



Assisting Victims of Mass Violence
and Domestic Terrorism

Victim Services
Exercise Guide
&
Scenario Templates

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VICTIM SERVICES EXERCISE GUIDE

This guide will assist communities as they incorporate victim services into their emergency management exercises. The template guide is aligned with the Federal Emergency Management Agency (FEMA) Homeland Security Exercise and Evaluation Program (HSEEP) Doctrine. The templates represented in this guide are provided as a starting point for users.

- Section 1 is an introduction and value proposition for having a robust exercise program. This section will help victim service (VS) providers understand the need for a dedicated training and exercise program integrated with community emergency management (EM) requirements.
- Section 2 explains the progressive nature of a robust exercise and training program. This section provides an overview of different exercise types, including their goals and components. Sample drill and exercise templates are provided in the appendices.
- Section 3 provides a baseline After-Action Review (AAR) process and best practices/lessons learned format. Again, this section will have value to both VS providers and EM.
- The appendices provide sample exercise templates that are **designed** to be edited and adapted for use based on the specific needs of each jurisdiction. These templates will be valuable for both VS providers and EM.

Developing and building trusted relationships prior to a criminal mass violence/domestic terrorism (CMV/DT) event is critical to any community's ability to prepare for, respond to, and recover from an event. Therefore, the value of this exercise guide depends largely on incorporating EM and community partners into the planning process and building those relationships.

For questions, please contact the staff at Improving Community Preparedness to Assist Victims of Mass Violence or Domestic Terrorism: Training and Technical Assistance (ICP TTA) by email at ICPTTA@icf.com.

SECTION 1: UNDERSTANDING THE VALUE OF EXERCISES

The effectiveness of response and recovery efforts in a CMV/DT incident is greatly enhanced by establishing VS protocols that focus on providing support to victims and their families after an event. It is essential for EM and VS providers to plan and coordinate efforts to ensure victims and their families receive important services to help them and affected communities recover from a CMV/DT incident.

This guide is designed as a tool to provide VS with the means to incorporate VS tasks into existing EM exercises. Using the contents of this guide, VS and EM teams can develop, execute, and evaluate exercises that address EM and VS priorities established by their jurisdictions in advance of a "real-world event." This helps ensure the short- and long-term needs of victims of CMV/DT events are fully identified and addressed.

With that in mind, it is extremely valuable for VS staff members to understand and integrate seamlessly with the EM teams at their various jurisdiction levels. The list below provides recommended Incident Command System (ICS) trainings for those serving in VS roles.

The following trainings can be found at FEMA's training website:¹

- IS100.c Introduction to Incident Command System
- IS200.c Basic Incident Command for Initial Response
- IS700.b Introduction to National Incident Management
- IS800.d National Response Framework and Introduction
- IS242.b Effective Communications

Additionally, the ICP TTA website has a series of [recorded trainings](#) to help prepare communities to manage specific components of a CMV/DT response. The website is updated periodically to include additional trainings. The following ICP TTA recordings are recommended to expand on ICS training:

- [EOC Operations for Victim Service Professionals](#)
- [Communications During Mass Violence or Domestic Terrorism Incidents](#)

¹ <https://training.fema.gov/>

1.1 VALUE OF EXERCISES

An exercise is an event or activity—delivered through discussion or action—to develop, assess, or validate plans, policies, procedures, and capabilities that jurisdictions can use to achieve planned objectives. An effective training and exercise program ensures jurisdictions can link VS response with emergency response actions effectively.

A well-designed drill/exercise provides the following:

- A low-risk environment to familiarize personnel with roles and responsibilities;
- Meaningful interaction and communication within and across jurisdictions;
- Opportunities to assess and validate plans, policies, procedures, and capabilities; and
- Means of identifying strengths and areas for improvement.

Exercise evaluation processes assess a jurisdiction's ability to meet identified objectives and capabilities by documenting strengths, areas for improvement, capability performance, and corrective actions. These items are recorded in an After-Action Report/Improvement Plan (IP) for future action. Through the After-Action Review evaluation processes, jurisdictions improve plans, build and sustain capabilities, and maintain readiness for future events. Additional details regarding the After-Action process can be found in Section 3.

Overall, exercises help communities address the priorities established by their jurisdiction's leaders and evaluate progress toward meeting preparedness goals. Exercises bring together and strengthen the whole community to prevent, protect against, mitigate, respond to, and recover from all hazards.

This exercise guide is an excellent tool for developing and building needed stakeholder relationships prior to a CMV/DT incident. Using a progressive approach, this guide will also help EM and VS providers test various capabilities by integrating appropriate critical drills and exercises to identify and meet victims' needs. This is discussed more in Section 2.

1.2 REAL-WORLD BENEFITS

The Boston Marathon attack in 2013 demonstrates the importance of developing and exercising plans pertaining to mass violence response. The following details the incident itself, planning prior to the event, and its impact on response.

Incident

On 15 April 2013, two improvised explosives devices (IED) detonated near the finish line of the Boston Marathon, approximately 3 hours after the winners crossed the finish line. The explosions occurred approximately 13 seconds apart and within 200 yards of each other.

At the time of the explosion, approximately 17,000 runners had completed the course, and approximately 9,000 were still engaged in the race. A large number of spectators were gathered near the explosions due to their placement near the finish line. There were 3 deaths and 264 people injured. The scale of this incident required local, state, federal, and community partners to execute a coordinated multi-agency response.

Prior Planning and Stakeholder Development

For decades prior to the incident, Boston's local, state, federal, private, nonprofit, and nongovernmental organizations developed detailed plans to define roles and responsibilities during the Boston Marathon. As part of the detailed planning process, these agencies—

- Developed plans to strengthen response capabilities following the 9/11 terrorist attacks.
- Routinely updated plans and procedures as circumstances changed.
- Developed a Statewide Communications Interoperability Plan (SCIP) that is updated annually.
- Developed an IED annex to regional response plans based on multiple simultaneous IED attacks.

- Conducted exercises to test the plan during large-scale events.

Public safety agencies and private sector participants in Massachusetts also conducted exercises regularly to facilitate communication, situational awareness, and functional area coordination. The exercises listed below contributed to Boston's robust level of preparedness on the day of the marathon.

- **Regional Hospital Exercise:** In 2011, regional hospitals in the Metro Boston Homeland Security Region (MBHSR) exercised and evaluated mass casualty incident (MCI) response plans. The goal of the exercise was to test whether the hospitals involved could coordinate to provide care for large numbers of victims.
- **Counter-Terrorism Workshop:** In 2011, Greater Boston conducted a Joint Counterterrorism Awareness Workshop Series (JCTAWS) to plan, train, and exercise for IED-related threats and hazards. The JCTAWS workshop resulted in private sector participants and federal partners developing relationships that bridged existing communication gaps and enhanced information exchange. Workshop participants developed a comprehensive response matrix that identified the roles of each jurisdiction to test and update response plans as needed.
- **Full-Scale Exercise:** In November 2012, the City of Boston's Office of Emergency Management (OEM) conducted Urban Shield Boston, an annual, 24-hour, full-scale exercise of emergency personnel response to various scenarios. The exercise—designed to test the adequacy of regional policies, plans, procedures, and protocols—involved more than 600 emergency responders from 50 agencies. The primary focus of the exercise was to validate the speed, effectiveness, and efficiency of response capabilities in various scenarios.
- **Tabletop Exercise:** Prior to the marathon, the Massachusetts State Emergency Operations Center hosted the annual Pre-Boston Marathon Tabletop Exercise to build relationships between organizers and responders. This exercise tested plans and procedures for a possible MCI during the marathon. Participants exercised multiple scenarios, one of which consisted of an IED incident during the marathon.

Impact of Planning

The full report, "[Boston Marathon Bombings: The Positive Effect of Planning and Preparation on Response](#),"² can be found within the Homeland Security Lessons Learned Library.

This report details the extensive planning and coordination of the annual Boston Marathon and the significant focus on coordinating response protocols. This report provides evidence of the benefits of the training and exercise program associated with this annual event.

Areas of Improvement

One apparent and striking omission from the annual planning cycle was the integration of victim services and the recovery process. On the day of the bombing, and for several days after, there was a lack of awareness regarding the specific needs of victims and, therefore, no plan to integrate recovery services into the response. This was a significant roadblock to setting up effective services, and the following concerns arose:

- Agencies with existing plans for caring for victims, families, and the community were not invited into the ICS.
- Agencies attempting to initiate and coordinate services were working in silos and encountered challenges with organized recovery systems.
- The Massachusetts Office of Victim Assistance (MOVA) and the Massachusetts Attorney General's Office were not requested by Incident Command to respond. As a result, for longer than 48 hours, MOVA and the Attorney General's Office could not convince response leaders that they had vital services, including victim compensation funding, to offer.
- The response to victims was disorganized, partitioned, and ineffective until several agencies that recently worked together to care for victims of the Sandy Hook Elementary School shooting in Newtown, Connecticut—including the

² <https://www.hsdl.org/?abstract&did=741742>

American Red Cross and FBI Victim Specialists—came together. Recognizing the power of collaboration, these agencies joined with MOVA and the Attorney General's Office to develop a plan. The meeting was moved to the Medical Intelligence Center (MIC) at the Boston EMS Headquarters in hopes of coordinating with the Boston Department of Public Health (DPH) (lead coordinating agency) to meet the needs of victims. After a lengthy meeting at the MIC, and internal DPH discussions, a plan was developed to open a Family Assistance Center (FAC).

- The FAC opened 4 days after the bombing.

Historically, as mentioned above, exercises have been an essential component of EM preparedness. Including VS providers in community preparedness allows them to shape planning, assess and validate capabilities, and address areas for improvement. The Boston Marathon shines a bright light on the effectiveness of response planning for all involved entities prior to the bombing, as well as the critical need to include VS to develop a timely and effective whole community response. Find more information in the After-Action article titled [*Lessons Learned from the Boston Marathon Bombing Victim Services Program*](#).³

1.3 BEST PRACTICES

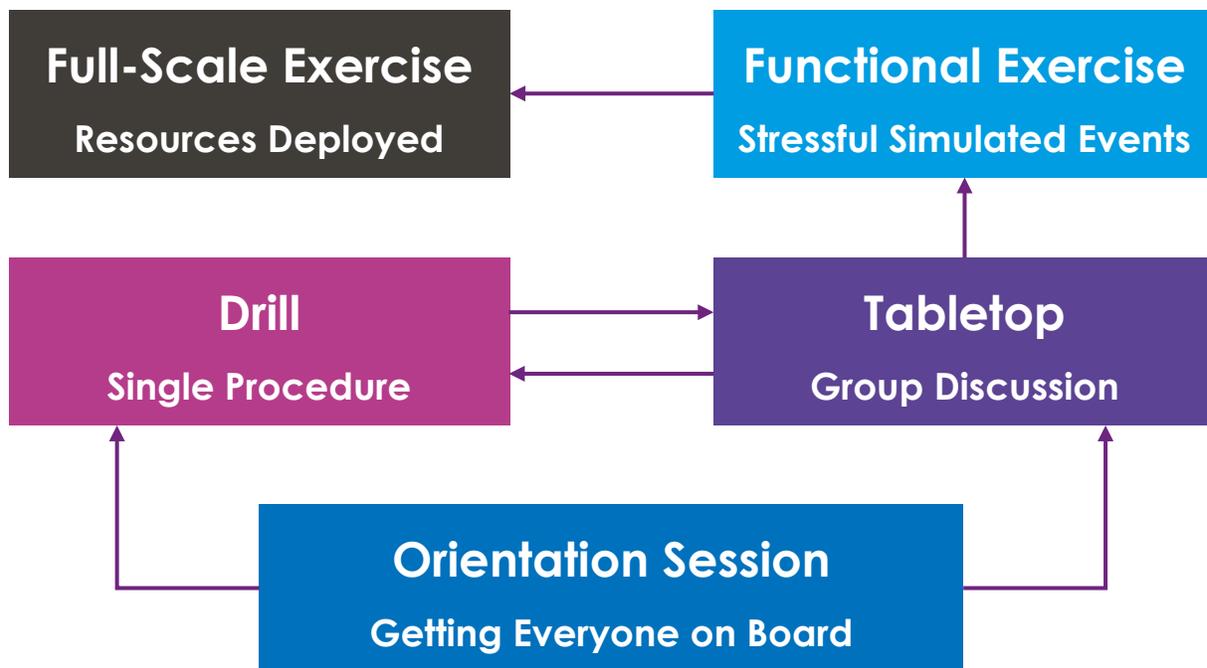
The ICP TTA Program developed 16 Best Practices in Planning for CMV/DT. These Best Practices define the major components of a response to mass violence and domestic terrorism. Each of these best practices should be included in communities' plans and, as applicable, incorporated into training and exercises programs.

³ Naturale, A., Lowney, L.T., & Brito, C.S. (2017). Lessons Learned from the Boston Marathon bombing victim services program. *Clinical Social Work Journal*, 45(2), 111-123.

