



EVHC
Eastern Virginia
Healthcare Coalition

Naval Air Station Oceana
Mass Casualty Incident
Exercise Series

After Action Report
July-August 2022

OVERVIEW

Name	Naval Air Station Oceana Mass Casualty Incident
Dates	<p>July 21, 2022 – MCI Table-top exercise</p> <p>August 3, 2022 – EVHC Monthly Communications Drill</p> <p>August 18, 2022 – MCI Full-scale exercise</p> <p>September 8, 2022 – Family Re-unification Center/Family Assistance Center Workshop</p>
Scope	<p>A series of exercises designed to prepare and recover from a mass casualty incident at the NAS Oceana Air Show. The table-top exercise was a “walk through” of the full-scale exercise. The Communication Drill targeted acute care facilities requesting MCI capability and points of contact. The full-scale exercise lasted 90 minutes whereas a number of people were treated, triaged and transported to regional hospitals as a result of an accident on the NAS Oceana Air Show. The Family Re-unification Center workshop targeted the immediate aftermath of the incident. EVHC staff members participated in each of the exercises defined in the scope. Each of the exercises covers Strengths and Areas for Improvement.</p>
Mission Area(s)	Preparation and Response
Core Capabilities & Objectives	<p>Healthcare and Medical Response Coordination</p> <ol style="list-style-type: none"> 1. Evaluate activation of the Regional Healthcare Coordination Center (RHCC) for a Mass Casualty Incident (MCI). 2. Mobilize/deploy the Sentara Mobile Command trailer and evaluate its use as a mobile RHCC. <p>Medical Surge</p> <ol style="list-style-type: none"> 3. Evaluate the ability to assist NAS Oceana, City of Virginia Beach, regional hospitals and local EMS with patient transport and patient tracking coordination from a MCI by using the Virginia Healthcare Alerting and Status System.
Sponsor	Eastern Virginia Healthcare Coalition
Participating Organization	Eastern Virginia Healthcare Coalition

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NAS OCEANA MCI TABLE-TOP EXERCISE – JULY 21, 2022

The Table Top Exercise was conducted on July 21, 2022, in partnership with the City of Virginia Beach. Participants included Naval Air Station (NAS) Oceana Leadership, NAS Oceana Emergency Management, Commander, Navy Region Mid-Atlantic (CNRMA) Fire and EMS, Virginia Beach Fire Department, Virginia Beach EMS, Naval Security Forces, Virginia Beach Emergency Management, Virginia Beach Public Works, Virginia Beach Police, Oceana Fleet and Family Services, Eastern Virginia Healthcare Coalition, Sentara, and the Office of the Chief Medical Examiner. The format was an open discussion facilitated by CNRMA Fire and EMS, Virginia Beach Emergency Management, and Oceana Emergency Management.

The scenario discussed the response to, mitigation of and recovery from a mass casualty incident on the airfield during the Air Show due to an aircraft mishap. The format acknowledged all participating agencies were proficient in executing their particular areas of expertise. The exercise encouraged cross-talk, identification of any overlap in functions, alleviation of assumptions about other agencies, and identification of resources and capabilities available to the team. The discussion – divided into three distinct modules – included Pre-Incident, Incident Response, and Post-Incident.

The Area for Improvements noted applies to EVHC staff only. The exercise identified additional Strengths and Areas of Improvement applicable to the full response team, notably initial response and pre-plans, traffic patterns and installation ingress/egress, initial family reunification, handling of casualties and follow-on services.

Area for Improvement – RHCC Coordination

Observation – One of the primary functions of the Regional Healthcare Coordination Center (RHCC) is to act as a single point of contact and collaborator with Fire and EMS agencies for healthcare diversion management, movement of patients from an incident scene to receiving hospitals and input/guidance on hospital capabilities, available services and medical transport when requested by the coordinating hospital or if the RHCC is activated.

Discussion – during the exercise, EVHC re-iterated these capabilities with regard to patient tracking and MCI capabilities. To perform this role requires activation of the RHCC by the coordinating hospital.

Lesson Learned – establish relationships and expectations early

Recommendation – EVHC staff needs to coordinate with Virginia Beach General Hospital as the lead facility to confirm and validate what the hospital needs from the RHCC for the MCI.

Furthermore, each mass casualty incident will have unique challenges. EVHC staff will look at their Hazard Vulnerability Assessment to determine what thresholds should be met to ensure ready RHCC activation for MCIs in other parts of its region.

EVHC MONTHLY COMMUNICATIONS DRILL – AUGUST 3, 2022

Overview

Situation: A Level III Mass Casualty Incident has occurred in the EVHC region: 21-100 red-tagged patients. The incident is severe enough that a lone acute care facility cannot handle the influx of patients. Additionally, some of the injuries include burns and pediatric patients. The EVHC Regional Healthcare Coordination Center (RHCC) has been activated.

EVHC asked acute care facilities to update their status board; provide current MCI Capability (red/yellow/green numbers); bed availability and primary, secondary and tertiary contact information for points of contact available to answer questions on MCI capabilities at any given time. Knowing MCI capability will support patient transport decision-making. The Communications Drill was being conducted in accordance with the Hampton Roads Mass Casualty Incident Response Guide (March 2017) - Appendix V to the EVHC Emergency Operations Guide (2021).

