

TEAM NORFOLK



EMERGENCY OPERATIONS

Emergency Operations & Resiliency Framework

Operational Annex

Family Reception and Victim Assistance Center

May 2025

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Team Norfolk Operational Annex

Updated: May 2025

Family Reception and Victim Assistance Center

PURPOSE

The purpose of this Functional Annex is to establish a framework for the timely and coordinated activation of Family Reception Centers (FRCs) and Victim Assistance Centers (VACs) in the City of Norfolk. These centers serve as critical support hubs during and after large-scale emergencies, mass casualty events, mass fatality incidents, or other disasters where individuals are separated from loved ones, injured, or experiencing trauma.

This annex outlines operational guidance for the City of Norfolk and its response partners to:

- Identify and rapidly activate accessible local facilities for use as FRCs and VACs.
- Provide common facility requirements, suggested floor plans, and layout considerations.
- Recommend appropriate staffing models, including roles and responsibilities.
- Offer job aids and checklists to assist assigned personnel in carrying out center operations.
- Guide the transition from an immediate Family Reception Center (short-term, reunification-focused) to a longer-term Victim Assistance Center (support-focused) as the situation evolves.
- Present key messaging considerations for use during center activation and operations, ensuring trauma-informed and culturally competent communication.

This annex is intended to supplement the City of Norfolk Emergency Operations Plan (EOP) and aligns with best practices outlined by FEMA, the U.S. Department of Justice, and the National Mass Care Strategy.

SCOPE

This annex applies to all City of Norfolk departments and external partners with responsibilities in the activation, staffing, and support of Family Reception and Victim Assistance Centers. It may be implemented in response to a wide range of incidents, including but not limited to:

- Mass casualty or fatality incidents (e.g., shootings, large-scale accidents, acts of terrorism)
- Natural disasters resulting in displacement, injury, or death
- Transportation incidents (e.g., aircraft or rail disasters)
- Explosive or radiological incidents with significant psychological or physical impacts
- Long-duration incidents involving missing people or mass evacuations

The annex is scalable and adaptable depending on the scope, nature, and complexity of the event. It is designed to support both short-term family reunification and long-term recovery efforts, integrating with behavioral health, law enforcement, emergency medical services, and victim advocacy resources.

BACKGROUND

Incidents involving mass casualties or fatalities, whether from violence, accidents, terrorism, or natural disasters, have a profound impact not only on victims but also on families, friends, responders, and the broader community. These events often generate widespread public concern, media interest, and emotional trauma that require an immediate, organized, and compassionate response.

In such situations, it is common for affected individuals and concerned community members to converge at or near the scene, hospitals, or government facilities seeking information, reunification, and support. This convergence, if unmanaged, can overwhelm emergency response efforts and delay critical operations.

Recognizing this, communities across the United States have adopted the practice of establishing Family Reception Centers (FRCs) and Victim Assistance Centers (VACs) as part of their emergency response framework. These centers serve as safe, centralized locations where survivors, families, and loved ones can receive timely and accurate information, emotional support, and coordinated access to resources and services.

The City of Norfolk developed this plan to ensure local readiness to activate and operate FRCs and VACs in response to mass casualty and fatality incidents. This annex supports Norfolk's broader Emergency Operations Plan (EOP) and is informed by guidance from the U.S. Department of Justice, FEMA, the Virginia Department of Criminal Justice Services (DCJS), and the National Mass Care Strategy.

Key objectives of this plan include:

- Supporting trauma-informed care, privacy, and dignity for victims and families.
- Providing coordinated access to behavioral health, spiritual, legal, and victim compensation services.
- Reducing confusion, misinformation, and duplication of services.
- Integrating local, state, federal, and voluntary agency resources through a unified operational approach.

This plan reflects Norfolk's commitment to compassionate, coordinated, and professional care for all affected by crisis and tragedy.

VULNERABILITY ASSESSMENT

The City of Norfolk is exposed to a range of hazards that could result in mass casualty or mass fatality incidents requiring the activation of a Family Reception Center (FRC) and/or Victim Assistance Center (VAC). These vulnerabilities include both natural and human-caused threats, as well as secondary hazards that may emerge during large-scale emergencies.

NATURAL HAZARDS

- **Hurricanes and Coastal Flooding:** Norfolk's coastal geography makes it particularly vulnerable to hurricanes, tropical storms, and storm surge events that may result in fatalities, displacement, and widespread disruption.
- **Severe Weather:** Tornadoes, high winds, and flash flooding can result in isolated mass casualty incidents (e.g., building collapses or vehicular accidents).
- **Pandemics and Public Health Crises:** Outbreaks may cause prolonged impacts, deaths, and the need for long-term family assistance resources and behavioral health support.

TECHNOLOGICAL AND ACCIDENTAL HAZARDS

- **Transportation Incidents:** Norfolk's proximity to major rail lines, highways, the Port of Virginia, and Naval Station Norfolk presents the risk of multi-fatality incidents involving trains, aircraft, ships, or hazardous materials.
- **Utility Failures or Infrastructure Collapses:** Mass-scale utility disruption or structural failure could result in displacement, injuries, and fatalities.

HUMAN-CAUSED HAZARDS

- **Mass Violence or Terrorism:** The threat of an active shooter, bombing, or terrorist attack—especially at public venues, government facilities, schools, or special events—requires readiness to support impacted families and communities.
- **Cyberattacks with Physical Consequences:** Attacks that disrupt emergency systems, communications, or critical infrastructure could contribute to delayed emergency response and increased casualties.

HIGH-RISK LOCATIONS AND POPULATIONS

- **Special Events and Gatherings:** Concerts, festivals, sporting events, and parades are potential targets or environments for mass casualty incidents.
- **Schools, Colleges, and Childcare Centers:** High population density and emotional sensitivity increase the complexity of response.
- **Tourism and Military Presence:** Norfolk's large visitor population and military community may present reunification challenges across jurisdictions or state lines.

- Access and Functional Needs Populations: Individuals with limited mobility, language barriers, or medical dependencies may face disproportionate challenges in emergencies and require tailored assistance at an FRC or VAC.

SECONDARY AND CASCADING EFFECTS

- Public Convergence and Misinformation: In the aftermath of a disaster, the public may spontaneously gather at incident scenes, hospitals, or government buildings, increasing emotional distress, crowding, and the potential for misinformation or secondary trauma.
- Social Media Amplification: Rapid sharing of unofficial information can result in families learning of injuries or deaths before formal notifications, driving urgency for accurate, centralized communication through the FRC/VAC.

SUSTAINING READINESS

These identified vulnerabilities underscore the importance of maintaining readiness to activate FRCs and VACs quickly and compassionately. Effective planning must address facility availability, staffing models, resource coordination, and culturally appropriate care to serve impacted individuals across a wide range of hazards.

SITUATION

No community is immune to emergencies or disasters. Incidents involving mass casualties or fatalities, whether due to natural hazards, terrorism, acts of violence, or accidents, can overwhelm local resources and cause significant emotional trauma to survivors, responders, and the public. In such incidents, it is common for family members, friends, coworkers, neighbors, and others to seek information about the status of their loved ones or to offer support to those affected.

In the immediate aftermath, the City of Norfolk must be prepared to establish safe, accessible spaces where individuals can receive timely, accurate information and emotional support. Two distinct but connected operations are available to meet these needs: the Family Reception Center (FRC) and the Victim Assistance Center (VAC).

FAMILY RECEPTION CENTER (FRC)

The FRC is a short-term facility established in the early stages of an incident to:

- Provide a safe, quiet environment away from the incident scene.
- Relay accurate and timely information to the public, families, and concerned individuals.
- Offer basic support services while more detailed or specialized operations are developed.

Three core groups are typically encountered at an FRC:

1. Residents and workers from the affected area may be displaced or unable to return home.
2. Friends and family members searching for or seeking information about loved ones possibly impacted by the event.
3. Concerned members of the public or bystanders seeking updates or trying to assist.

An essential task of FRC operations is to sort and screen individuals to determine their purpose for being at the center and guide them appropriately. As the incident evolves, the FRC may transition into a shelter or expand into a Victim Assistance Center, depending on the size and scope of the incident.

It is important to note that delays in formal victim identification and notification are to be expected. For example:

- During the May 31, 2019, Virginia Beach mass shooting, the first formal notification to next-of-kin occurred five hours post-incident, with others taking significantly longer.
- During the Virginia Tech shooting, formal notifications took up to 16 hours.

Additionally, social media may accelerate unofficial awareness of deaths or injuries before formal notifications are made, compounding stress and confusion among families.

VICTIM ASSISTANCE CENTER (VAC)

The VAC is a longer-term facility activated to provide comprehensive services and support to those directly impacted by the incident. It serves as a centralized, coordinated location where survivors and families can:

- Receive verified information about the incident and victim status.
- Obtain assistance with locating missing people.
- Access spiritual care, mental health counseling, and emotional support.
- Receive financial, legal, and victim services as appropriate.
- Engage with the Office of the Chief Medical Examiner (OCME) and law enforcement regarding identification and next-of-kin notifications.
- Connect with service providers for long-term recovery needs.