- 1** Incident Command
- 2** Committee Identification & Engagement
- 3** Up-To-Date Contact List
- 4** Family & Friends Reception Center (FRC)
- 5** Victim Identification & Notification Protocol
- 6** Public Information & Crisis Communications Protocol
- 7** Volunteer Management Protocol
- 8** Family & Survivor Assistance Center (FAC) Plan
- 9** Financial Donation Management Protocols
- 10** Memorial & Special Event Management Protocols
- 11** Community Behavioral Health Response
- 12** First Responder Support
- 13** Planning & Preparedness Grants and Emergency Funding Assistance
- 14** Community Resilience Planning
- 15** Criminal Justice System – Victim Support
- 16** Training & Exercise

Section 2: Criminal Mass Violence/Domestic Terrorism Training Program

The progressive nature of a well-developed training and exercise program helps ensure victims' needs receive the necessary levels of attention. The figure below shows the progressive nature of exercises as they advance in complexity from drills to full-scale exercises (FSE). This guide provides jurisdictions with the tools to ensure that VS professionals are trained on specific procedures and fully integrated with EM response.



Exercises are divided into two types:

- **Discussion-Based Exercises:** These exercises familiarize players with or develop new plans, policies, procedures, and agreements. Discussion-based exercises focus on strategic, policy-oriented issues. Facilitators lead the discussion, keeping participants moving toward meeting the exercise objectives.
- **Operations-Based Exercises:** These exercises validate plans, policies, procedures, and agreements; clarify roles and responsibilities; and identify resource gaps. Operations-based exercises include a real-time response such as initiating communication or mobilizing personnel and resources.

The drills and exercises described in this section, along with the sample templates found in the appendices, offer a great opportunity for EM and community partners to collaborate in a controlled environment and build key stakeholder relationships necessary for a strong and successful outcome following a real-world event.

A significant amount of material in this section was adopted from the FEMA Homeland Security Exercise and Evaluation Program (HSEEP).⁴ For more detailed information, visit the FEMA sites.

2.1: COMPONENTS OF AN EXERCISE

Exercise Scenario

An exercise scenario is an outline or model of a simulated sequence of events for the exercise. It can be written as a narrative or depicted by an event timeline. Depending on exercise type, it provides the backdrop that drives participant discussions or actions.

⁴ <https://preptoolkit.fema.gov/web/hseep-resources>

To maintain flexibility in the sample scenarios found in the appendices, the number of people impacted may be listed with an "X" and should be changed by exercise planners to account for the specifics of the community and exercise objectives.

Participants

The term *participant* encompasses many groups of people—not just those actively involved in the exercise. The table below identifies potential participants and the exercise type(s) for which they are required. Exercise types will be explained in detail in subsequent sections.

Role	Description	Drills	Table-top	Functional	Full-Scale
Player	Personnel who have an active role in responding to the simulated emergency and perform their regular roles and responsibilities during the exercise. Players initiate actions to respond to and mitigate the simulated emergency.	X	X	X	X
Observer	Support players' responses to the situation during discussions by providing subject matter expertise or asking relevant questions; however, observers do not participate in the actual discussion.		X		
Facilitator	Provide situation updates and moderate discussions.		X		

Role	Description	Drills	Table-top	Functional	Full-Scale
Controller	Controllers set up and operate the exercise site. They plan and manage exercise play while also acting on behalf of individuals and agencies not playing in the exercise. Controllers direct the pace of exercise play by providing critical data to players and prompting certain player actions. Controllers are often members of the Exercise Planning Team.	X		X	X
SimCell	Simulation Cell (SimCell) is a unit within the exercise structure that is accessible to players to provide vital information needed for the exercise that a nonparticipating organization would typically provide.	X		X	X
Simulator	Simulators are control staff members who role-play nonparticipating organizations or individuals. They most often operate out of the SimCell, but they occasionally have face-to-face contact with players.	X		X	X
Actor	Actors simulate specific roles during exercise play. They are typically volunteers recruited to play the role of victims or other bystanders.	X		X	X

Role	Description	Drills	Table-top	Functional	Full-Scale
Evaluator	Exercises are evaluated by functional area. Evaluators are designated to evaluate and provide feedback on their functional areas of expertise. They are also chosen because of their familiarity with local emergency response procedures. Evaluators assess and document participants' performance against established emergency plans and exercise evaluation criteria.	X	X	X	X
Media Personnel	The media may be present as observers with the approval of the Exercise Planning Team.			X	X
Support Staff	Support staff perform administrative and logistical support during the exercise (e.g., registration, catering).			X	X

Injects

Injects can be used in all exercise types. They are prompts provided to players throughout an exercise to trigger players to discuss or implement plans, policies, procedures, and protocols. Injects drive exercises forward.

There are two types of injects:

- **Contextual injects:** Contextual injects are introduced to a player by a controller to help build the exercise operation environment and keep exercise play moving.
- **Contingency injects:** Contingency injects are prompts that a controller provides if the players get off track or do not take an action that is necessary for the continuation of the exercise. This ensures that play moves forward as needed to evaluate the performance of activities adequately.

Injects in each sample scenario will be labeled with information about timing within the exercise. The following is an example: #3/T+10.

- Injects will be numbered for easy tracking and should be delivered in numerical order – e.g., #3 refers to the third inject.
- Injects will contain a reference to timing during the scenario – e.g., T+10 refers to the time of the incident (T) plus 10 minutes.
 - For contingency injects, the number of minutes will be listed with an "X" to allow the inject to be used when it is needed during the exercise.
Controllers should record when the inject is used for evaluation purposes.

A list of injects that can be used in any scenario and exercise type can be found in [Appendix F](#). To share your VS injects with others, please click [here for Exercise Injects - Victim Services and Mass Violence](#).

Effective injects are critical to a productive exercise. Whether you create your own or utilize the sample injects in [Appendix F](#), consider the following tips to ensure victims' needs are addressed in exercise play.

- Ensure the injects follow the scenario and drive the exercise to test the identified objectives.
- Develop a reasonable inject timeline to pace the exercise.
 - A controller may pause or speed up the exercise to keep it flowing without overloading players or having too much idle time during the exercise.
- Diversify inject types throughout the exercise.

- The length of the exercise will help determine the number of injects needed.
- Have additional injects on hand should they be needed to speed up the exercise flow.
- Have the planning team review the injects and Master Scenario Event List draft for the following:
 - Timeline flow: Is it smooth? Do events happen in the proper order?
 - Number of injects: Is there an appropriate number to drive the exercise for the identified time period?
 - Language and content: Is anything confusing?
 - Consistency: Are inject delivery methods appropriate? For example, an inject isn't called in using a phone when there are reports that phone service is out in the area.
 - Practicality: Are injects realistic? Within exercise scope?

Master Scenario Events List

The exercise scenario is driven through a series of injects that drive activity. These injects are structured into a Master Scenario Event List (MSEL) that the exercise SimCell uses to pattern the flow of exercise play. The MSEL provides a timeline and location for all expected exercise events.

MSELs can be used for all exercise types but are most often used in functional and full-scale exercises.

Exercise Assumptions and Artificialities

In any exercise, assumptions and artificialities may be necessary to complete play in the allotted time or to account for logistical limitations. Exercise participants should accept that assumptions and artificialities may be needed in any exercise; however, participants should not allow these considerations to impact participation negatively. Assumptions lay the groundwork of the factual foundation for the exercise and, as such, are assumed to be present before the exercise starts.

2.2: DRILLS

Definition

A drill is an operations-based exercise typically used to focus on a single operation or function.

Element	Considerations and Activities
Purpose	<ul style="list-style-type: none"> Coordinated, supervised activity to validate a specific function or capability in a single agency/organization—often employed to validate a single operation or function Provide training on new equipment, validate procedures, or practice and maintain current skills
Structure	<ul style="list-style-type: none"> Can be stand-alone or used as a series of drills Clearly defined plans, procedures, and protocols need to be in place
Participant Goals	<ul style="list-style-type: none"> Evaluate new procedures, policies, and equipment Practice and maintain skills Prepare for future exercises
Characteristics	<ul style="list-style-type: none"> Immediate feedback Realistic environment Narrow focus Performance in isolation Results are measured against established standards
Outcomes	<ul style="list-style-type: none"> Determine if plans can be executed as designed Assess whether more training is required Reinforce best practices An After-Action Report/Improvement Plan (IP)

VS Drills

There are several baseline VS functions that should be drilled. They are listed below, and detailed sample drills are provided in [Appendix C](#); however, local jurisdictions may have additional drills within their programs.

These drills can be conducted as stand-alone events or strung together to develop a functional exercise (outlined further in section 2.4). Each sample drill has several objectives listed. Jurisdictions can select one, multiple, or all objectives when conducting a drill, depending on established goals.

- [Family/Friends Reception Center \(FRC\)](#)
- [Family Assistance Center \(FAC\)](#)
- [Victim ID/Tracking](#)
- [Communications – families, victims, public](#)
- [Death Notifications](#)
- [Facilities Inspections](#)
- [Vigils/Memorials/Special Events](#)

2.3: TABLETOP EXERCISES

Definition

A tabletop (TTX) is a facilitated, discussion-based exercise intended to analyze an emergency situation in an informal, stress-free environment. Tabletops should be designed to elicit constructive discussion as participants examine and resolve problems based on existing operational plans and identify where those plans need to be refined.

Element	Considerations and Activities
Purpose	<ul style="list-style-type: none"> • Generate discussion of various issues regarding an exercise scenario • Facilitate conceptual understanding, identify strengths and areas for improvement, and/or achieve changes in perceptions
Structure	<ul style="list-style-type: none"> • Scenario is presented to describe an event at a simulated time • Players apply their knowledge and skills to a list of problems presented by the facilitator • Problems are discussed as a group, and resolution may be reached and documented for later analysis • Plenary or breakout session(s) • Discussion led by facilitator(s) • Presentation format
Participant Goals	<ul style="list-style-type: none"> • Enhance general awareness • Enhance understanding of roles and responsibilities • Validate plans and procedures • Discuss concepts and assess types of systems in a defined incident

<p>Characteristics</p>	<ul style="list-style-type: none"> • Requires an experienced facilitator • In-depth discussion • Problem-solving environment • All participants should be encouraged to contribute to the discussion and be reminded that they are making decisions in a no-fault environment
<p>Outcomes</p>	<ul style="list-style-type: none"> • Recommended revisions to current plans, policies, and procedures • An After-Action Report/Improvement Plan (IP)

Participants

The objectives of the exercise dictate who should participate. It is critical to have a skilled, objective facilitator who can maintain group focus and constructive dialogue. Additionally, having a scribe is helpful. Having observers from multiple agencies to provide reflections is also beneficial.

It is encouraged to involve as many people and organizations as your exercise objectives support and you feel comfortable with; however, these exercises can be accomplished in a limited setting. At a minimum, those performing key roles should be involved.

Depending on the number of participants, you may consider breaking into smaller groups and using observers or additional facilitators to assist. It is recommended to include members from your community EM team, particularly those who have training/exercise experience or are engaged with planning.

TTX events are exceptional means of developing and building trusted relationships prior to a CMV/DT event, which is critical to any community's ability to prepare for, respond to, and recover from such an event.

VS Tabletops

[Appendix D](#) includes baseline TTX scenarios that focus on ensuring VS needs are addressed properly. These specific scenarios were developed based on lessons learned and key best practices. They highlight transition points that can create seams in service delivery. Based on your community's experience, there may be additional situations that would warrant the development of additional objectives, scenarios, and questions.

- [Establishing the Family & Friends Reception Center](#)
- [FRC/Family Assistance Center Transition](#)
- [Communications: "Trouble in River City" – families, victims, public](#)
- [Death Notifications/HIPAA](#)
- [Incident Site Visits](#)
- [Memorial/Vigil Events](#)
- [JFSOC/EOC – connection to FAC and differences from EOC](#)

Evaluation Criteria

Unlike operations-based exercises, tabletop discussion-based exercises do not involve a formal evaluation. Instead, the tabletop facilitator continually identifies gaps and asks probing questions throughout the exercise. The resulting discussions reveal potential planning needs and areas where additional education and training are recommended. As a result, the provided scenarios do not include evaluation criteria.

2.4: FUNCTIONAL EXERCISES

Definition

Functional exercises (FE) are operations-based exercises that “merge” elements from previous sections. These exercises are designed to be more complex and to test and evaluate capabilities and functions in a realistic, real-time environment. FEs often exercise multiple actions in combination.

Elements	Considerations and Activities
Purpose	<ul style="list-style-type: none"> • Validate and evaluate capabilities, multiple functions and sub-functions, or interdependent groups of activities • Exercise plans, policies, procedures, and staff involved in management, direction command, and control functions • Apply established plans, policies, and procedures under crisis conditions
Structure	<ul style="list-style-type: none"> • Events are projected through a realistic exercise scenario with event updates that drive activity—typically at the management level • Controllers typically use an MSEL to ensure participant activity remains within predefined boundaries • Evaluators observe behaviors and compare them against established plans, policies, procedures, and standard practices
Participant Goals	<ul style="list-style-type: none"> • Validate and evaluate capabilities • Focused on plans, policies, and procedures

<p>Conduct Characteristics</p>	<ul style="list-style-type: none"> • Conducted in a realistic environment • Typically, simulated deployment of resources and personnel • Use of SimCell and MSEL • Simulators can inject scenario elements • Include controller and evaluators
<p>Outcomes</p>	<ul style="list-style-type: none"> • Management evaluation of Emergency Operations Center (EOC), command post, headquarters, and staff • Performance analysis • Cooperative relationships are strengthened • An After-Action Report/Improvement Plan (IP)

VS Functional Exercises

[Appendix E](#) provides sample functional exercises involving CMV/DT. Each of the provided FEs outlines baseline exercise objectives and describes expected outcomes. The objectives are linked to core capabilities, which are distinct, critical elements necessary to achieve the specific mission area(s). Selected objectives and aligned core capabilities should be guided by each jurisdiction’s EM plan as well as the objectives established by the exercise planning team, EM, and VS leaders.