Identified Strengths

The major strength identified during the communications test:

- VHASS worked as intended – the event and alert notifications were delivered to the intended recipients.

Areas for Improvement

- Cell phone numbers must be verified in VHASS in order to receive the Alert Notification. A number of the pre-designated emergency managers first notified of the pending drill did not receive the Alert because cell numbers had not been verified. Furthermore, a number of primary, secondary or tertiary points of contact provided by the acute care facilities as part of the drill have not had their cell phones verified.
- Alert Notification language was too alarming despite being headed by EXERCISE. Appearance of a "Level III MCI" in a test message caused some personnel to question if the notification was for a real event. Future alert notifications for communications drills will not include any specifics of the exercise event; only the fact that an event has been created and referral to VHASS for more information will be included.
- 633D (Langley AFB) needs to be added to the Hospital Recipients Default Group.
- There exists no Free-standing ER default group. Either create one or include them in the Hospital category. The information solicited from these facilities is identical to those of

full hospitals for an MCI, therefore, categorically they should be in the same default group.

COMMUNICATIONS DRILL PARTICIPANTS

Fifteen acute care facilities out of a possible 25 participated in the drill.

Facility Type	Name
Acute Care	Children’s Hospital of the King’s Daughter Chesapeake Regional Naval Medical Center Portsmouth Veteran’s Affairs Medical Center 633D Medical Center (Langley AFB) Sentara Virginia Beach General Sentara Leigh Sentara Careplex Riverside Regional Medical Center Riverside Walter Reed Hospital Riverside Doctor’s Hospital Riverside Shore Memorial Hospital Bon Secours Mary Immaculate Hospital Bon Secours Southampton Hospital
Free Standing Emergency Room	Sentara Belleharbour

NAS OCEANA MASS CASUALTY INCIDENT FULL-SCALE EXERCISE – AUGUST 18, 2022

Overview

The full-scale exercise simulated a pilot ejecting from a jet that crashes into the spectator area creating a fire and causing a number of casualties.

Areas for Improvement

Title – Mobile Command Trailer

Observation – EVHC deploy the Sentara mobile command trailer for the full-scale exercise and as part of the planned Air Show event. The command trailers was specifically designed for pre-planned events. The Sentara trailer is not considered fully operational lacking some essential safety equipment and retaining a number of electric issues. The Sentara mobile trailer had never been deployed before.

Discussion – EVHC strategically houses two trailers to cover areas of their region spilt due to geographic landscape. The Riverside trailer is fully operational having been last deployed in March 2022.

- Electric – The only way to power 110-volt outlets was through “shore” power. This required modifying an existing electricity supply at the deployed location; this is not a given each time it is deployed. The trailer also retains a small portable generator to power outlets in the absence of a “shore” power source. An inverter needs to be replaced to allow the “shore” power to power all functions. Electrical issues identified during planning and execution of the exercise were numerous. Primarily the inverter caused a number of on-board systems to be inoperable. The portable generator was inoperable but was replaced by a generator from another asset for the exercise. The generator supplied with the trailer only had two 20 amp 3-prong circuits and no “shore” plug to connect to the trailer. Only one extension cord was located on board with generator compatibility. The supplied extension cord was not long enough to facilitate a safe operation of the supplied generator, thus, requiring a supplement from outside sources to run the generator at safe distance (50 ft from trailer). In addition, the on board “shore” power extension cables all have twist-lock male/female ends different from the “shore” plug receptacle on the trailer. It is known the original trailer had a compatible receptacle, but it is unknown when the exterior receptacle changed. The trailer was only able to be powered after intervention by base electricians. Both the on-board portable radios and base station radios were unable to be mapped prior to exercise due to inability of the housing facility to locate a channel/frequency list. The portable radio batteries will not hold a charge and have not been cycled. All will power on but batteries discharge within 10-15 minutes or show fault/no power rapidly. HVAC systems were unable to be tested, and a lack of any systems

manuals or operation guides prevented deployment of the antenna mast or weather station.

- Safety – Caution cones and trip hazard signage was not with trailer. This contributed to one fall on-site of an employee (no injury reported). Safety vests were not found upon inspection for crew (ICS Identifying vests). Only one wheel chock deployed with the trailer. With trailer being occupied and no support vehicle attached, legs were placed and levelled, but two wheel chocks are advised. Environmental control for the trailer is weak and unable to be run without “shore” power. Heater units unable to be powered on to test. Workstation Concerns:
 - Rolling chairs are in disrepair with broken wheels.
 - No admin supplies on the trailer for use, e.g., white erase boards, pens, pads.
 - Printers stored in non-climate controlled environment for an extended period of time.
 - Unorganized drawers – no labelling or standardization to workstations.
 - Found old corroded batteries in multiple compartments.

Lesson Learned – both mobile command trailers need to be fully prepared to be operational in order to support the entire EVHC region. A better understanding of all functions of the trailer is needed.

