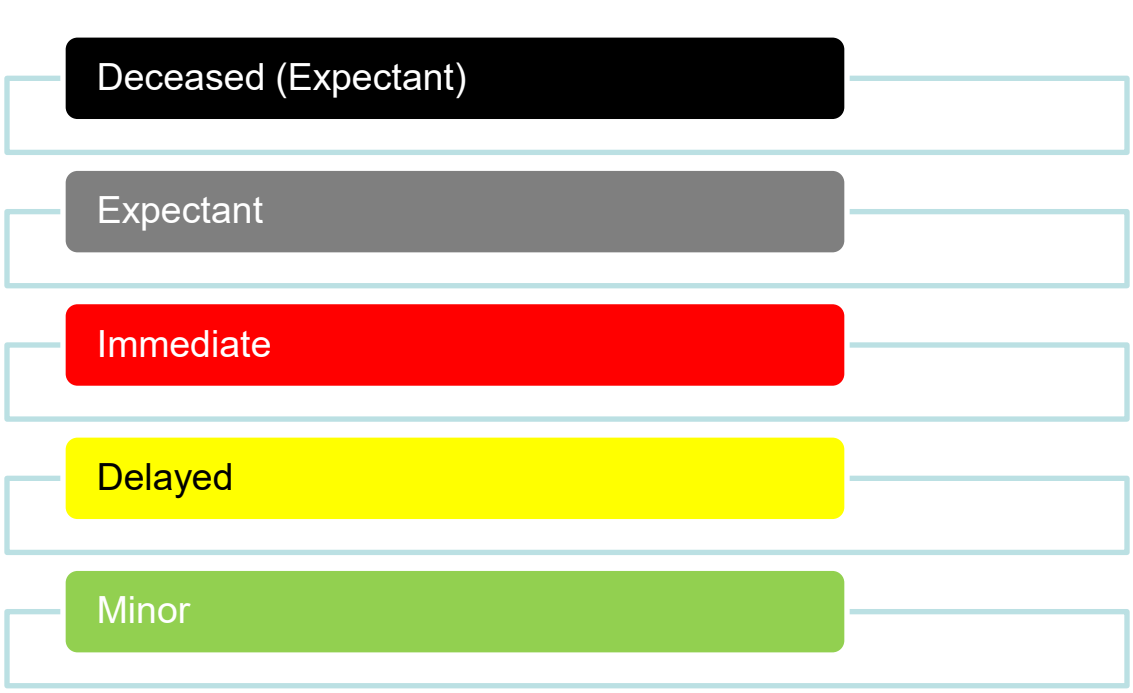
Mass Casualty Incident Management



Accomplished by Managing

- **P**eople
- **E**quipment
- **T**ransports
- **S**omewhere
  - To send patients

Mass Casualty Incident Management



Deceased (Expectant)

Expectant

Immediate

Deceased? Expected to Not Survive

Immediate care – typically within one hour

Delayed

Delayed care – 3 hours

Minor

Care can be delayed, perhaps even self-care

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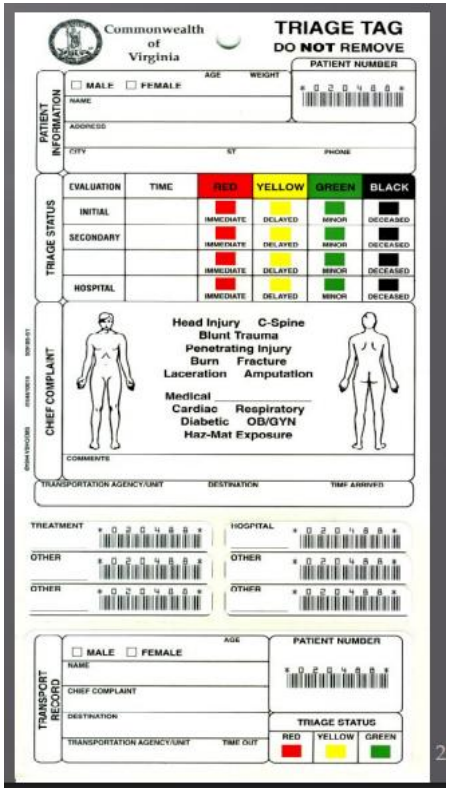
Mass Casualty Incident Management


Commonwealth of Virginia

TRIAGE TAG

DO NOT REMOVE

PATIENT NUMBER

PATIENT INFORMATION

MALE FEMALE AGE WEIGHT

NAME

ADDRESS

CITY ST PHONE

TRIAGE STATUS

EVALUATION	TIME	RED	YELLOW	GREEN	BLACK
INITIAL		IMMEDIATE	DELAYED	MINOR	DECEASED
SECONDARY		IMMEDIATE	DELAYED	MINOR	DECEASED
		IMMEDIATE	DELAYED	MINOR	DECEASED
HOSPITAL		IMMEDIATE	DELAYED	MINOR	DECEASED

CHIEF COMPLAINT

Head Injury C-Spine
Blunt Trauma
Penetrating Injury
Burn Fracture
Laceration Amputation