The VAC builds on the work initiated in the FRC and expands the scope of services to support both immediate and extended recovery.

KEY CONSIDERATIONS

- FRCs and VACs are not shelters. They provide limited comfort services and are not intended for overnight stays or mass care.
- Facilities such as faith-based centers, recreation centers, schools, commercial spaces, and civic venues may serve as suitable locations for FRC or VAC operations.

- All operations must remain under the coordination and direction of the City of Norfolk.
- Under no circumstances should a private entity independently establish and operate a Family Reception or Victim Assistance Center when the victims extend beyond that entity's own staff or clientele. Such actions risk causing confusion, delaying reunification efforts, and fragmenting official support services.

ASSUMPTIONS

- Operational Capability: The City of Norfolk maintains the capacity to rapidly activate and manage a Family Reception Center (FRC) during emergencies, ensuring timely support for affected individuals.
- Facility Readiness: Pre-identified facilities suitable for FRC and VAC operations are available, equipped with necessary amenities to support victims and their families.
- Collaborative Partnerships: Disaster support agencies, including the American Red Cross, Catholic Charities, Salvation Army, and other VOAD partners, are prepared to assist in FRC/VAC operations, providing specialized services as needed.
- Community Engagement: Local faith-based organizations and community groups are willing to collaborate with city officials, offering facilities and services to support short-term emergency needs.
- Continuity of Operations: Essential city services will continue or resume promptly during emergencies, in accordance with the City's Continuity of Operations (COOP) Plan.
- Interagency Coordination: All participating agencies will coordinate efforts to deliver the highest quality of service during and after emergencies, recognizing that agency priorities may differ but are unified in purpose.
- Victim-to-Family Ratios: Planning for FRC/VAC operations considers varying ratios of victims to family members or friends seeking assistance. For instance:
 - Commonwealth of Virginia: 1:10
 - U.S. Navy: 1:8
 - National Transportation Safety Board (NTSB): 1:5
 - For planning purposes, a 1:5 ratio is adopted, anticipating that each victim may be associated with approximately five individuals seeking support.
- Initial Public Response: FRCs may initially attract large numbers of individuals seeking information. Not all will remain once services are clarified and directed appropriately.
- Rapid Activation: FRCs should be operational within 1 to 2 hours of notification, with the capacity to function continuously for up to 72 hours, transitioning to a VAC as the situation evolves.
- Scalability of Services: For smaller-scale incidents, FRCs may adapt to provide services typically offered by VACs, primarily through referrals to local resources rather than comprehensive onsite services.

CONCEPT OF OPERATIONS

The activation, setup, and operation of a Family Reception Center (FRC) and Victim Assistance Center (VAC) are phased efforts designed to provide timely, trauma-informed services to individuals impacted by a mass casualty or fatality incident. Operations are scalable and flexible based on the scope, complexity, and duration of the event. This Concept of Operations outlines the operational timeline, coordination structure, and transition process for these centers.

ACTIVATION AND NOTIFICATION

The decision to activate an FRC and/or VAC will be made by the Director of the Office of Emergency Management (OEM), or at the request of:

- The Police Chief
- The Fire Chief
- The Director of Human Services
- In consultation with Deputy City Managers

Activation decisions will be based on:

- Number of known or suspected casualties
- Anticipated or actual public convergence at the scene or hospitals
- Delays in victim identification or reunification
- The need for mental health, spiritual, or informational support services

Notification Process:

- Notification of activation will occur through internal channels (e.g., EOC briefings, conference calls, or email updates).
- External coordination may occur via Homeland Security Information Network (HSIN), Norfolk Alert, and partner notification protocols.
- The EOC will be activated (partially or fully) to support logistics, planning, and resource coordination.

SITE IDENTIFICATION AND SETUP

The location of the FRC or VAC will be selected based on:

- Accessibility and proximity (not too close to the scene or Incident Command Post)
- Adequate space for privacy, registration, interview areas, waiting areas, and staff support zones
- Security and controlled access
- Parking and transportation considerations

Potential facilities include:

- Community centers
- Schools
- Faith-based facilities
- City-owned facilities with adequate infrastructure and accessibility

Facility setup will follow pre-developed layouts (see Appendix 2) to avoid reconfiguration during expansion. Privacy, confidentiality, and trauma-informed design are central to layout decisions.

OPERATIONAL PHASES

PHASE 1 – FAMILY RECEPTION CENTER (FRC) OPERATIONS

- Intended for the first 1–72 hours following the incident.
- Focuses on information gathering, initial reunification efforts, basic comfort, and emotional support.
- Screens individuals to determine their needs and relation to the incident.
- Provides real-time situational updates, anticipatory guidance, and behavioral health triage.
- Identifies those needing long-term services and prepares for transition to a VAC, if warranted.

PHASE 2 – TRANSITION TO VICTIM ASSISTANCE CENTER (VAC)

- Triggered when long-term services are required (e.g., fatalities confirmed, multiple injuries, prolonged investigation).
- VAC offers comprehensive victim services, including:
 - Behavioral health and grief counseling
 - Spiritual care
 - Legal/financial guidance
 - Assistance with death notifications, body identification, and personal effects
 - Victim compensation assistance
 - Resource referrals and ongoing recovery support
- Transition coordinated through Human Services, CSB, and OEM in consultation with law enforcement and support agencies.
- Phase 3 – Demobilization
- Based on decreased demand for services, official notification timelines, and law enforcement clearance.
- Survivors and families are transitioned to long-term providers (e.g., CSB, nonprofits, VOAD partners).
- Hotwash conducted for staff and volunteers.

- After-action reporting and reimbursement documentation compiled.

COMMAND, CONTROL, AND STAFFING

- FRC/VAC Manager designated by Human Services with coordination from OEM.
- Operates under the City's Incident Command System (ICS) integrated into the EOC.
- Staffing includes:
 - Human Services (registration, family support)
 - CSB (mental health and behavioral support)
 - NPD and/or Norfolk Sheriff's Office (security)
 - Faith-based liaisons (spiritual care)
 - OEM (logistics and situational awareness)
 - Custodial, IT, and administrative support
- All staff and volunteers must check in, wear credentials, and document hours worked for potential reimbursement.

PUBLIC INFORMATION AND MEDIA

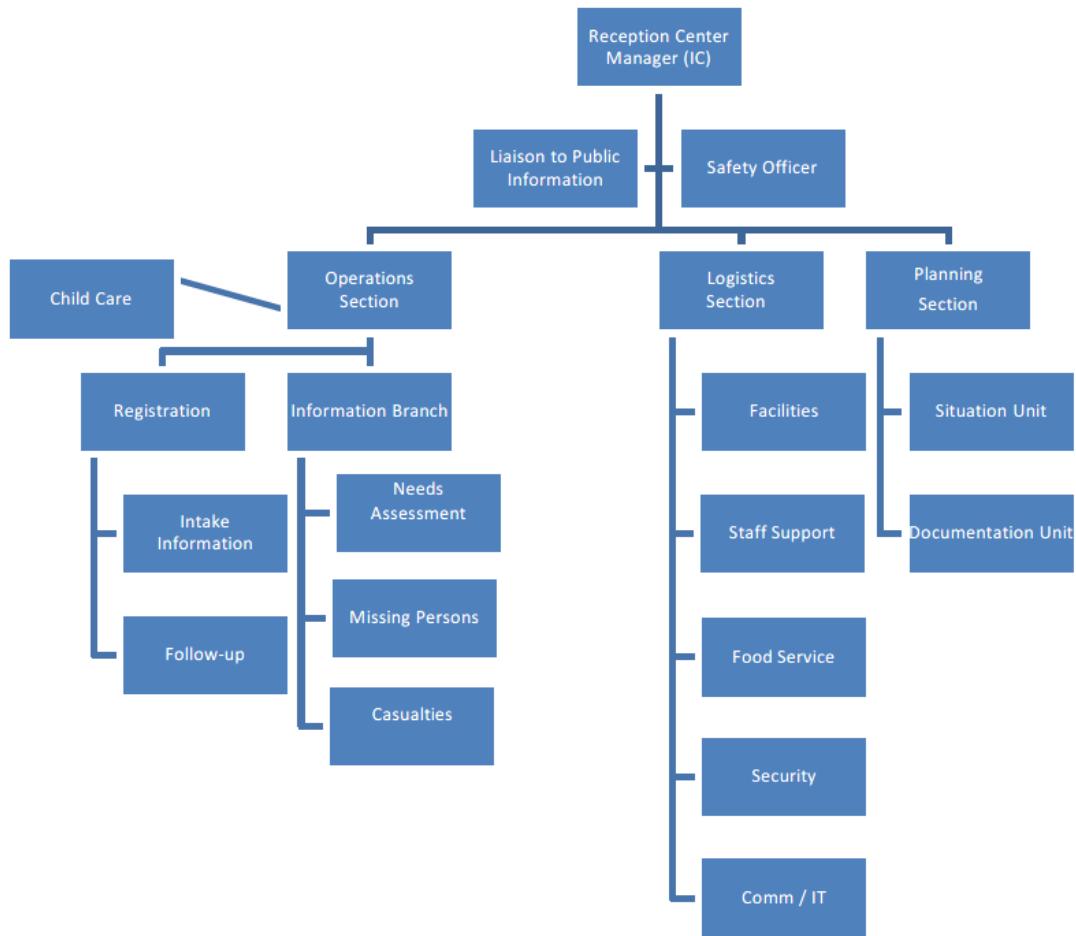
- Messaging coordinated through the Joint Information Center (JIC) or the Office of Marketing and Communications.
- Messaging will be trauma-informed, multilingual, and culturally sensitive.
- Media access to the center is restricted; interviews must occur outside and be approved by the FRC/VAC Manager and JIC.
- Social media monitoring is critical to counter misinformation and respond to public concern.