- [Establishing FRC/FAC](#)
- [FAC Operational Coordination](#)
- [FAC Partnership Coordination](#)

FEs provide an excellent opportunity for EM and community partners to collaborate in a controlled environment that will continue to help develop and build key stakeholder relationships. The sample FEs provide a great opportunity to include partner agencies as players, actors, controllers, simulators, or evaluators.

2.5: FULL-SCALE EXERCISE

Definition

Excellent training and exercise programs culminate with a well-developed full-scale exercise (FSE). These operations-based exercises typically involve multiple agencies. They can be very complex and resource intensive. Players and actors respond and utilize resources in the same way as if the simulation was an actual event. Community EMs typically conduct various FSEs on an annual cycle.

Element	Considerations and Activities
Purpose	<ul style="list-style-type: none"> • Often includes many players operating under cooperative systems such as the ICS Unified Command • Focus on implementing and analyzing the plans, policies, and procedures that may have been developed in discussion-based exercises and honed during previous, smaller exercises
Structure	<ul style="list-style-type: none"> • Events are projected through an exercise scenario with event updates that drive activity at the operational level • Involves multiple agencies, organizations, and jurisdictions • A MSEL drives player actions • SimCell controllers inject scenario elements • The level of support needed may be greater than that needed for other types of exercises • Conducted in a realistic environment to mirror an actual incident by presenting complex problems

Participant Goals	<ul style="list-style-type: none"> • Demonstrate roles and responsibilities as addressed in plans and procedures • Coordinate between multiple agencies, organizations, and jurisdictions
Characteristics	<ul style="list-style-type: none"> • Rapid problem solving and critical thinking • Mobilization of personnel and resources • Exercise site is usually large, with many activities occurring simultaneously • Site logistics require close monitoring • Safety issues—particularly regarding the use of props and special effects—must be monitored • Demonstrate roles and responsibilities as addressed in plans and procedures
Outcomes	<ul style="list-style-type: none"> • Validate plans, policies, and procedures • Evaluate resource requirements • An After-Action Report/Improvement Plan (IP)

VS Full-Scale Exercises

Any of the scenarios mentioned previously can be used to create a full-scale exercise. Sample injects are provided in [Appendix F](#) to assist communities in creating their own full-scale exercises.

SECTION 3: EXERCISE EVALUATION REPORT/AFTER-ACTION REVIEW

The Exercise Evaluation and/or After-Action Review (AAR) is a qualitative summary designed to identify potential corrective actions following exercises or real-world events. A final report is created once participants reach a final consensus. The After-Action Report can serve as a draft Improvement Plan (IP).

The tools in this section are designed for VS staff to conduct an AAR specific to VS elements; however, these tools can also be incorporated easily into an AAR conducted by EM. AAR facilitator(s) can use this section and the sample PowerPoint slides ([After Action Review Template is here](#)) to help steer discussion on the day of the AAR.

The After-Action Review is structured to do the following:

- Focus on why things happened
- Compare intended results with actual accomplishments
- Encourage participation
- Build trust and emphasize the value of feedback among all involved parties

The After-Action Review is intended to be:

- A tool that helps improve performance
- A tool that increases proficiency and confidence
- A positive meeting that may, at times, highlight sub-optimal aspects of an event

Role of the Facilitator(s)

The role of a facilitator is to manage time, guide the conversation, and steer sidebar conversations impertinent to the purpose at hand to another forum. The facilitator's

primary goal is to help the team identify lessons learned and recommendations, particularly those that were not discussed previously. The facilitator does this by:

- Ensuring each member can participate
- Creating an appropriate climate for dialogue
- Keeping time to complete the AAR agenda

Facilitators must frame the AAR as a means to enact positive change. While areas of concern should be discussed, AARs are intended to enhance future performance and planning. Facilitators must keep reminding the AAR participants of this purpose. Facilitators can also provide a positive framework by discussing what went well in addition to the challenges participants faced. Continually reminding all participants that the process is a group effort to improve the overall response is a meaningful way to frame the AAR.

It is recommended that the facilitator is neutral and not tied closely to the project.

Important Questions

While facilitating a discussion, it is important to focus on **four key questions**:

1. What victim services were planned?
2. What victim services really happened?
3. Why did they happen?
4. What can we do better next time?

Samples of **other questions** that facilitators can use are as follows:

- What did you set out to achieve?
- What was your plan to achieve this?
- How did this change as you progressed? What caused it to change?

- What went well and why?
- What could have gone better?
- What advice would you give yourself if you were to do the exercises again?
- What are two or three key lessons you would share with others?
- What are the next steps to improve VS?
- What should we have learned from this incident/exercise a year from now?
- Are there any lessons for you personally?

Agenda

The sample agenda below ensures a proper flow throughout the AAR. A [sample visual presentation can be found here](#) and provides more detailed information.

1. Introduction of AAR Facilitator
2. Welcome & Introductions of Participants
3. Review of Mission, 16 Best Practices
4. Ground Rules
5. Overview of the Exercise or "Real-World Event" & Timeline
6. Review of Survey Results, if applicable
7. Focus Areas
8. Breakout Session Directions
9. Group Report Outs
10. Closing & Next Steps

AAR Tips

As mentioned, an appropriate climate for dialogue is of the utmost importance for a productive AAR. The following guidelines can help promote a positive climate:

- Use “and” rather than “but.”
- Speak to the action, not the person.
- Ensure the right people are participating. If participants are not open to receiving feedback, stress that organizational learning is at the core of improvement. For the organization to improve, everyone must be willing to improve.
- If time permits and the jurisdiction has the capacity, conduct a short survey before an AAR. This allows participants to organize their thoughts and provides vital insight for facilitators. This is particularly true for an AAR following an actual CMV/DT event, when it might be several weeks/months before the AAR is conducted.
- The AAR does not grade success or failure.
- There are always weaknesses to improve and strengths to sustain.
- Participants should share honest, objective observations about what happened without assigning blame or praise. No one has all the information or answers; however, everyone has something important to contribute. If necessary, ground rules or expectations can be shared before the session.

Appendices

APPENDIX A: TERMINOLOGY/ACRONYMS

Acronym List for Victim Assistance Professionals

There are many acronyms that victim assistance, allied professionals, or anyone working with victims, survivors, or communities should be familiar with in all readiness, response, and resilience activities relevant to mass violence incidents.

A

AAR After-Action Review

AEAP Antiterrorism Emergency Assistance Program (DOJ Office for Victims of Crime)

AG Attorney General

AHJ Authority Having Jurisdiction

ARC American Red Cross (state, regional, and local chapters)

B

BH Behavioral Health

C

CMV Criminal Mass Violence

CRT Crisis Response Team (also called "Crisis Action Team")

CSI Crime Scene Investigation

D

DA District Attorney (also called "Prosecutor")

DBH Disaster Behavioral Health

DHS Department of Homeland Security

DMAT Disaster Medical Assistance Team

DMH Department of Mental Health

DMHS Disaster Mental Health Services

DMHT Disaster Mental Health Team

DMORT Disaster Mortuary Operational Response Team
DOH Department of Health

E

ED Emergency Department
EM Emergency Management
EMA Emergency Medical Agency
EMAC Emergency Management Assistance Compact
EMS Emergency Medical Services (or "System")
EMT Emergency Medical Technician
EOC Emergency Operations Center
EOP Emergency Operations Plan (also "Emergency Operating Procedures")
ESF Emergency Support Function

F

FAC Family Assistance Center
FRC Family and Friends Reception Center

H

HAZMAT Hazardous Materials
HICS Hospital Incident Command Center
HIPAA Health Insurance Portability and Accountability Act
HSEMA Homeland Security Emergency Management Agency

I

IAP Incident Action Plan
IC Incident Commander
ICP Incident Command Post
ICS Incident Command System
IED Improvised Explosive Device

J

JFO Joint Field Office

JIC Joint Information Center
JOC Joint Operations Center

L

LEA Law Enforcement Agency
LEPC Local Emergency Planning Committee

M

MACC Multi-Agency Coordination Center
MCI Multiple Casualty Incident (also called "Mass Casualty Incident")
ME Medical Examiner
MH Mental Health
MOU Memorandum of Understanding (also called "Memorandum of Agreement")
MRC Medical Reserve Corp
MVI Mass Violence Incident

N

NGO Nongovernmental Organization (also called "Nonprofit Organization")
NRF National Response Framework
NTSB National Transportation Safety Board

O

OEM Office of Emergency Management (state/regional/local)
OEP Office of Emergency Preparedness
OME Office of the Medical Examiner

P

PD Police Department (usually preceded by the name of the police department)
PFA Psychological First Aid
PI Public Information
PIO Public Information Officer
POD Point of Distribution
PPE Personal Protective Equipment

PSA Public Service Announcement
PTSD Posttraumatic Stress Disorder

R

RC Resiliency Center

S

SBVS System-Based Victim Services
SEOC State Emergency Operations Center
SITREP Situation Report
SME Subject Matter Expert
SOP Standard Operating Procedure

U

UC Unified Command
UCC Unified Command Center
USAR Urban Search and Rescue

V

VAP Victim Assistance Professional (also called "Victim Advocate")
VIP Victim Identification Profile
VIS Victim Impact Statement
VOAD Voluntary Organizations Active in Disaster
VOCA Victims of Crime Act (VOCA) (provides funding for victim/survivor assistance)
VOLAGS Voluntary Agencies
VS Victim/Survivor Services
VT Vicarious Trauma (also referred to as "Secondary Trauma Stress")

APPENDIX B: FEMA MISSION AREAS AND CORE CAPABILITIES

FEMA's National Preparedness Goal identifies five mission areas—prevention, protection, mitigation, response, and recovery—and 32 core capabilities activities that address risks.

Mission Areas

The five mission areas are defined as follows:

Prevention

Prevent, avoid, or stop an imminent threat or action.

Protection

Protect citizens, residents, visitors, and assets against the greatest threats and hazards in a manner that allows interests, aspirations, and way of life to thrive.

Mitigation

Reduce the loss of life and property by lessening the impact of future disasters.

Response

Respond quickly to save lives, protect property and the environment, and meet basic human needs in the aftermath of a catastrophic incident.

Recovery

Recover through a focus on the timely restoration, strengthening, and revitalization of infrastructure, housing, and a sustainable economy, as well as the health, social, cultural, historical, and environmental fabric of communities affected by a catastrophic incident.

Core Capabilities

Core capabilities are essential for executing each of the five mission areas. The core capabilities are not exclusive to any single government or organization but rather

require the combined efforts of the whole community. Some fall within a single mission area, while others apply to multiple or all mission areas.

Prevention		Protection		Mitigation		Response		Recovery			
Planning											
Public Information and Warning											
Operational Coordination											
Intelligence and Information Sharing			Community Resilience			Infrastructure Systems					
Interdiction and Disruption			Long-Term Vulnerability Reduction			Critical Transportation			Economic Recovery		
Screening, Search, and Detection			Risk and Disaster Resilience Assessment			Environmental Response/Health and Safety			Health and Social Services		
Forensics and Attribution		Access Control and Identity Verification		Threats and Hazards Identification			Fatality Management Services			Housing	
		Cybersecurity					Fire Management and Suppression			National and Cultural Resources	
		Physical Protective Measures					Logistics and Supply Chain Management				
		Risk Management for Protection of Programs and Activities					Mass Care Services				
		Supply Chain Integrity and Security					Mass Search and Rescue Operations				
							On-Scene Security, Protection, and Law Enforcement				
							Operational Communications				
							Public Health, Health Care, and Emergency Medical Services				
							Situational Assessment				

APPENDIX C: SAMPLE DRILL TEMPLATES

FAMILY/FRIENDS RECEPTION CENTER

ICP TTA Best Practice #4

Objectives:

1. Identify potential locations for Family/Friends Reception Centers (FRC)
2. Coordination with Incident Command Center and Incident Commander
3. Activation of trained VS Companions, VOADs, and other agencies integral to the care of victims

1-2
hours

Resources

- Location/room to establish/setup FRC
- Actors to serve as either victims or family members
- SimCell to act as other agency(s) to receive updates/notification from VS

Core Capabilities

- Communications
- Health and Social Services

Scenario

It is election season, and several state/national election races are occurring. Your home state has received significant local and national attention because your election results could be pivotal. It is "X" days/weeks before the polls open, but early voting has been at a historic high and is creating some concerns with various "special interest groups." A local "ABC" group is hosting a rally at a local community center to help increase voter turnout and help "XYZ" candidates win key local and national positions.

At approximately 7:00 p.m. local time, shots are heard in the parking lot of the rally site. Several suspects are seen fleeing the location of the rally while rally attendees begin to flee the local community center. At approximately 7:10 p.m., an explosion occurs in the parking lot injuring dozens of attendees.

