Disaster Cycle Services COVID-19 Compendium

Disaster Cycle Services Doctrine
Operations
August 14, 2020

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Purpose of The Compendium

The Disaster Cycle Services COVID-19 Compendium (the Compendium) represents a consolidation of all published manager-level guidance related to the Disaster Cycle Services (DCS) response to and during the COVID-19 pandemic. All current COVID-19 doctrine intended for leaders and managers is incorporated into this document for ease of reference. DCS Operations & Logistics will update the Compendium as necessary to reflect current guidance and practices due to the presence of COVID-19 in our communities.

Audience

The Compendium is written for all managers and above in Disaster Cycle Services (DCS) including:
- Division Disaster Executives (DDEs), Division Disaster Directors (DDDs), Division Disaster State Relations Directors (DDSRDs), and Division Program Leads
- Regional Disaster Officers (RDOs)
- Disaster Program Managers/Specialists (DPx)
- Regional Program Leads
- Those with a group/activity/position (GAP) of Operations Management (OM) or Manger (MN) in any group or activity
- Disaster Operations Coordination Center (DOCC) workforce
- DCS National Headquarters (NHQ) workforce

How to Use the Compendium

NOTE: Because the Compendium will be updated frequently, **printing and/or downloading is not recommended**. To ensure you have the most current version, please access it from the DCS COVID-19 Operational Toolkit on The Exchange and view it on-screen.

How to Find What You Need

The Compendium is presented in information-mapping style for ease of reference and includes:

- A detailed Table of Contents at the beginning with links to take you directly to a page.

- Links to The Exchange for job tools and material for workers, as referenced in the document.

For quick reference, refer to the Table of Contents or conduct a key word search of the document to find the information you need.

Changes

When we add new content or make changes, we will highlight it in the document. The Vice President, Disaster Operations & Logistics sends an email notification with a list of changes and a link to the document on The Exchange, and we will post a Cross Connection announcement within a week of the update. If there are any calls or webinars scheduled to support changes, those events are listed on the COVID-19 DCS Call Information page, accessible from the DCS COVID-19 Operational Toolkit.

Relation to Other Doctrine

The Compendium replaces all previous COVID-19 guidance (as of June 19, 2020) and remains effective until further notice. All COVID-19 doctrine for Disaster Cycle Services is available on or linked to the DCS COVID-19 Operational Toolkit on The Exchange.

The Compendium addresses the aspects of existing (non-COVID) doctrine *that have been changed or impacted by the COVID-19 pandemic*; non-COVID-19 doctrine, including Concept of Operations 3.0 and group/activity-specific doctrine, remains effective and in use except as procedures are changed in this document or related COVID-19 doctrine referenced from this document.

Feedback

If you have suggested edits or feedback on the DCS COVID-19 Compendium, please send them to OpsandReadiness@redcross.org

Section 2 - Overarching COVID-19 Guidance

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Overview

COVID-19 does not change the mission we do; but it does change the way we do the mission. This section identifies:

- Overview of DCS COVID-19 service delivery adaptation and our facilities;
- Our planning assumptions;
- Our mission-essential functions;
- The risks from the environment in which we are operating;
- The guiding principles used to determine the services provided by the Red Cross;
- The overarching safety and support protocols for the Disaster Cycle Services (DCS) workforce.

Overview of Service Delivery Adaptation, Enterprise Risk Mitigation, and Facility Use

As noted above, COVID-19 does not change the mission we do; but it does change the way we do the mission. Since the beginning of the pandemic, the Red Cross has adapted tactics, training, and procedures to balance mission delivery with the highest priority for workforce safety, health, and well-being. Generally, these adaptations focus on:

- National headquarters determining the priority missions and their activity limits;
- Applying these priorities and limited mission activities consistently across the country;
- Deploying and/or dispatching the minimum workforce necessary to meet limited mission activities;
- Ensuring compliance with enterprise-wide risk mitigation measures:
  - Screening and temperature checks at all Red Cross facilities;
  - Risk-appropriate face coverings required of all persons entering and using Red Cross facilities;
  - The availability of increased hand sanitation at all Red Cross facilities;

- o Increased use of physical controls at fixed entry/greeting stations;
  - o Facility-specific plans for illness reporting and contact tracing;
  - o Social distancing measures for clients, guests, and our workforce.
- Confirming that Red Cross risk mitigation and mission delivery complies with or exceeds state guidance or public health orders.

This Compendium provides detailed guidance and links to job tools describing how DCS has adapted its mission and activities during the COVID-19 pandemic. ***These adaptations remain in effect until further notice from national headquarters DCS***.

The tables below broadly summarize the adaptations. The first table summarizes the adaptations made to all major DCS lines of service. The second table details those adaptations by each DCS activity along with the future conditions that might lead us to change those adaptations, and the appropriate use of fixed Red Cross facilities for DCS missions during the pandemic.

Disaster Cycle Services

Suspended	**Home Fire Campaign:** All events canceled or postponed until further notice.
Adjusted Protocol	**Youth Preparedness:** Virtual home-based preparedness opportunities, primarily for children and families, are currently being provided in multiple regions and standardized tools are now available.
	DAT Response: Adjusted protocol have been implemented to prioritize "virtual" response and protective measures for workforce.
	Sheltering / Mass Care: Implementation of enhanced measures, screening and social distance protocol.
COVID-19 Direct Services	**Mass Care Support:** Provision and/or distribution of designated mass care supplies, training, and technical expertise to mandatory government-partner-managed isolation, quarantine, stay-at-home, and repatriation efforts.
	Health Services and Disaster Mental Health: Locally supported provision of technical support to partners, serve as SME within communities, and provide virtual delivery of trainings and services.
	Condolence Care: Virtual condolence care, including mental health and health services and community referrals, to families of COVID-19 fatalities
	COVID-19 Preparedness: Newly developed information is being distributed to support individuals and families implementing hygiene and social distancing measures, coping with the experience of sheltering-at-home, and amplifying critical updates from the CDC and other partner agencies.
	Community Feeding: Support to community-based feeding efforts in response to the pandemic, including for those who are quarantined or isolated by public health authorities, vulnerable populations, overwhelmed health care workers .
	Community Assessment: Support to local assessments to improve awareness of community and partners needs/resources due to the pandemic .

COVID-19: Service Delivery Adaptation and Our Facilities

Disaster Cycles Services

RED CROSS FACILITY USE
(Use for service delivery or training requires division approval)

ACTIVITY	COVID-19 FIRST WAVE	IF CONDITIONS FOR ADAPTATION ARE MET (Region Assessment, Division Concurrence)	Limited Use for Supplies	Limited Use for Service Delivery	Limited Use Training/ Meetings
DAT Teams and Casework	• Virtual for single and multi-family fires unless impractical; if in-person required, then Health Care Worker PPE	• Pivot to In-Person as preferred primary but maintain PPE protocols; retain and increase use of virtual option.	●		
CONGREGATE SHELTERING	• Non-congregate sheltering is preferred primary—established Non-Congregate Sheltering Protocols	• Maintain use of hotels, while increasing readiness for congregate in consultation with State/local public health officials—full Standard PPE	●		
HOME FIRE CAMPAIGN	• Suspended all in-home activities nationwide	• Launch virtual "homes prepared" education and in accordance with NHQ direction.	●		
YOUTH PREPAREDNESS	• Suspended all classroom activities.	• Launch virtual training and education program as appropriate.	●		
ASSIGNMENT / DEPLOYMENT	• Screen workforce pre-assignment & daily when assigned nationwide and implement COVID CONOPS.	• Continue workforce screening and follow modified COVID CONOPS nationwide.	●		
DIRECT SERVICES FOR COVID-19	• Established nationwide DRO to coordinate Mass Care materiel and personnel support to government-quarantined, isolated, and SIP populations, and the delivery condolence care.	• Continue with nationwide DRO and delivery of the condolence care program.	●		

- Maintain focus on three mission priorities: (1) Shelter Capacity, (2) Support to Biomed, and (3) Additional COVID-19 Missions
- Decisions to restart in-person service delivery must only occur after conditions are confirmed by NHQ, and the concurrence of the DDE has been received.
- Remote work opportunities remain the preferred status for all DCS employees and volunteers.

MINIMUM CONDITIONS FOR ADAPTATIONS

- *Sustained reduction in cases for at least 14 days (5 days of rise = return to red)*
- *No/Contained Community Spread based on contact tracing*
- *Hospitals no longer applying Crisis Standards of Care*
- Red Cross actions will not be contrary to government Public Health Orders; and *will always meet or exceed local standards.*
- Confirmation of condition improvement will be assessed by regions, confirmed by the division, and tracked by the DOCC prior to any adjustments.

Regardless of mission or facility status, the Red Cross takes the enterprise risk mitigation Measures noted above at all Red Cross-operated facilities until further notice from national headquarters DCS.

Planning Assumptions

- COVID-19 will remain a serious public health threat until at least early 2021.

- The United States will continue to experience variable spread of COVID-19 resulting in different local, state, tribal, territorial, and federal actions based on local conditions.

  - Consequently, government authorities will implement different interventions at different times within their jurisdictions, starting with communities that are first affected and then progressing to others.

  - Interventions will include limiting travel, imposing quarantine or isolation, directing people to remain at home, shutting down mass transportation, banning or limiting public gatherings, and repatriation of U.S. nationals.

- As a result of the variables described above, affected jurisdictions within the United States will ask the Red Cross to provide a range of services, some of which will be outside the scope of existing guidance (like funding for lodging of quarantined individuals).

- Resources such as personal protective equipment (PPE) will continue to be in high demand and difficult to acquire and replenish.

- Consistent with our mission-essential functions (MEF), the Red Cross will continue to deliver direct services in response to COVID-19 while continuing to respond to all levels of disaster and maintaining readiness in accordance with the National Readiness Target.

Mission-Essential Functions

Mission-essential functions (MEFs) are the basis for all disaster operational resource adjudication and decision-making. Mission-essential functions are those DCS functions that are directly related to accomplishing the Red Cross mission. DCS prioritizes the mission-essential functions listed below. These are listed in order to ensure resources are allocated, adjudicated, and used appropriately. Faced with limited resources and/or competing operational demands, national headquarters, divisions, and regions must prioritize the readiness and execution of MEF-1 above MEF-2, MEF-2 above MEF-3, and MEF-3 above any other function or activity not listed.

Rank	Mission-Essential Function (MEF)
MEF-1	Providing life-sustaining emergency shelter/lodging in response to disaster (including Disaster Action Team operations): we must remain ready to and capable of continuously performing this MEF.
MEF-2	Supporting Red Cross Biomedical Services to ensure the availability of the nation's blood supply. See the *Support to Biomed* section below for more information.

MEF-3	Providing life-sustaining mass care services (other than emergency shelter) — only in the event of a critical gap that cannot be filled by other available partners.

MEF-1 missions take priority over all other missions. Any commitment to MEF-2 and/or MEF-3 missions must not affect the local region's capacity to fully execute MEF-1 and readiness to respond to larger events locally and nationally. If a disaster arises concurrently with any COVID-19-specific service mission, Red Cross may need to reduce or suspend participation in that mission. (Recruiting event-based volunteers may reduce the likelihood of suspension.)

Support to Biomed

The COVID-19 Biomed/DCS Concept of Operations provides guidance for Biomedical Services (Biomed) and Disaster Cycle Services (DCS) to follow when requesting COVID-19-related assistance from each other.

Guiding Principles for Decision-Making in a COVID-19 Environment

The Red Cross consistently seeks to enable decision-making closest to our clients. Decision makers operating in the COVID-19 environment at levels of the Red Cross must continuously be aware of and seek to mitigate four primary risks:

1. Risk of infection to our healthy workforce, clients, and blood donors;
2. Risk of facilities becoming/perceived as a source of community spread;
3. Risk of misalignment with state, local, tribal, or territorial guidance;
4. Risk of insufficient funding/resources to sustain our mission.

Decision makers must consider each of these risks when making decisions and apply the framework of guiding principles below:

American Red Cross: Framework for Operational Decision Making Following the First Peak of the COVID-19 Pandemic

Planning Time Horizon: May 1- December 31, 2020

Four Primary Risks to Mitigate

Risk of Infecting Our Healthy Workforce, Clients, Blood Donors	Risk of Facility Becoming/Perceived as a Source of Community Spread	Risk of Misalignment with State/Local Government Guidance	Risk of Insufficient Funding/Resources To Sustain Mission

Guiding Principles

1	*Observation*: We are and will remain in an <u>unevenly shifting environment.</u>
	Principle: We will continuously assess our operating environment, act deliberately, and adapt in a measured way to achieve consistent mission delivery, protect the health and well-being of our workforce, clients, and blood donors, and manage financial and resource risk across the enterprise.
2	*Observation*: COVID will continue to effect the enterprise and lines of business in different ways and at different times.
	Principle: To ensure our consistent, coordinated, and deliberate efforts, we will work laterally across lines of business and vertically with senior leadership and the field leadership structure.
3	*Observation*: Absent the availability of an effective vaccine, mutation of the virus, course of treatment, significant signal of decreased community spread, or increased human immunity, the four primary risks will drive our operational choices to safely delivery mission.
	Principle: We will need to sustain our current focus and protective measures until the primary risks are satisfactorily mitigated.
4	*Observation*: We will be operating in a high-risk (protective) environment and our facilities and mission-essential functions will continue to be the point of intersection with communities as we meet the nation's humanitarian needs.
	Principle: We must establish, execute, and reinforce consistent enterprise-wide standards to protect our facilities and continuity of mission-essential functions.
5	*Observation*: We will be pressured by multiple and conflicting sources to change our practices and positions in ways inconsistent with our organizational risk.
	Principle: We will maintain a consistent posture aligned with science-based guidance set by the Centers for Disease Control & Prevention.

Enterprise-Wide Risk Mitigation Measures and Safety Protocols

Until such time as the COVID-19 pandemic allows for a shift in safety protocols, the following risk mitigation actions are in force:

- Red Cross facilities establish entry/greeting stations to conduct health screening and temperature checks. Stations maintain social distancing as advised by the Centers for Disease Control and Prevention (CDC).

- All people entering and using a Red Cross facility must undergo health screening and temperature checks.

- All persons entering and using a Red Cross facility must wear risk-appropriate face coverings.

- Red Cross facilities make hand sanitation readily available.

- Each permanent facility maintains plans for illness reporting and contact tracing.

- Our clients, guests, and workforce must adhere to Red Cross social distancing requirements while they are in Red Cross facilities.

Workforce Safety

Because the safety of the workforce is always a top priority, our goal is to reduce exposure to the virus by minimizing the number of in-person workers needed to safely accomplish our mission during the COVID-19 pandemic. For those reporting in-person, the Red Cross has established the following safety procedures to reasonably protect and provide health screening for the workforce.