COMMUNICATION AND ACCESSIBILITY

- Redundant communication systems used (e.g., phone, email, HSIN, radios).
- Language Line and Virginia Relay (711) are available to support non-English speakers and those with hearing impairments.
- All signage and materials within the center will be easy to read and translated if needed.

ROLES AND RESPONSIBILITIES

The Family Reception Center (FRC) and Victim Assistance Center (VAC) will operate under the Incident Command System (ICS), scalable to the size and complexity of the incident. The organizational structure is led by a Center Manager and supported by Command and General Staff positions, with operational branches aligned to core, support, and optional services.



The successful operation of a Family Reception Center (FRC) and/or Victim Assistance Center (VAC) relies on coordinated, clearly defined roles among City departments, external partners, and volunteer organizations. This section outlines the primary responsibilities for each stakeholder, using the ICS framework and ensuring alignment with Norfolk's Emergency Operations Plan (EOP).

COMMAND STAFF

FRC/VAC CENTER MANAGER (HUMAN SERVICES)

- Provides overall leadership and oversight of FRC/VAC operations.
- Ensures a safe, private, and trauma-informed environment for all clients.
- Approves all policy decisions and operational changes.
- Maintains situational awareness, identifies service gaps, and coordinates with the EOC.
- Conducts or participates in family briefings in coordination with the Public Information Liaison.
- Qualification: Emergency response, public health, or crisis management experience.

PUBLIC INFORMATION LIAISON (MARKETING & COMMUNICATIONS / JIC)

- Coordinates all public messaging and media interactions related to the FRC/VAC.
- Advises the Center Manager on information suitable for public release.
- Serves as spokesperson for the center and manages family briefing content.
- Coordinates media access (if permitted) and ensures media representatives are escorted at all times.

SAFETY OFFICER (OEM OR ASSIGNED DEPARTMENT)

- Monitors center operations for safety concerns.
- Develop and enforce safety protocols for staff and visitors.
- Has the authority to stop unsafe acts and implement corrective measures immediately.
- Advises the Center Manager on health and environmental safety conditions.

LIAISON OFFICER (OEM / HUMAN SERVICES)

- Coordinates with partner agencies, including DCJS, FBI, Red Cross, VOAD, and others.
- Maintains interagency communications and resolves coordination issues.
- Supports onboarding and integration of outside resources.

GENERAL STAFF SECTIONS

OPERATIONS SECTION CHIEF (HUMAN SERVICES)

- Manages all service delivery functions to clients within the FRC/VAC.
- Supervises operational branches (Core, Support, Optional Services).
- Participates in the development of the Incident Action Plan (IAP).
- Reports directly to the Center Manager.

OPERATIONS BRANCHES

Core Services

- Call Center Coordination
- Reunification & Identification
- Antemortem and DNA Data Collection (OCME Coordination)
- Medical Records Collection
- Missing Persons Reporting & Phone Line Management
- Family Notification Support (with law enforcement)
- Behavioral Health Care (via CSB/DBHDS)
- Registration & Intake (led by Human Services)

- Information/Client Assistance
- Referrals to Local/State/Federal Services

Support Services

- Spiritual Care (via VOAD/Faith-Based Partners)
- Childcare/Daycare (as available)
- Communications Support (e.g., interpreter services, visual signage)
- Transportation Assistance (partner agencies or city transit)
- Health & Medical (in coordination with ESF 8)
- Mass Care – food, hydration, and comfort kits (Red Cross or VOAD)

Optional Services (incident-dependent)

- Pet care, financial counseling, forensic interviews, personal effects management, etc.

PLANNING SECTION CHIEF (OEM / HUMAN SERVICES)

- Collects, evaluates, and disseminates operational information.
- Maintains incident logs, client counts, and service delivery tracking.
- Leads the development of the Incident Action Plan (IAP).
- Provides situational updates to the Center Manager and EOC.

LOGISTICS SECTION CHIEF (OEM / GENERAL SERVICES / HUMAN SERVICES)

- Ensures that all logistical and facility needs are met, including:
 - Site setup and maintenance
 - Supplies and resource ordering
 - Security coordination
- Activates and supervises support units such as facilities, security, and transportation.
- Participates in IAP development and reports to the Center Manager.

FINANCE & ADMINISTRATION SECTION CHIEF (OEM / FINANCE DEPARTMENT)

- Manages timekeeping, cost tracking, and documentation for all personnel and operations.
- Coordinates agency-specific accounting requirements.
- Supports reimbursement documentation for a potential state or federal disaster declaration.
- Reports directly to the Center Manager.

CITY OF NORFOLK DEPARTMENTS

OFFICE OF EMERGENCY MANAGEMENT (OEM)

- Serve as the lead coordination agency for planning, activation, and overall management support of FRC/VAC operations.
- Provide logistical and operational support through the Emergency Operations Center (EOC).
- Ensure integration with ICS and EOC processes (resource requests, documentation, planning cycles).
- Coordinate interagency communications and external partner engagement.
- Designate FRC/VAC Liaison Officer, if needed.

DEPARTMENT OF HUMAN SERVICES

- Serve as primary operational lead for FRC/VAC staffing and management.
- Designate and deploy the FRC/VAC Manager.
- Staff and supervise registration and intake areas.
- Coordinate with VOAD partners, state victim service agencies, and community-based organizations.
- Manage rotation of staff and volunteers and maintain timekeeping logs.
- Ensure trauma-informed practices and client privacy are upheld.

NORFOLK COMMUNITY SERVICES BOARD (CSB)

- Provide behavioral health support, including mental health counseling and psychological first aid.
- Coordinate with the Virginia Department of Behavioral Health and Developmental Services (DBHDS) for additional resources as needed.
- Support staff and responder wellness during and after operations.
- Assist in triaging individuals in crisis and making referrals to long-term services.

NORFOLK POLICE DEPARTMENT (NPD) AND/OR NORFOLK SHERIFF'S OFFICE

- Provide security for the FRC/VAC site, including controlled access, crowd control, and situational awareness.
- Support notification and liaison with the Office of the Chief Medical Examiner (OCME) for next-of-kin processes.
- Prevent media or unauthorized individuals from entering restricted areas.
- Coordinate with the EOC's Law Enforcement Branch for updates and intelligence.

DEPARTMENT OF MARKETING AND COMMUNICATIONS / JOINT INFORMATION CENTER (JIC)

- Lead public messaging and media coordination related to the FRC/VAC.
- Ensure consistent, timely, and trauma-informed communication to the public.

- Provide on-site media management; coordinate any interviews.
- Develop multilingual public information materials and signage.
- Monitor social media and traditional media for misinformation or community concerns.

DEPARTMENT OF GENERAL SERVICES / FACILITY MANAGEMENT

- Identify and support facility needs (e.g., HVAC, lighting, power, custodial, utilities).
- Coordinate cleaning and restocking of supplies.
- Provide signage and logistical support within the facility.

STATE AND FEDERAL PARTNERS

VIRGINIA DEPARTMENT OF CRIMINAL JUSTICE SERVICES (DCJS)

- Deploy trained victim services personnel to support crisis intervention, next-of-kin assistance, and trauma support.
- Coordinate statewide victim response efforts and serve as lead for victim engagement during VAC operations.

VIRGINIA VICTIMS' COMPENSATION FUND (VCF)

- Provide financial assistance, guidance, and claims processing for eligible individuals.
- Ensure claimants are aware of available support and payer-of-last-resort status.
- Coordinate with DCJS and local providers to avoid duplication of services.

FEDERAL BUREAU OF INVESTIGATION (FBI) – NORFOLK OFFICE

- Assign a Victim Specialist to support federally impacted incidents (e.g., terrorism).
- Provide crisis intervention, travel coordination, and family liaison support.
- Coordinate with DCJS and VCF to maximize the use of federal and state resources.