Injects

It is T+30: you are the local/territorial/state VS lead, and you have just been notified of this event...[Player actions](#)

Inject # T+45: The local/state notification system that VS uses to advise/request VS resources is not functioning...[Player actions](#)

Inject # T+50: Local law enforcement (LE) has established a safety perimeter around the site and traffic within ½-1 mile is not being allowed into the incident location. There are large groups of people assembling around the edge of the safety perimeter...[Player actions](#)

Inject # T+50: PIO/EOC is inquiring if the VS lead(s) and community stakeholders have selected/established a Family/Friend Reception Center (FRC)...[Player actions](#)

Inject # T+75: You have established an FRC site, and you are starting to get a large number of people off the street requesting details/information...[Player actions](#)

Critical Actions/Evaluation Criteria

- Did victim service providers partner with community stakeholders to identify locations for the FRC?
- Were potential locations adequate? (e.g., large hotels, churches, schools, and convention centers that can be used for managing the responses to victims and families and can provide a temporary safe location for families of victims and missing persons to gather as they await information)
- Were appropriate contact lists used and were parties advised of the situation and location/actions of the FRC?
- What did the process for activation look like (e.g., who got the call and what were people told? How were appropriate people identified as they arrived at the FRC [i.e., Department Crisis Management Coordinators, Public Information Officers, state/local VS office, FBI Victim Specialists, Regional Victim Assistance Coordinators, EMs, elected officials]?)
- Do you have enough VS resources?
- Was your Victim Advocate Checklist for Mass Violence Events (or your local checklist if preplanned) used?

Lead Exercise Planner _____

Lead Exercise Evaluator _____

FAMILY ASSISTANCE CENTER

ICPTTA Best Practice #4

Objectives:

1. Identify and execute transition from Family/Friends Reception Centers (FRC) to a Family Assistance Center (FAC)
2. Prepare and train VS Companions
3. Coordination with EM/community stakeholders to ensure victims' needs are fully identified and addressed

1.5–2
hours

Resources

- Minimum two locations/rooms to establish FRC-FAC transition sites
- Actors to serve as either victims or family members
- SimCell to act as other agency(s) to receive updates/notification from VS
- SimCell to act as partner agencies to assist with determining FAC location

Core Capabilities

- Operational Coordination
- Operational Communications
- Health and Social Services

Scenario

It is the midday the day after the shooting/bombing at the “XYZ” election rally site at the X community center. Four individuals remain in the local hospital in various stages of medical treatment, 10 individuals were examined and released, and 2 individuals were killed.

The X church has been used as the FRC for the first 24 hours and is located approximately 1 mile from the rally location, but it can no longer be used as the FRC at the end of the day. The church cannot transition to an FAC because of space limitations and other commitments at the facility.

Family members, friends, and interested people, both local and from out of the area, continue to flock to the church seeking answers and status of loved ones. There are dozens of people at the site, and the numbers grow hourly.

Injects

Working with EM, the VS team has 1–1.5 hours to develop and implement the transition from the existing FRC to the FAC at a new location...[Player actions](#)

Inject # T+50: People are hearing that the FRC is closing, and they are growing concerned about the lack of details and confusion about what services will be provided...[Player actions](#)

Inject # T+”X”: *This inject for additional play if the Evaluator/SimCell assesses that the FAC services do not account for all/necessary victim needs.* During the briefing to family/friend/victims on the FRC/FAC transition, some family members become agitated and don’t feel that all needs are being addressed. Examples that could be used include:

- Resources for counseling costs, medical expenses, travel arrangements, emergency expenses, funeral/burial funds, and arrangements not presented to families
- Adequate arrangements not made for language barriers, disabilities, etc....[Player actions](#)

Critical Actions/Evaluation Criteria

- Did victim service providers partner with community stakeholders to transition FRC to FAC safely and smoothly?
- Was the transition communicated with key stakeholders? How?
- Was the transition communicated to the victims/families/friends? How (e.g., local media outlets, police websites, social media)
- Were locations adequate for families of victims and missing persons to gather as they await information?
- Did victim service liaisons and/or case managers provide support and psychological first aid to victims and families during the transition (including hospitalized victims and those who not physically present)?
- Did victim service providers identify special populations and high-risk populations that may require specific VS after a mass casualty incident?
 - Victim service providers should consider populations who have economic disadvantages, language and literacy barriers, medical issues, and disabilities (physical, mental, cognitive, or sensory); cultural, geographic, or social isolation; and age.
- How did VS anticipate victim and family needs and activate all vital services to be present at the FAC?
- Were victims and their families informed about local, state, and federal resources?
 - This should include counseling costs, medical expenses, travel arrangements, emergency expenses, funeral/burial funds, and arrangements. Please ensure that only services to meet immediate needs are included.
- Were financial resources coordinated to ensure that needs were met in accordance with state laws, there was no duplication of funds, and assistance was maximized for victims?
- As appropriate during FAC operations: did victim service liaisons and/or case managers provide support and psychological first aid to victims and families (including hospitalized victims and those who not physically present)?
 - *This question should be asked last and only after the integration of VS/mental health*

Lead Exercise Planner _____

Lead Exercise Evaluator _____

VICTIM ID AND TRACKING

ICP TTA Best Practice #5

Objectives:

1. Prepare and train victim service liaisons to have a formal process for victim identification and tracking
2. Coordination with EM/community stakeholders to ensure victims' needs are fully addressed

1-2
hours

Resources

- Minimum two locations/rooms to conduct interviews with family members
- Actors to serve as either victims or family members
- SimCell to act as other agency(s) to receive updates/notification from VS

Core Capabilities

- Operational Communications
- Health and Social Services
- Public Information

Scenario

It is midday the day after the shooting/bombing at the XYZ election rally site at the X community center. Four individuals remain in the local hospital in various stages of medical treatment, 10 individuals were examined and released, and 2 individuals were killed. The X church has been used as the FRC for the first 24 hours, is located approximately 1 mile from the election rally location, but it can no longer be used as the FRC at the end of the day and cannot transition to an FAC because of space limitations and other commitments at the facility.

Family members, friends, and interested people, both local and from out of the area, have begun to flock to the church seeking answers and status of loved ones. There are dozens of people at the site, and the numbers are increasing hourly.

EM and VS lead(s) are actively working to develop and implement the transition from the existing FRC to the FAC at a new location.

Injects

Inject #X: One of the VS staff overhears a conversation that several families still have no status on missing members and are very distraught...[Player actions](#)

Inject #X T+10: The "X" family approaches one of the VS staff. They still have not heard from their son who was attending the event. All attempts to contact their son via cell go straight to voicemail...[Player actions](#)

Inject #X T+30: One of the victims who was treated at and released from the hospital the previous evening arrives to the FRC and asks about personal effects, including a cell phone and several articles of clothing...[Player actions](#)

Critical Actions/Evaluation Criteria

- Were locations adequate/safe for families of victims and missing persons to gather as they await information?
- It is imperative that victim service providers work with their emergency planners to ensure a process of identification and reunification is in place that can identify, verify, and track the identity of victims and their family members. Was a process established to track victims for identification and reunification? Did this include the ability to track—
 - Victims with injuries not requiring immediate medical attention?
 - Victims who were exposed to but not injured during the traumatic incident and missing persons? Planning should include working with medical examiners and trauma centers to understand their intake capabilities/triage plans and their ability to provide information for reunification.
- Did the reunification process include a plan for managing, cleaning, and returning personal effects?
- Were case managers assigned to provide services to victims and their families?

Lead Exercise Planner _____

Lead Exercise Evaluator _____

COMMUNICATIONS

ICP TTA Best Practice #6

Objectives:

1. Proper communication with victims/families
2. Communication protocols with EM/key stakeholders/elected officials

1-2
hours

Resources

- 2-4 locations/rooms to conduct:
 - 1-on-1 conversations with victims
 - Group briefings
 - Conversations between VS, EM, stakeholders, and/or elected officials
- Actors to serve as victims or family members
- SimCell to act as other agency(s) to receive updates/notification from VS

Core Capabilities

- Operational Communications
- Situational Assessment

Scenario

A local nightclub that caters to members of the LGBTQ community was recently targeted by an “XYZ” group that has a notorious history of hate crime/mass violence activities. The attacks resulted in “X” individuals dead and “Y” people with a range of injuries. Additionally, “Z” individuals were seen at the nightclub prior to the attacks but are unaccounted for.

A local elected official, who is also a member of the LGBTQ community, wants to hold a press conference/event at/outside the FAC.

FAC director and VS have been asked to:

- Provide a situation report (SitRep) to EM/partners on current FAC operations and services for victims and families
- Coordinate group briefing for individuals currently at the FAC by—
 - Identifying credible authorities to brief victims/families about incident status.
 - Identifying a single person to brief victims/families on available services.
 - Coordinating messaging with the JIC to avoid conflict with the elected official's event.

Injects

Inject #X T+10: FAC VS lead tasks one of the VS staff to coordinate with EM/partners and brief victims/families on incident status...[Players actions](#)

Inject #X T+15: FAC VS lead tasks second VS staff member to complete the SitRep to EM/partners...[Players actions](#)

Inject #X T+30: The FAC VS lead is called by a member of the elected official's staff. They inquire about conducting the briefing outside the FAC and if there are any updates the FAC can share...[Player actions](#)

Inject #X T+45-60: FAC staff conduct briefing for victims/families...[Player actions](#)

Critical Actions/Evaluation Criteria

- Does the response plan include a Joint Information Center (JIC) or centralized system for coordinated messaging? Are VS providers and needed Voluntary Organizations Active in Disaster (VOAD) included in the JIC?
 - Was the JIC activated during the incident, and were VS providers and needed VOADs integrated into the system to ensure consistent/accurate messaging?
- Did the communications planning include various media, multilingual formats, and alternative sources (e.g., smart phone emergency text alert programs, social media, apps)?
- Was a website and/or phone bank established to assist in pushing information out to the community during an incident?
- How were existing hotlines and telephone information services used?
- How were those services communicated to stakeholders?
- Did FAC staff participate in regular briefings with EM and within the Incident Command System?

Lead Exercise Planner _____

Lead Exercise Evaluator _____

DEATH NOTIFICATION

ICP TTA Best Practice #5

Objectives:

1. Communication with victims/families
2. Coordination with key stakeholders
3. Communication protocols with EM/elected officials

1-2
hours

Resources

- 2-4 locations/rooms to conduct:
 - 1-on-1 conversations to perform death notifications
 - Group briefings/coordination with stakeholders/partners
 - Conversations among VS, EM, stakeholders, and/or elected officials
- Actors to serve as family members, partners, or stakeholders
- SimCell to act as other agency(s) to receive updates/notification from VS

Core Capabilities

- Facility Management
- Operational Communications

Scenario

It is approximately 36 hours following a mass violence event at a local LGBTQ establishment that resulted in five deaths. The medical examiner/coroner or law enforcement (depending on jurisdiction) requested emotional/spiritual support providers to assist with all death notifications. The FAC lead and VS providers have been asked to coordinate. Representatives for two families have specifically requested that they receive the death notification through their own faith leaders.

Injects

Inject #X T+10: FAC director receives call from local officials/Death Mortuary Operational Response Team (DMORT Team) on providing suitable location(s) for conversations with family members of individuals who are unaccounted for...[Player actions](#)

Inject #X T+20: The "X" family approaches one of the VS staff. They still have not heard from their son who was a patron at the nightclub. All attempts to contact via cell go straight to voice mail...[Player actions](#)

Critical Actions/Evaluation Criteria

- During planning, was a team trained in providing death notifications identified to coordinate with the ME/coroner and law enforcement? Were faith leaders included?
 - Did the FAC VS staff work with emergency planners to determine who would be part of the notification team (LE/OME/VS/religious clergy, etc.)?
- Were credible authorities identified to provide information on fatalities (ME/coroner), injuries (hospital personnel), recovery (incident commander), temporary identification, missing persons (LE), and the release and disposition of personal effects?

Lead Exercise Planner _____

Lead Exercise Evaluator _____

FACILITY INSPECTION

ICP TTA Best Practice #4 & #8

Objective:

To assist communities in developing capacity and skill to visit/inspect sites "on-the-fly."

Core Capability:

Planning

Scenario

This activity is unlike other drills and will focus on ensuring various sites being used by VS have been inspected or vetted prior to use. See background section for more information.

Using a previously developed checklist for determining FAC/FRC site suitability, identify 3–5 facilities that are missing certain key components of an effective FRC/FAC. Have VS, community stakeholders, and EM partners conduct a timed assessment of these facilities and identify the shortcomings.

Background:

Family Reception Centers and Family Assistance Centers have distinct roles. Once the FRC transitions to an FAC, the FRC ceases to operate; however, for the purposes of this exercise, FRCs and FACs are included in the same section since some planning considerations overlap.

After an MCI, FRCs and/or FACs must be established rapidly. Reunification and investigatory support are their primary purposes. Local emergency planners and the county/city manager should have one centrally preidentified site or multiple geographically dispersed sites that can serve as FRCs and/or FACs. Typically, one site is preferred for ease of staffing and communication. The actual number of sites will depend on the size and magnitude of the incident.

A Memorandum of Agreement (MOA) with identified facilities should be completed. Local health care coalition members, including hospitals, emergency medical service providers, law enforcement, and emergency relief services/partners, should also be made aware of the potential sites.

