




---

---

---

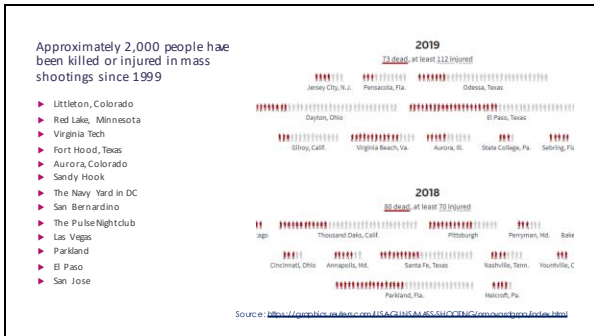
---

---

---

---

---




---

---

---

---

---

---

---

---

- ▶ Augment Existing Emergency Response Plans
  - Ensure care after criminal mass violence
  - Inclusion of jurisdictions across the country
  - Incorporation into exercises
- ▶ Individual Training and Technical Assistance
  - Selected communities
  - Assigned consultants
  - Subject matter experts training

**ICP TTA**  
Assisting Victims of Mass Violence  
and Domestic Terrorism

---

---

---

---

---

---

---

---

### 16 Best Practices in Planning for CMV/DT

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

 4

---

---

---

---

---


---


---

---

### Training Objectives

- ▶ Understand hospital plans vs community plans for Mass Violence
- ▶ Define terms associated with Family Assistance Centers (FAC)
- ▶ Identify Healthcare System Challenges:
  - ▶ Clinical
  - ▶ Communications
  - ▶ Organizational
- ▶ Identify the Ideal for Healthcare Systems:
  - ▶ Clinical
  - ▶ Communications
  - ▶ Organizational
- ▶ Understand the importance of Planning & Relationships





---

---

---

---

---

---

---


---

### The Scenario

- ▶ Annual street festival
- ▶ Attended by hundreds of people from across the region
- ▶ Vendors, children, teenagers, parents, grandparents

You're finishing your shift when...

- ▶ Active shooter call comes in
- ▶ Non-triaged patients arrive
  - ▶ Some are critically ill
  - ▶ Some are children
  - ▶ Some have no ID
- ▶ Phones ringing
- ▶ ED crowding with patients and loved ones
- ▶ Noise, confusion
- ▶ Press





---

---

---

---

---



---

---

---

## Definitions

- ▶ Hospital Family Information/Support Center
  - On-site and provides initial information and helps with notification
- ▶ Family Reception or Reunification Center
  - Temporary location
  - Jurisdictional responsibility --- lead agency varies
- ▶ Community Family Assistance Center (FAC)
  - A "one-stop shop" of victim services in a secure facility
  - Assists with mental health, spiritual care, and other needs


---

---

---

---

---


---

---


---

## Family Assistance Centers - History

- ▶ 1996 Aviation Disaster Family Assistance Act
- ▶ FACs should serve as a "one-stop shop"
- ▶ Healthcare System FAC plans
  - "Great, we've already got those plans!"



(...right?)




---

---

---

---

---

---

---


---

## Benefits of a Community FAC

- ▶ Secure space for regular updates
- ▶ Offer resources outside of the hospital system
- ▶ An area for people experiencing the same tragedy to support each other
- ▶ Allows hospitals to return staff to their traditional duties

"The Family Victim Assistance Center gave us the opportunity to learn what the other agencies were doing, what the other agencies had available, and to really start prepping ourselves for being advocates for the victims once the case was charged."

*Kathleen Griffin, Victim-Witness Specialist, U.S. Attorney's Office for the District of Massachusetts*




---

---

---

---

---

---

---

---

Mass Violence/  
Domestic Terrorism

TOP 10 HEALTHCARE  
SYSTEM CHALLENGES



---

---

---

---

---



---

---

---

Top Ten Healthcare System Challenges: Clinical

- ▶ Overcrowding
- ▶ Unconventional patient arrival
- ▶ Lack of identification



---

---

---

---

---

---

---

---

Top Ten Healthcare System Challenges: Communication



- ▶ Media presence
- ▶ Information sharing
  - ▶ External
  - ▶ Internal



---

---

---

---


---

---

---

---

**Top Ten Healthcare System Challenges: Organizational**



- ▶ Law enforcement inquiries
- ▶ Hospital security
- ▶ Care of hospital staff
  - Unconventional tasks for all levels of staff
  - Staff working extended shifts with few breaks
- ▶ Limited relationships with external partners
- ▶ Family Assistance Center transition