VIRGINIA DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES (DBHDS)

- Activate mutual-aid agreements with other CSBs if local capacity is exceeded.
- Deploy Disaster Behavioral Health Team (DBHT) volunteers to augment local staffing.
- Support statewide coordination of trauma-informed mental health services.

VOLUNTARY AND COMMUNITY PARTNERS

AMERICAN RED CROSS

- Deploy trained mental health professionals to provide crisis support and psychological first aid.

- Coordinate with Human Services and CSB for an integrated behavioral health response.
- Provide comfort items, hydration/snacks, and limited logistics support.

CATHOLIC CHARITIES OF EASTERN VIRGINIA

- Provide case management and document assistance (e.g., insurance, victim compensation).
- Assist individuals with forms, paperwork, and navigating public and private support services.

SOUTHEASTERN VIRGINIA VOAD (SEVA VOAD)

- Mobilize faith-based and nonprofit organizations to provide:
 - Spiritual care and chaplain services
 - Childcare
 - Transportation support
 - Therapy animals
 - Meals and refreshments
- Coordinate long-term support referrals post-incident.

LOCAL FAITH-BASED AND CIVIC ORGANIZATIONS

- Offer facility space and staff support where appropriate.
- Provide culturally appropriate spiritual and emotional support.
- Assist with volunteer coordination, donation management, or outreach.

FRC/VAC COMMAND STRUCTURE

Under the Incident Command System, the FRC/VAC structure may include the following positions as needed:

- FRC/VAC Manager (Human Services): Leads all center operations and reports to the EOC/OEM.
- Operations Lead: Oversees behavioral health, registration, family support, and security functions.
- Planning Lead: Tracks center operations, manages situational reporting, and forecasts staffing/resource needs.
- Logistics Lead: Coordinates supplies, meals, equipment, and facility needs with EOC ESF-7.
- Public Information Officer (via JIC): Manages internal and external messaging, signage, and press inquiries.
- Liaison Officer: Facilitates interagency coordination with DCJS, FBI, VOAD partners, and external entities.

Only essential positions should be filled based on the scale of the incident. When possible, responsibilities may be consolidated or delegated to the EOC or unified command structure to maximize efficiency and reduce duplication.

NORFOLK SUGGESTED STAFFING OVERVIEW

This staffing model outlines recommended personnel levels for Family Reception Center (FRC) and Victim Assistance Center (VAC) operations based on the anticipated number of fatalities and corresponding family/friend impact. Staffing levels are scalable and flexible depending on incident complexity, available resources, and partner support.

	Small	Medium	Large	Catastrophic
Potential Fatalities	Less than 20	20-100	101-500	More than 500
Family and Friends	Less than 60	160-800	800-4,000	More than 4,000
Center Manager	1	1	1	1
Logistics Resource Coordinator	1	1	1	1
Director	1	1	1	1
Staff Care Facilitator	1	1	1	1
Reception	2-3	3-4	4-6	7-10
Watch Recorder	1	1	2	2-3
Public Affairs	1	1	2	2-3
Chaplain	1	1-2	2-4	3-5
Psychosocial Services	1	1-2	2-4	3-5
Emergency Case Managers	2-4	4-6	6-10	10-20
Information and Referral	1	1-2	2-4	3-5
Volunteers	TBD	TBD	TBD	TBD
American Red Cross Liaison	TBD	TBD	TBD	TBD
Navy-Marine Corps Relief Society	TBD	TBD	TBD	TBD
Finance	TBD	TBD	TBD	TBD
Medical	TBD	TBD	TBD	TBD
FEMA	TBD	TBD	TBD	TBD
Command Staff Total	11-13	14-20	21-33	31-50

Notes:

- TBD (To Be Determined): Roles that may be filled depending on the type and scale of the incident, specific agency activation, or federal support.
- Staffing ratios assume a 1:5 victim-to-family planning factor, consistent with national guidance for mass fatality incidents.
- Additional roles such as Security, Facilities, IT Support, and Interpreter Services should be added based on operational needs.

CORE SERVICE AREAS

The Reception Center, as outlined in this framework, is designed to serve as the initial gathering site near the incident location, activated within the first hours following a mass casualty or fatality event. Its purpose is to provide immediate, compassionate support to affected individuals while decisions are made about whether to continue operating at the site or transition to a larger Disaster Recovery Center (DRC) or Family Assistance Center (FAC).

Given the urgency and emotional impact of such incidents, only core essential services are expected to be operational during the initial phase. These services address the most immediate needs of survivors, families, and responders until more comprehensive operations can be established. The extent and level of activation remain under the authority of the local jurisdiction's Incident Commander and Emergency Operations Center (EOC).

The following core service areas should be included in every Reception Center activation:

- Staff Check-In
 - To track all staff and volunteers, ensure credentialing, and assign roles.
- Restrooms
 - Accessible and regularly serviced facilities for families and staff.
- Security (Interior and Exterior)
 - Personnel assigned to maintain a safe and controlled environment and manage access.
- Welcome, Greeting, and Registration Area
 - The first point of contact for families and individuals arriving at the center, where they are welcomed, screened, and registered.
- Relationship Verification
 - Identification and confirmation of the visitor's relationship to injured, missing, or deceased individuals.
- Needs Assessment
 - Onsite assessment for:
- Comfort and support needs
 - Communication with other family members
 - Immediate grief and/or spiritual care resources
- Limited Food and Beverage Service
 - Provision of basic refreshments such as water, coffee, and light snacks.
- Public Information Liaison
 - Designated staff to provide updates from the scene or EOC and manage the flow of accurate, trauma-informed information.
- Casualty Tracking Liaison

- Coordination with hospitals and EMS to identify and confirm the location and condition of injured individuals and communicate that information to family members.
- Reception Center to FAC Transition Evaluation
 - Assessment of whether visitors require access to extended services available at a Family Assistance Center and preparation for that transition.
- Family Notification Coordination
 - Integration with law enforcement and medical examiners to manage next-of-kin notification when the identities of deceased individuals are confirmed.

TRANSITION FROM THE RECEPTION CENTER TO THE FAMILY ASSISTANCE CENTER

The Reception Center is designed to serve as a short-term, immediate response site following a mass casualty or fatality incident. Its primary purpose is to stabilize the initial response, provide essential services to affected families, and allow decision-makers time to assess the situation before transitioning to a more comprehensive and long-term Family Assistance Center (FAC).

The transition from a Reception Center to a FAC must be deliberate, coordinated, and sensitive to the evolving needs of survivors, families, and the community. Key considerations include facility capabilities, operational sustainability, and support from mutual aid and external partners.

KEY TRANSITION CONSIDERATIONS

When planning the transition to FAC, the following factors should be evaluated:

- Facility Location: Proximity to the incident, accessibility for families, and distance from active operations.
- Size and Layout: Adequate space for expanded services, including private counseling rooms, service provider booths, and briefing areas.
- Lodging: Availability of nearby accommodations for families, mutual aid responders, state and federal personnel, and potentially the media.
- Food Services: Capacity for sustained food and beverage operations to support families and staff.
- Communications Infrastructure: Sufficient Wi-Fi, internet stations, landlines, and phone banks to enable family contact and service coordination.
- Security and Access Control: Strong physical security and staff to control access, maintain privacy, and reduce the risk of disruptions.
- Staffing and Functional Expansion: Additional personnel and services to support extended operations, including behavioral health, case management, and logistics.
- Personal Effects Management: Processes for securing, inventorying, and returning items recovered from the scene.

OPERATIONAL GUIDANCE

- Site Selection: A larger facility should be identified to accommodate the full scale of FAC operations. Lodging needs for out-of-town families, mutual aid responders, and federal/state partners must be considered.
- Media Restrictions: Media access must be tightly controlled within the DRC/FAC. Journalists must be escorted at all times. Family and staff lodging areas should be off-limits to the media to prevent additional stress or breaches of privacy.
- Responder-Family Separation: In large-scale events, responders should be housed separately from family members. This prevents misunderstandings due to overheard conversations about operational details or incident logistics.
- Mutual Aid and State Support: Local resources may be limited. Mutual aid and the Commonwealth of Virginia Family Assistance Center Plan can be activated to support:
 - Communications flow
 - Donations management
 - Mental health support
 - Coordination with federal and military partners
- Public Inquiry Management: Call volumes from the public and media will likely continue throughout the incident. A long-term, non-emergency call center or state-managed support line should be considered to relieve pressure on local systems.
- Transportation and Burial Support: Families may face financial challenges related to the transportation and disposition of remains. The FAC should include access to resource assistance and victim compensation information.
- Donations Management: If the jurisdiction lacks a donations protocol, state assistance may be requested to manage goods, services, and monetary contributions.
- Memorial Areas: Families and the public will often create spontaneous memorials. A designated, respectful location should be identified early, either at the scene, the reception center, or the FAC. Planning should include guidance for:
 - How long will the site remain in place
 - How to respectfully manage and remove items when decommissioned

TIMING AND TRANSITION PLANNING

Transitioning to a fully operational FAC will take time and coordination. Based on previous incidents, a minimum of 8 hours post-incident should be expected before a FAC is prepared to receive families. The Reception Center serves as a critical bridge, ensuring families receive immediate care while a more sustainable and resource-intensive operation is established.