Cover, Distance, and Clean

Cover, **D**istance, and **C**lean or "CDC," is a mnemonic device to help the Red Cross workforce remember the three critical actions for maintaining personal safety during the COVID-19 pandemic. While supporting Red Cross missions, the workforce must follow these actions when in any Red Cross facility, public spaces, or within proximity of others:

- **Cover**: All in-person workers must wear face coverings when operating in Red Cross facilities and vehicles and undergo temperature checks before every in-person shift.

- **Distance**: Virtual assignments are prioritized whenever possible. When virtual work is not an option, all in-person workers must maintain six feet of distance between themselves and others. When this is not possible, we must increase the level of personal protective equipment being used.

- **Clean**: All of us need to wash our hands often with soap and water for at least 20 seconds and clean and disinfect frequently touched surfaces throughout the day.

Please watch and share the [Workforce Safety Video](), which provides additional instructions for Cover, Distance, and Clean.

Reducing the Transmission of COVID-19

All Red Cross employees and volunteers must:
- Take precautions to minimize the possibility of COVID-19 transmission;

- Be familiar with this guidance and understand the actions they must take to keep themselves and others safe.

The Red Cross uses Centers for Disease Control and Prevention (CDC) guidance as its primary scientific authority for ensuring the Red Cross ability to continue supporting the mission safely. See also the additional guidance in the Reducing the Transmission of COVID-19 for DAT/DRO Workers and Workforce Health Screening on DROs job tools.

Face Coverings and Personal Protective Equipment (PPE)

Face Coverings Requirement

All workers entering Red Cross facilities or conducting service delivery in community settings must wear face coverings appropriately by:

- Covering the nose and mouth;
- Securing the mask over the nose and under the chin.

Workers unable to wear a face covering contact their Regional Disaster Officer (RDO) or DRO Director for further guidance. RDOs and DRO Directors may contact the appropriate Human Resource business partner for direction. (See Enterprise-wide Face Covering Guidance for additional information.)

What Face Covering to Use and When

There are four types of face coverings approved for use of the work force. These include:
1. N-95 respirator masks
2. Surgical masks
3. Dust masks
4. Cloth masks (including homemade masks)

The matrix below explains when to use each type of mask based on a worker's ability to manage their proximity to the client. Subject to availability, use the highest level of mask indicated in the matrix. If the highest level of mask is not available and continuation of a life-sustaining mission is necessary, then use the next level of mask.

Work Location/Situation	Mask for Worker to Use	Mask Provided by or Offered to Client
Isolation care area of a congregate shelter and any other situation where clients are **medically confirmed to have COVID-19 presently.**	1) **N95 respirator with fit testing** 2) **N95 respirator with no fit testing** 3) **Respond remotely**	Shelter residents not wearing at least a cloth mask when registering in a Red Cross-managed shelter are provided with a surgical mask.

If a shelter resident in general population cannot or will not wear a mask, the Shelter Site Manager arranges for increased social distancing for that client. See guidance in this document. |
| **Can Not Manage Proximity**

Examples:
- Multi-family DAT response
- Entry screen at shelters
- Initial shelter operations until social distance controls established | 1) **N95 respirator with fit testing** 2) **N95 respirator with no fit testing** 3) **Surgical mask** 4) **Dust mask** 5) **Other cloth mask** | |
| **Can Manage Proximity** (with social distancing more than 6 feet) **Examples:**
- Single family DAT response
- Shelter operations with established social distance controls, including feeding
- Workers at work locations who only come into contact with other Red Cross Workers | - **Surgical mask** - **Dust mask** - **Cloth mask** | |

Sanitizing/Disinfecting Devices

Disaster Services Technology (DST) personnel handling DST-issued equipment sanitize Red Cross-issued devices in support of disaster relief operations (DROs). All Red Cross workers may use the procedures outlined in the job tool below with their own or Red Cross-issued devices to support their safety.

Timing and Devices

DST sanitizes any device that has been touched before handling and/or being reissued to Red Cross staff or volunteers. DST also sanitizes devices before returning them to the DST Douglassville Logistics and Fulfillment Center. This includes cell phones, smart devices, keyboards, laptops, mice, and touch screens.

Sanitization

Specific instructions for sanitizing devices is available in the DST Computer/Device Sanitation Procedure job tool.

COVID-19 Specialty Vehicle Guidance

The Red Cross issued the following guidelines regarding the use of all specialty vehicles:

- Access to the interior of vehicles is restricted to Red Cross volunteers and staff. No clients are allowed in emergency response vehicles (ERVs), including during Disaster Action Team (DAT) calls. Red Cross staff must wear face coverings whenever they are in the vehicle with another person.

- Per Red Cross Fleet guidance, all vehicle operators are required to:

  o Wash their hands often with soap and water for at least 20 seconds. Or use an alcohol-based hand sanitizer that contains at least 60 percent alcohol if soap and water are not available.

  o Clean and disinfect frequently touched objects and surfaces in vehicles.

  o The following tasks are the responsibility of any person driving or operating a Red Cross vehicle regardless of business unit. The below is expected to be completed prior to the use of, and then again at the at the conclusion of use for, any Red Cross fleet vehicle:

    ▪ Wipe all surfaces that will be touched on the vehicle. In particular, pay special attention to interior touch points, such as seats, gear shift, steering wheel, door handles, and other hard surfaces. Make sure to use enough product to leave a sheen on the surface for the required drying time. Follow the product guidelines for the time it takes to kill viruses.

    ▪ In larger vehicles, include control handles, grab bars, and the touch points of your material handling equipment.

- The following products may be used within the Red Cross to ensure high-touch surfaces in our vehicles remain disinfected:

  o Disinfecting sprays used with an appropriate cloth
  o Lysol or Clorox disinfecting wipes
  o Hand sanitizer

- Weekly maintenance mileage requirements have been changed to a minimum of 30-50 miles every 30 days to ensure Verizon trackers maintain a connection, batteries remain charged, and the vehicle is exercised. The current 7-14 day driving schedule is still preferable if the custodial chapters feel it can be facilitated safely by providing remote access to keys and limiting the number of drivers. But our driver's safety is paramount in this situation.

ERVs may be used regionally for moving bulk items, keeping strictly to the load weight guidance. All ERVs are available for disaster response within your region. ERVs that have to deploy from another region or state are determined by Disaster Logistics on a DRO-by-DRO basis.

Support Resources for Workforce Stress

All of us are living with new stresses as a result of the COVID-19 pandemic. Uncertainty, fear of the virus, isolation, and disruption of normal life impact every individual in different ways. The following are some of the resources available to help our workforce during this challenging time. Supervisors must ensure that all workers are familiar with the resources available and refer workers to specific tools and support mechanisms as needed.

Disaster Staff Support Hotline

- Phone: 571-353-1661

- Available from 7:00 a.m. - 11:00 p.m. ET, 7 days a week

- Available to all DCS staff and volunteers

Additional Resources

- Disaster Health Services regional volunteers are available to volunteers who have health questions or concerns.

- *Disaster Spiritual Care: Coping Tips for Uncertain Times*: Available in English and Spanish

- SAMHSA: Tips for Social Distancing, Quarantine and Isolation

- National Disaster Distress Helpline: Available to anyone experiencing emotional distress related to COVID-19. Call 1-800-985-5990 or text *TalkWithUs* to 66746 to speak to a caring counselor.

  o Deaf/Hard of Hearing: Text *TalkWithUs* to 66746. Use your preferred relay service to call 1-800-985-5990. TTY 1-800-846-8517.

  o Spanish Speakers: Call 1-800-985-5990 and press "2" or from the 50 states, text *Hablanos* to 66746. From Puerto Rico, text *Hablanos* to 1-787-339-2663.

- If you are feeling overwhelmed with emotions such as sadness, depression, or anxiety, or feel like you want to harm yourself or someone else, call 911 or the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255).

- Psychological First Aid for COVID-19: A free publicly available course on RedCross.org.

- Mental Health and Stress Management Playlist

  o Requires a free account. Set one up at www.disasterready.org/americanredcross

- Mental Health and Psychosocial Support Playlist from IFRC

  o Requires a free account. Set one up at https://ifrc.csod.com.

Working Remotely

Most of the Red Cross workforce is working remotely due to the COVID-19 pandemic, which presents new stresses and challenges. To assist the workforce in remote work, the Remote Work Resources for DCS Workers toolkit on The Exchange includes information about:

- Using MS Teams in the Red Cross and on a DRO;

- Resources for working from home/working virtually.

Section 3 - Readiness

Section Contents

Regional Readiness Activities in COVID-19

This section provides an overview of necessary tasks and activities for regions to execute to be ready to deliver DAT and sheltering services during the COVID-19 pandemic.

Shelter Readiness Activities

Adjustments to Standard Procedures

Adjustments to standard sheltering procedures are necessary to support the safety of clients and the workforce. These adjustments follow CDC guidance and best practices for protecting people from contracting and spreading COVID-19. To accommodate these critical adjustments, regional disaster leadership must:

- Pre-identify potential sheltering sites (hotels, campgrounds, and congregate facilities) that can accommodate increased space requirements necessary for social distancing, health screening, and isolation care areas;

- Identify and train a Regional COVID Sheltering Team Leader;

- Recruit and maintain a minimum of three "ready-to-deploy" COVID Shelter Teams (and one back-up for each worker on those teams) to support operations during the COVID-19 pandemic;

- Recruit and roster 42 individuals as listed below and described in the table that follows:

  - 6 Shelter Managers
  - 6 Assistant Shelter Managers
  - 6 Safety Officers
  - 6 Disaster Health Services Leaders
  - 6 Logistics/Staffing
  - 12 Mass Care Dormitory Generalists (Disaster Mental Health/DMH and Disaster Spiritual Care/DSC are included as generalists)

Worker	Details
Shelter Site Manager	• 1 required for all shelters • Accountable site leader for all services, information, operations, and alignment with fiscal authority (primary focus on dormitory) • Reports to HQ Sheltering Manager • Supervises COVID Sheltering Team • Determines which Red Cross worker is the Night Shift Supervisor and ensures at least two people are assigned to night shift
Assistant Shelter Manager	• Optional (Required for large evacuation sites) • Deputy to Shelter Site Manager • Handles delegated duties including External Relations
Safety Officer	• 1 required for all shelters • Primary day-to-day duties: shelter maintenance and client support • Secondary responsibilities: safety of all clients, workforce, partners, and visitors • On-site liaison with Public Health, Law Enforcement, and Life Safety & Asset Protection (LSAP) • Reports to Disaster Health Services (DHS) for health-related issues and Shelter Site Manager for site issues • Required training and job tools will be provided prior to deployment
Logistics/ Staffing Leader	• 1 required for all shelters • Primary day-to-day duties are shelter maintenance and client support • Secondary responsibilities for workforce (including shelter residents who support operations), technology, and material resources • Trains clients who become Event-Based Volunteers (EBVs) • Reports to Shelter Site Manager
Mass Care Dormitory Generalist	• 1 required for each <50 Client Shelters, 1 additional for large evacuation site • Responsible for registration, feeding, and general care of clients • Follows guidelines for feeding in the [Feeding in COVID-19 Congregate Shelters](#) section and job tool • Utility player • Reports to Shelter Site Manager
Disaster Health Services Leader	• 1 DHS Leader required for all shelters, 2 additional DHS for isolation care area if no Public Health workers available to support • Responsible for assessment and tracking of health condition of shelter residents and shelter workers • Manages the isolation care area and provides care, if needed • Reports to Shelter Site Manager for site and receives technical direction from HQ Disaster Health Services Manager
Dormitory Client Specialist	• Filled by Red Cross worker with Disaster Mental Health or Disaster Spiritual Care GAP who also understands sheltering • Primary focus is on welfare of individual clients and shelter workers • Supports day-to-day operation of shelter at direction of Shelter Manager • Augments/supports screening area and registration in order to assess and address client needs • Reports to Shelter Site Manager

- o Regions unable to maintain the required COVID Shelter Teams must notify their Division Disaster Executive for support.

- COVID-19 Shelter Teams may serve several roles depending on the level of disaster:

  - o Congregate sheltering for Level 4 and below disasters (primary duty)

  - o Non-congregate shelter management and support for all levels of operations

  - o Deploy out-of-region to support congregate sheltering, typically for Level 4 and above operations

- Regions identify P-Card holders as part of their readiness activities. P-Card holders are responsible for securing non-congregate housing and initiating feeding and other purchases that would not be placed on a Mass Care Procurement Card should an urgent need arise.

  - o Submit requests to DROFinance@redcross.org 8:00 a.m. – 5:00 p.m. ET, Monday-Friday.

  - o Ensure hotel restrictions are lifted and request the payment limits needed to meet expected costs.

- Regional leadership works to strengthen partnerships with local public health authorities, emergency management, and other community resources to support the disaster service delivery activities performed by the Red Cross. Regional leadership will share specific messaging on:

  - o Revised shelter strategies;

  - o Expectations of increased involvement by public health to support sheltering operations, and, where feasible, provide and/or support the provision of health pre-screening and a dedicated isolation care area at congregate shelter sites to avoid COVID-19 contamination and transmission;

  - o Discussions with emergency management and government officials to create a plan for providing increased security presence;

  - o Discussions with emergency management to create a plan for nearby pet sheltering in support of CDC guidance to avoid transmission of disease;

  - o In all sheltering environments, whether providing sheltering in hotels, at camp sites, or in congregate facilities, the Red Cross maintains continuous contact with public health and emergency management before, during, and after shelter operations;

  - o Discuss emergency evacuation plans with emergency management and public health officials to ensure the safest environment possible.

Shelter Site Identification

- The region identifies shelter sites based on expected sheltering activity.

  - o *The preferred approach*: Hotels and motels with facilities for feeding, recreation, laundry, and housekeeping capabilities. A minimum facility size of 35 available rooms per facility is advised.

  - o University dormitories with facilities for feeding, recreation, and laundry. A minimum of 35 rooms per facility is advised.

- o Campgrounds with RVs, cabins, or tents where families have individual living spaces using existing infrastructure.

  - o Review existing congregate shelter sites to ensure there is sufficient space to allocate a minimum of **110 square feet per client** in the dormitory and additional space for separate isolation care and health screening areas to support clients and workers.

- Regional Mass Care or Logistics workers maintain a list of pre-identified sites and their capabilities (hotels, university dormitories, campgrounds, and congregate shelter sites) and establish Facility Use Agreements for congregate shelter sites.

  - o Non-congregate sites are not added into National Shelter System (NSS) in advance of usage.

  - o Do not use *Facility Use Agreements* for hotel and motels.

Supplies Assessment and Staging

- Regional Logistics and Mass Care workers review the COVID-19 Congregate Shelter Supply List and identify any shortfalls in regional readiness. Escalate all concerns to the division through the RDO to determine resourcing and readiness strategies.

- Regional Logistics workers determine whether supplies need to be relocated to be closer to the pre-identified sites.

- Regions distribute Mass Care Procurement Cards (not activated or loaded until assignment to a DRO) to COVID Shelter Team members. See the Mass Care Procurement Cards sub-section below.