Considerations for site identification include:

- What is the legal capacity of the building?
- Does the facility have an adequate number of restrooms?
- Can meals/food be served at the location(s)?
- Does the facility provide an initial private and safe gathering place for loved ones of unaccounted family members?
- Does the facility have locations to conduct death notifications and family support meetings?
- Is the facility ADA compliant? Can reasonable accommodations be made?

Critical Actions/Evaluation Criteria

Identifying adequate FRC/FAC locations

- Did VS, community stakeholders, and EM partners use a vetted checklist and agree?
- Were there short-term issues that had to be resolved?
- Was an MOA used?

Communication

- Did VS providers partner with their community stakeholders to ensure consistent/accurate messaging?
- Did the communications planning include various media, multilingual formats, and alternative sources (e.g., smart phone emergency text alert programs, social media, apps)?
- Were a website and/or phone bank established to push information about the FRC/FAC out to the community?
- How was that communicated to stakeholders?
- Did FAC staff participate in regular briefings with EM and within ICS?

Lead Exercise Planner _____

Lead Exercise Evaluator _____

VIGILS/MEMORIALS/SPECIAL EVENTS

ICP TTA Best Practice #10

Objectives:

1. Supporting victims and families attending a vigil/memorial event associated with the incident—including mental health needs
2. Victim advocates understanding their roles
3. Coordination with key stakeholders (EM/community leaders/faith-based organizations, etc.)

1-2
hours

Resources

- 2-4 locations/rooms to conduct:
 - Group briefings with victims and families
 - Communication among VS, EM, stakeholders, elected officials, and/or faith-based leaders
- Actors to serve as family members, partners, or stakeholders
- SimCell to act as other agency(s) to receive updates/notification from VS

Core Capabilities

- Operational Coordination
- Health and Social Services

Scenario

A local nightclub that caters to members of the LGBTQ community was recently targeted by a “XYZ” group that has a notorious history of hate crime/mass violence activities. The attacks resulted in “X” individuals dead and “Y” people in various stages of medical conditions. Additionally, “Z” individuals were seen at the nightclub prior to the attacks but are unaccounted for.

It has been 4 days since the incident. There has been discussion of a memorial/vigil event at a local community park.

Injects

Inject # X T+10: The FAC director is called by a local community leader advising that a memorial service is being planned tomorrow evening at Liberty Park, about a mile from incident location. The FAC is being asked to support the event...[Player actions](#)

Inject #x T+20: The FAC director is approached by an inexperienced member of the VS team. This person states that they must be present for the memorial event as they were “born for these types of events”...[Player actions](#)

Inject #X T+35: One of the FAC staff is approached by a local faith-based leader about the memorial event. They are upset that their organization has not been asked to participate in the event despite being VERY active in supporting the FAC, victims, and families...[Player actions](#)

Inject #X T+40: The EOC calls the FAC director and asks if there will be a briefing for the VS members supporting the memorial event. The EOC would like to participate either virtually or in person...[Player actions](#)

Critical Actions/Evaluation Criteria

Prior to the event, VS, public safety stakeholders, and EM/partners should identify appropriate roles.

- What actions did FAC/VS staff take following notification?
 - Was it clearly determined who was the lead?
 - What services did the FAC/VS provide?
 - How were VS staff selected to support the event?
- Was a briefing held for staff members supporting the event?
- Did players partner with community stakeholders to ensure consistent/accurate messaging of memorial site?
 - Was the role of local faith-based leadership defined?
 - Was someone assigned to coordinated involvement?
- Did FAC staff discuss the location for the memorial event with EM partners?
 - How was that communicated to stakeholders?
 - Were security or health risks identified and/or addressed?
- What are things that should be avoided during a vigil/memorial service? Were these discussed?

Lead Exercise Planner _____

Lead Exercise Evaluator _____

APPENDIX D: SAMPLE TABLETOP TEMPLATES

Establishing the FRC/FAC and Supporting the Victims

ICP TTA Best Practices #4, #5, #8

Objectives:

In responding to incidents of CMV/DT, victim advocates and their community partners need to focus on three key victim needs as they establish the FRC/FAC:

1. Victims need to feel safe, including from media intrusion.
2. Victims need to express their feelings/emotions.
3. Victims need timely communications and a sense of "what is next."

Core Capabilities

- Planning
- Health and Social Services
- On-Scene Security, Protection, and LE
- Operational Coordination
- Mass Care Services

2-3
hours

Scenario

It is election season, and several state/national election races are occurring. Your home state has received significant local and national attention because your election results could be pivotal. It is "X" days/weeks before the polls open, but early voting has been at a historic high and is creating some concerns with various "special interest groups." A local "ABC" group is hosting a rally at a local community center to help increase voter turnout and help "XYZ" candidates win key local and national positions.

At approximately 7:00 p.m. local time, shots are heard in the parking lot of the rally site. Several suspects are seen fleeing the location of the rally while rally attendees vacate the local community center. At approximately 7:10 p.m., an explosion occurs in the parking lot injuring dozens of attendees.

Module 1: Creating a Safety Net

Facilitator Questions:

- What would the process for response activation look like? Who gets called? What are they told?
 - How will appropriate people be identified as they arrive at the FRC?
 - What happens if LE establishes a safety perimeter and the FRC is inside that location?
- How do first responders and VS address the victims' need to feel safe?
 - What does that discussion sound like?
 - Is the conversation with victims different for first responders and VS? How?
- What ways can you help the victims?
 - Do you contact family or friends?
 - If you are a first responder, do you know who is the VS agency/lead in your jurisdiction?
 - How do you determine if there are any special victim needs?
- What privacy issues/concerns might you encounter?

Module 2: Creating an Environment of Empathy

Victims can have a wide range of emotions, from self-blame to anger or shame to sadness, fear, or denial.

Facilitator Questions:

- How do you facilitate the victims' need to express themselves?
 - What are some key things first responders and victim advocates should look for?
 - Is body language important for both the victim and the listener?
- What are some good active listening tips?
 - How do you connect with victims and not appear as if you are just taking a report?
- What open-ended questions can be used to help victims express themselves?
- What techniques can be used if the victim's frustrations become directed at first responders or victim advocates?

Module 3: Timely Communications

Victims/family members may have concerns about next steps involving the investigation, legal processes, media, ability to pay for medical bills, caring for other family members, etc.

Facilitator Questions:

- How do you communicate next steps to victims and their families?
- What coordination should occur between LE and VS?
- Who should take the lead, and does the lead change over time?
- Are there any pre-printed materials that can be provided to victims/families to outline victim services, mental health/crisis hotlines, support agencies/groups, etc.?
- After conducting multiple briefings with victims and families on next steps, the VS lead is advised that a news station just interviewed a local elected official. The information provided by the elected official contradicted what was shared with victims/families by EM and VS.
 - How do you work to resolve this issue?
 - What are some of the challenges?

Lead Exercise Planner _____

Lead Exercise Evaluator _____

FRC to FAC Transition

ICP TTA Best Practice #8

Objectives:

1. Identify and execute the transition from Family/Friends Reception Centers to a Family Assistance Center
2. Coordinate with EM and community stakeholders to ensure victims' needs are fully addressed

Core Capabilities

- Planning
- Operational Coordination
- Mass Care Services

2-3
hours

Scenario

It is election season, and several state/national election races are occurring. Your home state received significant local and national attention because your election results could be pivotal. It is "X" days/weeks before the polls open, but early voting has been at a historic high and is creating some concerns with various "special interest groups." A local "ABC" group is hosting a rally at a local community center to help increase voter turnout and help "XYZ" candidates win key local and national positions. At approximately 7:00 p.m. local time, shots are heard in the parking lot of the rally site. Several suspects are seen fleeing the rally location while rally attendees begin to vacate the local community center. At approximately 7:10 p.m., an explosion occurs in the parking lot injuring dozens of attendees.

It is midday the day after the shooting/bombing at the XYZ election rally site. Four individuals remain in the local hospital in various stages of medical treatment, 10 individuals were examined and released, and 2 individuals were killed. The X church is located approximately 1 mile from the rally location and has been used as the FRC for the first 24 hours; however, at the end of the day, this church can no longer be used as the FRC. It cannot transition to a FAC because of space limitations and other commitments at the facility.

Family members, friends, and interested people, both local and from out of the area, continue to flock to the church seeking answers and the status of loved ones. There are dozens of people at the site, and the numbers grow hourly.

Module 1

The operation is transitioning to the next phase. The FRC needs to transition into a FAC; however, the current site being used as the FRC is not available after close of business today, and, based on the growing number of people seeking information, the size of the facility is not adequate.

Module 1 (continued)

Facilitator Questions:

- Does your community have predesignated FAC locations?
 - How were those locations selected?
 - Size?
 - Meets access and functional needs/ADA criteria?
 - Location/proximity to incident site?
 - Security/privacy considerations?
 - How are these sites activated?
 - Inspection with the facility owner?
 - Require certain number of hours of advance notice?
- What is the process to locate a space rapidly if there are no predesignated facilities or the predesignated facilities are not available?
 - Who manages this process?
 - Do VS providers partner with community stakeholders to identify locations for the FAC?
 - Is there an agreed upon checklist?
 - Are there community business leaders who can support the process (e.g., commercial real estate owners)?

Module 2

Transitions are often points of confusion in any operation, but they can become extremely stressful for victims, family, friends, and staff.

Facilitator Questions:

- What is the process for continuing services at the FRC while setting up and transitioning to the FAC?
 - Are appropriate staff pre-identified? What are their specific roles?

Module 2 (continued)

Facilitator Questions:

- Are new FAC locations adequate?
 - Who has final say in that determination?
 - Is there a space management plan if size and number of victims become a concern?
- How will victims, families, stakeholders, EM, partners, and staff be advised of the transition and location and services of the FAC?
 - e.g., Department crisis management coordinators, Public Information Officers, FBI Victim Specialists, regional victim assistance coordinators, EMs, elected officials
- How will support and psychological first aid be provided to victims and families?
- Is there a process for wellness checks/self-care of staff?
- Is there a process for managing volunteers?
- How do you manage spontaneous volunteers who are not qualified to work in an FRC/FAC but “really want to help” or “believe it is their calling”?

Critical Discussion Points

- Did VS providers partner with their community stakeholders to transition the FRC to an FAC safely and smoothly?
- How was the transition communicated to the victims/families/friends?
- Was the transition communicated to key stakeholders? How (local news outlets, police websites, social media)?
- Were locations adequate and safe for families of victims and missing persons to gather and await information?
- Did victim service liaisons or case managers provide support and psychological first aid to victims and families during the transition? What about with hospitalized victims and those who were not physically present at the FRC/FAC.

Critical Discussion Points (continued)

- Did victim service providers identify special or high-risk populations that may require specific VS after a mass casualty incident?
 - Victim service providers should consider populations with economic disadvantages, language and literacy barriers, medical issues, and disabilities (physical, mental, cognitive, or sensory). Additionally, cultural, geographic, or social isolation and age should be considered.
- How did VS anticipate the needs of victims/families and activate all vital services at the FAC?
- Were local, state, and federal resources presented to victims and their families? This should include counseling costs, medical expenses, travel arrangements, emergency expenses, and funeral/burial funds and arrangements. *Please ensure that only services to meet immediate needs are included.*
- Were financial resources coordinated in accordance with state laws—ensuring funds were not duplicated and assistance was maximized for victims?

Lead Exercise Planner _____

Lead Exercise Evaluator _____

Communications – “Trouble in River City”

ICP TTA Best Practice #6

Objectives:

1. Full and proper communications with victims/families
2. Detailed communication protocols with EM, key stakeholders, and elected officials
3. Coordination with EM and community stakeholders to ensure victims' needs are fully addressed

Core Capabilities

- Planning
- Public Information and Warning
- Operational Coordination

2–3
hours

Scenario

A local nightclub that caters to members of the LGBTQ community was recently targeted by “XYZ” group that has a notorious history of hate crime/mass violence activities. The attacks resulted in “X” individuals dead and “Y” people in various stages of medical conditions. Additionally, “Z” individuals who were seen at the nightclub prior to the attacks are unaccounted for.

Module 1

The media attention surrounding this event has been significant, and the FAC lead has been contacted by the local news station. The news station would like to interview several victims and family members.

Facilitator Questions:

- What is the process for arranging interviews?
- Is the Public Information Officer (PIO) included?
 - Is there a process for victims/families to meet with the PIO(s)?
 - Is the PIO the family spokesperson?
- What if a family has already arranged legal representation?
- What if no victims/families want to speak with the media?
 - Are media allowed into the FAC?
 - Do FAC staff participate in interviews?
- What is the role of victim advocates/case managers?
- What are the risks?

Module 2

A local elected official, who is also a member of the LGBTQ community, wants to hold a press conference/event at the FAC. The FAC director and VS staff have been asked to provide a situation report to EM and partners regarding current FAC operations and services.

Facilitator Questions:

- Should the elected official's press conference be conducted at the FAC? Should it be moved offsite to protect victims and families from the media?
- What does the situation report contain?
- Who is responsible for:
 - Briefing victims/families about incident status—including the elected official's event?
 - Should there be a group briefing for individuals currently at the FAC?
 - Briefing victims/families on available services at the FAC?

Module 2 (continued)

Facilitator Questions:

- Should the PIO/JIC be engaged?
- Who coordinates the FAC messaging with the JIC to avoid conflict with the elected official's messaging?