Medical
Cardiac Respiratory
Diabetic OB/GYN
Haz-Mat Exposure

COMMENTS

TRANSPORTATION AGENCY/UNIT DESTINATION TIME ARRIVED

TREATMENT HOSPITAL

OTHER OTHER

OTHER OTHER

TRANSPORT RECORD

MALE FEMALE AGE PATIENT NUMBER

NAME

CHIEF COMPLAINT

DESTINATION TRIAGE STATUS

TRANSPORTATION AGENCY/UNIT TIME OUT RED YELLOW GREEN

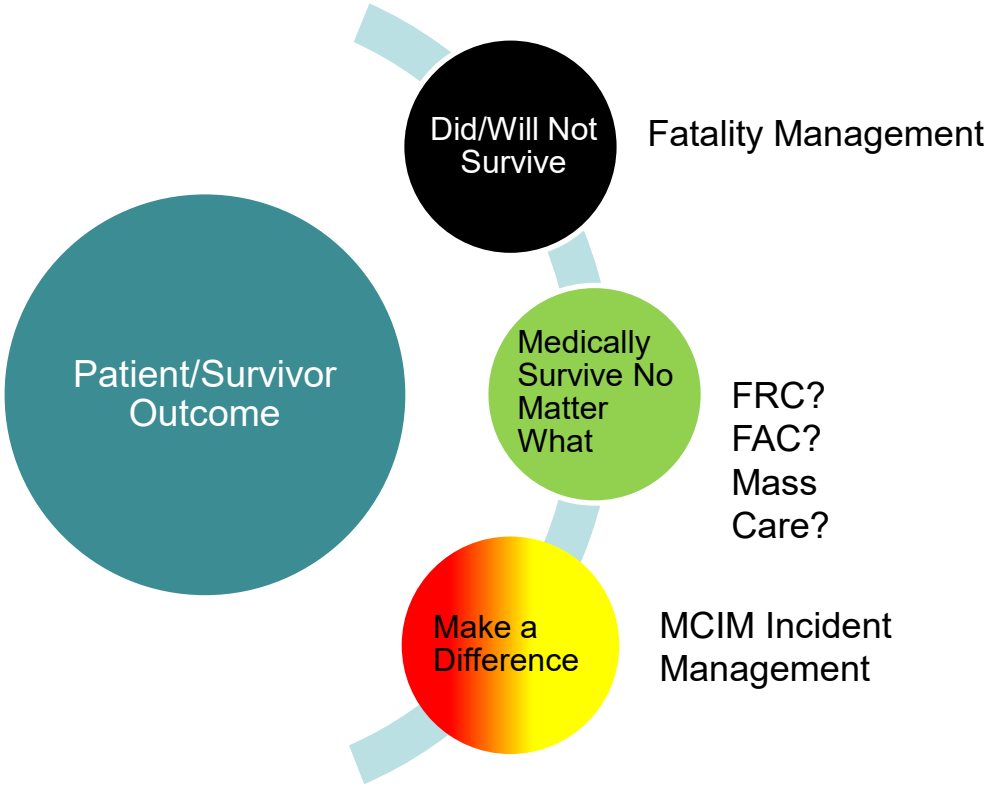
Patients should be tracked using an approved triage tag

Licensed EMS agencies **must** utilize either electronic or printed systems to track patients in mass casualties and other large events such as evacuation, sheltering, etc.

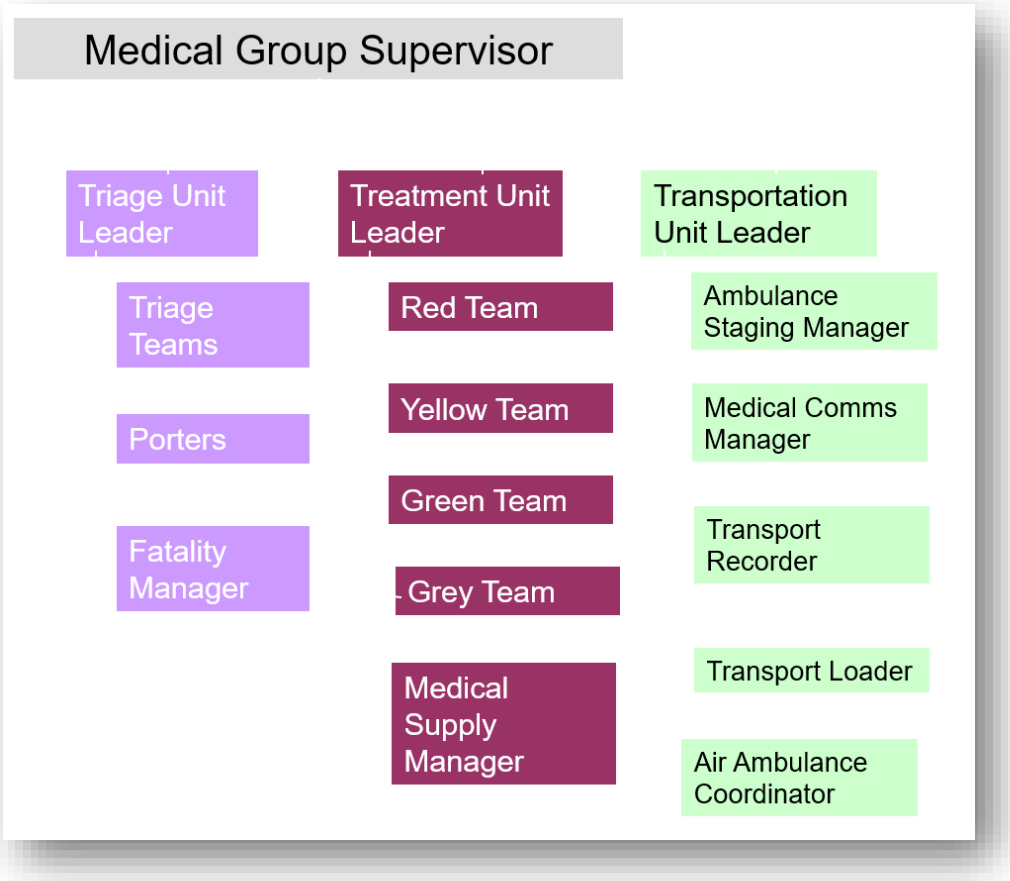
Agencies **must have redundancy** built into their chosen process, in case of system failure.

Agencies must also ensure the chose system allows for **appropriate patient transfer** documentation at the receiving facility.