Feeding Readiness Actions

- Assess capacity of local feeding vendors to meet COVID-19 meal requirements:

  - o All meals must be individually packaged at the facility at which they were prepared;

  - o Determine number of individually packaged meals the vendor can provide;

  - o Determine delivery capabilities of the vendor;

    - Can the vendor deliver?

    - Can the vendor deliver to multiple locations?

- Refer to the Feeding in Congregate and Non-Congregate Shelters sections for detailed meal requirements.

Financial Readiness Actions

Mass Care Procurement Cards

It may be appropriate during the COVID-19 pandemic to issue Mass Care Procurement Cards (MCPC) for Level 3 disasters and above to responders who do not have a P-Card. Regions may issue MCPCs to some Mass Care workers (including COVID Shelter Team members) in advance of assignment to increase their readiness to support the immediate procurement of necessary supplies

(like shelter supplies or medications) prior to the set-up of the Logistics section. These pre-distributed cards are not activated or loaded until the holder assignment to a DRO. Please see Mass Care Procurement Cards Standards and Procedures to follow the standard process and consult a list of likely positions.

MCPCs are not authorized for operations below Level 3 or for COVID-19-Specific Services described in Section 4.

Procurement Cards (P-Card) Overview

P-Cards must be available to meet client needs, for example:
- Feeding clients in non-congregate locations until a feeding plan is established;
- Emergent non-congregate sheltering needs.

Regions determine the appropriate number of P-Card users to ensure 24/7 coverage to support DAT response needs, including lodging. Inform DAT Supervisors of which P-Card holder they contact when providing this support. The RDO or designee submits a list of the P-Card users to DROFinance@redcross.org. All changes/updates to this list must also be submitted to DROFinance@redcross.org. For DAT responses, see additional guidance in the COVID-19 DAT Tactics job tool.

P-Card Limits

During COVID-19, the Vice President, Disaster Operations & Logistics has approved a temporary increase in P-Card limits and purchasing restrictions to allow for hotel charges. Individual cards will not have limits raised above $50,000. The RDO, with concurrence from the Regional Executive (RE), assigns P-Cards with a limit of $5,000 to multiple DRO leaders. In some instances, P-Cards may be restricted from use at hotels. Send requests to increase credit limits and lift hotel restrictions to DROFinance@redcross.org.

How to Increase P-Card Limits

- Send the cardholder's name, last six digits of the P-Card #, the requested single purchase limit, and requested total limit to DROFinance@redcross.org.

- Raising limits or lifting restrictions can only be processed during weekday business hours (9:00 a.m. - 5:00 p.m. ET, Monday-Friday).

Trained People

The Vice President, Disaster Operations & Logistics has directed divisions and regions to expedite capacity building for responders with a GAP who are willing to work in shelters in high-risk states during the 2020 hurricane and wildfire seasons. The initial focus is on shelter workers willing to respond in person during the COVID-19 pandemic. To that end, the seasonal readiness campaign capacity-building strategy addresses internal and external recruitment and the engagement and training of workers.

Job tools and guides needed for regions to successfully plan the recruitment, training, and engagement of shelter workers during the campaign can be found on the *2020 Seasonal Readiness Campaign* section of the [Engage Volunteers and Employees (EVE) Toolkit](#).

Managing Training Programs During COVID-19

The following program guidance describes how to minimize disruptions to regional training while the workforce is unable to convene for in-person training during the COVID-19 pandemic.

Instructor-Led & Web-Based Courses

All currently scheduled in-person training is cancelled, or where possible, moved to a virtual environment. This includes Disaster Training Institutes and Disaster Response Management Team (DRMT) training.

Unless a national virtual option has been provided by Disaster Learning Solutions, if a course has a web-based delivery option, in-person sessions are canceled and learners are directed to complete the self-paced, web-based version of the course in EDGE.

As many learners benefit from live discussion, regions are encouraged to arrange virtual meetings where they can to highlight important takeaways from web-based courses and discuss regional specifics. For information on training requirements and accessing EDGE, reference the following resources:

- For a list of existing web-based courses, go to the [Disaster Cycle Services Training Index](#).

- For a list of *Virtual Disaster Training Resources*, see the [About DCS Training](#) page.

- For group/activity/position (GAP)-specific training requirements, reference the *Disaster Responder Training Requirements Job Tool* posted on the [Engage Volunteers and Employees Toolkit](#). (This document is updated regularly, so check The Exchange to verify the latest version).

- For guidance on navigating EDGE or how to deal with any troublesome web-based courses, check out the *Learner* section of the [EDGE Job Aids](#) page, specifically the *Allow Flash in Chrome* and *Correcting Common eLearning Issues* job aids.

Develop Virtual Instructors within Your Region

It is important to have trained instructors who are comfortable working in a virtual environment. Virtual instructors must meet the following criteria:
- Be a Disaster Basic Instructor;

- Receive approval to become a virtual instructor from the Regional Training Program Lead;

- Have completed Virtual Instructor Specialty Training (VIST). The Regional Training Program Lead can exempt VIST completion if the prospective instructor meets the following Professional Educator criteria:

  o Certified public and private school teachers, including college instructors, who have virtual secondary and adult teaching experience within the past 5 years;

- o Professional instructors and trainers who virtually deliver emergency management or national safety type courses at academies and institutes to include FEMA-qualified instructors;
  - o Professional corporate trainers who deliver virtual presentations for career and professional development to adult learners.
- Instructors must meet the instructor requirements listed on the Fact Sheet for each course they intend to teach.

To support the development of virtual instructors, the *Virtual Instructor Specialty Training* course has been updated to incorporate the use of Microsoft Teams. Anyone who has previously completed VIST is not required to take the updated version.

Virtual Instructor-Led Disaster Training Courses

Disaster Learning Solutions at national headquarters has approved some instructor-led courses to be offered virtually during the COVID-19 pandemic. These courses are considered suitable for virtual instructor-led training (VILT) because of the nature of the activities contained in the class, the length of the class, and the associated guidance provided. Other instructor-led training classes are not approved for VILT delivery.

IMPORTANT! No other basic or advanced instructor-led only courses can be offered virtually. This does not apply to courses that have an existing virtual delivery method.

The list of Approved DCS Virtual Courses identifies which virtual Disaster Cycle Services courses can be offered at the regional level, and which courses, such as Disaster Services Technology and Public Affairs, are organized through their respective programs. Existing virtual instructor-led training courses, including course Fact Sheets with instructor requirements, are available on the Disaster Cycle Services Training Index.

Necessary Supplies

COVID-19 Supplies and Kits

Personal protective equipment (PPE), cleaning and sanitation supplies, and thermometers are being carefully managed due to their scarcity. Calculated based on National Readiness Targets, regions received an initial shipment during Spring 2020 of the material supplies estimated to support:
- Single-family fires
- Multi-family fires (up to 50 clients for 3 days)
- Congregate and non-congregate sheltering (up to 50 clients for 7 days)
  - o Includes screening, isolation care area, and shelter cleaning and disinfection

In these responses, COVID-19 supplies are used for:
- Responder and client protection;
- Responder and client screening;

- Isolation care areas in a disaster shelter;
- Shelter cleaning.

After April 1, 2020 and until further notice, all requests for COVID-19 Supplies and Kits for any purpose must be submitted to DLC@redcross.org.

COVID Supplies

The following supplies augment standard material resources to ensure the safety of our workforce and clients.

Protection	Screening	Isolation Care	Cleaning
N95 masks Face masks	Thermometers	Gowns Goggles or Face Shields Gloves	Hand sanitizer Hand soap Cleaning wipes (like Clorox wipes)

COVID Kits

COVID kits contain a pre-set combination of the COVID supplies listed above that are needed to operate a specific mission, such as a response, over a set period:

Disaster Action Team (DAT) COVID Kit		Multi-Family Fire COVID Kit		DR Shelter COVID Kit	
# of Responders	2	# of Responders	10	# of Responders	10
# of Clients	0	# of Clients	50	# of Clients	50
# of Items	1	# of Items	9	# of Items	9
Days of supply (DOS)	30	Days of supply	3	Days of supply	7
Includes supplies for:		**Includes supplies for:**		**Includes supplies for:**	
Responder Protection		Responder/Client Protection		Responder/Client Protection	
		Shelter Screening		Shelter Screening	
		Isolation Care Area		Isolation Care Area	
		Shelter Cleaning		Shelter Cleaning	

Supply Consumption Rates

Consumption is defined as the active use of a material during a response mission. Consumption is *not* the distribution of materials to workers, which is considered a form of "storage" (in other words, the worker stores the material until consumed during use). The charts below show the quantity of each item to be consumed by response position and purpose.

Single Family Fire Response

Item	Purpose	User	Use
N95 mask	Responder protection	DAT responder	1 mask per shift

Shelter Screening: Multi-Family Fire or Shelter Operation

Item	Purpose	User	Use

N95 mask	Responder protection	Shelter screener	1 mask per shift while screening
Gown	Responder protection	Shelter screener	1 gown per shift
Gloves	Responder protection	Shelter screener	1 pair per shift
Goggles (if face shields are unavailable)	Responder protection	Shelter screener	1 pair per deployment
Face mask	Responder protection	Shelter screener	1 mask per day when not screening
Face mask	Client protection	Shelter client	1 mask per day
Thermometer	Screening	Shelter client	1 thermometer per stay
Thermometer	Screening	Shelter responder	1 thermometer per deployment

Responder and Client Protection: Multi-Family Fire and DR Shelter Response

Item	Purpose	User	Use
Face mask	Responder protection	Shelter responders	1 mask per day
Face mask	Client protection	Shelter clients	1 mask per day

Isolation Care: Multi-Family Fire and DR Shelter Response

Item	Purpose	User	Use
N95 Mask	Responder protection	Disaster Health Services (DHS) responder	1 mask per shift
Gown	Responder protection	DHS responder	1 gown per visit to isolation care area
Gloves	Responder protection	DHS responder	1 pair per client contact
Goggles	Responder protection	DHS responder	1 pair per deployment
Face mask	Responder protection	DHS responder	1 mask per day

Shelter Cleaning: Multi-Family Fire and DR Shelter Response

Item*	Purpose	User	Use
Hand soap	Responder and client hand cleaning	Shelter facility	6 containers per facility per day
Hand sanitizer	Responder and client hand cleaning	Shelter facility	10 containers per facility per day
Cleaning wipes	Surface cleaning	Shelter facility	3 cannisters per facility per day

*Cleaning items are not authorized for individual distribution to responders or clients.

Storing Supplies

- Distribute single family fire masks to on-call Disaster Action Team (DAT) members through normal distribution processes.

- Store multi-family fire and DR Shelter supplies in areas that are easily accessible in times of need.

- Distribution of items throughout the region to responders does not count as consumption and does not qualify for replenishment. (See the definitions in the Supply Consumption Rates section above.)

Re-Ordering Supplies

- National headquarters will provide and replenish all COVID-19 Supplies and Kits described above.

- Regions must not purchase COVID-19 Supplies and Kits unless there is an immediate need that affects the safety and health of the workforce.

- Regions may accept donations of COVID-19 Supplies and Kits that meet Red Cross product specifications not to exceed the region's COVID-19 Supplies and Kits. Questions on specifications may be directed to DLC@redcross.org.

- Regions are NOT authorized to use regional Mass Care budgets to buy additional COVID-19 supplies.

- If regions have consumed more than 60 percent of their supplies on response missions, they must submit a *Disaster Requisition Form (F6409)* to DLC@redcross.org. The Disaster Logistics Center processes this form for replenishment.

Future Shipments

- The Disaster Logistics Center communicates with all regions when new materials have arrived in stock and when they plan to ship these materials to regions and DROs to support missions.

- Because many Red Cross facilities are closed and staff are working remotely, the Disaster Logistics Center confirms with regional points of contact or Regional Disaster Officers that the delivery address on the address sheet previously provided is still valid before shipping any more materials.

  o FedEx shipping sites do not hold inventory. The Disaster Logistics Center instead confirms sites with regions.

Questions

Please email DLC@redcross.org with any questions.

Supportive Community

Critical Conversations Regarding COVID-19 Sheltering

This section provides information to inform critical conversations to have with public health and emergency management officials.

Additional References

Before initiating conversations with public health and emergency management officials, review all COVID-19 guidance on sheltering, feeding, DAT responses, and disaster response operations.

Sheltering Key Points

All divisions and regions must engage in critical conversations with state and local emergency management and public health officials about sheltering during the COVID-19 pandemic.

During these conversations, Red Cross leaders deliver and emphasize the following points:

- As we continue to deliver disaster services during the COVID-19 pandemic, our top priority is the safety of our clients and our workforce.

- Disasters have not stopped and will not stop for COVID-19.

- Communities will continue to look to the American Red Cross to care for and provide sheltering services to tens of thousands of people, including during the 2020 wildfire and hurricane seasons. Together with our partners, we must be prepared to meet that challenge.

- Congregate sheltering, with its inherent close contact, presents special challenges and risks because the coronavirus seems to spread mainly from person-to-person among who are in close contact with one another (within about 6 feet) through respiratory droplets produced when an infected person coughs, sneezes, or talks. People can spread the virus regardless of whether they show symptoms.

- Face coverings help reduce respiratory droplets and may slow the spread of the virus and help people with the virus from transmitting it to others.

  o Red Cross has face covering requirements as outlined in the Workforce Safety section.

- The Red Cross is coordinating with our partners and emergency managers to temporarily shelter displaced people in non-congregate shelters as quickly as possible—for larger evacuations and/or disasters in remote locations, non-congregate shelters may only be available post-evacuation; even then, availability may be limited. For those most vulnerable, non-congregate care (like hotels or dormitories) is our first approach whenever possible.

- Congregate sheltering will be unavoidable. As noted above, non-congregate sheltering options will not always be immediately available in sufficient quantities or in all locations, so we must plan for both large-scale evacuation and post-landfall shelters during the COVID-19 pandemic.

As such, the Red Cross is implementing additional protective measures this season, including increased square feet per person and daily health screening at all congregate facilities.

- We believe that planning for sheltering during the COVID-19 pandemic requires that the Red Cross prepares multiple options with multiple partners, including government, commercial lodging operators, universities and colleges, faith-based organizations, and others, based on specific local and regional resources and needs.

- We are working quickly to identify partners, new strategies, and resources to limit the need for congregate sheltering—as well as our capability and capacity to transition vulnerable and high-risk clients to safer housing as soon as possible.

- When faced with a large event, we will strategically mobilize and deploy eligible workers to serve our clients in sheltering, which is our priority mission.

- Given the increased need in our communities, we will work with partners to improve wrap-around services in all sheltering environments, with an emphasis on virtual support.

- Since the COVID-19 pandemic began, the Red Cross has provided tens of thousands of hotel overnight stays to clients who would otherwise have been in congregate shelters. To do this, we have implemented measures to prevent the spread of COVID-19-like illness and COVID-19. We intend to build on these measures to keep our workforce and clients as safe as possible.