Critical Discussion Points

- Does the response plan include a JIC or centralized system for coordinated messaging? Are victim service providers and needed VOADs included in the JIC?
- Was the JIC activated during the incident? Were VS providers and needed VOADs integrated into the system to ensure consistent and accurate messaging?
- Did the communications plan include various media, multilingual formats, and alternative sources (e.g., smart phone emergency text alert programs, social media, apps)?
- Was a website and/or phone bank established to assist in pushing information out to the community during an incident?
- How were existing hotlines and telephone information services used?
- How was that communicated to stakeholders?
- Did FAC staff/coordinators participate in daily/regular briefings with EM and within ICS?

Lead Exercise Planner _____

Lead Exercise Evaluator _____

Death Notifications/HIPPA

ICP TTA Best Practice #5

Objectives:

1. Communications with victims/families
2. Coordination with key stakeholders
3. Communications protocols with EM/elected officials

Core Capabilities

- Health and Social Services
- Operational Coordination
- Public Information/Warning

2-3
hours

Scenario

It is approximately 6 hours after a local nightclub that caters to members of the LGBTQ community was targeted by "XYZ" group that has a notorious history of hate crime/mass violence activities. The attacks resulted in five individuals dead and seven people in various stages of medical conditions. Additionally, three individuals who were seen at the nightclub prior to the attacks are unaccounted for.

Module 1

The medical examiner/coroner or law enforcement (depending on jurisdiction) has requested emotional/spiritual support providers to assist with all death notifications. They have asked the FAC lead and VS for support. Additionally, representatives for two families have requested that their specific faith leader be present during the death notification.

Facilitator Questions:

- Does the community have a pre-identified team with training in providing death notifications to coordinate with the ME/coroner and law enforcement? Are faith leaders included?
- How will FAC/VS staff work with emergency planners to determine who will be part of the notification team (LE/OEM/VS/spiritual care/chaplains, etc.)? If there are no trained support staff, what is the plan for supporting families and friends during and after notifications?
- Who is responsible for coordinating with faith-based organizations?
- Is there an established process for selecting VS representatives?
 - What does that process look like?
- Should FAC have a location for conversations with family members of individuals that are unaccounted for? What does this space look like?
- How will FAC staff be informed that death notifications are happening?
- How should the PIO/JIC be engaged?

Lead Exercise Planner _____

Lead Exercise Evaluator _____

Incident Site Visits

ICP TTA Best Practice #10

Objectives:

1. Managing victims and families arriving at incident site
2. Preparing victims/families—particularly around mental health needs
3. Coordination with key stakeholders

Core Capabilities

- Planning
- Public Information and Warning
- Operational Coordination
- Health and Social Services

2–3
hours

Scenario

It is election season, and several state/national election races are occurring. Your home state has received significant local and national attention because your election results could be pivotal. It is “X” days/weeks before the polls open, but early voting has been at a historic high and is creating some concerns with various “special interest groups.” A local “ABC” group is hosting a rally at a local community center to help increase voter turnout and help “XYZ” candidates win key local and national positions.

At approximately 7:00 p.m. local time, shots are heard in the parking lot of the rally site. Several suspects are seen fleeing the rally location while rally attendees begin to vacate the local community center. At approximately 7:10 p.m., an explosion occurs in the parking lot injuring dozens of attendees.

Module 1

It is 4–5 days following the shooting/bombing at the XYZ election rally site. Four individuals remain in the local hospital in various stages of medical treatment, 10 individuals were examined and released, and 2 individuals were killed. The FAC has been a hub of activity with 15 victims/families actively using the services at the FAC. The FAC staff are starting to hear from victims/families that they want to visit the incident site.

Facilitator Questions:

- Does the response plan include a section on victims/families visiting the incident site following a CMV/DT event? Are VS providers and needed VOADs included in that plan?
- Who serves as the leading entity for a site visit?
 - Who needs to be contacted for coordination and assistance?
- Are there security risks?
 - What if the incident site remains an active crime scene?
- What are the roles of VS and the FAC?
- Is there a pre-event meeting with the victims/families?
 - What is discussed in that meeting?
- How are health/mental health needs addressed?
- Who briefs elected officials about the visit? When?
 - Should elected officials attend this type of event?
- How is information about the visit communicated to other stakeholders?
- How do you manage spontaneous volunteers/organizations attempting to assist?
- How do you handle media interest? Faith-based leadership/partners?
 - Who should coordinate this?

Module 2

After 2 days of coordination with local LE and the FBI, permission is obtained to conduct an incident site visit; however, there are some limitations. You will not have open access to all locations and will be limited to the parking lot area primarily.

Facilitator Questions:

- The FAC lead will brief the victims/families just prior to their departure for the visit. What should be discussed?
 - Should LE/EM be on the site for the briefing?
 - Should LE/EM share any information during the briefing?
- Once some of the victims/families become aware that there will be limitations for the visit, they become agitated.
 - How can you provide support without adding stress?
- Once on scene, how will VS know if victims/families need additional support? What signs should they look for?

Lead Exercise Planner _____

Lead Exercise Evaluator _____

Memorial/Vigil Events

ICP TTA Best Practice #10

Objectives:

1. Participation of VS in memorial/vigil type events
2. Preparing victims/families—particularly around mental health needs
3. Coordination with key stakeholders (EM/elected officials/faith-based, etc.)
4. Detailed communication protocols including EM, key stakeholders, and elected officials
5. Coordination with EM and community stakeholders to ensure victims' needs are fully addressed

Core Capabilities

- Planning
- Public Information and Warning
- Operational Coordination
- Public Health, Health Care, and EM Services/Health and Social Service
- Operational Communications

2–3
hours

Scenario

A local nightclub that caters to members of the LGBTQ community was recently targeted by a "XYZ" group that has a notorious history of hate crime/mass violence activities. The attacks resulted in "X" individuals dead and "Y" people in various stages of medical conditions. Additionally, "Z" individuals seen at the nightclub prior to the attacks are unaccounted for.

Module 1

It has been 4 days since the incident. There has been discussion of a memorial/vigil event at a local community park.

Facilitator Questions:

- Does the response plan include a section on memorial/vigil events following a CMV/DT event?
 - Are VS providers and needed VOADs included in that plan?
- Were the roles of the FAC and VS outlined in the plan?
- Who serves as the leading entity for a memorial/vigil event?
- Will FAC staff assist with planning the memorial/vigil in collaboration with the event organizers?
- How will victims/families be informed of the event?
 - If a group briefing, what will be discussed during the meeting?
- How will victim/family mental health needs be addressed prior to, during, and following the event?
- What should be avoided during a vigil/memorial service?
- How are memorial/vigil plans communicated to other stakeholders—including faith-based partners?
 - Who should coordinate this?
- Are there security risks?
- Should elected officials be briefed? Who does this? When?
- Should elected officials attend this type of event?

Module 2

A member of the FAC staff reports that a spontaneous vigil event is about to begin near the incident site.

Note: This is in addition to the event at the park.

Module 2 (continued)

Facilitator Questions:

- How should the FAC director respond?
- Should LE, EM, and FAC staff immediately converge on the site?
 - Are there security risks?
- What can be done to provide support without adding stress?
- Do you brief victims/families at the FAC?
 - Should the PIO/JIC be engaged?

Lead Exercise Planner _____

Lead Exercise Evaluator _____

Joint Family Support Operations Center/Emergency Operations Center Coordination

ICP TTA Best Practice #1, #8

Objectives:

1. Understanding of the JFSOC (Joint Family Support Operations Center) as a unique branch of the EOC during an incident of CMV/DT
2. Full coordination and communication between the JFSOC and EOC
3. Defined communication protocols between EM, key stakeholders, and elected officials
4. Coordination between EM and community stakeholders to ensure victims' needs are fully addressed

Core Capabilities

- Planning
- Public Information and Warning
- Operational Coordination
- Public Health, Health Care, and Emergency Medical Services
- Mass Care Services

2-3
hours

Scenario A: Victim Services

You are new to your role as a victim advocate for the “XYZ” community/state having just relocated from another community across the country. You are very excited to be serving in this new role. You received an invitation from the regional VS lead to attend the monthly meeting, and you are thrilled to demonstrate your exceptional skills in the VS/disaster arena.

Scenario B: EM/First Responder

You are a recent graduate of the EM program from “I Know a Lot University” and just started a new role as an EM specialist in “XYZ” community. You are very excited to be serving in your first professional role. You received an invitation from the regional EM to attend the monthly regional meeting, and you are thrilled to demonstrate your exceptional disaster/EM skills.

Module 1 – Scenario A

Facilitator Questions:

- What ICS training have you obtained thus far?
 - Describe the ICS structure
 - Who is in charge?
- Have you read the regional/local response plan?
 - What are your biggest concerns?
 - Are victim service providers and needed VOADs included in that plan?
- Identify and describe the actions that will be taken to coordinate direct communications between the on-scene responders and off-scene agencies with a response role (e.g., FRC, FAC, hospitals, American Red Cross).
- Describe the process for how/when an incident commander can request the activation of a JFSOC.
- Who coordinates victim services?
 - Is there a transition point? When? How?

Module 1 – Scenario B

Facilitator Questions:

- Do you understand the role of VS? Please explain.
- What is the JFSOC?
- Describe the process for how/when an incident commander can request the activation of a JFSOC. What are the activation protocols?
- Identify and describe the organization of an FRC/FAC.
- How would you coordinate with an FRC that stood up immediately following an incident?

Lead Exercise Planner _____

Lead Exercise Evaluator _____

APPENDIX E: SAMPLE FUNCTIONAL EXERCISE TEMPLATES

Establishing FRC/FAC

ICP TTA Best Practice #1, #2, #3, #4, #5, #6, #8, #10, #11, #12, #14

Goal:

To assess a jurisdiction's abilities to establish a Family/Friends Reception Center, provide initial services, and transition to a Family Assistance Center following a CMV/DT event. *This is a two-part exercise with a distinct break/pause between Parts A and B.*

4+
hours

Core Capabilities

- Planning
- Public Information and Warning
- Operational Coordination
- Public Health, Health Care, and EM Services
- Health And Social Services
- Situational Assessment

Resources

- Location to establish FRC and transition to FAC
- Actors to serve as either victims or family members
- SimCell to act as other agency(s) and receive updates/notification from VS
- Exercise controllers
- Exercise evaluators

Objectives

Identify Potential Location for Family/Friends Reception Center(s)	
Core Capabilities	Planning Operation
ICP TTA Best Practices	#4, #8, #14
Critical Evaluation Criteria	<ul style="list-style-type: none"> Did victim service providers partner with community stakeholders to identify locations for FRC? Were potential locations adequate (e.g., large hotels, churches, schools, and convention centers that can be used for managing the responses to victims and families)? Did the location provide a temporary, safe area for families of victims and missing persons to gather as they await information?

Locate Incident Command Center and Contact Incident Commander	
Core Capabilities	Planning Public Information and Warning Operational Coordination
ICP TTA Best Practices	#1, #3, #4
Critical Evaluation Criteria	<ul style="list-style-type: none"> Were appropriate contact lists used? Were parties advised of situation? Was information provided about the location and purpose of the FRC?

Objectives (continued)

Activation of Trained Victim Services, Liaisons, VOADs, and Other Integral Agencies	
Core Capabilities	Operational Coordination Public Health, Health Care, and EM Services Health and Social Services
ICP TTA Best Practices	#4, #8, #11
Critical Evaluation Criteria	<ul style="list-style-type: none"> • Was a Victim Advocate Checklist for Mass Violence Events used? • Were there enough victim advocate resources? • Was the state and/or local VS office(s) contacted? • What did the process for activation look like? Who got the call, and what were people told? Was this efficient and correct? • Were people identified as they arrived at the FRC?

Identify and Execute Transitions from FRC to FAC	
Core Capabilities	Planning Public Information and Warning Operational Coordination
ICP TTA Best Practices	#4, #6, #8
Critical Evaluation Criteria	<ul style="list-style-type: none"> • Did VS providers partner with community stakeholders to transition the FRC to the FAC safely and smoothly? • Was the transition communicated effectively with key stakeholders? How? • Was the transition communicated to the victims/families/friends? How (e.g., local media outlets, police websites, social media)?



Objectives (continued)

Prepare and Train Victim Services Liaison

Core Capabilities	Public Health, Health Care, and EM Services Health and Social Services
ICP TTA Best Practices	#4, #5, #8, #10, #11
Critical Evaluation Criteria	<ul style="list-style-type: none"> Did VS companions provide support and psychological first aid to victims and families (including hospitalized victims and those who are not able to travel to the FAC)?

Coordination with EM/Community Stakeholders to Fully Address Victims' Needs

Core Capabilities	Operational Coordination Public Health, Health Care, and EM Services Health and Social Services
ICP TTA Best Practices	#2, #6, #11, #12, #14
Critical Evaluation Criteria	<ul style="list-style-type: none"> Did VS liaisons or case managers provide support and psychological first aid to victims and families during the transition (including hospitalized victims and those who are not able to travel to the FAC)? Did victim service providers identify special or high-risk populations that may require specific VS after a mass casualty incident? <ul style="list-style-type: none"> VS providers should consider populations with economic disadvantages, language and literacy barriers, medical issues, and disabilities (physical, mental, cognitive, or sensory). Additionally, cultural, geographic, or social isolation and age should be considered. How did VS anticipate victim and family needs and activate all vital services to be present at the FAC?