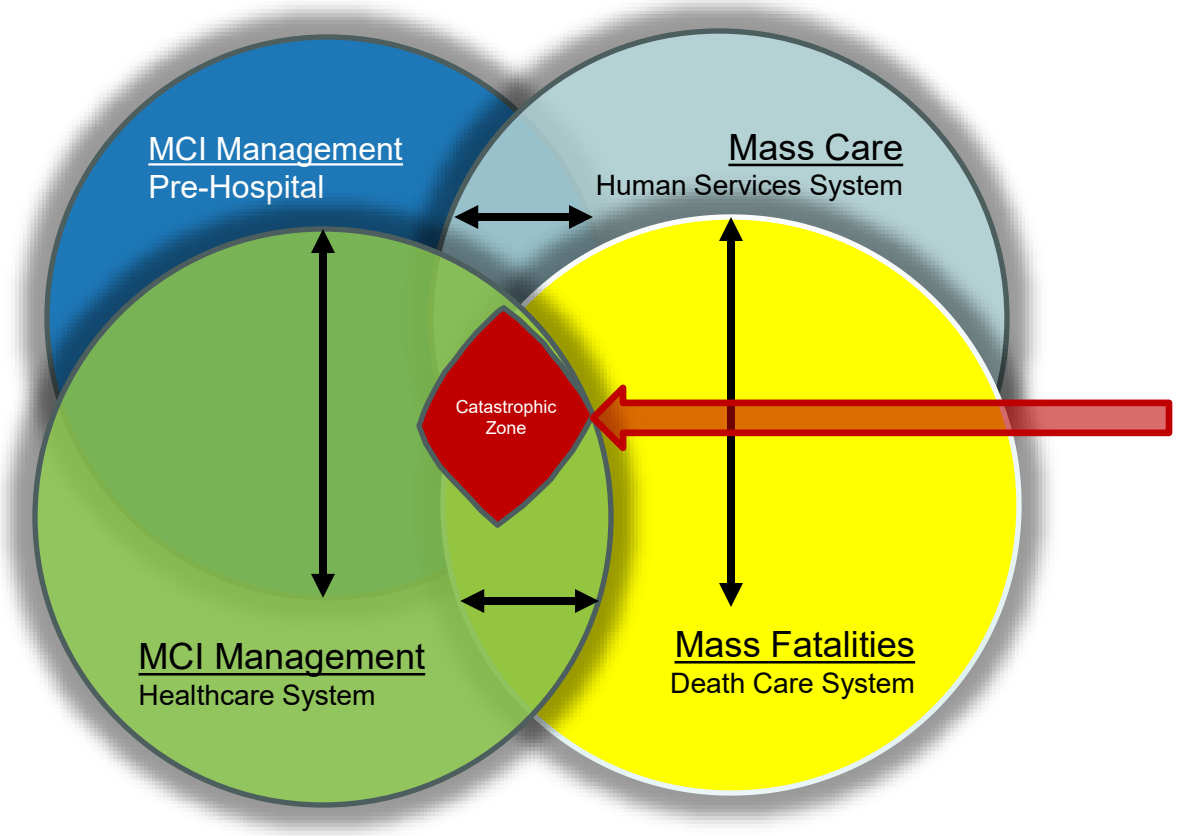
Mass Casualty Incident Management



Mass Casualty Incident Management



Mass Casualty Incident Management



Catastrophic Event

- Crisis standards of care
- Shelters may do more than basic needs (fatality management, mental health, etc.)
- Damage/destruction of infrastructure
- Need for "uncomfortable" decision making

Mass Casualty Incident Management

Where to Get Help

Mass Casualty Incident Management

Local Mutual Aid

Agreements between neighboring or regional localities to provide response and support to events.

Statewide Mutual Aid

The Statewide Mutual Aid (SMA) Program was developed to assist cities and counties to more quickly and efficiently provide assistance to each other in response to a major disaster.

Mass Casualty Incident Management

Emergency Management Assistance Compact (EMAC)

Fast Scalable Assistance

All Hazards - All Disciplines

Resources deploy through the state emergency management agencies of their respective states allowing for a coordinated deployment

Deployments are coordinated with the federal response to avoid duplication and overlap

EMAC legislation solves the problems of liability and responsibilities of cost and allows for credentials, licenses, and certifications to be honored across state lines.

Mass Casualty Incident Management

FEMA National Medical Transport and Support Provider

Global Medical Response (GMR) / American Medical Response (AMR) currently has $1.2 billion, five-year contract (May 2022 – April 2027) to provide medical transport and support in response to national disasters and emergencies.

Can provide ground and air ambulances, paratransit services, and EMS and non-EMS personnel to supplement federal and military responses to a disaster, an act of terrorism, or public health emergency.

Commonly referred to as the “Federal Ambulance Contract”.

Mass Casualty Incident Management

Disaster Medical Assistance Team (DMAT)

NDMS Disaster Medical Assistance Teams provide high-quality rapid-response medical care when public health and medical emergencies overwhelm state, local, tribal, or territorial resources. In the aftermath of natural and technological disasters, acts of terrorism, and during disease outbreaks, DMAT members are on location protecting health and saving lives.

- Triage/Pre-Hospital Care
- General Medical Care
- Support of Patient Movement
- General Emergency Medical Care
- Hospital Decompression
- Mass Prophylaxis

Mass Casualty Incident Management

Challenges

- Overwhelming Number/Types of Patients
- Functional and Access Needs / Vulnerable Populations
- Mental Impact of Triage/Treatment
- Damage / Loss of Infrastructure
- Damage / Loss / Breakdown of Communications
- Multi-discipline, Multi-agency Coordination (local, regional, federal, NGO)
- EMS/Healthcare and Patient Flow
- Continuity of Care – injury to recovery (long-term)

Mass Casualty Incident Management

Biggest Challenge

Tracking
Patients/Victims/Survivors

Mass Casualty Incident Management

??? Next Step????

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TABLETOP EXERCISE MODULE I

Rivertown, Virginia Jurisdictional Profile

- **Population & Demographics**
  - 35,000 Estimated Population
- **Infrastructure**
  - Transportation: Highway access, regional airport within 30 miles, limited public transit.
  - Utilities: Municipal water/sewer, expanding broadband coverage.
  - Hospital (140 beds, Level III trauma).
  - 1 Water Treatment Plan
- **Risk and Vulnerability**
  - Population Vulnerabilities: Elderly (20%),
  - Low-income households (~15%),
  - Limited public transportation. 15%
  - Limited English Proficiency 15%
  - 10% Access and Functional Needs Citizens.

RIVERTOWN

Rivertown, Virginia Jurisdictional Profile (Cont.)

- Public Safety:
  - Communications
    - E911
    - 12 Communicators
  - Fire & EMS
    - Career Fire Service, 4 Stations
    - 8 ALS Units
    - 1 110 Ft Aerial
    - 8 Engines
    - 2 Engine Tankers
    - Special Operations Division
      - 1 Swiftwater Team, 8 personnel
      - 2 Rigid Hull Fast Boats
      - 1 Heavy Technical Rescue
      - 1 Light/medium duty rescue
      - 10 Member HTR team
- Fire/EMS staffing:
  - 40 Personnel
    - One Chief of Dept.
    - Two Deputy Chiefs
    - Two Battalion Chiefs (East & West)
    - Two Fire Marshals
    - Two Admin
    - One Public Information Officer
    - 30 Full Time Uniformed Personnel
      - 10 Paramedics
      - Remining EMT-B
      - ALL NFPA 1001

Rivertown, Virginia Jurisdictional Profile (Cont.)