Discussion of Sheltering Expectations

Red Cross leaders must explain and discuss each of the following points with state and local emergency management and public health officials about sheltering care.

Red Cross Position	**Will Public Health and Emergency Management Officials … ?**
Shelter Facilities	
• The Red Cross is coordinating with our partners and emergency managers to temporarily shelter displaced people in non-congregate shelters as quickly as possible—for larger evacuations and/or disasters in remote locations, non-congregate shelters may only be available post-evacuation; even then, availability may be limited. • For those most vulnerable, non-congregate care (like hotels or dormitories) is our first approach whenever possible. If there are limited non-congregate care options, the Red Cross will prioritize placement for clients at high risk for COVID-19 illness based on	• Support Red Cross in identifying available non-congregate and congregate sheltering facilities pre-disaster? At the time of disaster? • Agree on the threshold numbers for evacuation? • Define local/state-specific guidance for allowable congregation of clients? • Create plans for temporary evacuation points to support triage and routing of evacuees? • Support Red Cross sites – with public health workers, external site security, law enforcement, emergency communications, 24/7 EMS support, and pre-disaster homeless population management?

Red Cross Position	**Will Public Health and Emergency Management Officials … ?**
CDC's guidance on individuals at higher risk available at https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html	• Facilitate coordination with hospitals to ensure that hospital patients are not released directly to Red Cross shelters? • Are there specific differences in support services or procedures by EMA or PHA for non-congregate shelters?
Reimbursement	
• Based on recent FEMA policy, states with effective Stafford Act Declarations (EM, FM, or DR with PA) are eligible for non-congregate shelter reimbursement and therefore handle acquisition/contracting. • If a Stafford Act declaration *is in effect at the time sheltering is initiated*, then Red Cross will not generally fund non-congregate facility costs absent agreement/contract with government per FEMA policy. Any such agreement must be approved prior to signature by the Vice President, Disaster Operations & Logistics (or designee).	• Will EMA handle the contracting and acquisition of non-congregate shelters during declared events, especially hotels? • If not, then will EMA conclude an agreement/contract with Red Cross for reimbursement subject to a Stafford Act declaration? • If there is no declaration, then Red Cross will handle the non-congregate sheltering expenses it incurs for all those it places initially in non-congregate settings. • Red Cross does not reimburse government, other organizations, households, or individuals for non-congregate shelter costs for which it does/did not make initial arrangements—in other words, Red Cross will not retroactively pay costs it did not agree to initially.
Health Screening for COVID-19	
• Entry health screening and an isolation care area must be available at all congregate facilities. • Persons who leave a congregate shelter require re-screening prior to re-entry. • Red Cross does not require health screening at non-congregate shelter operations.	• Provide health screening for all shelter clients, workforce, and visitors at congregate shelters? • Red Cross liaison to public health authority?
Standards for COVID-19 Sheltering	
• Whenever possible, Red Cross intends to operate post-impact shelters with 50 or fewer clients.	• Support these standards? • Recommend any increased protective measures?

Red Cross Position	Will Public Health and Emergency Management Officials … ?
• In most cases, additional congregate shelters must be opened as soon as possible when the population seeking shelter exceeds 50 persons. • Red Cross requires social distancing in and around all congregate shelters. • Red Cross plans to provide at least 110 square feet per person for short-term, post-impact congregate shelters and 60 square feet within evacuation shelters when cots are not set up. • The Red Cross may work with the community to establish and support evacuation sites. Evacuation sites must meet the same requirements for separate health screening and isolation care areas. • Red Cross will only serve pre-packaged food in shelters.	
Duration for COVID-19 Sheltering	

• Congregate shelters operated by the Red Cross operate for as short a period as possible—the recommended operating periods are:
  o Large evacuation sites: fewer than 7 days
  o Post-impact shelters of 50 clients: fewer than 14 days
    ▪ Red Cross plans to continue sheltering operations, if necessary, beyond these periods, but strongly urges government partners to prioritize transition to non-congregate settings within the recommended periods.
	• Support these standards?
	• Take any measures now to identify large-scale non-congregate options? How can Red Cross help with that effort?
	• Recommend any increased protective measures?

Isolation Care Areas in Shelters	
• Every congregate shelter site (except for Evacuation Centers) operated by the Red Cross must have three distinct and physically separated areas: o Health screening	• Assist the Red Cross in establishing isolation care areas at shelter site for clients and workers who develop symptoms during shelter operation?

Red Cross Position	Will Public Health and Emergency Management Officials … ?
○ Dormitory ○ Isolation care - Clients who show symptoms upon entry health screening are sent to the isolation care area. - Clients in dormitory area who develop symptoms are sent to the isolation care area. - Isolation care area staff assesses the severity of each client's condition to determine if any clients exceed the level of care offered in the isolation care area.	- Provide medical personnel to staff the isolation care area? - If unable to provide personnel, will public health be able to provide appropriate health-care worker PPE to Red Cross Disaster Health Services staff along with any required fit-testing?
Providing Personal Protective Equipment (PPE)	
The Red Cross requires all persons in Red Cross shelters to wear appropriate face covering—both clients and workforce.	Support the Red Cross by providing and training in the use of appropriate PPE to avoid COVID-19 spread, if needed?
Pets in Shelters	
Pets (other than service animals) will not be permitted to remain in congregate shelters due to lack of space and the potential to increase virus transmission. (Please see the Pets in Shelters section for the Red Cross pet guidelines for congregate shelters during the COVID-19 pandemic.)	Coordinate with the Red Cross to convene pet partners to create a plan for the sheltering of pets?

Operational Questions to Consider

This is a list of operation-focused questions that divisions and regions discuss with emergency managers to clarify the Red Cross considerations as we enter a response operation.

- Is there a need for sheltering and/or an evacuation site?
- How many homes or units are affected?
- What is the expected shelter population and duration?
- What congregate shelter facilities are near the impacted area and does the Red Cross have agreements?
- What hotels could be used for non-congregate sheltering that are near the impacted area?
- Are packaged food vendors available to support our feeding needs?

- Will public health support health screening and in what capacity?
- Will there be access to adequate cleaning and disinfection supplies?
- Will law enforcement or contract security be providing security at shelter sites?
- What level of emergency medical services (EMS) support is available?
- Are public transportation options available in the affected area?
- Will requests for resources, information, and personnel between the Red Cross and EMA be handled the same as usual, or is there a unique method for this event/situation?
- What is the plan for pet sheltering?

Pets in Shelters

We recognize that many Americans will not evacuate without their pets and given that many families are now staying home full time, the bond between humans and their animals will likely be stronger than ever. In the same way that Red Cross relies on facility owners to make congregate shelter sites available to the community, we rely on community organizations and the government's animal services agencies to take pro-active steps to identify solutions. Ultimately, communities must identify and support a lead pet sheltering agency who will provide the vital pet sheltering services that families need. Red Cross is eager to convene and co-plan our efforts so that all families affected by disasters, and their pets, have a safe location to begin their recovery process.

Service animals are always welcome in Red Cross shelters, even when operating in the COVID-19 environment. Depending on the laws of your state, assistance animals may also be allowed. To find out if your state has laws specific to assistance animals and how they are defined, click here.

We recognize that there may be instances when ideal pet lodging is not feasible, and the Red Cross welcomes the support of animal services agencies to support during disaster planning and operations to meet the needs of everyone affected. We rely on community partners to manage the disaster housing and support for household pets who are evacuated or displaced with their owners.

Non-Congregate Shelters

The Red Cross will work to secure pet-friendly hotels. We recognize that each hotel has their own policies and limitations, and we do our best to keep families with pets together whenever possible.

Congregate Shelters

When congregate sheltering is the only immediately available option, the Red Cross will focus its mission-essential team on the health screening, dormitory, and isolation care areas of the shelter. This means we will rely on community partners to manage the disaster housing and support for household pets who are evacuated or displaced with their owners.

Critical Conversations to Support the DAT Program

For conversations with fire departments and local emergency managers regarding DAT activities, see the Readiness Conversations with Fire and Emergency Management section.

Section 4 - COVID-19-Specific Services

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Authorized COVID-19-Specific Services
How to Tell Our Story

Guidance for COVID-19-Specific Services

In undertaking any DCS mission during the COVID-19 pandemic, our goal is to adapt traditional DCS services while also helping to support new, innovative, community-focused initiatives in response to COVID-19-caused needs—we prioritize the health and safety of our workforce and clients for all missions. Due to the unique nature of the pandemic, the Red Cross may receive requests for COVID-19-specific services that fall outside of established mission parameters. Section 4 explains:

- Guiding principles used to adjudicate requests,

- Services regions may engage in and those not permitted,

- Leadership who may authorize direct services outside our mission parameters,

- Resourcing COVID-19-specific services; and

- How to tell our story.

Additional Guiding Principles for COVID-19-Specific Services

When considering community requests for COVID-19-specific services, divisions and regions ensure the following:

- **Any commitment to these services must not affect the region's capacity to meet our daily mission and readiness to respond to larger events**. If a disaster arises concurrently with this mission, Red Cross may need to reduce or suspend participation in this mission. (Recruiting event-based volunteers may reduce the likelihood of suspension).

- The care and well-being of our workforce is our first consideration when contemplating any COVID-19-specific services—for all missions, the DCS workforce uses the infection control procedures detailed in the Workforce Safety section;

- All initiatives align with the Red Cross fundamental principles and missions and meet an urgent community need;

- The DCS workforce prioritizes readiness for and delivering mission-essential function 1 (MEF-1) over all other functions, including providing support for COVID-19-specific services to ensure the continuity of our mission-related services;

- Direct support for COVID-19-specific services is limited to providing the authorized Integrated Condolence Care mission and/or life-sustaining mass care services (other than emergency

sheltering, which is MEF-1) when there is a critical gap than cannot be filled by other available partners—examples include: feeding and feeding-related missions to support vulnerable populations, making and distributing protective face masks, and staffing health services and mental health emergency hotlines;

- Except for Disaster Health Services workers authorized to operate in the isolation care unit of a shelter, the DCS workforce **must not** engage in service delivery requiring direct contact with known COVID-19 patients; and

- If requested, the Red Cross coordinates with the Department of Health and Human Services (HHS), the CDC, public health agencies, and other community service providers whenever planning to implement or participate in the implementation of community mitigation measures.

Planning for COVID-19-Specific Services

Regions:
- Participate with emergency managers, public health agencies, and partner agencies in planning for community efforts to mitigate the impacts of COVID-19.

- Assist in convening partner agencies and service providers in a multi-agency setting to plan for and provide services to communities, households, and families affected by COVID-19.

- Coordinate and share relevant information with public health agencies, emergency management, and other partners, including our authorized COVID-19-specific services.

National Headquarters Approval-Required and Prohibited Activities

Before agreeing to undertake or undertaking any activity, function, mission, or operation related to COVID-19 and not expressly authorized in this Compendium, the Red Cross Disaster Workforce must seek and obtain prior approval from the Vice President, Disaster Operations & Logistics, which is obtained by the Division Disaster Executive through the COVID Mission Tracker.

The following activities are strictly prohibited:
- Assuming responsibility for the provision of medical care in non-Red Cross facilities, including medical shelters, temporary infirmaries, or overflow facilities for hospitals;

- Purchasing, storing, or transporting vaccines on behalf of public authorities;

- Providing financial assistance, including health and mental health, due solely to COVID-19;

- Conducting death notifications;

- Transporting individuals demonstrating or reporting symptoms of COVID-19 (to medical facilities or otherwise—if transport is urgently required, call 911).

Authorized COVID-19-Specific Services

The following services are authorized in response to COVID-19. The Red Cross may provide these services conjunction with our partners, remotely or in-person, and while using appropriate workforce protection measures. Authorized services include (with details below):

- **Mass Care Material and Training Support (MEF-1):** Providing mass care supplies (cots, blankets, comfort kits) and technical expertise to partner-managed isolation/quarantine efforts.

- **Disaster Health Services and Disaster Mental Health (mission-essential function varies depending on purpose):** Providing local support to partners, serving as a subject-matter expert within communities, and providing virtual delivery of training courses and services.

- **Community Feeding Support (MEF-3):** Providing support to community-based feeding efforts for vulnerable populations, those directly impacted by the pandemic, and medical personnel surge in highly impacted areas.

- **Integrated Condolence Care (MEF-3):** Providing virtual condolence services to families of COVID-19 fatalities through Virtual Family Assistance Centers (VFAC) and the Condolence Care Call Center. These services include health and mental health services, spiritual care, and community referrals.

- **Community Assessment (MEF-3)**: Contribute to local assessments to improve awareness of community and partner needs and resources.

COVID-19-Specific-Service Approval and Authorization

DDEs are authorized to approve	*DDEs must request approval*
COVID-19-specific services missions expressly approved in Section 4 of the Compendium, provided - The affected region can continue to meet its Regional Readiness Target **and** - The total projected costs for all such missions within the division (not including inventory and replenishment per the [Resource Request Process](#) below) do not exceed $5,000 per division per month.	- To deliver any services in response to COVID-19 not expressly approved in this Compendium **and/or** - If individual or collective COVID-19-specific services mission costs exceed (or are projected to exceed) $5,000 per division per month. Use the [COVID Mission Tracker](#) to request approval from the Vice President, Disaster Operations & Logistics.

Mission and Expense Approval and Tracking

- All proposed direct COVID-19 missions—regardless of the approval authority—must be approved before service delivery or committing resources.

- **All missions** go into the [COVID Mission Tracker](#) for tracking purposes.

- Divisions use the [COVID Mission Tracker](#) to submit missions that must be approved by the Vice President, Disaster Operations & Logistics.

- Divisions use the [COVID Mission Tracker](#) to log any missions which are approved under the DDE's authority as outlined above.

- Requests for missions not outlined in this document must be submitted into the [COVID Mission Tracker](#) for approval.

- Divisions must track all expenses for all approved missions (both national headquarters- and division-approved) within their division.

- MDA (Meals-Daily Allowance) is not authorized for division-approved COVID-19-specific services missions.

Resource Request Process

- For cots, blankets, and comfort kits, regions must submit resource requests via a DR 251-specific Disaster Requisition Form 6409 to their DDE for approval and fulfilment. Upon approval, a copy of the Disaster Requisition Form 6409 is sent to DLC@redcross.org for tracking. Submit all other resource requests (including P-card purchases) via 6409 to their DDE for approval. Attach approved 6409s to the corresponding Supply Procurement Tracker entry.

- The DDE or designee directs the intra-division transfer of non-standard inventory to fulfill the request. If needed, the Disaster Logistics Center (DLC) is available to provide logistics support and coordination.

- When a division consumes its non-standard inventory, the DDE or designee forwards additional requests to DLC@redcross.org for review and fulfillment.

- The Disaster Logistics Center coordinates fulfillment of the order.

- If there is a disruption in transportation services, the Disaster Logistics Center provides delivery times for the order.

- Regions use the Supply Procurement Tracker to report all of their commitments of standard and non-standard items.