A well-managed transition supports continuity of care, reduces confusion, and ensures families receive compassionate support throughout the recovery process.

DEMOBILIZATION

The demobilization of the Family Reception Center (FRC) or Victim Assistance Center (VAC) will occur once the need for services significantly declines or when directed by the Emergency Operations Center (EOC) or Incident Command. Demobilization must be conducted in an orderly, respectful, and coordinated manner, with particular care given to safeguarding personal information and maintaining continuity of care for affected individuals.

CLOSURE PROCEDURES

- The decision to demobilize the FRC/VAC will be made jointly by the FRC/VAC Manager, Human Services leadership, and the EOC Planning Section.
- Staff will be notified of the closure timeline, and clear public messaging will be developed by the Joint Information Center (JIC) to ensure families, and the public are informed of alternative points of contact and long-term support resources.

CLEAN-UP AND BREAKDOWN

- Staff and volunteers will:
 - Remove all temporary signage, posters, and directionals.
 - Pack and inventory all center-specific materials and supplies (e.g., job aids, forms, comfort items).
 - Dispose of trash and remove any food items, per health and safety protocols.
 - Return reusable supplies and equipment to appropriate departments or staging areas.

RECORDS AND DOCUMENTATION

- All records and forms generated during operations (e.g., registration logs, victim intake, staffing rosters) will be collected, organized, and returned to the Department of Human Services for secure storage and archiving.
- Sensitive records must be protected in accordance with HIPAA, privacy laws, and data retention policies.
- The FRC/VAC Manager will ensure timekeeping logs for all City staff and volunteers are complete and submitted for potential reimbursement in a declared disaster.

FACILITY RESTORATION AND INSPECTION

- The Center Manager will conduct a walk-through with the Facility Manager (or designee) to:
 - Confirm the space is clean, undamaged, and free of hazards.
 - Document any facility-related issues for follow-up and resolution.
 - Ensure building systems are restored to pre-activation condition.
- The Facility Manager will be responsible for securing the site after closure is complete.

STAFF DEMOBILIZATION AND RECOVERY

- Staff and volunteers will be given a demobilization briefing and debrief, including:
 - Operational wrap-up
 - Continuity of care plans (e.g., warm hand-offs to long-term providers)
 - Access to mental health and peer support, particularly for those exposed to trauma
- Those involved in center operations will be invited to participate in a hotwash and After-Action Review (AAR), coordinated by OEP and Human Services.

AFTER-ACTION REPORTING

- An AAR will be compiled with input from all participating agencies and partners.
- Lessons learned, best practices, and improvement areas will be documented and integrated into future planning and training cycles.
- Financial tracking and reimbursement documentation will be submitted through OEM in accordance with FEMA Public Assistance and recovery procedures, if applicable.

TRAINING AND EXERCISE

The successful operation of a Family Reception Center (FRC) or Victim Assistance Center (VAC) depends not only on planning but also on staff training and regular exercises. All personnel expected to support FRC/VAC operations must receive initial and recurring training on their roles, responsibilities, and expectations in alignment with the City of Norfolk's Emergency Operations Plan and the National Incident Management System (NIMS).

TRAINING REQUIREMENTS

- Core FRC/VAC staff (e.g., Human Services, CSB, OEM, NPD) will complete training on:
 - Reception and family assistance center concepts
 - Trauma-informed care and psychological first aid
 - Registration, intake, and relationship verification procedures
 - Communications protocols, privacy protection, and media guidelines
 - Resource request and documentation processes
- Training should be provided annually or as part of regular departmental preparedness activities.
- Just-in-time training will be delivered to all staff and volunteers at the time of center activation.

EXERCISE REQUIREMENTS

- The FRC/VAC Plan should be incorporated into:
 - Tabletop Exercises (TTXs) every 1–2 years
 - Functional or Full-Scale Exercises (FSEs) at least once every 3–5 years
- Exercises should include key stakeholders such as:

- Norfolk Human Services, Community Services Board (CSB)
- Norfolk Police and Fire-Rescue
- American Red Cross, SEVA VOAD, DCJS, and VCF
- Norfolk Public Schools (if facilities are used), and other city departments
- After each exercise, an After-Action Report (AAR) and Improvement Plan (IP) will be developed, and updates to this plan will be made as needed.

PLAN MAINTENANCE

- The Office of Emergency Management (OEM), in coordination with the Department of Human Services, will review and update this plan at least once every two years, or after:
 - Activation of a reception or family assistance center
 - A major exercise that identifies significant gaps
 - Changes to federal or state guidance

SUPPORTING PLANS AND POLICIES

The following plans, policies, and references establish the legal, operational, and technical foundation for the activation and operation of Family Reception Centers (FRCs) and Victim Assistance Centers (VACs). These documents provide critical guidance on roles, responsibilities, regulatory compliance, victim services, and interagency coordination. They should be consulted as needed for detailed protocols and procedures:

LOCAL PLANS

- City of Norfolk Emergency Operations Plan (EOP)
 - Establishes the overarching incident management framework for Norfolk, including ICS integration and ESF coordination.
- City of Norfolk Continuity of Operations (COOP) Plan
 - Ensures continuation of essential city services, including Human Services and emergency communication functions during disruptions.
- Team Norfolk Emergency Support Function (ESF) Annexes
 - Specifically:
 - ESF 6 – Mass Care, Housing, and Human Services
 - ESF 8 – Public Health and Medical Services
 - ESF 13 – Public Safety and Security
 - ESF 15 – External Affairs

STATE AND REGIONAL GUIDANCE

- Virginia Emergency Operations Plan (VEOP)

- Describes the Commonwealth's responsibilities during emergencies, including activation of state resources.
- Virginia Criminal Injuries Compensation Fund (VCF) Guidelines
 - Provides financial support to eligible victims of violent crime and outlines payment protocols under Code of Virginia § 19.2-368.
- Virginia Department of Criminal Justice Services (DCJS) Mass Casualty Response Guidance
 - Includes protocols for deploying victim services personnel and coordinating family assistance.
- Virginia Department of Behavioral Health and Developmental Services (DBHDS) Emergency Operations Plan
 - Describes mutual aid and crisis mental health service delivery via Community Services Boards (CSBs).
- Hampton Roads Regional Hazard Mitigation Plan
 - Identifies regional threats and vulnerabilities relevant to FRC/VAC planning.

FEDERAL GUIDANCE AND BEST PRACTICES

- FEMA Comprehensive Preparedness Guide (CPG) 101
 - Offers guidance for developing emergency operations plans, including annexes for mass care and human services.
- FEMA/DOJ Mass Fatality Incident Response Guidance
 - Provides considerations for family assistance operations in incidents involving large numbers of fatalities.
- NTSB Family Assistance Plan for Aviation Disasters
 - Outlines federal coordination, ratios, and victim support expectations for transportation-related events.
- U.S. Department of Justice: Responding to Victims of Mass Violence and Terrorism – Planning, Response, and Recovery
 - Comprehensive guidance on planning for family assistance centers, mental health care, and legal support.
- National Mass Care Strategy
 - Framework for mass care coordination across sheltering, feeding, and family reunification services.

AUTHORITIES

The following federal statutes and regulatory frameworks provide the legal foundation for the activation and operation of Family Reception Centers (FRCs) and Victim Assistance Centers (VACs). These authorities guide the roles and responsibilities of local, state, and federal agencies in

coordinating emergency response and supporting victims and survivors during mass casualty or fatality incidents:

ROBERT T. STAFFORD DISASTER RELIEF AND EMERGENCY ASSISTANCE ACT (42 U.S.C. § 5121 ET SEQ.)

- Establishes the framework for federal assistance to state and local governments during declared emergencies.
- Authorizes funding and coordination through FEMA for mass care services, including family assistance operations.
- Supports deployment of federal resources such as Urban Search & Rescue (USAR), Disaster Mortuary Operational Response Teams (DMORT), and behavioral health support.

HOMELAND SECURITY ACT OF 2002 (6 U.S.C. § 101 ET SEQ.)

- Establishes the U.S. Department of Homeland Security and its role in disaster preparedness and response.
- Delegates authority to FEMA for coordinating federal response efforts, including victim services, critical infrastructure support, and public messaging.

POST-KATRINA EMERGENCY MANAGEMENT REFORM ACT (PKEMRA) OF 2006

- Expands FEMA's responsibilities to include planning for individuals with access and functional needs.
- Emphasizes the need for inclusive, coordinated response efforts, including the activation of Family Assistance Centers and trauma-informed services.

VICTIMS OF CRIME ACT (VOCA) OF 1984 (42 U.S.C. § 10601 ET SEQ.)

- Establishes the Crime Victims Fund and authorizes funding for victim compensation and assistance programs.
- Supports state-level services administered through the Virginia Victims Compensation Fund and the Virginia DCJS during mass violence incidents.