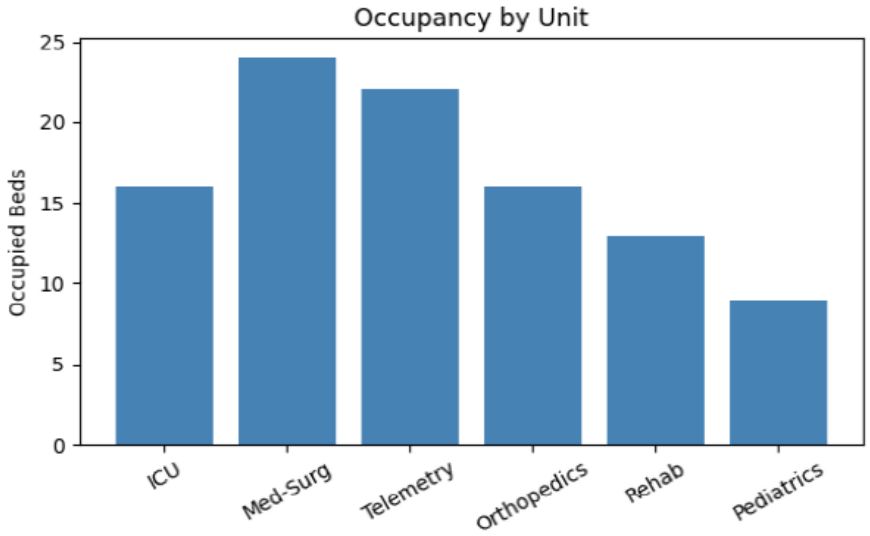
- Law Enforcement:
  - Three Stations
  - One Chief of Dept.
  - One Deputy Chief
  - One Public Information Officer
  - Two Admin.
  - 18 Patrol Officers
  - Six Detectives
  - 2 K9 Units
  - 6 School Resource Officers
  - Tactical Team

Rivertown Medical Center Snapshot

Hospital Overview

- Total Capacity: 140
- Total Occupied: 100
- % Hospital Occupancy: 71.4
- Average Age: 63
- ALOS (days): 5.8
- New Admissions: 19
- ED Arrivals: 33
- Discharges: 16
- Transfers: 14
- Boarding: 5

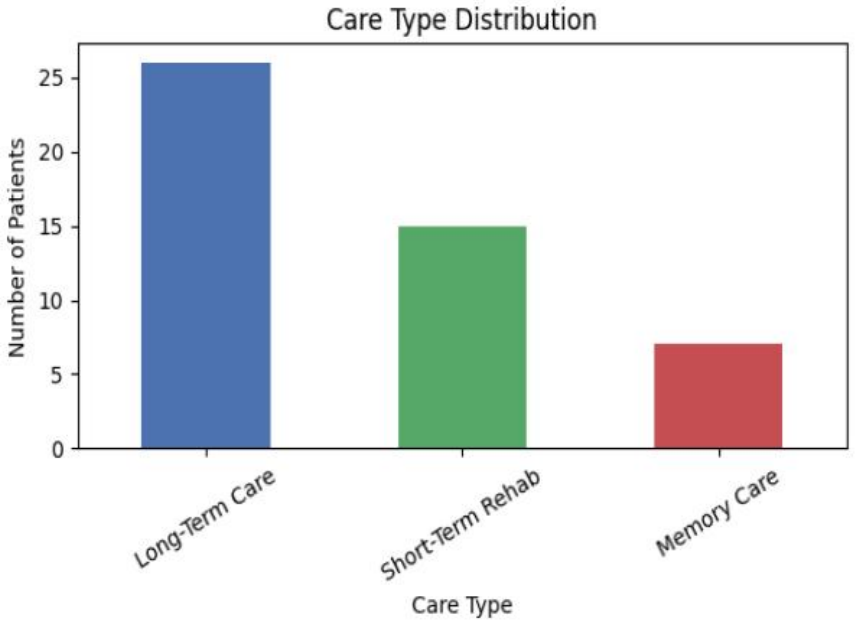
Visuals



Rivertown Nursing and Rehab Snapshot

Overview:
- Total Patients: 48
- Average Age: 73.0 years
- Gender Distribution: Female 26, Male 22
- Care Types: Long-Term Care: 26, Short-Term Rehab: 15, Memory Care: 7

Visuals:



Care Type Distribution

Scenario Background

- In the weeks leading up to the disaster, the region surrounding Rivertown experienced an unusually wet spring. Snowpack in the nearby Silverback Mountains was 150% above average due to a colder-than-usual winter. As temperatures rose rapidly in early May, the snow began to melt at an accelerated rate, feeding into the Town Run and Pine Rivers.
- Simultaneously, a stationary low-pressure system settled over the region, drawing in moisture from the Gulf of Mexico. Over a 72-hour period, the system dumped more than 15 inches of rain across the watershed. The saturated ground, already unable to absorb additional water, led to extreme runoff into both rivers.

Scenario Background (Cont.)

- The Town Run, which flows through the heart of Rivertown, reached historic levels, overtopping its banks and breaching a levee system that had not been upgraded in over 30 years.
- The Pine River, a tributary, also surged, contributing to backflow and flash flooding in several neighborhoods.

Scenario Background (Cont.)

Compounding the crisis, the Clearwater Dam, located 20 miles upstream, was forced to release water at maximum capacity to prevent structural failure.

The convergence of:

- Rapid snowmelt
- Prolonged heavy rainfall
- Aging flood control infrastructure
- Emergency dam releases'

…created a perfect storm that led to catastrophic flooding across the city and surrounding counties.

Meanwhile…

- While the city continues to flood and the inundation of rain continues, the staff of the Rivertown Processing Plant (RPP) continued their work processing timber and timber products, not giving previous or current weather conditions a second thought.
- The RPP runs three shifts around the clock to keep up with demand for their products. Today there are currently 115 workers in the plant, which is full capacity for a shift.

Collapse

- The impacts of the heavy winter snowpack remained unseen in many places in Rivertown, one place was the Rivertown Processing Plant.
- The heavy snow and the onslaught of heavy rains had caused the roof structure of the plant to weaken. As the rain continued to inundate the roof at the facility, at 1900 hours, the roof gives way.

On-Scene…SITREP

- Search and rescue have been completed, and triage has just wrapped up.

Key Issues: Module I

- Structural collapse at major manufacturing plant
- Ongoing flooding inundation within the town
- Per Rivertown Medical Centers Operational Metrics, Current capacity is 71% (100 out of 140 beds)

- Casualty Breakdown:

RED	45
YELLOW	25
GREEN	35
GRAY	7
BLACK	3

Module I Discussion

- Small groups (Table) first
- Large Group
- Document your responses for report
- Summarize discussions for report
- Pick a spokesperson
- Not a race!