Resource Replenishment

- Non-standard regional inventory will not be replenished.

- Standard regional inventory will not be replenished unless the region falls below their National Readiness Target material threshold.

- Regions submit requests for replenishment to the DDE or designee for approval.

Mass Care Material and Training Support (MEF-1)

Within their communities, regions may provide and/or distribute:
- Shelter materials as outlined below;

- Mass Care training and/or technical expertise to support:
  - Government-managed isolation areas.
  - Government-managed or directed quarantine or stay-at home orders.
  - Government repatriation efforts.

Shelter Material Resources

Based on the approval authorities listed below, the Red Cross may provide the shelter material resources described below to state, county, tribal, territorial, or local governments to support opening

and operating active isolation or quarantine sheltering operations at the direction of public health agencies aimed at mitigating the spread of COVID-19 under the following circumstances:

- Red Cross only entertains requests when the state, county, tribal, territorial, or equivalent government has submitted a resource request via their ESF-6 function (in alignment with the National Response Framework) and they notify the Red Cross that the request cannot be completely filled by their available resources.

- Shelter operations must be on-going or imminent. Red Cross does not provide materials to support local government operational readiness or stockpiling.

- Shelters must be established for and dedicated to COVID-19 isolation or quarantine. While the Red Cross does not provide mass care support to ongoing homeless shelters, Red Cross may provide mass care support to COVID shelters established for those experiencing homelessness.

- Authorized resources include standard and non-standard cots, blankets, and comfort kits. Red Cross prioritizes the use of non-standard over standard items for these distributions. Requests for exceptions and/or other material resources must be directed to the Senior Director, Logistics for approval.

- Red Cross does not accept returns of resources.

- Commitments to provide shelter resources must not affect the local region's capacity to meet our daily mission and readiness to respond to larger events.

- During delivery or pickup, Red Cross personnel wear appropriate PPE and practice social distancing to limit interaction with receiving personnel.

Approval Authorities for Shelter Resources

- Regions must not commit any standard or non-standard inventory of cots, blankets or, comfort kits without consultation with their division.

- Divisions may commit 100 percent of their regions' non-standard inventory of cots, blankets, and comfort kits that have not yet been disposed of as part of the Necessary Supplies Available lane.

  - If a division commits 100 percent of its non-standard inventory, email requests for additional resources to DLC@redcross.org.

  - All divisions email DLC@redcross.org with the name and contact information of their appointed approval authority for resource requests.

- The Senior Director, Logistics may commit 50 percent of excess standard inventory.

Disaster Health Services and Disaster Mental Health (MEF-1 for Sheltering, MEF-2 in support of Biomed, MEF-3 for all other)

The Red Cross may:
- Provide technical support to partners,

- Serve as subject matter experts within communities, and
- Provide the virtual delivery of health services and disaster mental health trainings.

Community Feeding Support (MEF-3)

For purposes of this COVID-19-specific service, "community feeding support" means:
- Distributing, transporting, arranging, packing, and/or stocking food, feeding supplies, and/or hydration products and supplies; and/or

- Canteening for health care workers and first responders providing direct services in response to COVID-19 (including, but not limited to COVID testing sites and hospitals).

In all cases, all locations, and with all partners, the Red Cross will undertake these activities strictly in accordance with feeding tactics contained in this Compendium.

The Red Cross may play a collaborative role alongside partners to canteen for health care workers and first responders, and provide community feeding support to vulnerable populations (including students from K-12 public schools, the elderly, etc.) affected by government-ordered quarantine, mandatory social distancing measures, or shelter-at home orders aimed at mitigating the spread of COVID-19 under the following circumstances:

- Except for canteening, Red Cross does not procure or directly supply food or food products. The Red Cross may facilitate in-kind donations of food and related supplies to partners.

- All personal protective equipment recommended or required for use and any training to use this equipment is provided by the local jurisdiction, wherever practical. If the local jurisdiction is unable to provide personal protective equipment, the DDE may approve mission execution with Red Cross-provided PPE.

- Red Cross workers practice social distancing to limit interactions with other workers, clients, and the broader community. Divisions and regions prioritize social distancing when selecting tactics (like fixed distribution points with no direct client contact, fixed distribution points with firm social distancing protocols, or mobile distribution door drops).

- Red Cross is part of a distribution network composed of multiple organizations. Because of the continuous potential for Red Cross to divert resources to support disaster response services with little to no notice, Red Cross does not serve as a sole distributor except in limited circumstances where the DDE determines diversion is highly unlikely.

- Red Cross executes the Community Feeding Support mission with resources available within the geographic Red Cross region, including ERVs and responders.

  o Except where operations are occurring on or near region borders, Red Cross divisions and Regions do not deploy responders from outside the region for these missions.

  o DDEs may submit requests for out-of-Region and/or out-of-Division deployments to the Vice President, Disaster Operations and Logistics through the COVID Mission Tracker. Red Cross does not provide lodging for those involved with this mission.

- o Divisions may provide Mission Cards to assigned responders for fuel, transportation, meals for the day, and related costs.

- DDEs may, in coordination with the Division Volunteer Services Executive, recruit and manage event-based volunteers for this mission.

For all community feeding missions which fall under the authority of the DDE, divisions submit the mission to the COVID Mission Tracker for tracking, and it will be listed as division-approved.

Integrated Condolence Care (MEF-3)

The mission of the Integrated Condolence Care Program is to support at-risk and under-served survivors of COVID-19 fatalities to provide emotional comfort and resources to families and communities who have suffered losses and a disrupted bereavement and grief process. No request for approval is required for the specific integrated condolence care program missions outlined below. Divisions must submit any other COVID-19 related condolence care mission requests to the Vice President, Disaster Operations and Logistics through the COVID Mission Tracker.

The main components of the Integrated Condolence Care Program are:

Virtual Family Assistance Center (VFAC)

The public-facing website (http://redcross.org/vfac) provides a list of resources for families who have lost someone due to COVID-19. Resources fall in the following categories:

- Emotional support and grief counseling
- Faith-based resources
- Funeral information
- Legal resources
- Financial information resources
- Veterans assistance

The national site includes links to individual state pages. State pages are activated when a state has submitted at least one entry in four of the six categories. Sites are updated daily. Regions identify a Virtual Family Assistance Center point of contact to develop resources, collaborate on activation of state pages, and monitor needs.

Condolence Care Call Center

Individual Disaster Care (IDC) volunteers staff a call center (at 833-492-0094 or https://bit.ly/3cKvEf7) to answer incoming calls and respond to callback requests from individuals who have COVID-19-related concerns. Although the focus of the program is emotional and spiritual support for individuals who have lost a loved one, IDC volunteers provide support and access to resources to anyone who calls.

The Condolence Care Call Center team answers all incoming calls, and regions who have capacity are given callback requests. The option for the region to handle callback requests is dependent on

their ability to handle those requests and can be revised based on changing circumstances, such as current operational tempo and availability of IDC volunteers.

Regions identify an Individual Disaster Care point of contact to work with the national team on this process.

Community-Based Resilience Trainings

As part of the program, communities are invited to request the following presentations for groups:

- *Psychological First Aid: Helping Others in Times of Stress or*
- *Coping in Today's World: Psychological First Aid and Resilience for Families, Friends and Neighbors*

Once the request form is completed, the pertinent details are given to the Integrated Condolence Care Program training team or to a regional representative who works with the community group to arrange a virtual presentation.

Additional Integrated Condolence Care Resources

For additional information and job tools to support the regions in supporting the Integrated Condolece Care program, see the [Integrated Condolence Care section](#) of the [DCS COVID-19 Operational Toolkit](#).

Community Needs Assessment (MEF-3)

Regions use the [Rapid Community Needs Assessment map](#) to identify geographical areas where underserved populations have experienced disproportionate losses. Once identified, regions work with partners and community leaders to develop connections with resources for those communities. The Rapid Community Needs Assessment process may identify needs and/or opportunities to:

- Provide services authorized in this Compendium
- Engage and connect partners to meet unmet community needs
- Request authorization for additional services not authorized in the Compendium

This [Rapid Community Needs Assessment map](#) is an interactive tool using open-source data to display areas that have been hit hard by COVID-19 cases and fatalities and are considered socially vulnerable. The CDC develops the Social Vulnerability Index using demographic and socioeconomic data collected by the US Census Bureau's American Community Survey and the decennial census. COVID-19 cases and deaths are compiled by the Center for Systems Science and Engineering at the John Hopkins University. Contact NHQ Situational Awareness and Decision Support (SADS) for assistance using the map and associated tools.

Non-Mission Essential Services

With limited exceptions, during the COVID pandemic until otherwise directed by NHQ DCS. Division and Region DCS workforce performs only MEFs and the activities described in this Compendium. This limitation is intended to ensure consistent nationwide service delivery and mitigate the [four](#)

primary risks presented by COVID-19. If a DDE, in consultation with the Regional Executive, wishes to recommend the delivery of services other than the MEFs and the activities described in this Compendium, then the DDE must submit a mission request to the Vice President, Disaster Operations and Logistics through the COVID Mission Tracker.

How to Tell Our Story

The Red Cross has several tools to assist in telling our story to communities, our partners, and our donors. For more information on our COVID-19 story see:

- Story Map: Hosted on redcross.org, this ARC GIS product is designed for a public audience and provides information about Red Cross activities enterprise-wide directly related to COVID-19.

- COVID-19 Partner Brief:

    o This Red Cross GIS product is intended for our trusted partner organizations and operational partners such as, corporate, government and non-profit organizations active in disaster relief and recovery.

    o This information is NOT intended for the general public or to be shared on social media or in blog style communications.

    o The brief contains near real-time operational information that helps inform situational awareness and provide insight into service delivery decision-making. As the situation evolves, and as Red Cross services begin, the brief may change as additional information becomes available.

    o Regions may share internally as appropriate with their teams.

    o The brief does not require a password and the link does not change when the content is updated.

- COVID Mission Tracker: Available through RC View, the Mission Tracker provides information on all direct services being provided throughout the country in response to COVID-19.

Section 5 - DAT Responses During COVID-19

Section Contents

Item
Purpose
Readiness Conversations with Fire and Emergency Management
DAT Responder Safety
Virtual DAT Response
Lodging Approval Authority
On-Scene DAT Response

Purpose

Level 1-2 Disaster Action Team (DAT) response is part of MEF-1. Accordingly, the Red Cross continues to perform DAT during the COVID-19 pandemic using a modified process that incorporates virtual response procedures to mitigate risk. This section provides information regions require to manage DAT responses during the COVID-19 pandemic.

- For additional tactical information, see the COVID-19 DAT Response Tactics job tool and other related job tools in the DAT section of the *COVID-19 DCS Operational Toolkit*.

- Best practices, sample templates and more are available on the COVID-19 DAT SharePoint.

DAT Readiness Conversations with Fire and Emergency Management

Our partners may not be aware that the Red Cross is still supporting families affected by home fires and other local events during the COVID-19 pandemic. To clarify our services and set expectations, Red Cross leaders explain and discuss each of the following points about Red Cross assistance with local fire department and Emergency Management officials, as well as community partners.

- Red Cross is still responding to requests for assistance for individuals or families displaced by a local home fire or natural disaster.

- To protect those affected by disaster and our volunteer workforce, we have modified our response procedures to a primarily virtual response:

  o We call clients and, if available, use video apps instead of meeting them at the scene of the fire to interview them, assess their needs, and then arrange to get timely assistance to them.

- Our partners can help the Red Cross and those impacted by:

  o Telling disaster-affected clients about Red Cross assistance;

  o Provide as many details as possible to the Red Cross when first notifying us of the event:

    ▪ Client's name and contact phone number;

- Number of adults, children, pets affected;
- If there are injuries or other known needs.
  - o Provide information from the scene:
    - Help to confirm the livability of each residence;
    - Confirm the identity of the head of the household for each family either by checking their ID and proof of residence documentation (usually a driver's license).

DAT Responder Safety

All DAT responders must adhere to worker safety guidance. See the Workforce Safety section for more information on:
- Cover, Distance and Clean ("CDC")
- Reducing the transmission of COVID-19
- Guidance regarding face masks and Personal Protective Equipment (PPE)
- Support for the workforce
- Working remotely

Pre-Screening the DAT Workforce

Regions are encouraged to conduct pre-screening periodically to determine the willingness and availability of their DAT workforce to respond during the COVID-19 pandemic:

- Conduct a poll or survey to determine workforce availability/willingness;

- Ensure volunteers understand that this survey does not impact their status and that this practice is designed to protect our workforce and our clients;

- Include the responder screening questions and questions on availability for both virtual and on-scene responses;

- Engage Disaster Health Services to conduct a follow-up phone call with all volunteers who remain available for on-scene response;
  - o Disaster Health Services must use the standard screening questions provided in the COVID-19 DAT Response Screening Questions job tool.

Refer to the COVID-19 DAT Response Screening Questions job tool for the screening questions for both responders and clients.

DAT Social Distancing Procedures

All DAT responders *__must__* use the following social distancing procedures to protect themselves and others from transmission of COVID-19:

- Do not enter quarantine or isolation areas.

- Always wear appropriate face coverings while performing the DAT mission. (Refer to the Workforce Safety section.)

- Always maintain a 6-foot distance from clients and others on-scene, including fellow volunteers.

- Do not interview individuals in a confined space, such as an emergency response vehicle (ERV), car, or small room.

- Offer mask and tissues to clients who are coughing or sneezing. Ask clients to discard used tissues in small plastic bag.

- Wash your hands or use hand sanitizer before and after interactions.

- Wipe off cell phones and other devices with disinfectant wipe.

- Carry disposable pens and leave the pens with the client, as appropriate.

Virtual DAT Response

A Virtual DAT Response is defined as any response where DAT Responders interact with the client most of the time via telephone or video chat. This includes situations when a responder has limited in-person contact with the client to verify damage, identity/address documents, or dropping off a CAC. **Unless noted in this document, Virtual DAT Responses follow standard DAT and Recovery procedures.**

- **Until further notice, Virtual DAT response procedures <u>must</u> be used as the primary method for responding.**

- The two-responder requirement remains in place to provide and maintain fiscal controls and support volunteer engagement.

- DATs may distribute comfort kits, blankets, etc. to clients only when dropping off a Client Assistance Card (CAC) or when responding on-scene. For areas with a high number of DAT responses, consider positioning some comfort kits and blankets with local fire departments, who can provide these items to the clients on our behalf. All in-person deliveries of CACs, blankets and comfort kits must include social distancing and wearing face coverings.

- As a preparedness measure, adjust dispatch procedures, communicating the need to receive client contact information upon initial notification of event.

- Any deviation from standard procedures must be well-documented in CAS 2.0.

Virtual DAT Response Roadmap

The roadmap below is intended to supplement the guidance here and in the COVID-19 DAT Response Tactics Job Tool to help clarify the virtual DAT response proces

```mermaid
flowchart
```

Fire Dept/Emergency Management Agency Requests Red Cross Assistance.