AVIATION DISASTER FAMILY ASSISTANCE ACT OF 1996

- Requires the National Transportation Safety Board (NTSB) to coordinate federal family assistance operations following major aviation accidents.
- Sets a precedent for establishing family assistance centers and coordination with local governments, the American Red Cross, and victim service agencies.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) PRIVACY RULE (45 CFR PARTS 160 AND 164)

- Governs the protection of personal health information during medical and behavioral health care delivery.
- Permits limited disclosure of information to family members or responders when necessary to reduce serious harm or during disaster response.

AMERICANS WITH DISABILITIES ACT (ADA) AND REHABILITATION ACT (29 U.S.C. § 701)

- Mandates equal access to facilities, services, and communications for individuals with disabilities.
- Applies directly to the physical and programmatic accessibility of FRC and VAC operations.

NATIONAL RESPONSE FRAMEWORK (NRF) AND NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS)

- Establishes nationwide protocols for incident management, including mass care and emergency public information.
- Encourages the use of ICS structure in center operations and promotes multi-agency coordination under ESF #6 (Mass Care) and ESF #8 (Public Health and Medical Services).

REFERENCES

The following documents, plans, and publications support the development and implementation of this Family Reception Center (FRC) and Victim Assistance Center (VAC) Plan. These references provide technical guidance, operational standards, and strategic frameworks drawn from federal, state, regional, and local sources. They serve as the foundation for best practices in mass care, victim services, emergency operations, and interagency coordination. These materials should be consulted when planning, training, or conducting FRC/VAC operations, as well as during post-incident recovery and improvement planning.

FEDERAL GUIDANCE AND BEST PRACTICES

- U.S. Department of Justice. Responding to Victims of Mass Violence and Terrorism: Planning, Response, Recovery, and Resources.
- U.S. Department of Homeland Security. National Response Framework (NRF), 4th Edition.
- Federal Emergency Management Agency (FEMA). Comprehensive Preparedness Guide (CPG) 101, Version 3.0: Developing and Maintaining Emergency Operations Plans.
- National Transportation Safety Board (NTSB). Family Assistance Plan for Aviation Disasters.
- U.S. Department of Health and Human Services. Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule.

- American Red Cross & Office for Victims of Crime. Coordination Between American Red Cross Workers and Crime Victim Service Providers (2005).
- National Mass Care Strategy. Family Assistance Centers: Guidelines and Best Practices.

STATE AND REGIONAL REFERENCES

- Commonwealth of Virginia. Emergency Operations Plan (VEOP).
- Virginia Department of Criminal Justice Services (DCJS). Mass Casualty and Victim Services Guidance.
- Virginia Victims Compensation Fund (VCF). Program Policies and Claimant Guidance.
- Virginia Department of Behavioral Health and Developmental Services (DBHDS). Emergency Operations Plan (2022 – Version 1.0).
- Hampton Roads Planning District Commission. Hampton Roads Hazard Mitigation Plan.

LOCAL PLANS AND POLICIES

- City of Norfolk. Emergency Operations Plan (EOP).
- City of Norfolk. Continuity of Operations Plan (COOP).
- City of Norfolk. Team Norfolk Emergency Support Function Annexes (ESFs 6, 8, 13, 15).
- City of Norfolk. Administrative Policy 5.3 – Employee General Practices: Emergencies and Closings.

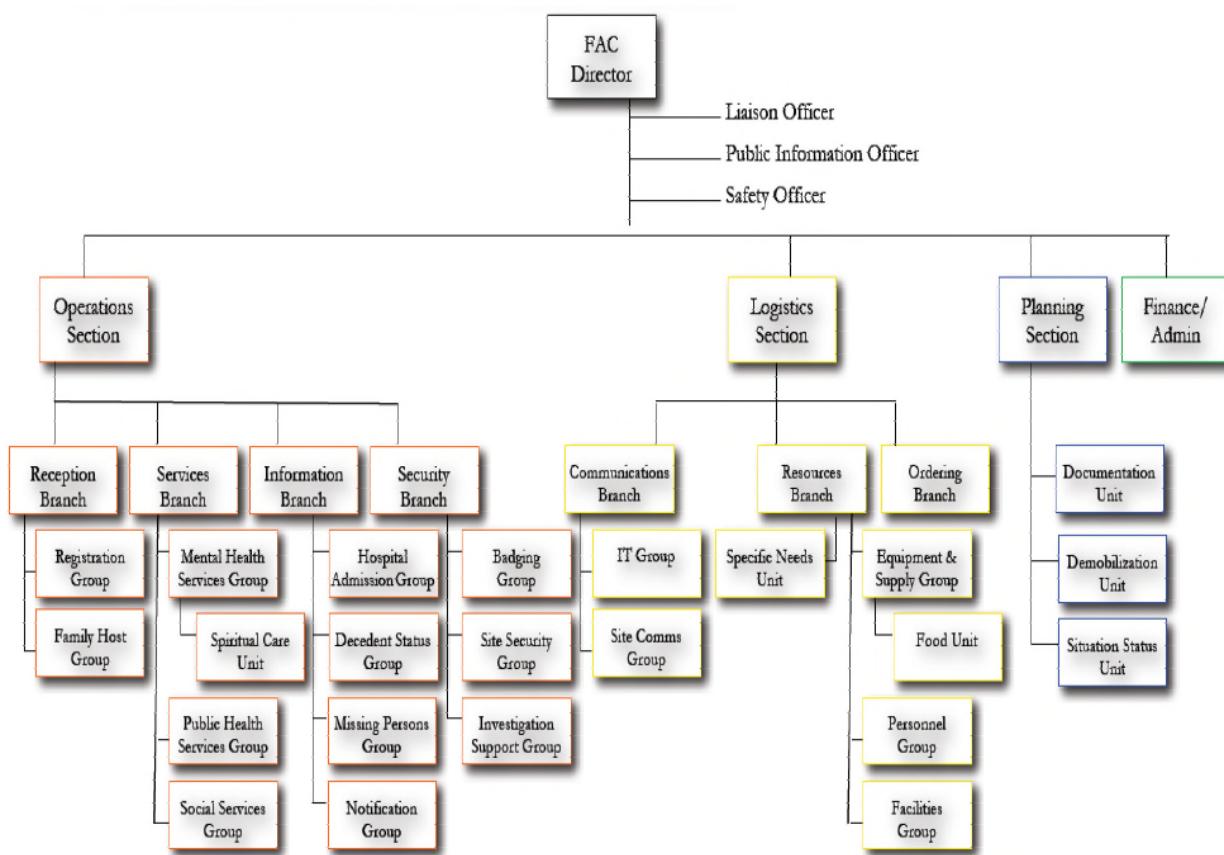
LEGAL AUTHORITIES

- Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. § 5121 et seq.)
- Homeland Security Act of 2002 (6 U.S.C. § 101 et seq.)
- Post-Katrina Emergency Management Reform Act (2006)
- Victims of Crime Act (VOCA) of 1984 (42 U.S.C. § 10601 et seq.)
- Aviation Disaster Family Assistance Act of 1996
- Americans with Disabilities Act (ADA) and Rehabilitation Act (29 U.S.C. § 701)
- Code of Virginia § 19.2-368 – Virginia Victims Fund

APPENDICES

- Appendix 1 – Roles and Responsibilities Table
- Appendix 2 – Reception Center Floor Plan Template
- Appendix 3 – Family Assistance Center Floor Plan Template
- Appendix 4 – Staffing Models by Incident Scale
- Appendix 5 – Reception Center Check-In Form
- Appendix 6 – Acronym List