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CRITICAL MASS 2: MASS CARE

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Mass Care in a Critical Mass Incident

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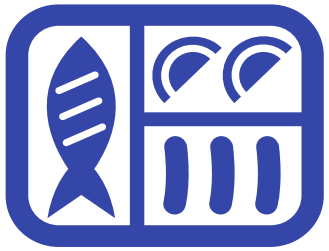
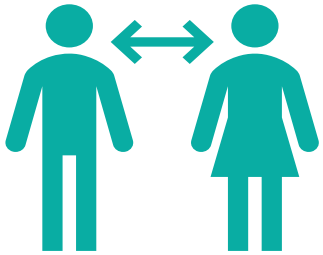
Mass Care Services

Sheltering



Feeding

Distribution of Emergency Supplies



Reunification

Fundamentals of Sheltering

safe, sanitary, and secure

basic health services

Accommodation of cultural and faith-based preferences

adequate space for sleeping

climate control

confidential

restroom facilities

Accommodation of people with disabilities and access and functional needs

power/electricity

Provision of food and water

Types of Sheltering

FEMA

- Evacuation shelters
- General population shelters
- Shelter-in-place
- Constituent-based shelters
- Medical Shelters
- Spontaneous shelters
- Household Pets shelters

Virginia Shelter Strategy

- Local Disaster Shelter
- Multi-Jurisdictional Shelter
- State Managed Shelter (SMS)
- Congregate Sheltering
- Pet Shelter
- Non-congregate Sheltering
- Refuge of Last Resort (ROLR)
- Shelter in Place

Feeding

Fixed

Mobile

Household Distribution

Distribution of Emergency Supplies (DES)

- Food/ Pet Food
- Water
- DME
- Baby Formula
- Diapers

Life Sustaining

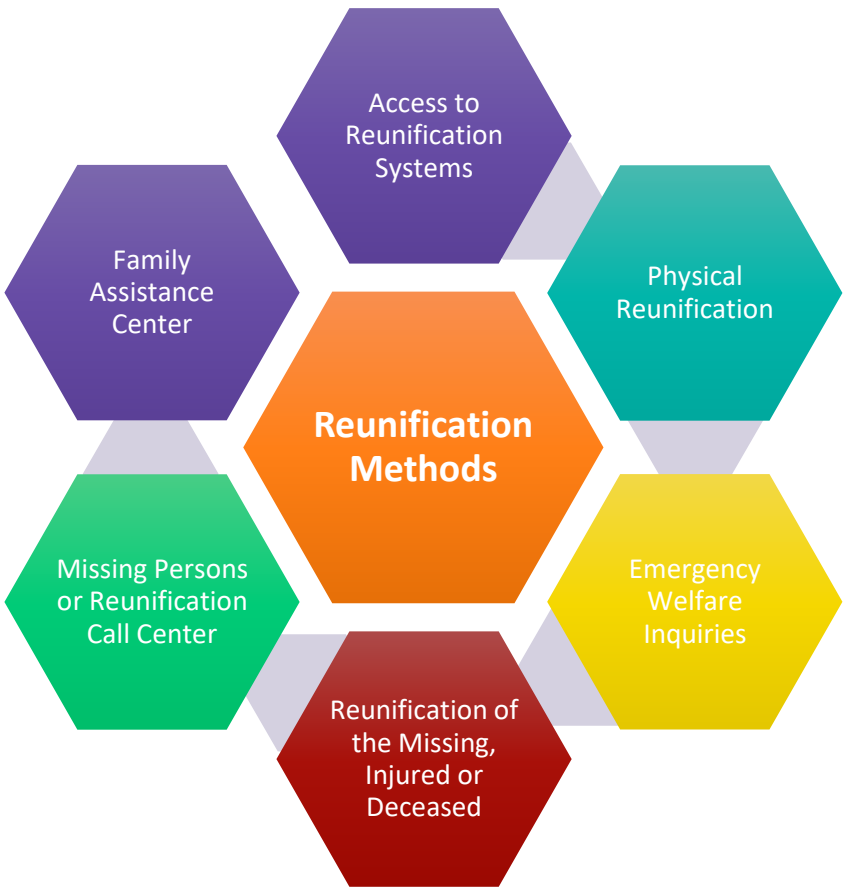
- Blankets
- Cots/ Air Mattresses
- Clothing
- Hygiene Kits
- Fans

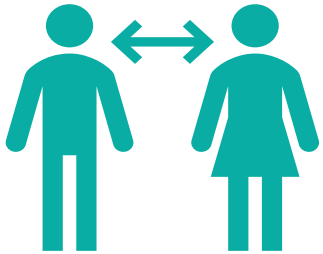
Comfort

- Shovels
- Masks
- Cleaning Supplies
- Propane/ Charcoal
- Firewood

Other Emergency Supplies

Reunification



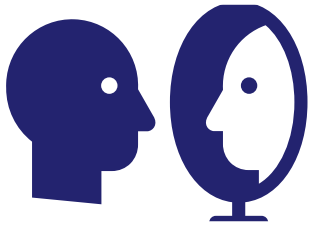


Planning Considerations

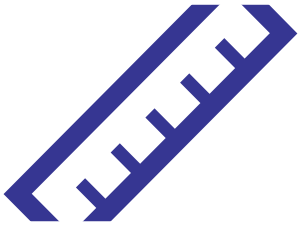
ADA Disabilities

Access and Functional Needs

AFN Concepts



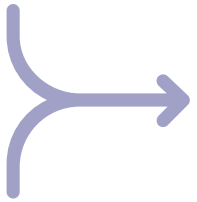
Self Determination



No One-Size Fits All

Inclusion

Equal Opportunity



Integration

Physical Access

Equal Access

Effective Communication

Reasonable Modifications

No Charge

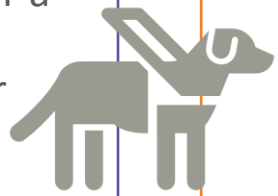
Service Animals and Household Pets

» Service Animal

- Protected by ADA
- **Dogs Only** (limited exceptions for miniature horses)
- Individually trained to do tasks for a person with a disability
- Must be under control of handler
- Must be housebroken

How do you know? Two questions:

- Is the animal required because of a disability?
- What work or task is the animal trained to perform?



» Household Pet (FEMA)

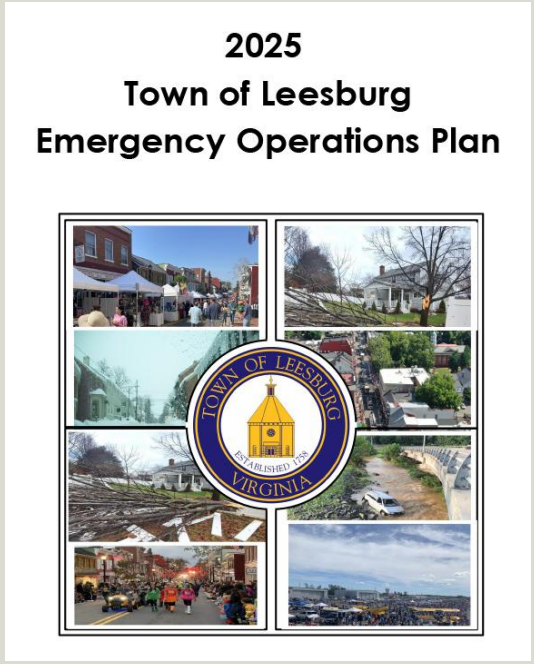
- Dog
- Cat
- Bird
- Rabbit
- Rodent
- Turtle