→ Duty Officer/Dispatcher accepts request, collects information from FD/EMA.

→ **Does FD/EMA verify livability, ID, and address?**

YES → Duty Officer/Dispatcher/DAT responder moves forward to client interview documenting FD/EMA contact.

NO → Using video conferencing, or in-person with social distancing, DAT verifies address and livability. Photos must not be used. If verifying livability from street is not possible, reconnect with FD for livability.

→ **Does client have access to video capability?**

YES → Conduct interview by phone or video to:
- Assess needs;
- Verify ID;
- Verify address (if not provided by FD/EMA).

NO → Continue interview by phone; advise client that ID and proof of residence at address needed. Responder may need to verify during drop-off using social distancing before activating Client Assistance Card (CAC).

→ **Is screened responder available to drop off unloaded CAC, comfort kits, and other supplies using social distancing?**

YES → Verify ID if necessary. Deliver unloaded CAC. Activate CAC upon receipt by client.

NO → Ship unloaded CAC to client using package tracking. Activate CAC upon receipt by client. CAC cannot be shipped unless ID and all verification is completed.

→ **Does client have immediate need for lodging?**

YES → Call hotel and use regional P-Card to pay for 2 nights. Do not provide lodging on CAC.

NO →

Ensure the following is documented in CAS:
- Virtual Response box is checked.
- Disaster Health Services/Disaster Mental Health referrals have been made.
- If unloaded CAC was shipped, document tracking #, proxy #, and shipper's name.
- If using P-Card, document P-Cardholder name; reconcile P-Card charges within 72 hours.
- Complete detailed case notes per *DAT Response Tactics.*

Virtual Response Tactics

The table below summarizes the virtual response tactics. For more details on the following topics, refer to the COVID-19 DAT Response Tactics Job Tool:

- Disaster notification and incident/damage verification

- Other details to capture during initial notification

- Procedures for contacting the client and conducting the initial interview

- Delivery of client assistance cards for virtual responses (drop-off and shipment)

- Using P-cards to support client lodging

- Referral to Individual Disaster Care (DHS, DMH, DSC)

- Updated CAS requirements for virtual responses

SERVICE DELIVERY & VERIFICATION FUNCTIONS:	DAMAGE VERIFICATION *Home is impacted and classified as livable or non-livable*	IDENTITY *Person we are providing financial assistance to is who they say they are*	ADDRESS *Client resides at the address that we verified is impacted*	INTERVIEW *Allows the client to share story and Red Cross to document the situation*	CAC DELIVERY *Provides financial assistance on CAC*
Client has access to a device with video app	**1.**Statement (can be verbal) from a fire department, emergency management agency, or tribal rep confirms damage, identity, and address. Document in CAS narrative, including name and operator/badge number of individual verifying.			Over the phone or video See COVID-19 DAT Response Tactics job tool for CAC delivery procedures, including drop-off and shipment.	See section on CAC delivery in the COVID-19 DAT Response Tactics job tool for procedures on use of P-Cards for lodging.
	2. Client uses device to show damage using live video. Document in CAS. Texting/emailing photos between Red Cross and client is not permitted.	**2.** Client uses device to show their identity document using live video. Texting/emailing photos between Red Cross and client is not permitted.	**2.** Client uses device to show their address documentation using live video. Texting/Emailing photos between Red Cross and client is not permitted.		
	3. DAT responder drives by affected address if damage is visible from street. Document in CAS.				
Client does not have access to device with video app	**1.** Statement (can be verbal) from a fire department, emergency management agency, or tribal rep confirms damage, identity, and address. Document in CAS narrative including name and operator/badge number of individual verifying.				
	2. DAT responder drives by affected address if damage is visible from street. Document in CAS.				
If no internet and/or cell service for video	Identify third party who can help facilitate communication with client (fire department, neighbor, hotel, etc.) Follow standard and adapted procedures for documenting.				

Refer to COVID-19 DAT Response Tactics job tool for additional information on conducting initial interviews.

Fiscal Review for Virtual DAT Response

In addition to normal fiscal review procedures there are additional compliance actions and subsequent items for review for Virtual DAT responses. Refer to COVID-19 DAT Response Tactics job tool.

Lodging Approval Authority

As part of our response to the COVID-19 pandemic, the American Red Cross frequently provides non-congregate shelter—often hotel rooms—in cases that would have resulted in opening a congregate shelter before the pandemic. While we have not changed the substance or the budget authorities of the applicable Response and Recovery programs, the circumstances around providing non-congregate shelter consistently and helping clients to find more sustainable housing solutions requires additional oversight and management.

Before placing clients in hotels, the Approval Authority (as noted in the matrix below) considers, among other factors:

- What barriers or roadblocks to recovery exist for those impacted by the disaster?

- What community resources are needed and available to help clients to transition?

    o   What are housing resources like?

    o   What time of day did event occur? Do you need to help get clients into a safe place?

    o   How many individuals impacted? How many households impacted? Number of children?

    o   Other demographics? Examples: Elderly, language groups, other

    o   What is the damage assessment?

Non-Congregate Sheltering Approval and Reporting Matrix

This matrix applies whenever a P-Card is used to secure hotel rooms for clients.

How many nights of lodging and/or numbers of family or people served?	Approval Authority	Reporting	Notes
For 10 or fewer families or 30 or fewer individuals: 2 nights; OR 3 nights if incident begins on a Friday per standard lodging tier	DAT Responder/ Caseworker	None required to NHQ	

How many nights of lodging and/or numbers of family or people served?	Approval Authority	Reporting	Notes
For 10 or fewer families or 30 or fewer individuals: One additional night through RDO Exception	RDO	o None required to NHQ o RDO notifies DDD immediately	Notify DDD (required) to confirm if: • Further lodging is not necessary OR • DDE is prepared to adjudicate and manage next steps.
More than 3 or 4 nights as described above OR More than 10 families OR More than 30 people	DDE (or designee)	Use the Non-Congregate Reporting Application COVID-19 Non-Congregate Shelter Counts Job Tool	

* "Hotel rooms" includes any non-congregate room used in lieu of congregate sheltering, including but not limited to college dormitories and faith-based camps.

On-Scene DAT Response

Preparing to Respond

- On-scene DAT responses may only be conducted:
  - o For larger Level 1-2 DAT responses such as multi-family fires or other events that impact more than a few families; and/or
  - o When a virtual response is not practical or possible.
- DAT responders review Reducing the Transmission of COVID-19 for DAT/DRO Workers.
- Gather as many details as possible during the initial disaster notification and prior to arriving on scene.
- Send the minimal number of responders (pre-screened and with supplies).
- Ensure you have virtual responders on call and ready to support the on-scene responders with virtual interviews.
- Always practice social distancing and wear face masks.

Before Dispatching DAT On-Scene

Before being dispatched, all DAT responders must be screened by a DAT Duty Officer, DAT Supervisor or a regional leader using the standard screening questions.

On-Scene Response Tactics

Service Delivery & Verification Functions	Damage Verification *Home is impacted and classified as livable or non-livable*	Identity *Person we are providing financial assistance to is who they say they are*	Address *Client resides at the address that we verified is impacted*	Interview *Allows the client to share story and Red Cross to document the situation*	CAC Delivery *Provides financial assistance on CAC*
Use Social Distancing Procedures	DAT remains a minimum of six feet from client (See Social Distancing Section Below).				
	DAT responds to address and documents damage.	DAT remains in car and client shows ID through car window.	If ID does not verify address, DAT remains in car and client shows address documentation through car window.	DAT calls client from car and conducts interview over phone. Ensure discussion of Individual Disaster Care referral needs.	DAT places unloaded CAC somewhere on-site for client to retrieve. Once retrieved, follow activation procedures.
		DAT provides client a mask and remains a minimum of six feet from client if client is sneezing or coughing.	DAT maintains minimum of six feet from client and client places documentation on table or hood of car then returns 6 feet away. Responder reviews documentation, then steps back 6 feet so client can retrieve.	DAT maintains minimum of 6 feet from client or can do via phone if concerned about privacy. Ensure discussion of Individual Disaster Care referral needs.	
		On-scene responder does verification.	On-scene responder does verification.	DAT arranges for virtual interview via video-conferencing.	

Section 6 - Disaster Relief Operations During COVID-19

Section Contents

Much of the guidance in this section was originally published in the *COVID-19 Concept of Operations* (COVID ConOps).

Scope

- Until further notice, due to the complexity of operations in communities affected by COVID-19, all Level 3 and above disaster response operations (excluding multi-family fires) are designated as national level operations.

- Concept of Operations 3.0 continues to apply unless otherwise noted in this section.

- The overarching guidance, mission essential functions and other response protocols articulated in the Compendium apply to all operations, regardless of level. National headquarters and DRO leadership prioritize and limit services accordingly.

- This section does not address mass casualty events.

Definitions: Virtual and In-Person

For purposes of this section:
- **Virtual** means that the worker works from their home environment using Microsoft Teams and is dedicated to the work of the disaster relief operation (as they would be if serving on an in-person deployment).

- **In-person** means that the worker is deployed to the affected area and works at a site, such as a shelter.

- There may be some workers whose jobs are a mix of virtual and in-person. For example, Elected Official Liaisons might conduct most of their job virtually but may meet in-person with elected officials. Similarly, based on client demographics and impacted community

composition, there may be a need for a mix of virtual and in-person deployments to ensure equitable service to vulnerable populations.

Planning Assumptions

The following assumptions apply to all Level 3 and above DROs (excluding multi-family fires) established in a COVID-19 environment:

- Due to government-ordered social distancing and movement restrictions, disaster relief operations are conducted with limited in-person positions. Much of the workforce will work virtually.

- As operations are primarily virtually staffed, in-person assignments will be limited to those necessary to provide direct, mission-essential client services and the minimum number of other personnel necessary for effective support.

- As disaster relief operations are largely virtually led and communications may be delayed, in-person leaders are empowered and supported in their decisions that align with mission priorities and this guidance.

- While power and internet networks in disaster-affected areas may be disrupted, communication networks and the internet will remain operational nationwide.

Operational Structure

For the protection of our workforce, many positions traditionally deployed in-person to a disaster relief operation deploy virtually and work in a Microsoft Teams (or MS Teams) environment. Also, to address the health and safety concerns of operating during the COVID-19 pandemic, the Vice President, Disaster Operations & Logistics will designate a Senior Medical Advisor to the Disaster Operations Coordination Center (DOCC) to support all disaster relief operations.

Location of DRO Headquarters and Service Delivery Sites

We co-locate headquarters activities with service delivery sites when needed and as space allows for physical distancing of 6 feet from other people and workstations:

- When districts are established, District Offices may co-locate at designated shelter sites to accommodate minimal District Office in-person staffing.

- DRO Headquarters are staffed and managed remotely when there are districts. When there are no districts, DRO Headquarters may co-locate at designated shelter sites to accommodate minimal DRO Headquarters in-person staffing.

Determining Who Reports in Person

Good operational leadership comes from effective communication, accessibility, responsiveness, and observing your organization in action. To ensure appropriate front-line operational leadership during the COVID-19 pandemic, certain leaders must operate in-person on the disaster relief operation. An in-person leader must be assigned to every disaster relief operation to specifically itinerate to work

sites. This itinerating leader serves as the Itinerating Deputy AD Response (may serve in addition to the virtual Deputy AD Response) and will report to the AD of Operations. If districts are established, Itinerating Deputy ADs of Response is assigned to each district.

In determining which additional leaders work in-person, the DRO Director considers the factors below and makes recommendations to the DDE for final approval:

- Minimum number of in-person leader(s) to achieve the objective of gaining visibility on majority of work locations and in-person workforce;

- Geographic span of work sites and concentration of in-person workers and clients;

- Complexity of services delivered at work sites;

- Need for quality assurance checks at work sites;

- Changes in workforce assigned to sites;

- Significant changes in scope of services offered at sites and/or volume of clients being served;

- Need to monitor staff and client stress and emotional wellness as circumstances change;

- When elected and senior appointed government officials request an in-person presence for coordination or relationship purposes;

- When Emergency Operations Center (EOC) is activated and requests/requires an in-person presence.

Command Staff and Section Leadership

Command staff and Section leaders (listed below) are assigned virtually by default. DRO Directors share any recommendations for exceptions to the Division Disaster Executive for approval.

- DRO Director
- Deputy Director
- Chief of Staff (Virtual)*
- AD Operations (Virtual)
- AD Workforce (Virtual)
- AD Logistics (Virtual)
- AD Planning (Virtual)
- AD External Relations (Virtual)
- AD Finance (Virtual)

* For all Level 4 and above operations and Level 3 where needed, a virtual Chief of Staff is assigned to every disaster relief operation. See Chief of Staff sub-section below for detail.
** The Senior Medical Advisor provides counseling and guidance to senior leadership on all active disaster relief operations in a COVID-19 environment. See Senior Medical Advisor sub-section below for detail.

Chief of Staff

The Chief of Staff is a discretionary and temporary position within the structure of a division or national disaster relief operation and reports to the DRO Director. The Chief of Staff has these standard responsibilities (from Concept of Operations 3.0):

- Reviewing and prioritizing operational issues;

- Establishing reporting routines and lines of communication to include regular communication with the Senior Medical Advisor and the AD Workforce.

- Brokering operating solutions and mediating disputes among and between operating groups for situations that, while important, may not require the attention of the DRO Director;

- Serving in an advisory role to the DRO Director;

- Taking on projects or initiatives as required to facilitate and advance operational objectives;

- Facilitating communication and coordination within the operation's leadership team;

- Ensuring overall safety issues are addressed, putting the safety of clients and the workforce first; has the authority to direct cessation of operational activities to ensure the safety of the workforce and clients.

The Chief of Staff also has these additional responsibilities in the COVID-19 pandemic:
- Serving as the COVID-19 Concept of Operations Champion, acts as the central point of contact between the disaster relief operation and national headquarters as it relates to COVID-19 issues and actions to be recommended for the workforce.

- Maintaining all regular reporting relationships as outlined in the Concept of Operations 3.0. The Chief of Staff has a "dotted line" relationships with all section leadership and the Senior Medical Advisor to ensure timely and efficient coordination of sensitive workforce issues that will arise from operating in a COVID environment

- Managing the Staff Health Coordinator who reports to the Chief of Staff with a dotted line to DRO HQ Disaster Health Services manager for technical support.

- Attending daily Workforce Care task force meetings to understand and assist when necessary in educating the workforce as it relates to COVID-19 policies, practices, and issues that arise.

- Working directly with the Senior Medical Advisor in communicating policies and practices and identifying any trends as they relate to the safety and health of the workforce and clients.

- The Vice President, Disaster Operations & Logistics:

    o May assign a virtual Chief of Staff to Level 3 operations based on recommendation from the Division Disaster Executive;

    o Will assign a virtual Chief of Staff to all Level 4 and above operations.