Recommendations

- Repair the electric system, equip with all necessary safety gear, repair and replace necessary administrative needs and test again.
- Develop a standard operational manual including safety plan, resource list and operations manual covering the basic functions of the trailer .

Title – Outreach to regional facilities

Observation – the day prior to the exercise, EVHC released an alert notification in VHASS requesting from all acute care facilities their MCI capability and bed availability in the event an incident occurs. EVHC reached out to 22 acute care facilities.

Discussion – efficient contact with acute care facilities is restricted by accurate data in VHASS. Absent the name of the person who most recently updated the VHASS hospital status board, EVHC reached out to Emergency Managers at each facility.

Lesson Learned – EVHC staff at the RHCC did not start with the most accurate MCI and bed data possible since not all facilities responded.

Recommendation – outreach to acute care facilities that did not acknowledge needs to continue until all data is known, especially for those with specific capabilities, e.g., pediatrics, burn and Level I trauma. Calls need to occur within the first 10 minutes after an incident occurs or the RHCC is activated. Furthermore, ensure essential phone numbers are documented and updated in VHASS. Contacting neighboring coalitions to

understand their MCI capabilities and bed availability is necessary in case regional acute care facilities are overwhelmed quickly.

Title – RHCC Go kit

Observation – this exercise represented the rare opportunity to “activate” the RHCC for a Mass Casualty Incident. EVHC staff deployed the mobile command trailer from the Southside in support of this activation.

Discussion – in accordance with EVHC Emergency Operations Guide, one of the primary responsibilities of EVHC Staff is to “act as a single point of contact and collaborator with Fire/EMS agencies for the purposes of healthcare diversion management, movement of patients from an incident scene to receiving healthcare entities, and input / guidance with respect to hospital capabilities, available services and medical transport decisions in accordance with the Hampton Roads MCI (HR-MCI) Response Guide Appendix V”. Furthermore, EVHC maintains two static RHCC locations activated when requested by a coordinating Emergency Department. Each RHCC’s capabilities include:

- 24-hour in-house contact. (phone, fax, cell phone, e-mail or various radio systems)
- Emergency power, phones, supplies (separate from facility’s HCC)
- Satellite phone
- Video conferencing
- Backup radio system, inter-operable with state VDH and VDEM systems

With the possibility of “deploying” the RHCC outside the static locations, and not being able to deploy the mobile command trailer in time to coordinate a response, EVHC should retain the ability to deploy quickly with the appropriate amount of tools and equipment.

Lesson Learned – EVHC staff do not have a “go-kit” for RHCC activations that do not occur at the static locations.

Recommendation – develop a “go-kit” to include at a minimum for each two-person team spare HDMI cables, administrative tools such as pens, paper and folder, two charged mobile hotspots, GETS card, and at least one cell phone. Complete capability should be documented in the EVHC EOG.

NAS OCEANA MASS CASUALTY INCIDENT FAMILY RE-UNIFICATION CENTER WORKSHOP – SEPTEMBER 8, 2022

Overview

The workshop focused on the following objectives:

- Establish an initial Affected Gathering Area where people can congregate to locate family and friends in support of the NAS Oceana post-incident “flush plan”.
- Establish initial re-unification support for separated parties
- Establish initial grief support at the Affected Gathering Area for people aware that a family member or friend has been injured or killed.
- Establish an initial Friends and Relatives Gathering Area off NAS Oceana.
- Establish communication capability with Sentara Family Information Center.
- Establish an orderly process to register affected individuals, families and friends for re-unification, notifications and/or briefings.

The workshop intended to develop:

- A Memorandum of Understanding allowing for Family Re-unification activities to support the City of Virginia Beach and NAS Oceana Family Re-unification plans should the need arise.
- A Family Re-unification Initiation Plan in support of NAS Oceana and the City of Virginia Beach for the 2022 NAS Oceana Air Show.

Area for Improvement

Title – EVHC support to regional hospitals

Observation – EVHC staff attended the workshop and engaged with representatives from NAS Oceana Fleet and Family Center in one break-out session, with representatives from the City of Virginia Beach Office of Emergency Management in a second and with Sentara Health System in a third to understand how EVHC can support the coordinating hospital during an MCI.

Discussion – Ultimately, the scope of the incident will dictate the level of support VB General may need; at the very least an activated RHCC will support by sending out alert notifications in VHASS, tracking replies from other hospitals in the region and communicating with state officials. The RHCC has the ability to add patients to a fictitious “hospital” called Eastern RHCC – Southside. Only EVHC staff have access to this “hospital”. Adding patients to this hospital vice the coordinating hospital allows the RHCC to track patients directly. However, it will require obtaining all patient information

as it created. Additionally, this method will require the RHCC to coordinate with regional hospitals continually to ensure the locations of patients are readily known as patients may be transferred without RHCC knowledge.

Lesson Learned – While EVHC can also support Family Re-unification Center efforts through assistance with patient tracking, any methodology using VHASS will require improvement and refinement.

Recommendation – Examine VHASS to look for ways to update the patient tracking functionality. Also, as currently configured, evaluate opportunities to test the functionality through a regularly scheduled communications drill.