NO

- Reptiles, amphibians, fish, insects/arachnids, or farm animals

What You Need to Know

Know Your Roles and Responsibilities

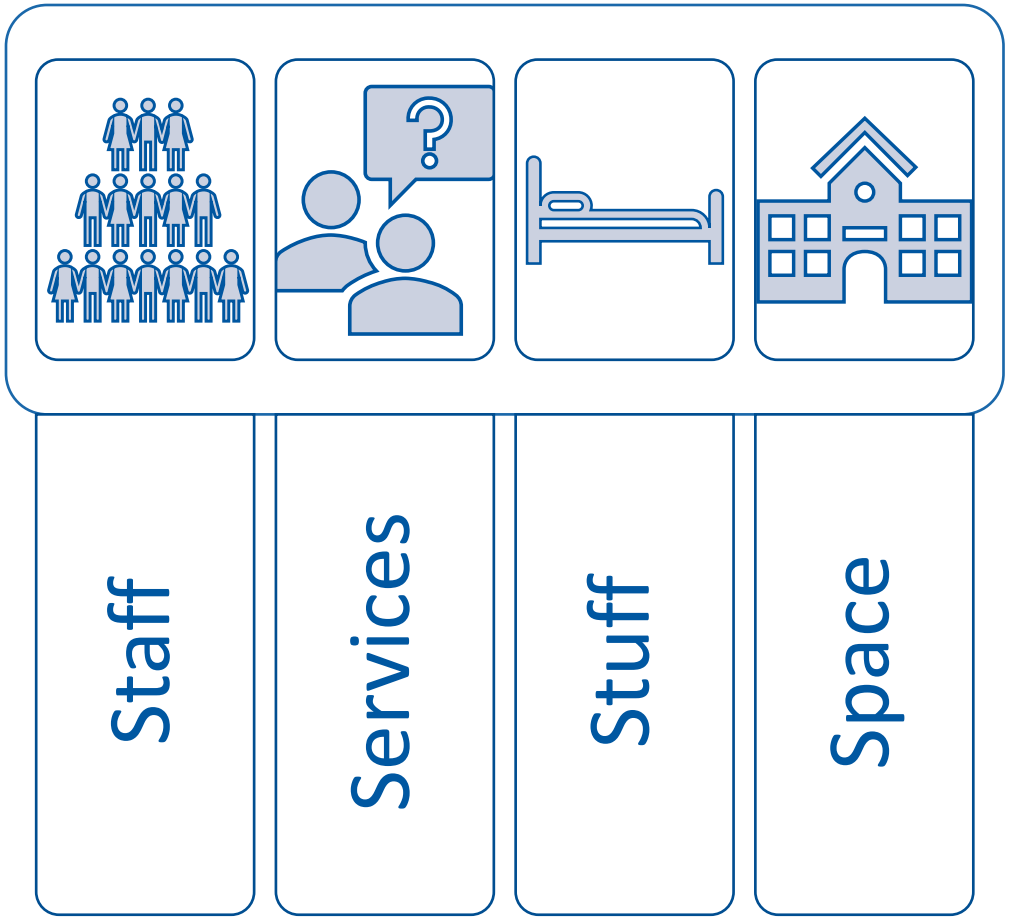


- **Localities in Virginia are required by law to provide emergency management** for their locality (§ 44-146.19. Powers and duties of political subdivisions)

- There is **no state law or code that requires that departments of social services provide sheltering or any other mass care services**.

- The local EOP describes how the locality will respond to emergencies and defines local roles and responsibilities for specific disaster services and supports.

Know Your Capabilities (and Limitations)



Know Your Partners

Want to Know More?

G108 – Community Mass Care Management (2 day in state)

Find open classes on the COVLC or request a class through VDEM TEED (vdemtrainingeducationexercisedivision@vdem.virginia.gov) via your local Emergency Manager.

E0418: Mass Care/Emergency Assistance Planning and Operations (3 days at NDEMU/EMI)

https://training.fema.gov/emicourses/

Other Resources

VDSS Regional Mass Care Coordinators:

VDEM Regions 1 and 5

Jennifer Sharpe (Jennifer.sharpe@dss.virginia.gov)

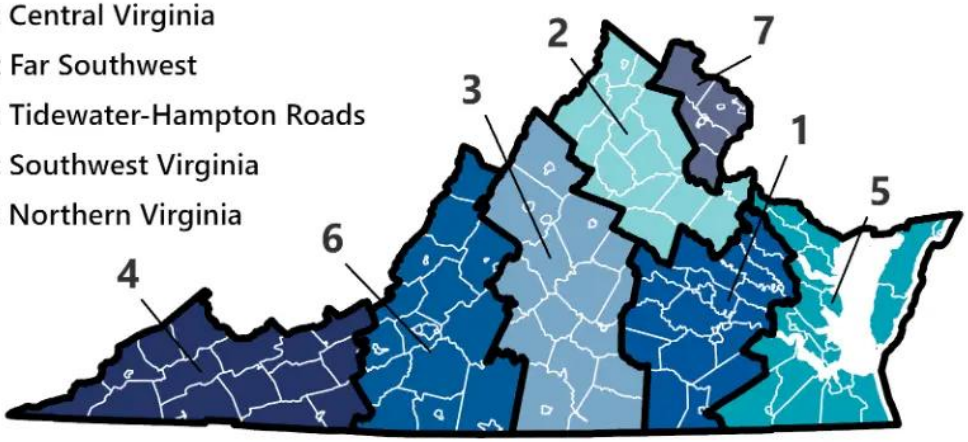
VDEM Regions 2, 3 and 7

Emma DeJong (emma.dejong@dss.virginia.gov)

VDEM Regions 4 and 6

Dan Gray (dan.gray@dss.virginia.gov)

1: Richmond
2: Northwest
3: Central Virginia
4: Far Southwest
5: Tidewater-Hampton Roads
6: Southwest Virginia
7: Northern Virginia



Questions?

Office of Emergency Management
Virgina Department of Social Services
oem@dss.virginia.gov

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TABLETOP EXERCISE MODULE II

The Deluge Continues…

- The rain inundation continues, and floodwaters are rising faster than anticipated the notification of the upstream Dam release also increased water levels already at flood stage.
- Evacuations have been ordered to areas adjacent to Town Run and Pine River. A shelter at North Rivertown High School (NRHS) has been activated.
- The NRHS shelter has a capacity of 750 people. Based on the map of the inundation, the current shelter needs are approximately 1200-1300 residents.
- The 48 patients in Rivertown Nursing and Rehab are also in need of evacuation and sheltering.