Senior Medical Advisor

The Vice President, Disaster Operations & Logistics will assign a Senior Medical Advisor to the Disaster Operations Coordination Center who will support all disaster relief operations. The Senior Medical Advisor gathers and analyzes available guidelines for safe personnel practices during a

disaster response, which protects the health and well-being of Red Cross clients and workforce in the delivery of necessary and life-sustaining missions.

Key responsibilities include:
- Providing advice and guidance to the DRO Director and senior leadership on the optimal approaches for providing safe service delivery on a disaster relief operation in accordance with COVID-19 social distancing and isolation practices;

- Collecting guidance from available resources, including the CDC, public health agencies, the World Health Organization (WHO), FEMA, and other government and non-government resources. Analyzes information and advises DRO leadership on the best practices to maintain the safest working conditions possible for workforce and clients;

- Reviewing Red Cross service delivery methods and strategies and guiding operational leadership on best methods for completing a mission in the given operational environment;

- Providing advice and guidance on the use of personal protective equipment (PPE), health screening, and distancing practices for workforce and clients based on the best available information and resources;

- Working closely with Government Operations to ensure access to the latest governmental orders, procedures, and protocols issued by all levels of government;

- Monitoring and providing guidance related to daily DRO safety reports.

Staffing Footprint

The tables below describe the recommended staffing footprint delineating virtual and in-person positions/functions.

- Management level positions are indicated in the "Activity" columns, with their work location noted in parentheses.

- Recommended numbers of workers to be assigned are indicated in the "In-Person" or "Virtual" columns.
  - In-person staff are added according to the level and scope of the disaster;
  - Initial staffing levels are indicated for Levels 3-4;
  - Additional staff requirements for Levels 5-7 are noted as TBD (to be determined).

Operations Section

Activity Lead (virtual/in-person)	# of Reports In-Person	# of Reports Virtual
District Director (Levels 3-7: In-person)	0	0
Deputy District Director (Levels 3-4: 0; Levels 5-7: In-person)	0	0
Itinerating Deputy AD Response (1 when no districts OR one per district when there are districts)	1+ TBD	0
Deputy AD Response (Virtual)	0	0

Deputy AD Recovery (Virtual)	0	0
HQ Mass Care Chief (Virtual)	0	0
HQ Sheltering Manager (Virtual)	0	1 + TBD
HQ Feeding Manager (Virtual)	TBD	1 + TBD
HQ Distribution of Emergency Supplies Manager (TBD)	TBD	0
HQ Disability Integration Chief (Virtual)	TBD	1
HQ Individual Disaster Care Chief (Virtual)	0	0
HQ Disaster Mental Health Manager (Virtual)	1 + TBD	1 + TBD
HQ Disaster Spiritual Care Manager (Virtual)	0	1 + TBD
HQ Disaster Health Services Manager (Levels 3-7: In-person)	1 + TBD	TBD
Staff Health Coordinator (Levels 3-7: In-person)	1 + TBD	TBD
HQ Casework & Recovery Manager (Virtual)	0	1
HQ Casework & Recovery Planning Coordinator (Virtual)	0	1+TBD

Workforce Section

Activity Lead (virtual / in person)	# of Workers In-Person	# of Workers Virtual
HQ Staff Advocate Manager (Virtual)	0	0
HQ Event-Based Volunteer Manager (Virtual)	0	1
HQ Training Manager (Virtual)	0	1
HQ Staff Relations Manager (Levels 3-4: Virtual / Levels 5-7: In-Person)	0	0
HQ Staff Planning & Support Manager	1	1-3
HQ Local Community Volunteers Coordinator (Virtual)	0	0
HQ Ambassador Coordinator (N/A)	0	0
HQ Lodging Coordinator (Virtual)	0	1

Logistics Section

Activity Lead (virtual / in person0)	# of Workers In-Person	# of Workers Virtual
HQ Logistics Chief (Virtual)	0	1
HQ Procurement Manager (All levels: In-Person)	3-6 +TBD (incl. buyers and couriers)	2-3
HQ Facilities Manager (All levels: In-person)	1-2	4-6
HQ Warehousing Manager (All levels: In-person)	2-4	0
HQ Supply Manager (Virtual)	0	2-4
HQ In-Kind Donations Manager (Virtual)	0	3
HQ Transportation Manager (Virtual)	0	3-4
HQ Life Safety & Asset Protection Manager (All levels: In-Person)	1-2	1

Disaster Services Technology

Activity Lead (virtual / in person)	# of Workers In-Person	# of Workers Virtual
Disaster Services Technology Chief (Virtual)	0	0
HQ Disaster Services Technology Communications Manager (All levels: In-Person)	1 + TBD	0
HQ Computer Operations Manager (All levels: In-Person)	1 + TBD	0
HQ Disaster Services Technology Networking Manager (All levels: In-Person)	1 + TBD	0
HQ Disaster Services Technology Customer Service Manager (All levels: In-Person)	1 + TBD	0

Information & Planning Section

Activity Lead (virtual / in person)	# of Workers In-Person	# of Workers Virtual
HQ Disaster Assessment Manager (Virtual)	2 + TBD	1 + TBD
HQ Information Dissemination Manager (Virtual)	0	1 + TBD
HQ Financial & Statistical Information Manager (Virtual)	0	1 + TBD
HQ Situation Unit Manager (Virtual)	0	0
HQ GIS Coordinator (Virtual)	0	0

External Relations Section

Activity Lead (virtual / in person)	# of Workers In-Person	# of Workers Virtual
HQ Fundraising Manager (Virtual)	0	1 + TBD
HQ Government Operations Manager (Virtual)	TBD (based on EOC requirements)	2 + TBD
HQ Disaster Public Affairs Manager (Virtual)	1 + TBD	1 + TBD
APAT (Level 3-4: Virtual; Level 5-7: In-Person) (In-person deployments are only made from within the division)	1 + TBD	1 + TBD
HQ Community Engagement & Partnership Manager (Virtual)	TBD	1 + TBD

Finance Section

Activity Lead (virtual / in person)	# of Workers In-Person	# of Workers Virtual
HQ Finance Manager (Virtual)	0	2-3

Setting Up a Virtual DRO

To enable a virtual disaster response operation, DCS is using Microsoft Teams. This application provides a virtual work environment that can connect people no matter there work location.

Using Microsoft Teams for DROs

Understanding Teams - What is a Team?

Microsoft Teams is a tool made for collaboration. In this tool, a "team" is a collection of people, conversations, files, and tools — all in one place. During the COVID-19 pandemic, regions, divisions, and disaster relief operations (DRO) utilize Microsoft Teams (MS Teams) to create a virtual DRO Headquarters unit for each DRO. While not all workers on a DRO work remotely, MS Teams is the primary platform for their communications and coordination.

When organizing people and their work, **Channels** are dedicated sections within a MS Teams site to keep conversations organized by specific topics, projects, and disciplines. Private channels in Microsoft Teams create focused spaces for collaboration within a team. Only the users on the team who are owners or members of the private channel can access that channel.

Creation of DRO Microsoft Teams Site

When a Level 3 or above operation is initiated:
- The Regional Disaster Officer or designee is responsible for establishing a MS Teams site for the DRO.

- The Assistant Director of Information & Planning is responsible for supporting and maintaining the DRO Teams site.

- Use the DRO Template when creating the DRO-specific MS Teams site to see the standard set up of a site. Due to Microsoft limitations not all content will copy

- Assistant Directors are owners of the DRO Teams site overall and of the private channel set up for their section. (So, the Assistant Director of Operations is the owner of the private channel for the Operations section.)
  o Assistant Directors add members to the team and channels as necessary.

Continuity of Virtual Operations

To ensure continuity of virtual operations and to support the archiving of DRO sites, the AD of Information & Planning for all Level 3 and above operations assigns the following individuals as additional owners on the DRO Teams Site:
1. National AD of Operations & Planning – Chris.Young@redcross.org
2. National AD of Situational Awareness & Decision Support – Kasie.Richards@redcross.org
3. DOCC@redcross.org

Standard Teams Set-up

To ensure continuity across all DROs, all operations use a standard MS Teams format:
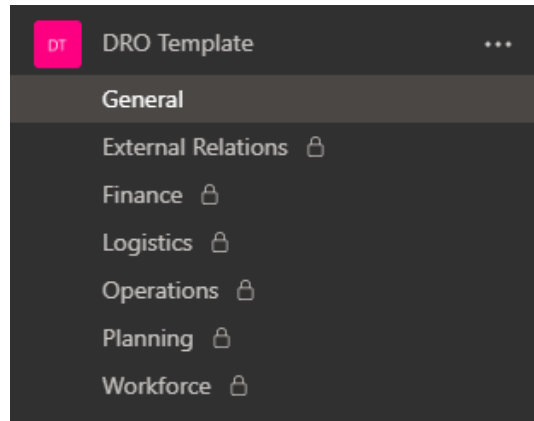
Channel Name	Owner	Notes
General	DRO Director / Deputy DRO Director	
External	AD of External Relations	Private channel for members of the External Relations team and others as invited
Planning	AD of Information & Planning	Private channel for members of the Information & Planning team and others as invited
Operations	AD of Operations	Private channel for members of the Operations team and others as invited
Finance	AD of Finance	Private channel for members of the Operations team and others as invited
Logistics	AD of Logistics	Private channel for members of the Logistics team and others as invited
Workforce	AD of Workforce	Private channel for members of the Workforce team and others as invited
District (X)	District Director / AD of Operations	One for each district, as appropriate
Disaster Health Services	DRO HQ DHS Manager	Private channel for DHS volunteers to file virtual client health records.

Access to MS Teams Meetings/Conference Lines

Once set up, members of the disaster relief operation workforce can access MS Teams meetings using the generic DRO email accounts assigned to each operation. All DRO workers will have access to use Microsoft Teams with the level of functionality listed below:

- DRO **Assistant Directors** and above and **District Directors** can host MS Teams meetings with a dial-in option for up to 250 participants.

- DRO **Headquarters** and **district management** positions can host MS Teams meetings for up to 250 participants. No dial-in option included.

- All other DRO positions can participate in MS Teams meetings / calls and make 1:1 MS Teams calls.

Virtual Watch Floor

All disaster relief operations use a "Virtual Watch Floor" to support operations, simulate the environment of an in-person DRO Headquarters, and enable quick conversations between team members.

- The AD of Information & Planning or designee creates a recurring morning stand-up meeting in the General channel of the MS Teams site for the DRO.
  - Larger operations may choose to break the Watch Floor up into sections.
  - When districts are established, the AD of Information & Planning establishes a unique Virtual Watch Floor for each district.
  - Each Watch Floor is scheduled in MS Teams and connected to the respective channel.
- All members of the DRO Headquarters workforce (whether working virtually or in-person) sign into the call daily and remain muted but on the line for the remainder of the day.
- Members of the watch floor drop in and out of the Virtual Watch Floor just as they do on a DRO to join other meetings or to have one on one conversations.
- Members of the watch floor may speak to the rest of the DRO workforce by un-muting the call and speaking. All members of the Watch Floor who are currently on the call hear them. Other helpful guidelines:
- Especially due to possible bandwidth constraints, members of the watch floor are not required to leave their cameras on constantly. When possible, turn the camera on when speaking.

Team Tabs

Each channel in the MS Teams DRO site can have several additional tabs to support virtual operations. The General channel is open to all members of the DRO Headquarters and District Offices and is used to share general messages and materials. Each Assistant Director can set up their channel(s) as necessary. The below is a basic set up for the General channel:
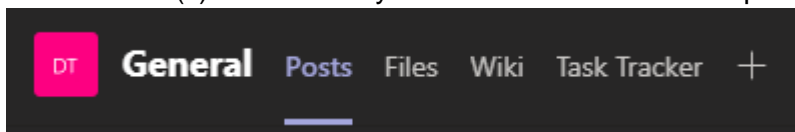
- **Posts**: The *Posts* tab appears in all channels.
  - All members can view and add to conversations in the General channel.
  - Use @mentions to invite certain individuals to participate in a conversation.
  - Conversations are different from chats because they are visible to everyone in a channel and are not private.
  - Documents shared in a conversation automatically become part of the Files tab in that file.

- **Files**: The *Files* tab displays all of a Team's files which are stored in the SharePoint for the MS Teams site. There is no need to switch to SharePoint to access these materials; all files can be accessed directly from MS Teams.

- **Wiki**: The *Wiki* tab is a smart-text editor that doubles as a communication machine where the user drafts, edits, and chats all in one place. The Wiki tab is set up to share common reference information for leadership, including office hours, account strings, and other pertinent information for the DRO workforce.

- **Task Tracker** (Planner): Users can organize tasks in the *Task Tracker* tab. The Task Tracker allows the DRO Director and section Assistant Director to assign, review, and track completion of important tasks. The AD of Information & Planning sets up the task tracker to include a bucket for each section, including one for Command staff. For more on Microsoft Planner check out the Guides.

MS Teams Resources

Several resources are available to assist members of the DRO workforce with the use of MS teams including:

- Remote Work Resources for DCS Workers Toolkit
- Teams Quick Start Guide – Digital Quick Start Guide
- Compendium of Recommended Resources for Commonly Used Applications by DWR
- IT Presentation MS Teams

Disaster Services Technology (DST) Support for a DRO

All DST Laptops Provisioned with Microsoft Teams

- Via the generic DRO email account assigned to each operation, all disaster relief operation workers will have access to Microsoft Teams with the levels of functionality noted above.

- Equipment is cleaned:

  - Before shipping,

  - If the computer changes users during the response, and

  - When returned according to the COVID-19 Computer/Device Sanitation Procedure.

- Upon request from HQ Sheltering Manager, DST prioritizes the provision of laptops, cellphones and printers within 24 hours to all shelter sites.

DST Support of Virtual DRO Workers

- DST:

  - Accommodates the need to deploy equipment and provide remote support to virtual workers on a disaster relief operation;

  - Deploys equipment based on stated need;

- o Assigns an on-call, dedicated worker to coordinate with Resource Mobilization & Support (RMS) and deploy DST equipment to virtual workers to facilitate expedited deployment of equipment.
- Staff and volunteers already operating virtually continue to use that equipment instead of ordering additional equipment.

DST Support of In-Person Workers and In-Theater Facilities

DST continues to operate in its regular capacity to accommodate the deployment of equipment to sheltering operations and other Red Cross operational facilities and programs as needed.

Workforce Tactics

Staffing uses the following procedures to recruit, screen, and deploy workers:

- Division Disaster Executives identify all DRO Directors and submit recommendations to the Vice President, Disaster Operations & Logistics for approval prior to assignment.

- Before assignment, the DRO Director in consultation with the Division Disaster Executive must approve candidates for all manager and above positions who do not have the required group/activity/position (GAP) in Volunteer Connection.

Staff Services

Planning Assumptions

- Responder availability will be limited for in-person deployments due to COVID-19-related concerns.

- High percentage of DRO responders will work virtually combined with a lower percentage of in-person responders on the DRO. Consider 70% virtual—30% on site.