APPENDIX 1 - COMMONWEALTH OF VIRGINIA FAC STAFFING OVERVIEW



APPENDIX 2 - DIAGRAM OF RECEPTION CENTER FLOOR PLAN

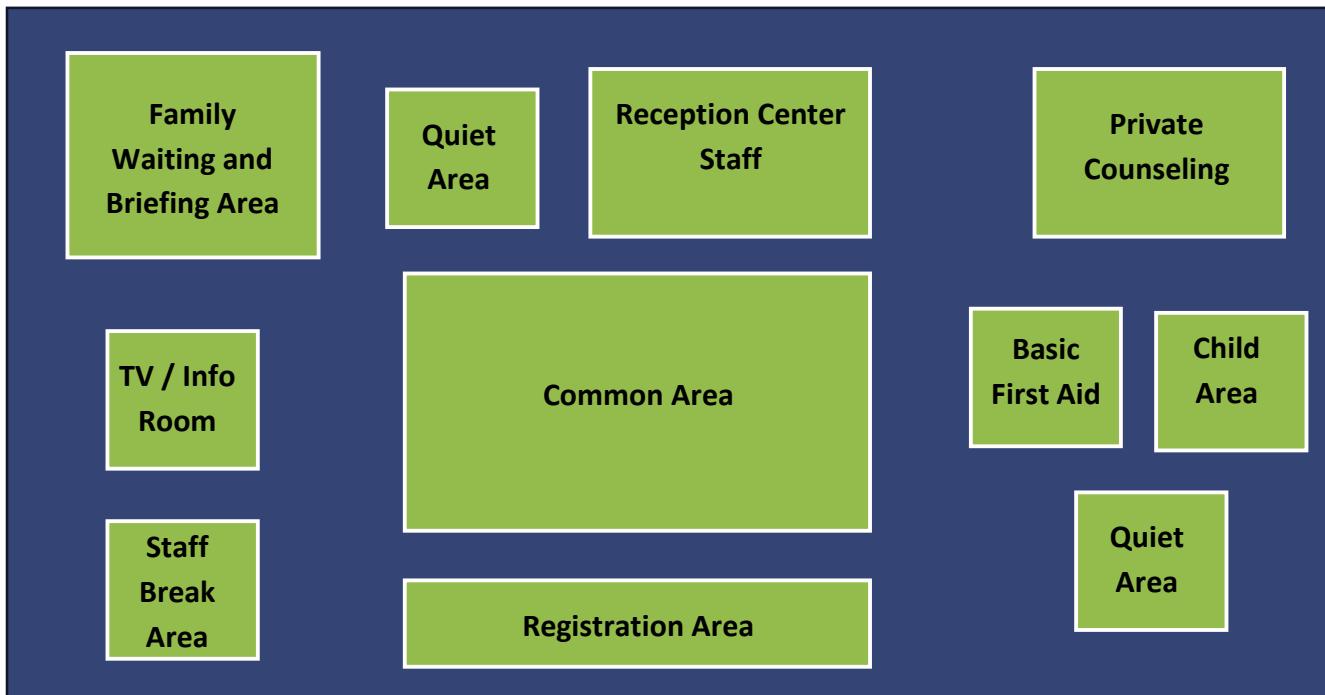
The diagram below provides a sample layout of a Family Reception Center (FRC) and/or Victim Assistance Center (VAC). It is designed to promote a calm, secure, and trauma-informed environment while maintaining operational efficiency and privacy.

This floor plan serves as a template and should be tailored to the selected facility's size, design, and available resources. Core service areas are strategically separated to minimize cross-traffic and maintain confidentiality.

Key Zones and Functions

- Registration Area: Controlled entry point for screening and logging individuals.
- Common Area: Central waiting space; should be calm, comfortable, and monitored.
- Family Waiting and Briefing Area: Location for situational updates; accommodates group briefings with privacy considerations.
- Private Counseling Rooms: For one-on-one mental health or spiritual support.

- Basic First Aid: Staffed by EMS or medical personnel for minor health issues.
- Child Area: A safe, monitored area for children while adults receive services.
- Quiet Areas: Designated spaces for grieving, decompression, or prayer.
- Television/Information Room: Provides access to vetted news, incident updates, and support service information.
- Reception Center Management/Staff Area: Operations hub for internal coordination.
- Staff Break Area: Designated for staff respite and wellness support.



APPENDIX 3 -DIAGRAM OF A FAMILY ASSISTANCE CENTER FLOOR PLAN

The diagram below illustrates a recommended layout for a fully operational Family Assistance Center (FAC). The FAC serves as a longer-term support facility for victims' families and friends following a mass casualty or fatality incident. It builds upon the initial Family Reception Center (FRC) setup by incorporating expanded services, private interview spaces, and designated areas for comprehensive support functions.

The design prioritizes trauma-informed care, privacy, accessibility, and coordinated service delivery. While every facility will differ based on the available infrastructure and scale of the incident, the following functional areas are recommended for inclusion when establishing a FAC:

CORE FACILITY ZONES AND FUNCTIONS:

- Reception Area: Entry control point staffed by security and intake personnel.
- Family Intake and Information Desk: First stop for visitors, where they receive orientation, register, and are directed to appropriate services.

- Family Common Area: Central space for families to wait comfortably while accessing services, with a designated Memorial Area for reflection and remembrance.
- Family Briefing Room / Auditorium: Designated space for scheduled group briefings and updates from officials.
- Interview Rooms: Private rooms for behavioral health consultations, forensic interviews, and service provider meetings.
- Service Provider Stations: Designated booths or rooms for agencies such as victim compensation programs, mental health support, spiritual care, logistics aid (e.g., travel/lodging), and more.
- Childcare Room: A safe, staffed area for children while caregivers engage with services.
- Interfaith Meditation Room: Quiet space for spiritual reflection and prayer.
- Quiet Rooms: Small private rooms for individuals needing a quiet, private space to grieve or decompress.
- Communication Area: Phones and internet stations for families to connect with loved ones, employers, or make lodging/transportation arrangements.
- Food and Beverage Area: A staffed zone for refreshments and hydration.
- First Aid Station: Manned by EMS or health personnel for minor injuries or wellness needs.
- Antemortem Data / Missing Persons Center: Secure and private area for families to provide data to law enforcement or OCME staff in the process of identification or reunification.
- FAC Management Office: Operational headquarters for the Center Manager, Planning, Logistics, and Coordination functions.

KEY CONSIDERATIONS:

- Space requirements should reflect the expected scale of the incident and anticipated service demand.
- Staff should have designated break areas and support zones.
- All signage, pathways, and spaces should be ADA compliant and equipped for multilingual access.
- Security and privacy protocols should be maintained throughout, especially in interview and grief-support areas.

This layout is a flexible guide to ensure consistent, compassionate, and coordinated care during prolonged or complex incidents.



APPENDIX 4 - SUGGESTED RECEPTION CENTER SITE SPECIFICATIONS

To ensure efficient setup and service delivery during a mass casualty or fatality event, the City of Norfolk has developed incident-scaled charts to guide facility planning for Family Reception Center (FRC) operations. These planning tools identify the recommended number of rooms or functional areas, estimated occupancy, suggested square footage, and square footage scaling guidance for each room type.

Each chart is tailored to a specific incident size (small, medium, large, or catastrophic) based on the anticipated number of casualties and projected number of family and friends expected to seek assistance, using a planning ratio of 1:5 (one victim to five loved ones). The specifications help planners quickly identify facility requirements and ensure adequate space, privacy, and comfort for families and staff.

The example below outlines the recommended layout for a small-scale incident involving approximately 20 casualties and 100 family members or friends.

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SMALL INCIDENT (1:5 RATIO)

To support effective planning for mass casualty or fatality events, the City of Norfolk has developed tiered site specification charts for Family Reception Center (FRC) operations. Each chart outlines recommended room types, quantities, capacities, square footage, and scaling keys tailored to the projected number of impacted individuals.

For small-scale incidents, a planning ratio of 1:5 (one casualty to five family/friends) is used. This reflects a localized incident involving a limited number of fatalities and a correspondingly smaller population seeking services. The chart below represents suggested space requirements for an incident involving approximately 20 fatalities and 100 family/friends.

Mass Casualty Event Reception Center	Number of Casualties / Fatalities Anticipated			20
	Total Number of Friends and Family (Ratio 1/5)			100
	Incident Size			Small
Room Type	Number of Rooms / Areas	Capacity	Suggested Square Footage	Square Footage Scaling Key
Reception Area	1	20	200	10ft/per person
Private Counseling Rooms	2	10	200	10ft/per person
Family Waiting / Briefing Room	1	105	1050	10ft/per person
Childcare area	1	6	180	30ft/per child
Quiet/Meditation/Spiritual Care Area	1	10	400	40ft/per person
Television Room	1	11	110	10ft/per person
Family Computer/Phone Bank Room	1	11	275	25ft/per person
Food Service Area	1	80	960	12ft/per person
Command Area	1	20	600	25ft/per person
Behavioral Health Team Office	1	2	60	30ft/per person
Behavioral Health Staff Office	1	1	30	30ft/ per person
Staff Work Area/ Staff Break Area	1	15	450	30ft/ per person
Supplies Storage Area	1	0	500	500 ft.
Other Meeting Rooms		10	100	10ft/per person
Totals	14 Rooms	301 Capacity	5,115 Sq Ft	
Restroom Stalls	6			

SMALL INCIDENT (1:8 RATIO)

To support effective planning for mass casualty or fatality events, the City of Norfolk has developed tiered site specification charts for Family Reception Center (FRC) operations. Each chart outlines recommended room types, quantities, capacities, square footage, and scaling keys tailored to the projected number of impacted individuals.

For small-scale incidents, a planning ratio of 1:8 (one casualty to eight family/friends) is used. This reflects a localized incident involving a limited number of fatalities and a correspondingly smaller population seeking services. The chart below represents suggested space requirements for an incident involving approximately 20 fatalities and 100 family/friends.