Water, Water Everywhere…

- South Rivertown High School is brand new construction, scheduled to open for the 2027 School Year and has not been assessed for shelter considerations.
- Rivertown Community College also has volunteered their field house to be used as a shelter as well, but it too has not been assessed for capability.
- All but one bridge from north to south Rivertown are inaccessible due to flooding.

Key Issues

- Rivertown has a Shelter capacity of 750 and a need for 1200–1300-person shelter capacity.
- Transportation access is significantly impacted.
- 48 patients with Special Medical and Access needs are in need of evacuation and shelter.

Module II Discussion

- Small groups (Table) first
- Large Group
- Document your responses for report
- Summarize discussions for report
- Pick a spokesperson
- Not a race!

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CRITICAL MASS 3: MASS FATALITY OPERATIONS AND FAMILY ASSISTANCE

VDH VIRGINIA DEPARTMENT OF HEALTH

UPLOADED AS SEPARATE FILE

LUNCH

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CRITICAL MASS 3: PART 1 MASS FATALITY & FAMILY ASSISTANCE OPERATIONS

VDH VIRGINIA DEPARTMENT OF HEALTH

Virginia Department of Emergency Management

Family Assistance Center (FAC) Plan Overview

The FAC Plan and the COVEOP

What is the COVEOP?

- The COVEOP serves as the states' base emergency operations plan and is developed utilizing an all-hazards approach.
- Annexes to the COVEOP are more tailored and are categorized as either Hazard Specific Annexes or Support Annexes.
    - Hazard Specific Annexes address operations for particular threats.
    - Support Annexes outline how the state will support response operations in ways that may be needed in response to multiple hazards.
- The FAC Plan is an example of a Support Annex, as it may be activated for a range of incidents (e.g., targeted violence, earthquake, etc.)

What mandates the COVEOP?

- The Code of Virginia Chapter 3.2 directs VDEM to prepare and maintain a State Emergency Operations Plan for disaster response and recovery operations that assigns primary and support responsibilities for basic emergency services functions to state agencies, organizations, and personnel as appropriate.
- Executive Order 42 (2019) promulgates and the COVEOP and authorizes the State Coordinator to activate the plan.

What is a FAC?

A central multi-agency operation staffed by trained professionals in a safe, secure, organized, empathetic, and professional environment to provide services to individuals impacted.

What's the purpose of this FAC plan?

- To provide state agencies a management framework under which FAC will be established following a mass casualty and/or mass fatality incident to address the four fundamental concerns with individuals impacted by the incident:
    - Victim accounting
    - Access to information and support resources
    - Personal effects management
    - Victim identification
- To provide a concept of operations that outlines a "family assistance operations continuum", which can be incorporated into plans at multiple levels to standardize response and recovery efforts.

When would the state utilize this plan?

The state may need to utilize this plan to support and/or operate a FAC under the following likely, but not all-inclusive, circumstances:

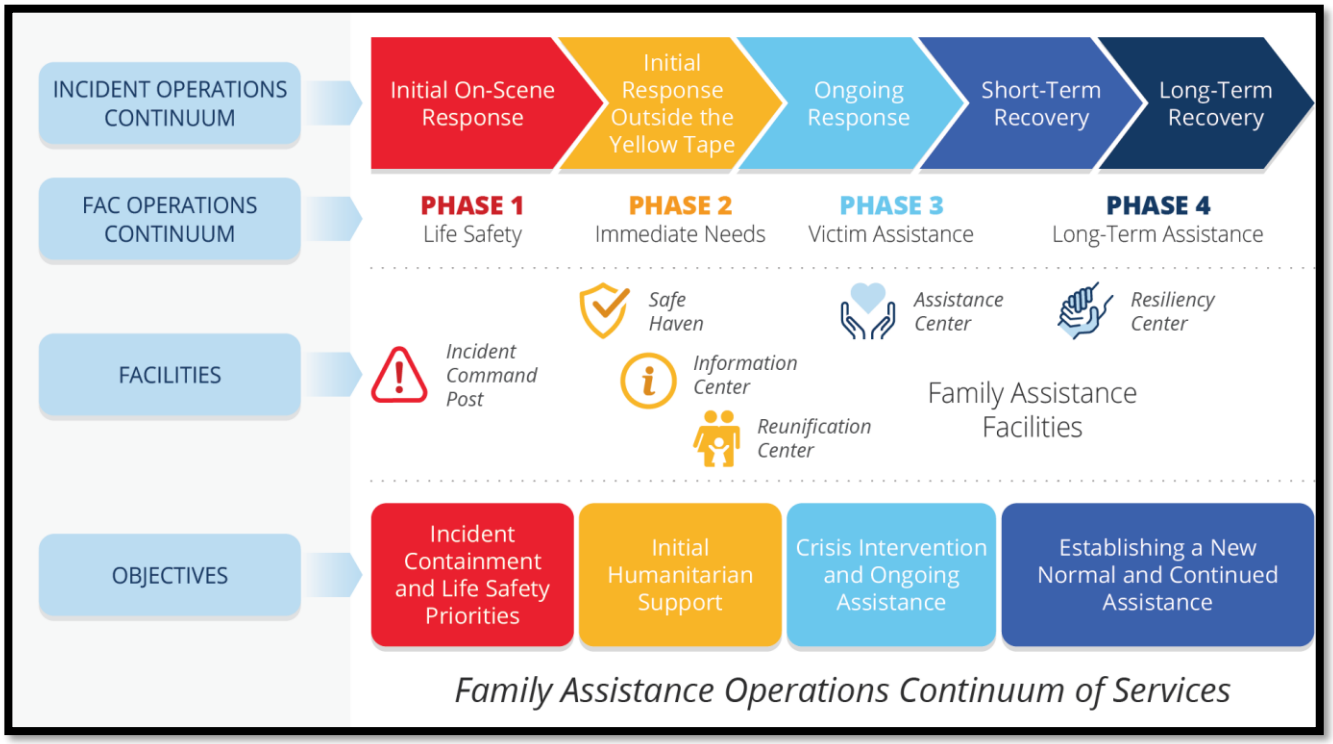
- A mass casualty / fatality incident occurs on state property, which results in a State of Emergency Declaration, and a FAC is needed.
- A local / tribal jurisdiction, private IHE, or federal agency identifies the need for a FAC and requests additional resources from the VEST.

A locality has been impacted and needs help, now what?