Objectives (continued)

Coordination with EM/Community Stakeholders to Fully Address Victims' Needs	
Critical Evaluation Criteria	<ul style="list-style-type: none"> • Were local, state, and federal resources presented to victims and their families? This should include counseling costs, medical expenses, travel arrangements, emergency expenses, and funeral/burial funds and arrangements. <i>Please ensure that only services to meet immediate needs are included.</i> • Were financial resources coordinated to ensure that needs were met in accordance with state laws, there was no duplication of funds, and assistance was maximized for victims?

Scenario and Injects

Scenario: Part A

It is election season, and several state/national election races are occurring. Your home state has received significant local and national attention because your election results could be pivotal. It is "X" days/weeks before the polls open, but early voting has been at a historic high and is creating some concerns with various "special interest groups." A local "ABC" group is hosting a rally at a local community center to help increase voter turnout and help "XYZ" candidates win key local and national positions.

At approximately 7:00 p.m. local time, shots are heard in the parking lot of the rally site. Several suspects are seen fleeing the rally location while rally attendees begin to vacate the local community center. At approximately 7:10 p.m., an explosion occurs in the parking lot, injuring dozens of attendees.

Below is a baseline list of injects for this exercise scenario. The exercise planning team can make additions/deletions.

MSEL/Time	Inject-Event
#1/T+10	The local/territorial/state VS lead receives notification of this event.
#2/T+20	The local/state notification system that VS uses to advise/request VS resources is not functioning, and people are failing to acknowledge receipt of activation.
#3/T+40	The PIO/EOC asks if the VS lead(s) and community stakeholders have established an FRC.
#4/T+65	Local LE has established a safety perimeter around the incident site, and traffic within ½–1 mile is not allowed access to the incident location. There are large gatherings of people around the edge of the safety perimeter. VS staff members trying to reach the FRC site are calling asking for a “safe route” to the FRC.
#5/T+75	VS gets a second call from the EOC asking about the location of the FRC.
#6/T+90	You have established an FRC site, and you are starting to get many people off the street requesting details/information.
#7/T+100	EOC calls the VS lead asking if they have established a list of potential victims based on any sign-in/registration data.

At approximately T+140, Stop Part A and re-set for Part B

Scenario: Part B

It is midday on the day after the shooting/bombing at the XYZ election rally site at the X community center. Four individuals remain in the local hospital in various stages of medical treatment, 10 individuals were examined and released, and 2 individuals were killed. The X church, located about 1 mile from the rally location, has been used as the FRC for the first 24 hours; however, the church can no longer serve

as the FRC at the end of the day. It cannot transition to an FAC because of space limitations and other commitments at the facility. Family members, friends, and interested people, both local and from out of the area, continue to flock to the church seeking answers and the status of loved ones. There are dozens of people at the site, and the numbers grow hourly.

#1/T+5	Working with EM, VS leaders have 60 minutes to discuss transitioning from the existing FRC to the FAC at a new location.
#2/T+55	A VS staff interrupts the planning meeting to advise that they are hearing from victims/families/friends that the FRC is closing. Victims/families/friends are growing concerned about the lack of details and what services will continue to be provided. They want to know what is next.
#2a/T+70	<p><i>This inject is for additional play if the Evaluator/SimCell does not feel that the FAC services account for all/necessary victims' needs.</i> During the briefing to family/friends/victims on the FRC/FAC transition, some attendees become agitated and don't feel that all services are being addressed. Examples that could be used:</p> <ul style="list-style-type: none"> Local, state, and federal resources were not presented to victims and their families. This could include counseling costs, medical expenses, travel arrangements, emergency expenses, funeral/burial funds, and arrangements.
#3/T+90	<p>The PIO and JIC request additional details about the FRC to FAC transition. Some questions arise regarding the demographics of the victims/families:</p> <ul style="list-style-type: none"> Do some of the victims have economic disadvantages or language and literacy barriers? Are there medical issues and disabilities (physical, mental, cognitive, or sensory)? Is the new FAC location ADA compliant? Is there public transportation?

Lead Exercise Planner _____

Lead Exercise Evaluator _____

FAC Operational Coordination

ICP TTA Best Practice #1, #2, #4, #5, #6, #8, #9, #10, #11, #13, #14, #15

Goal:

To assess a jurisdiction's ability to operate an FAC following a CMV/DT event.

4+
hours

Core Capabilities

- Planning
- Public Information and Warning
- Operational Coordination
- Public Health, Health Care, and EM Services
- Health And Social Services
- Situational Assessment
- Operational Communications

Resources

- Location/room to serve as FAC
- Actors to serve as either victims or family members
- SimCell to act as other agency(s) and receive updates/notification from VS

Objectives

Establish an FAC location that is adequate and safe for families of victims and missing persons to gather. Appropriate space for partner agencies is needed as well.	
Core Capabilities	Operational Coordination Health and Social Services
ICP TTA Best Practices	#1, #4, #6,
Critical Evaluation Criteria	<ul style="list-style-type: none"> • Did victim service providers partner with their community stakeholders to establish the FAC? • Were potential locations adequate (e.g., large hotels, churches, schools, and convention centers that can be used for managing the responses to victims and families)? • Was the FAC an open/closed space? Was this appropriate? • If a closed space, were adequate controls in place?
Establish process to track victims for identification and reunification.	
Core Capabilities	Planning Operational Coordination Situational Assessment
ICP TTA Best Practices	#5, #8, #14
Critical Evaluation Criteria	<ul style="list-style-type: none"> • Planning should include working with medical examiners and trauma centers to understand their intake capabilities/triage plans and their ability to provide information for reunification. Were players able to track: <ul style="list-style-type: none"> ○ Victims with injuries not requiring immediate medical attention? ○ Victims who were exposed to, but not injured during the traumatic incident? ○ Missing persons? • Did the reunification process include a plan for managing, cleaning, and returning personal effects (cleaning and return of personal effects)? • Were case managers available to provide services to victims and their families?

Objectives (continued)

Coordination with EM/community stakeholders to ensure victims' needs are fully addressed.	
Core Capabilities	Operational Coordination Health Care and EM Services Health and Social Services
ICP TTA Best Practices	#1, #6, #8, #9, #11. #13
Critical Evaluation Criteria	<ul style="list-style-type: none"> • Did VS companions or case managers provide support and psychological first aid to victims and families (including hospitalized victims and those who are unable to travel to the FRC/FAC)? • Did VS providers identify special or high-risk populations that may require specific services after a mass casualty incident? <ul style="list-style-type: none"> ○ VS providers should consider populations with economic disadvantages, language and literacy barriers, medical issues, and disabilities (physical, mental, cognitive, or sensory). Additionally, cultural, geographic, or social isolation and age should be considered. • Did VS anticipate victim/family needs and activate all vital services at the FAC? <ul style="list-style-type: none"> ○ Were local, state, and federal resources presented to victims and their families? This should include counseling costs, medical expenses, travel arrangements, emergency expenses, and funeral/burial funds and arrangements. <i>Please ensure that only services to meet immediate needs are included.</i> • Were financial resources coordinated to make sure that needs were met in accordance with state laws—ensuring there was no duplication of funds and assistance was maximized for victims? • Were there established processes for wellness checks and self-care of staff?

Objectives (continued)

VS coordination with local EM and partners on communications and messaging.	
Core Capabilities	Public Information and Warning Operational Coordination Situational Assessment Operational Communications
ICP TTA Best Practices	#1, #2, #6, #8
Critical Evaluation Criteria	<ul style="list-style-type: none"> • Was a SitRep provided to EM/partners on current FAC operations and services for victims and families? Was the report complete? • Did the response plan include a JIC or centralized system for coordinated messaging? Were VS providers and needed VOADs included in the JIC? • Did communications include various media, multilingual formats, and alternative sources (e.g., text alerts, social media, apps)? • Did FAC staff participate in regular briefings with EM and ICS? • Was the JIC activated during the incident? • Were VS providers and needed VOADs integrated into the communication systems to ensure consistent/accurate messaging? • Was a website and/or phone bank established to assist in pushing information out to the community during the incident? • Were existing hotlines and telephone information services used? Were these communicated to stakeholders?

Objectives (continued)

FAC enacts additional processes to deal with an outpouring of support from the community.	
Core Capabilities	Planning Public Information and Warning Operational Coordination Health and Social Services
ICP TTA Best Practices	#8, #9, #10, #13, #15
Critical Evaluation Criteria	<ul style="list-style-type: none"> • Was there a process for managing volunteers? <ul style="list-style-type: none"> ○ Were spontaneous/event-based volunteers who were not “qualified” to work in an FRC/FAC, but “really wanted to help,” handled appropriately? • Did FAC lead/partners have processes for donation management? <ul style="list-style-type: none"> ○ This includes management of both financial and material items.

Scenario

A local nightclub that caters to members of the LGBTQ community was recently targeted by an “XYZ” group that has a notorious history of hate crime/mass violence activities. The attacks resulted in “X” individuals dead and “Y” people in various stages of medical conditions. Additionally, “Z” individuals who were seen at the nightclub prior to the attacks are unaccounted for.

It is the second day following the incident, and you just completed the transition from the FRC to the FAC. The FAC director and VS begin to prepare to conduct group briefing for individuals currently at the FAC; however, media attention surrounding this event has been significant, and the FAC lead was just advised that a local elected official, who is a member of the LGBTQ community, wants to hold a press conference/event at/outside the FAC.

Injects

MSEL/Time	Inject-Event
#1/T +10	The FAC VS lead is called by a member of the elected official's staff inquiring about conducting the briefing outside the FAC and if there are any updates the FAC can share.
#2/T+25	A victim's family member approaches the FAC staff requesting details/information.
#2a/T+55	<p>Does the FAC VS lead task one of the VS staff to coordinate with EM/partners and brief victims/families on incident status? If not, wait for 30-minutes and initiate the request again.</p> <p>Key Actions:</p> <ul style="list-style-type: none"> • Identify a single person to brief victims/families on available services. • Identify credible authorities to brief victims/families about incident status. • Coordinate group briefings and messaging with the JIC to avoid conflict with the elected official's event/message (who we also hope will coordinate with the JIC).
#3/T+35	The FAC front desk receives a call from the JIC/state EOC demanding an update/SitRep.
#3a/T+85	Does the FAC VS lead task VS staff member to complete the SIT to EM/partners? If not, initiate a second call after 1 hour.
#4/T+120	The "X" family approaches one of the VS staff. They still have not heard from their son, who was a patron at the nightclub. All attempts to contact him via cell go straight to voice mail.
#5/T+140	One victim, who was treated and released, returns to the FRC location to find it is no longer there but is advised that the FAC has stood up and arrives in



	person. The individual seems slightly upset but is inquiring about personal effects, including a cell phone and several articles of clothing.
#6/T+200	One of the VS staff seems overcome from the day's events and is overheard arguing with another VS staff member and then departs the room visibly upset.
#7/T+210	A local media outlet is at the front door of the FAC and wants to gain access to interview families. When told they cannot come in, they begin to get loud and talk about the rights of the public to know what is going on in the FAC.

These are baseline injects for this exercise scenario. Additions/deletions can be made by the exercise planning team as needed

Lead Exercise Planner _____

Lead Exercise Evaluator _____



FAC Partnership Coordination

ICP TTA Best Practice #1, #3, #8, #9, #10, #11, #12, #14

Goal:

To assess the jurisdiction's abilities to coordinate FAC operations with other partners following a CMV/DT event.

3-4
hours

Core Capabilities

- Planning
- Public Information and Warning
- Operational Coordination
- Public Health, Health Care, and EM Services
- Health and Social Services
- Situational Assessment
- Operational Communications
- Fatality Management
- On-Scene Security, Protection, and LE

Resources

- Location to serve as FAC
- Actors to serve as either victims or family members
- SimCell to act as other agency(s) to receive updates/notifications from VS

Objectives

Coordination in support of vigil/memorial services	
Core Capabilities	Planning Operational Coordination Health and Social Services Situational Awareness
ICP TTA Best Practices	#1, #3, #10, #11, #12
Critical Evaluation Criteria	<ul style="list-style-type: none"> • Does the response plan include a section on memorial/vigil events following a CMV/DT event? Are victim service providers and needed VOADs included in that plan? <ul style="list-style-type: none"> ○ Do victim service providers, public safety stakeholders, and EM have identified and appropriate roles? • Was there partnering with community stakeholders to ensure consistent/accurate messaging of site? <ul style="list-style-type: none"> ○ What is the role of local faith-based leadership? Who should coordinate this? • Did FAC discuss the location for the memorial event with EM/partners? <ul style="list-style-type: none"> ○ How was that communicated to stakeholders? ○ Were there security or health risks? How were they addressed? • Did VS/EM/partners plan for what should be avoided during a vigil/memorial service?