Mass Casualty Event Reception Center	Number of Casualties / Fatalities Anticipated			20
	Total Number of Friends and Family (Ratio 1/8)			160
	Incident Size			Small
Room Type	Number of Rooms / Areas	Capacity	Suggested Square Footage	Square Footage Scaling Key
Reception Area	1	20	200	10ft/per person
Private Counseling Rooms	2	10	200	10ft/per person
Family Interview / Notification Rooms	2	10	200	10ft/per person
Family Waiting / Briefing Room	2	105.6	1056	10ft/per person
Childcare area	1	6	180	30ft/per child
Quiet/Meditation/Spiritual Care Area	1	10	400	40ft/per person
Television Room	1	11	110	10ft/per person
Family Computer/Phone Bank Room	1	11	275	25ft/per person
Food Service Area	1	80	960	12ft/per person
Command Area	1	20	600	25ft/per person
Behavioral Health Team Office	1	2	60	30ft/per person
Behavioral Health Staff Office	1	1	30	30ft/ per person
Staff Work Area/ Staff Break Area	1	15	450	30ft/ per person
Supplies Storage Area	1	0	500	500 ft.
Other Meeting Rooms		10	100	10ft/per person
Totals	16 Rooms	311 Capacity	5,321 Sq Ft	
Restroom Stalls	6			

MEDIUM INCIDENT (1:8 RATIO)

In planning for medium-scale mass casualty or fatality incidents, the City of Norfolk applies a 1:8 planning ratio—assuming eight family members or friends may seek services for each victim. This ratio is aligned with U.S. Navy and other federal planning models for broader-impact events.

The following chart outlines recommended room configurations, capacities, and square footage for incidents involving approximately 50–100 fatalities and 400–800 family/friends. This guidance supports efficient facility layout and ensures access to essential services in a safe and organized environment.

Mass Casualty Event Reception Center	Number of Casualties / Fatalities Anticipated			100
	Total Number of Friends and Family (Ratio 1/8)			800
	Incident Size			Medium
Room Type	Number of Rooms / Areas	Capacity	Suggested Square Footage	Square Footage Scaling Key
Reception Area	1	20	200	10ft/per person
Private Counseling Rooms	7	10	700	10ft/per person
Family Interview / Notification Rooms	7	10	700	10ft/per person
Family Waiting / Briefing Room	1	528	5280	10ft/per person
Childcare area	1	30	900	30ft/per child
Quiet/Meditation/Spiritual Care Area	1	50	2000	40ft/per person
Television Room	1	54	540	10ft/per person
Family Computer/Phone Bank Room	1	54	1350	25ft/per person
Food Service Area	1	400	4800	12ft/per person
Command Area	1	20	600	25ft/per person
Behavioral Health Team Office	1	7	210	30ft/per person
Behavioral Health Staff Office	1	4	120	30ft/ per person
Staff Work Area/ Staff Break Area	1	15	450	30ft/ per person
Supplies Storage Area	1	0	500	500 ft.
Other Meeting Rooms		10	100	10ft/per person
Totals	26 Rooms	1,212 Capacity	18,450 Sq Ft	
Restroom Stalls	27			

LARGE INCIDENT (1:8 RATIO)

For large-scale incidents, the same 1:8 ratio is applied to estimate the number of individuals requiring assistance. These scenarios may involve 101–500 fatalities and 800–4,000 family/friends, resulting from catastrophic accidents, attacks, or infrastructure failures.

The chart for this scale supports planning for large venues and emphasizes the need for expanded service areas, greater staff presence, and increased privacy accommodations. It enables proactive identification of space and resource needs for long-duration operations.

Mass Casualty Event Reception Center	Number of Casualties / Fatalities Anticipated			250
	Total Number of Friends and Family (Ratio 1/8)			2000
	Incident Size			Large
Room Type	Number of Rooms / Areas	Capacity	Suggested Square Footage	Square Footage Scaling Key
Reception Area	1	20	200	10ft/per person
Private Counseling Rooms	17	10	1700	10ft/per person
Family Interview / Notification Rooms	17	10	1700	10ft/per person
Family Waiting / Briefing Room	1	1320	13200	10ft/per person
Childcare area	1	75	2250	30ft/per child
Quiet/Meditation/Spiritual Care Area	1	125	5000	40ft/per person
Television Room	1	134	1340	10ft/per person
Family Computer/Phone Bank Room	1	134	1340	25ft/per person
Food Service Area	1	1000	12000	12ft/per person
Command Area	1	20	600	25ft/per person
Behavioral Health Team Office	1	17	510	30ft/per person
Behavioral Health Staff Office	1	9	270	30ft/ per person
Staff Work Area/ Staff Break Area	1	15	450	30ft/ per person
Supplies Storage Area	1	0	500	500 ft.
Other Meeting Rooms		10	100	10ft/per person
Totals	46 Rooms	2,899 Capacity	41,160 Sq Ft	
Restroom Stalls	67			

CATASTROPHIC INCIDENT (1:8 RATIO)

In the event of a catastrophic incident involving more than 500 fatalities and potentially over 4,000 family members and friends, planning must support surge capacity, extended operations, and coordination with federal resources.

This chart provides a framework for the rapid identification and configuration of large-capacity venues, ensuring that Norfolk can deliver trauma-informed services at scale while maintaining safety, dignity, and efficiency.

Mass Casualty Event Reception Center	Number of Casualties / Fatalities Anticipated			500
	Total Number of Friends and Family (Ratio 1/8)			4000
	Incident Size			Catastrophic
Room Type	Number of Rooms / Areas	Capacity	Suggested Square Footage	Square Footage Scaling Key
Reception Area	1	20	200	10ft/per person
Private Counseling Rooms	34	10	3400	10ft/per person
Family Interview / Notification Rooms	34	10	3400	10ft/per person
Family Waiting / Briefing Room	1	2640	26400	10ft/per person
Childcare area	1	150	4500	30ft/per child
Quiet/Meditation/Spiritual Care Area	1	250	10000	40ft/per person
Television Room	1	267	2670	10ft/per person
Family Computer/Phone Bank Room	1	267	2670	25ft/per person
Food Service Area	1	2000	24000	12ft/per person
Command Area	1	20	600	25ft/per person
Behavioral Health Team Office	1	34	1020	30ft/per person
Behavioral Health Staff Office	1	17	510	30ft/ per person
Staff Work Area/ Staff Break Area	1	15	450	30ft/ per person
Supplies Storage Area	1	0	500	500 ft.
Other Meeting Rooms		10	100	10ft/per person
Totals	80 Rooms	5,710 Capacity	80,420 Sq Ft	
Restroom Stalls	67			

Reception Center Check-In Form

Instructions: Everyone entering this facility must complete this check-in form. This information helps us ensure safety, track visitors, and provide appropriate support services. Additional details may be requested later based on your relationship to the incident or individual(s) affected.

Basic Information

Date: _____ Time of Arrival: _____ Event Tracking Number: _____

Full Name: _____

Phone Number: _____ Email (optional): _____

Home Address (City/State only): _____

Reason for Visit

Seeking a friend/family member Supporting someone Staff/Volunteer
 Responder (Police/Fire/EMS) Other: _____

If Seeking a Loved One

Name of person you're looking for: _____

Your relationship to them: _____

Have medical/dental info to share? Yes No

Services You May Need Today

Incident Info Help locating loved one Emotional/Spiritual Support
 Food/Water Medical (non-emergency) Quiet/Prayer Space
 Transportation Help Interpreter Services Other: _____

Official Use Only

Checked by: _____ Reg. #: _____

Referred to: Behavioral Health Medical Law Enforcement Liaison

Family Briefing Room Childcare Interpreter Other: _____

APPENDIX 6 - ACRONYM LIST

- (ADA) Americans with Disabilities Act
- (ARC) American Red Cross
- (CAD) Computer-Aided Dispatch
- (COOP) Continuity of Operations Plan
- (CSB) Community Services Board
- (DCJS) Virginia Department of Criminal Justice Services
- (DBHDS) Virginia Department of Behavioral Health and Developmental Services
- (DMORT) Disaster Mortuary Operational Response Team
- (DOE) U.S. Department of Energy
- (DOJ) U.S. Department of Justice
- (DRC) Disaster Recovery Center
- (EOC) Emergency Operations Center
- (EMS) Emergency Medical Services
- (ETN) Event Tracking Number
- (FAC) Family Assistance Center
- (FBI) Federal Bureau of Investigation
- (FEMA) Federal Emergency Management Agency
- (HIPAA) Health Insurance Portability and Accountability Act
- (HSIN) Homeland Security Information Network
- (ICS) Incident Command System
- (IAP) Incident Action Plan
- (JIC) Joint Information Center
- (NIMS) National Incident Management System
- (NPD) Norfolk Police Department
- (NRF) National Response Framework
- (OCME) Office of the Chief Medical Examiner
- (OEM) Office of Emergency Management
- (PIO) Public Information Officer
- (SEVA VOAD) Southeastern Virginia Voluntary Organizations Active in Disaster
- (USAR) Urban Search and Rescue
- (VAC) Victim Assistance Center
- (VCF) Virginia Victims Compensation Fund
- (VOAD) Voluntary Organizations Active in Disaster