1. The impacted locality realizes they are going to need additional support to operate their FAC.
2. The emergency manager of the impacted locality contacts their VDEM regional staff to request assistance.
3. VDEM regional staff inform VDEM leadership of the situation.
4. VDEM determines how the state can provide support, and if a VEST activation is necessary.
5. VDEM or the VEST (if activated) fills resource needs as available in the impacted locality's FAC operations.

What would the operation of a state-run FAC look like?

Concept of Operations



Credit: Northern Virginia Family Assistance Workgroup, *Outside the Yellow Tape, Family Assistance Planning and Operations Foundations Course*, 2023

What services would likely be provided?

- Reunification services
- Spiritual care
- Medical Care
- Crisis counseling and mental health services
- Language services
- Disability accommodations and functional needs assistance
- Legal services
- Phone / computer bank
- Information sharing

Which state agencies may be providing support?

Support Agencies		
American Red Cross	Virginia Department of Health (VDH)	Virginia Office of the Attorney General (OAG)
Virginia Department for the Deaf and Hard of Hearing (VDDHH)	Virginia Department of Labor and Industry (DOLI)	Virginia State Police (VSP)
Virginia Department of Behavioral Health and Developmental Services (DBHDS)	Virginia Department of Motor Vehicles (DMV)	Virginia Victims Fund (VVF)
Virginia Department of Criminal Justice Services (DCJS)	Virginia Department of Social Services (VDSS)	
Virginia Department of General Services (DGS)	Virginia Information and Technologies Agency (VITA)	

THANK YOU!

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TABLETOP EXERCISE MODULE III

Missing…

- In the recreational area at the Scout Camp, a group of 50 scouts and 10 adult scout leaders from out of the area were staging a jamboree prior to the onset of the rain.
- Alerts were sent, but it would be later discovered that the cell tower that serves the area had been destroyed by the flooding, keeping all calls into or out of the area from connecting.
- All ongoing attempts to contact the group have gone unanswered.
- Family members begin to call into the 911 Center as they are hearing of flooding on their national news channels searching for news for their loved ones.

Found…

- Responders searching for the scouts begin to report the location of the bodies of the scouts and scout leaders in the river bend area, between the Pine River bridges.
- Flood debris has held the bodies in this area along with keeping floodwater higher in the river bend area.
- From the on-scene command, it's reported that all 50 scouts and the 10 adult leaders have been located and accounted for, all deceased.

Module III Discussion

- Small groups (Table) first
- Large Group
- Document your responses for report
- Summarize discussions for report
- Pick a spokesperson
- Not a race!

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SPECIAL TOPIC BRIEFING: EMERGENCY PUBLIC INFORMATION & WARNING

VDH VIRGINIA DEPARTMENT OF HEALTH

VDH VIRGINIA DEPARTMENT OF HEALTH

MESSAGING DURING AN EMERGENCY

Office of Communications

Virginia Department of Health

CRISIS COMMUNICATION

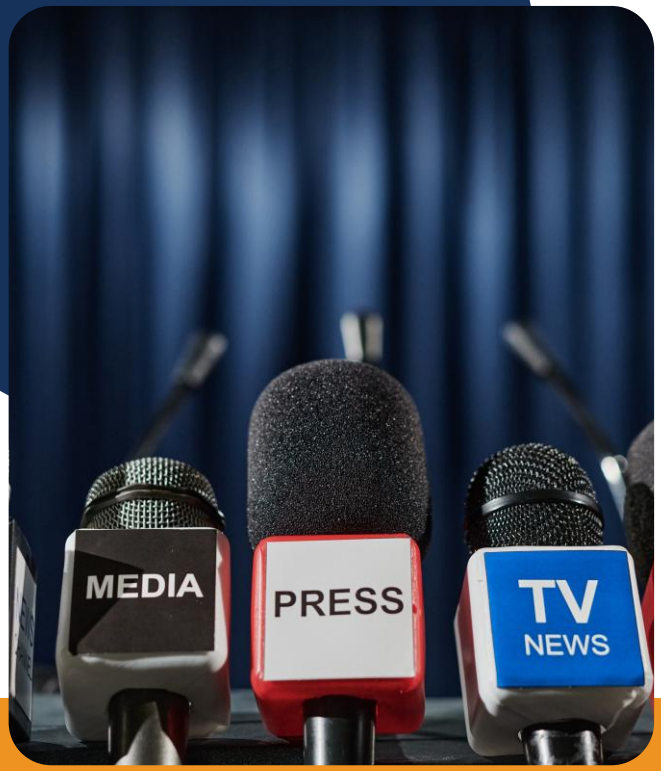
Getting the **right** information to the **right** people at the **right** time so they can make the **right** decisions.

VDH VIRGINIA DEPARTMENT OF HEALTH

6 PRINCIPLES

- Be First
- Be Right
- Be Credible
- Express Empathy
- Promote Action
- Show Respect

VDH VIRGINIA DEPARTMENT OF HEALTH



HOLDING STATEMENT

- A brief statement to the media
- Use when you are still gathering information
- Tells the public that your agency is aware of the situation and working it

TOOLS FOR MESSAGING

News Release

Interviews

Website

Social Media

THANK YOU

Office of Communications
Virginia Department of Health
www.vdh.virginia.gov/news/como-contacts/

VDH VIRGINIA DEPARTMENT OF HEALTH

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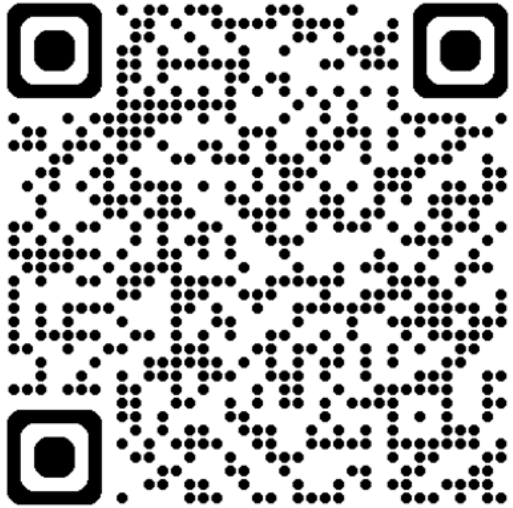
BREAK

Hotwash

- Examine the ability of participants to Coordinate multi-agency responses to a Mass Casualty Incident in a larger complex incident.
- Discuss the activation and management of shelters in response to a complex incident
- Examine and discuss the Implementation of fatality management and family assistance operations in response to a complex incident.
- Evaluate the ability of participants to communicate effectively with the public and stakeholders in response to a complex incident
- Identify gaps in logistics, planning, and interagency coordination

- What worked well?
- What needs improvement?



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CLOSING COMMENTS

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