ICP TTA

---

---

---

---

---

---

---

---

**Fundamental Concerns of Family Members**

|   |  |
|---|--|
| <p><b>Notification of Involvement</b><br/> <i>"Is my loved one involved?"</i></p> <ul style="list-style-type: none"> <li>• Initial notification</li> <li>• Immediate <b>factual</b> information</li> </ul>  | <p><b>Access to Resources and Information</b><br/> <i>"How will I get information and resources?"</i></p> <ul style="list-style-type: none"> <li>• Crisis counseling / Disaster Mental Health</li> <li>• Information about the investigation</li> <li>• Financial and logistical support</li> <li>• Legal rights</li> <li>• Federal Family Assistance Legislation</li> </ul> |
| <p><b>Victim Accounting</b><br/> <i>"Where is my loved one?"</i></p> <ul style="list-style-type: none"> <li>• Search, rescue, hospitalization</li> <li>• Search and recovery of fatalities</li> <li>• Identification, death certification, and return of remains</li> </ul> | <p><b>Personal Effects</b><br/> <i>"Where are their belongings?"</i></p> <ul style="list-style-type: none"> <li>• Recovery, processing and return of personal effects</li> <li>• Claims process for unassociated personal effects</li> </ul>   |

NTSB

---

---

---

---

---

---

---

---

**Concerns Lead to Needs: Victims & Families**

- ▶ Information coming out of the larger response
- ▶ Investigative information
- ▶ Victim services (availability and access)
- ▶ Feeling like they are connected to each other

ICP TTA

---

---

---

---

---


---

---

---

THE IDEAL

TRAUMA-INFORMED  
VICTIM CENTERED  
COLLABORATIVE



---

---

---

---

---



---

---

---

The Ideal – Clinical

- ▶ Centralized patient accounting system
- ▶ Address unaccompanied minors
- ▶ Add incident briefing existing communications
- ▶ Maximize telehealth/virtual capability
- ▶ Incorporate lessons learned from COVID-19 surge



---

---

---

---

---



---

---

---

The Ideal – Clinical (Death Notifications)

- ▶ State law dictates who can give a death notification
- ▶ Notifications delivered by trained professionals
- ▶ Use a private area



---

---

---

---

---


---

---

---

### The Ideal -- Communications

- ▶ Hospital PIO communicates with Community FAC
- ▶ Families and victims are provided with regularly updated information
- ▶ Loved ones are provided a space to call in to briefings
- ▶ Support provided to non-residents/foreign nationals
- ▶ Ensure interpreters are available
- ▶ Provide access to phones, chargers, and wifi



---

---

---

---

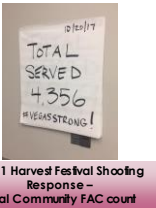
---

---


---

---

### The Ideal -- Organizational



- ▶ Include a Family Support Branch within the hospital's ICS
- ▶ Understand the mechanism that initiates the opening of a Community FAC
- ▶ Identify touchpoints to shift non-medical support issues to Community FAC



---

---

---

---

---

---

---

---

### The Ideal -- Organizational (staff)



- ▶ Reserve staff for day 2
- ▶ Mental health/resilience support for staff
- ▶ Establish a badging/security process for staff



---

---

---

---

---

---

---

---



PLANNING  
&  
RELATIONSHIPS

---

---

---

---

---

---

---


---

Importance of Planning

- ▶ Better to meet partners before the incident
- ▶ Identifies shortfalls prior to an incident
- ▶ Encourages training and exercises
- ▶ Bolsters community resilience as a whole

*"We had really been evolving in these partnerships over the years. So when this event occurred, everybody knew one another. When we showed up, there was not anyone there that we didn't know, that we had to start building relationships with. All of those resources truly worked well together for one common purpose, which was to provide excellent service to the families and to the survivors."*

CHIEF (RET) GREG MULLEN, CHARLESTON, SC  
<https://www.policenorm.org/assets/Asset/01212019/SSV101enr.pdf>




---

---

---

---

---



---

---

---

Training Objectives Review

- ▶ Understand hospital plans vs community plans for Mass Violence
- ▶ Define terms associated with Family Assistance Centers (FAC)
- ▶ Identify Healthcare System Challenges:
  - ▶ Clinical
  - ▶ Communications
  - ▶ Organizational
- ▶ Identify the Ideal for Healthcare Systems:
  - ▶ Clinical
  - ▶ Communications
  - ▶ Organizational
- ▶ Understand the importance of Planning & Relationships


---

---

---

---

---

---

---

---



[www.icptta.com](http://www.icptta.com)



**ICP TTA**  
Industry Consortium  
of Professional Trainers

**TTA Sites**

16 Best Practices in Planning  
for CMV/DT

| Site-Specific TTA         | Site-Specific Training                              |
|---------------------------|---|
| Relationship Development  | Use industry-specific SMEs as trainers to customize |
| Write & Exercise the Plan | Specific training dependent on existing work        |
| Resources                 | Resources   |

---

---

---

---

---

---

---

---