Objectives (continued)

Communication among all stakeholders and preparing victims/families/friends in advance of a vigil/memorial event	
Core Capabilities	Operational Coordination Operation Communications Situational Awareness Health and Social Services
ICP TTA Best Practices	#1, #3, #10, #11
Critical Evaluation Criteria	<ul style="list-style-type: none"> • Did FAC staff/coordinators participate in planning/coordination for memorials/vigils with partners/event leads? • What actions did FAC/VS lead take following notification of an event? <ul style="list-style-type: none"> ○ Was it clearly determined who was the lead? ○ What services did the FAC/VS provide? ○ How were VS selected to support the event? • Was a briefing held for those members supporting the event? • Was the role of the FAC/VS outlined in the plan? • Were victims/loved ones consulted on event content? • How was memorial/vigil communicated to victims/families/friends? <ul style="list-style-type: none"> ○ Were health/mental health needs addressed?
Coordination with partners/community on donation management	
Core Capabilities	Planning Operational Coordination Situational Awareness Health and Social Services
ICP TTA Best Practices	#8, #9, #14



Scenario

A local nightclub that caters to members of the LGBTQ community was recently targeted by “XYZ” group that has a notorious history of hate crime/mass violence activities. The attacks resulted in “X” individuals dead and “Y” people in various stages of medical conditions. Additionally, “Z” individuals who were seen at the nightclub prior to the attacks are unaccounted for. An FAC has been established and is being supported by a number of community partners, and there is a robust presence by EM and community officials. It has been 3 days since the incident, and there is discussion of a vigil/memorial event in a local community park.

Injects

MSEL/Time	Inject-Event
#1/T +10	A member of an elected official's staff calls the FAC VS lead to inquire about a vigil or memorial service being planned.
#1a/T+30	Does the FAC VS lead task one of the VS staff to coordinate with EM/partners on the memorial/vigil service and provide details to the elected official's office? If not, wait 30 minutes and initiate the request again. Key Actions: <ul style="list-style-type: none"> • Identify POC to coordinate with vigil/memorial service lead • Brief elected official's office
#2/T+35	The FAC front desk receives calls from the JIC/state EOC and numerous partners requesting an update/SitRep.
#2a/T+55	Does the FAC VS lead task one of the VS staff to provide an update? If not, wait 30 minutes and initiate the request again. Key Actions:

	<ul style="list-style-type: none"> • Identify POC(s) to brief EM and partners and update SitRep. • Coordinate group briefings and messaging with the JIC so as not to conflict with the elected official's message (who we hope will coordinate with the JIC, as well).
#3/T+100	The FAC partners are getting questions about donated material items and their availability to victims/families. Additionally, the PIO heard that the local news station plans to run a segment on the evening news about resources donated to the FAC that are not being provided to the victims/families.
#4/T+120	The FAC mental health lead approaches the FAC lead stating that they have extensive experience with leading memorial services, "they were born for this role," and are demanding to be in charge.
#3a/T+160	<p>If the FAC has material donations well covered, but it fails to address monetary donations.</p> <p>Contingency Inject: Someone approaches a VS staff member at the FAC about the process for making a monetary donation for the victims/families.</p>
#3b/T+160	FAC staff are approached by a victim's family member requesting details/information about any financial assistance available as the impacts from this event are affecting their ability to pay bills.
#5/T+130	The FAC front desk is approached by a member from a local VOAD and has a team of 15 volunteers who want to help. They are outside in their mini-vans and ready to offer support.

These are baseline injects for this exercise scenario. Additions/deletions can be made by the exercise planning team as needed.

Lead Exercise Planner _____

Lead Exercise Evaluator _____

APPENDIX F: SAMPLE INJECTS

The VS injects below can be incorporated into any scenario or exercise type. Should they be incorporated into a MSEL when planning an FSE with local EMs, the inject type is provided in the first column using the following keys:

- RFA – Request for Action
- FYI – For Your Information
- RFI – Request for Information

To share your VS injects with others, please click [here for Exercise Injects - Victim Services and Mass Violence](#).

FRC/FAC Activation

Inject Type	Description	Expected Action
RFA	VS lead receives notice that CMV/DT event took place.	VS leader initiates notification to VS team.
RFA	VS lead called by EM and is requested to open an FRC.	VS leader selects a team to staff FRC. Works with community partners and EM to determine FRC site location
FYI	Local LE has established a safety perimeter around the site, and traffic is not being allowed to the incident location. There are large gatherings of people around the edge of the safety perimeter.	VS leader should determine if any VS staff cannot transit to the FRC safely. Did VS lead coordinate with EM/partners?

RFI	PIO/EOC is requesting if the VS lead(s) and community stakeholders have selected/established an FRC.	FRC/VS lead should communicate with PIO/EM/community partners about the FRC location and service.
FYI/RFA	You start to get many people coming in off the street requesting details/information at the FRC site.	VS lead/staff determine if they have adequate staff based on the size of the crowd.
RFA	The current location for the FRC needs to close in the next 24 hours.	VS lead and community partners select an FAC location and communicate changes with victims/families/EM/partners. Did victim service liaisons or case managers provide support and psychological first aid to victims and families?
RFA	People hear that the FRC is closing, and they grow concerned about the lack of details or what services will be provided.	VS staff brief the victims/families/friends.
	If the briefing to victims/families is lacking details or some of the key/baseline services: Contingency Inject: During the briefing to families/friends/victims on the FRC/FAC transition, some members become agitated and don't feel that all needs are being addressed.	FAC staff and partners should present local, state, and federal resources to victims and their families. This includes counseling costs, medical expenses, travel arrangements, emergency expenses, funeral/burial funds, and arrangements. (Please ensure that only services to meet immediate needs are included.) Were adequate arrangements made for language barriers, disabilities, etc.?
	Dozens of additional people arrive at the FAC and overwhelm the existing staff capacity at the site, and the numbers grow hourly.	VS lead requests additional VS staff. VS lead/FAC staff establish processes to assist with influx until additional staff arrive.

FAC Operations

Inject Type	Description	Expected Action
RFA	VS staff notice that many victim families seem concerned/distraught after several days.	Victim service liaisons/case managers provide support and psychological first aid to victims and families.
	<p>If VS does not anticipate victim and family needs and activate all vital services to be present at the FAC.</p> <p>Contingency Inject: Victim services staff begin to receive detailed questions surrounding additional services: funeral expense, resources available at the federal/state/local levels, etc.</p>	VS lead and staff conduct group and individual briefings on the plan for local, state, and federal resources presented to victims and their families. (This should include counseling costs, medical expenses, travel arrangements, emergency expenses, funeral/burial funds, and arrangements.)
RFI	The PIO/JIC requests additional details from FAC on demographics of the victims/families (e.g., populations that have economic disadvantages, language and literacy barriers, medical issues, and disabilities [physical, mental, cognitive, or sensory]; cultural, geographic, or social isolation; and age).	VS lead/staff should identify special and high-risk populations that may require specific VS after a mass casualty incident.
RFA/RFI	FAC partners get questions about donated material items and their availability to victims/families. Additionally, the PIO heard that the	VS/FAC staff should be engaging existing partnerships/local community nonprofits and service organizations to assist in the process.

	<p>local news station is planning to run a segment on this evening's news about resources donated to FAC that are not being provided to the victims/families.</p>	<p>Key points:</p> <ul style="list-style-type: none"> • Was a plan assigned with victim advocates to coordinate the distribution process for goods and services? • Was a database developed to help collect, track, disburse, and acknowledge the donations? • Was there a plan for where to store and manage donated goods? • Did FAC staff/VS lead utilize the communications plan to inform the public where to send and bring donations?
<p>RFA/RFI</p>	<p>If the FAC has material donation well covered but fails to address monetary donations.</p> <p>Contingency Inject: Someone at the FAC approaches a VS staff member about making a monetary donation for the victims/families.</p>	<p>Was a Single Fund site established?</p> <p>VS lead/staff should utilize the communications plan to inform the public where to send monetary donations.</p> <p>Key Points:</p> <ul style="list-style-type: none"> • Be aware that individual families may set up individual funds to collect donations. Discuss how these individual funds may affect the disbursement strategy. • Did FAC staff Incorporate fraud alerts into public communications related to donations?



		<ul style="list-style-type: none"> Does the communications plan inform the public on how their donations will be used?
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Vigils/Memorial Events

Inject Type	Description	Expected Action
FYI/RFA	The VS lead/staff is made aware that a vigil service will be conducted this evening at 6:00 p.m. at the "XYZ" community center, about two blocks from the incident location.	<p>The VS lead coordinates with partners/vigil leaders/faith-based leaders as to the desired role for VS.</p> <p>The VS lead briefs VS team on their roles/responsibilities for the vigil/memorial event.</p>
RFA	A VS staff member at the memorial event is approached by local law enforcement providing security who observe several individuals showing emotional distress.	VS staff should approach those individuals and provide emotional or other support as necessary.
RFI/RFA	The VS lead is approached by a local faith-based leader who has been very active in supporting the FAC; states that they heard "rumors" of a vigil/memorial event but have no details or request to participate.	VS lead/staff should approach the vigil/memorial event coordinator and inquire why the faith-based leader was omitted from the vigil.
RFI/RFA	The VS lead has significant experience helping coordinate vigil/memorial events and is approached by the event leader for assistance.	<p>VS lead/staff should help the event coordinator with some key actions:</p> <ul style="list-style-type: none"> Include local LE for safety and security

		<ul style="list-style-type: none"> • Assist coordinator in selecting site location/date/time. • Assist coordinator to ensure partners are properly incorporated and understand their various roles.
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Note: Some FACs/JFSOCs have an assigned events coordinator to coordinate all aspects of special events that happen outside of the FAC (site visits, vigils/memorials, dignitary visits). Typically, the role of VS is to collaborate on the possible content for a vigil during the planning and to provide support during the event.

Integration of Health Care Systems

Inject Type	Description	Expected Action
RFA/RFI	Emergency departments in hospitals are overwhelmed with loved ones looking for family and friends who <i>might</i> have been involved in the incident.	<ul style="list-style-type: none"> • Hospital staff should reach out to IC to determine the location of FRC and direct people there. • Hospital staff should create an area for information where people can learn about the FRC and notification procedures for the overall response, with location and directions for access. • Hospital staff should ensure that information about patients and victims is being given to the centralized collection and notification process.



RFA	The hospital's social work department struggles to support the volume of families of injured and deceased.	<ul style="list-style-type: none"> • Hospital staff should ensure linkage with community FAC so all non-medical issues can be managed by VS navigators at the FAC to alleviate the burden on the hospital's social work department. • Hospital staff should ensure that VS navigators from the FAC have access to hospitalized victims and their loved ones to facilitate access to FAC services without leaving the hospital.
RFA/FYI	Hospitals are still using and promoting their own FAC and support personnel after the community FAC is established.	<ul style="list-style-type: none"> • Incident Command should make requests to hospitals that all victims be linked to the community FAC to ensure full access to services. • Situational information regarding services that are available and not medically connected should be given to hospitals to increase awareness of the full extent of available services at the community FAC.



Integration of Schools (K-12, Higher Education)

Inject Type	Description	Expected Action
RFA	K-12 school district/Institutions of Higher Education are refusing to allow VS to meet with victims and families because they want to “take care of their own.”	<ul style="list-style-type: none"> • Situational information regarding services that are available and not school connected should be given to schools to increase awareness of the full extent of available services at the community FAC. • IC/VS should ensure awareness that the criminal nature of the incident impacts needs and services. Most of these can't be accomplished by the educational institution.
RFA/FYI	The K-12 school district wants to “buckle down and educate these kids” instead of allowing students and families time to manage changes and potential trauma.	<ul style="list-style-type: none"> • Information regarding predictable reactions to mass violence/domestic terrorism should be shared with district staff to increase knowledge of stress reactions. • Information should include adverse reactions to ignoring the impact of changes, stress, and potential trauma.
FRA/FYI	The Institution of Higher Education is not referring students and families to the community FAC when it is established, thereby making it more challenging for victims and families to access services and support.	<ul style="list-style-type: none"> • IC/VS should ensure awareness that the criminal nature of the incident impacts needs and services. Most of these can't be accomplished by an educational institution.

Involves Transportation Component

Inject Type	Description	Expected Action
RFA/FYI	Those setting up the FRC and FAC are unfamiliar with how National Transportation Safety Board (NTSB) involvement potentially changes authorities and leadership structure, which creates a power struggle for management responsibility of the FRC and FAC.	<ul style="list-style-type: none"> • Request NTSB assistance • Red Cross producing the MOU with NTSB based on the 1996 Disaster Aviation Act
RFA/FYI	The community is asked to shut down the response-connected call center since the transportation carrier has set up a call center for the families of injured and deceased. The community would like to continue to "take care of their own."	<ul style="list-style-type: none"> • Increase situational awareness of specifics of transportation disaster laws as applicable. • Encourage unified communication strategies to include call centers, press releases, and briefings.



Other

Inject Type	Description	Expected Action
FYI/RFA	Several VS staff have been here since immediately following the incident. They have observed several of the first responders/LE members associated with this incident start to exhibit signs of stress/fatigue. The staff members approach the VS lead with their concerns.	<p>The VS lead should discuss the need for a first responder site with their team and the FAC partners.</p> <p>Key actions may include:</p> <ul style="list-style-type: none"> • Meals/snacks • Self-care information • Mental health staff • Other community resources • Family support
RFI/RFA	The VS lead is approached by the local district attorney's (DA) office to discuss the transition of the various aspects of victims' cases to the DA's office.	VS lead should brief the VS staff on how the DA staff will take the lead in assisting the victim through the criminal justice process and court proceedings. The VS staff should/can still maintain communications, but "there is a shift in the lead" for the support of the victims.