- Virtual Staffing Support responders will experience challenges in managing a virtual workforce and/or managing an in-person workforce virtually.

- Virtual staffing support responders will experience technical challenges.

- In-person responders may choose to return home early due to COVID-19-related matters or fear of infection.

- In-person responders may need to implement self-quarantine or self-isolation on the DRO or when they return to their home of record as directed by Public Health Agencies or personal healthcare provider.

Safety Procedures

- Red Cross has established procedures to ensure screening of the workforce prior to and throughout their deployment. Please see Workforce Deployments and Recruitment Restrictions and Workforce Health Screening on DROs job tools.

- Red Cross PPE, screening, and workforce safety procedures always apply to all Red Cross workers regardless of workplace location. Red Cross workers comply with more protective partner requirements if established at partner-managed worksites (like an Emergency Operations Center).

- Unless otherwise directed due to workforce health and safety and/or operational needs, all assignments, whether virtual or in-person, are 2-3 weeks in duration.

Recruitment for Virtual Deployments

Resource Mobilization & Support:

- Conducts virtual recruitment nationwide, and no hardships apply.

- Does not conduct health screening of virtual responders.

- Confirms before making each assignment that virtual responders have:

  o Reliable internet access; and

  o A computer and/or phone they can use to support the operation and whether reimbursement for usage is desired.

- Arranges with Disaster Services Technology (DST) to provide a phone and/or computer, as necessary, to assigned virtual responders.

Recruitment for In-Person Deployments

- Resource Mobilization & Support does not assign workers for in-person deployment unless they meet the screening standards in effect. (See Workforce Deployments and Recruitment Restrictions and Workforce Health Screening on DROs.)

- RMS uses proximity recruitment to identify in-person workers. Standard driving distance is preferred. The DRO Director and/or the affected Division Disaster Executive must approve air travel.

Health Screening for In-Person Deployments

- Regional recruiters recruit and assign responders to fulfill open staff requests as directed by Resource Mobilization & Support.

- Regional recruiters/RMS advise responders that they must NOT make any travel arrangements until:

  o After they have completed the COVID-19 screening, AND

  o The region tells them they are approved to make travel arrangements.

- Regions must continue to adhere to hardship codes and complete the Pre-Assignment Health Questionnaire for all in-person responders assigned.

- Responders assigned to a disaster relief operation between 8:00 a.m. and 11:00 p.m. ET are contacted by the national Disaster Health Services screening team to complete the screening questions in the Workforce Deployments and Recruitment Restrictions job tool.

- When the COVID-19 screening process is completed, the Disaster Health Services (DHS) screening team sends an email to the region staff member who assigned the responder.

  o If the DHS Screening team clears the responder, the region notifies the responder that the deployment process will continue.

  o If the DHS Screening team does not clear the responder, RMS stops the deployment.

- Regions that must assign responders outside the hours of 8:00 a.m. and 11:00 p.m. ET to meet immediate operational needs are responsible for completing the COVID-19 screening process in addition to the Pre-Assignment Health Questionnaire. The region must send names of after-hours assignments to its RMS.

- Regions ensure that all responders have the Disaster Staff Support Hotline number for Disaster Mental Health support, if needed.

Travel to In-Person Assignments

The Red Cross uses a variety of transportation methods to get in-person workers to their work sites. For transportation to and from disaster relief operations during the pandemic, Resource Mobilization & Support gives preference to responders using rental cars to travel to disaster relief operations over air travel, where social distancing may be more difficult. Responders may use rental cars to travel from their home to an airport where flights are available.

Due to social distancing measures:
- The ratio of cars to people assigned to a disaster relief operation may be lower and is included in the Service Delivery Plan; and

- Responders must maintain one person per row in vehicles and wear face coverings at all times while in the vehicle with another person.

Workforce Lodging

- The Virtual Lodging Team (VLT) secures lodging for the DRO workforce through Corporate Lodging Consultants (CLC).

- When possible, workers deployed to affected areas are placed in hotels using single occupancy.

- Congregate staff shelters are used only as a last resort. If using congregate staff shelters, COVID-19 sheltering guidance applies.

- With the approval of the Vice President, Disaster Operations & Logistics, the Mission Card Load Team, may load additional funds on the Mission Cards of Maximum Daily Allowance (MDA) responders deploying to the affected area to allow for increased costs and lodging during travel to and from the disaster relief operation.

Staffing Process for In-Person Workers

Staff Services completes the following in-processing and out-processing tasks virtually for in-person workers:
- Assign workers to a location.

- Connect in-person workers to their supervisor, who may be in-person or virtual.

- Provide in-person workers with access to the DRO-specific MS Teams site and supply each worker with the Using MS Teams for a Disaster Relief Operation job tool.

- Provide the DRO Director with a roster including contact information and indicating who is virtual and who is in-person.

- Provide Mission Card reload information to in-person workers.

- Out-process in-person workers.

- Staff Training will not be in-person unless there is a specific need. Training specific to shelter workers will be delivered by trained shelter staff per the COVID-19 Sheltering guidance.

Staffing Process for Virtual Workers

Staff Services completes the following in-processing and out-processing tasks for virtual workers:
- Virtual Staffing Team checks in virtual workers for their assignment in Volunteer Connection.

- Staff Services-Virtual Assistance Support Team (SS-VAST) connects workers with their supervisors and send Using Microsoft Teams for a DRO job tool (as applicable).

- Provide DRO with a roster including contact information and who is virtual and who is in-person.

- Virtual Staffing Team assigns work locations for virtual workers.

- Staff Services-Virtual Assignment Support Team (SS-VAST) releases virtual workers.

Staff Services Job Tools

- See RMS/Staff Services on a COVID-19 DRO Operational Job Tool for additional information on Staff Services tasks.

- See COVID-19 Workforce Health Screening on Disaster Relief Operations for information on conducting workforce health screenings.

Training

- One HQ Training Manager and up to 2 supervisors are assigned virtually for DROs at Level 4 or above.

- The AD of Workforce or designee schedules virtual (using MS Teams) DRO Orientations to receive all incoming staff, both virtual and in-person workers.

- The HQ Training Manager consults the HQ Staff Services Manager on the status of virtual workers. The DRO Training Activity may need to provide additional training support to the virtual workforce, such as Microsoft Teams.

- Arrangements must be made for *all* incoming staff to participate in the official virtual DRO Orientation as part of their in-processing. The daily orientation times and link to the training is included in the *Meetings Schedule* in the Incident Action Plan.

- o See the Pre-Deployment COVID-19 DRO Orientation video and the DRO-Specific Worker Orientation (PPT).

- Worker safety, specifically COVID-19 safety, is the focus of all training events and messaging. The HQ Training Manager works with the Assistant Director of Workforce, HQ Staff Services Manager, Staff Health, and other operations leadership to work out a plan for consistent messaging.

- Because Sheltering operations pose one of the greatest risks for the Red Cross in-person workforce, ensure that all workers have seen the *Sheltering in a COVID Environment* course available in EDGE. This course is a requirement for all Mass Care shelter workers.

- Because of the special circumstances of a response during the COVID-19 pandemic, the National Training Program Lead and other national headquarters training department staff support the Training activity on the DRO with resources and daily communications.

Operations Tactics

Sheltering

For sheltering guidance for division, regions, and managers, please see Section 6 of this document.

Disaster Health Services

For details about health screening and isolation care areas in COVID-19 shelters, please review the sheltering guidance in Section 6 of this document. Ensure that Disaster Health Services workers have the following COVID-19 guidance before they are deployed to a DRO.

- DHS Procedures in COVID-19 Congregate Shelters (includes Isolation Care Area info)
- Disaster Health Services COVID-19 Non-Congregate Sheltering

Disaster Mental Health

Ensure that Disaster Mental Health workers are provided with the following COVID-19 guidance before they are deployed to a DRO.

- Disaster Mental Health COVID-19 Non-Congregate Sheltering

Disaster Spiritual Care

Ensure that Disaster Spiritual Care staff are provided with the following COVID-19 guidance before they are deployed to a DRO.

- Disaster Spiritual Care COVID-19 Non-Congregate Sheltering

Distribution of Emergency Supplies

- Distribution of Emergency Supplies (DES) missions may only be conducted when included in an approved Service Delivery Plan.

- During the pandemic, disaster relief operations conduct distribution of emergency supplies only when necessary to:

  o Support the transition of clients out of Red Cross-managed and partner-managed shelters;

  o Enable clients to immediately remain or return safely to their homes (like providing a tarp for a client whose roof was damaged by a tornado);

  o Address a life-saving or life-sustaining unmet need explicitly approved as part of the DRO's Service Delivery Plan.

- There are three methods for providing DES. The preferred method is via a drive-thru fixed site. Additional methods include:

  o Walk-up fixed site

  o Mobile distribution

- The HQ DES Manager, District DES Coordinator, or DES Site Supervisor are responsible for ensuring:

  o Workers follow all COVID-19 social distancing, PPE usage and enhanced sanitation procedures.

  o Signage is posted at drive-thru or walk-up fixed sites instructing clients how to maintain social distancing while retrieving the supplies.

  o The set it down and pick up method is utilized.

- Disaster relief operations do not accept unsolicited donations and must post unsolicited donations signage at shelters and service sites.

Financial Assistance

The Vice President, Disaster Operations & Logistics, in consultation with Recovery Operations, will select the method (and if necessary, the level) for providing financial assistance (using Direct Client Assistance or Immediate Assistance) based on the following triggers:

- Once disaster assessment is 80% complete or the disaster relief operation has validated and has high confidence in the accuracy of comprehensive partner damage assessment; AND/OR

- Whenever there are concurrent and/or adjacent operations of varying size/scope.

Unsolicited Donations Management

Due to COVID-19 safety measures we are unable to accept used or unpalletized donations of goods such as clothing, toys and other items. Most key partners with whom we share our donations are not accepting donations due to COVID-19.

- Ensure that signage is posted outside the shelter discouraging unsolicited donations.

- If you receive questions, thank the questioner for their interest and explain that we cannot accept unsolicited donations at this time due to COVID-19 and that our key partners with whom we share donations are not able to accept donations either for the same reason.

Feeding

Scope of Feeding Operations

- Feeding operations are limited to individually packed meals, shelf-stable meals, shelf-stable ready-to-eat products, and food commodities:

  - Provided to shelter residents; (See the job tools for Feeding in congregate shelters and non-congregate shelters.)

  - Delivered/distributed to:

    - Vulnerable disaster-affected populations with a critical unmet need due to the unavailability or shortage of other resources; and/or

    - Disaster-affected households sheltering in place and without other reasonable access to life-sustaining resources.

- Except for the feeding of shelter residents, all DRO feeding missions must be approved by the Vice President, Disaster Operations & Logistics through the Initial Planning Tool (IPT), Service Delivery Plan (SDP), and/or just-in-time requests from the DRO Director.

- Shelter Managers or their designee are responsible for ensuring compliance with the Feeding Procedures in COVID-19 Congregate Shelters Job Tool.

Safety Procedures for all Feeding Operations

- Always maintain a 6-foot distance, including when talking with clients and offering food or other supplies.

- When offering face coverings, food, or supplies, use the "set it down and step back" method;

  - Place the item down on a table or other surface

  - Step 6 feet away so client can safely pick up the item

  - See numbered steps in the Feeding Procedures in COVID-19 Congregate Shelters Job Tool.

  - When delivering meals to clients outside of congregate shelters, use the "drop and go" method. For example, at a hotel being used as a shelter, place the meal at the client's door, knock on the door, and step at least 6 feet away.

- Follow standard worker safety and sanitation procedures articulated in the Workforce Safety section of this document.

- Do not enter isolation care areas. Only Disaster Health Services staff is authorized to enter isolation care areas.

- Follow standard Red Cross guidance regarding safe food handling.

- All staff handling food and beverages must wear:

  - Face coverings (surgical or dust mask)

  - Food-safe disposable gloves

- o Hair nets or hats

- o Beard nets (for facial hair)

Enhanced Sanitation for all Feeding Operations

- Clean all surfaces with sanitizing spray, wipes, or bleach solution (1/3 cup bleach to 1 gallon of water) every 2 hours during feeding times, focusing on:

  - o Areas where food is served;

  - o Areas where eating is taking place;

  - o Entry and exit touch points into feeding area (like doorknobs and trash cans).

- Place portable handwashing stations or hand sanitizer that contains at least 60% alcohol near snack area, meal serving area, and eating areas, when available.

- Provide hand sanitizer to clients using the following strategies:

  - o Use motion-activated hand sanitizer stations when possible.

  - o Give every client their own small bottle of hand sanitizer that contains at least 60% alcohol when available.

  - o When providing individually wrapped hand sanitizing wipes (like Wet Naps) lay them out in a single layer. Do not place them in a box or other container where people must reach in and get them.

Food Safety

- Ensure all food is delivered at safe temperatures.

- When placing food orders, confirm that the establishment being ordered from follows local health department food safety rules.

- If meals are being delivered by a caterer/vendor and the driver is not wearing personal protective equipment (PPE), provide it to them if they help with distribution to clients.

- If necessary, check food temperatures upon delivery.

  - o Hot foods must stay hotter than 140ºF and cold foods must stay colder than 41ºF when held for more than four hours.

- Deliver meals to clients quickly to ensure food safety.

- Double-bag and discard unused prepared food.

Meal Requirements for All Feeding Operations

- Do not use bulk food in Cambros or any large container that requires food to be transferred to a clamshell or other container at the shelter to be consumed.

- Use individually packaged meals. Examples include:

  - o Boxed meals (as with sandwich, fruit, and chips) completely contained in a box or bag;

- o Complete meals from a caterer, vendor, or restaurant that are delivered already sealed in containers and labeled with the contents;

- o Frozen thaw-and-serve sandwiches.

- Use shelf-stable, single-serve, ready-to-eat food items procured through nationally or locally contracted suppliers. Examples include:

  - o Heater meals (also known as meals-ready-to-eat or MREs);

  - o Meal bars;

  - o Tuna and chicken in pouches;

  - o Fruit cups;

  - o Peanut butter packets.

- Provide bottled water with every meal.

Serving Snacks and Beverages

- All staff handling snacks and beverages follow PPE guidance.

- Serve only individually packaged snack items and single-serve bottled water and beverages, such as juice boxes.

- Shelter staff control and serve snacks, water, coffee, tea, and other beverages.

- Use the "set it down and step back" method to maintain social distancing when serving snacks and beverages.

Serving Meals to Clients in the Isolation Care Area of a Congregate Shelter

- Only Disaster Health Services (DHS) staff serves clients in the isolation care area.

- Place meals and snacks in the donning area.

- Disaster Health Services staff follows the guidance in the Isolation Care Areas for Clients and Staff During Disasters Job Tool to bring food into isolation area.

  - o Disaster Health Services staff delivers meals to clients at their cots.

  - o Disaster Health Services staff delivers snacks and two (2) individual bottles of water with each meal.

  - o Dispose of refuse from meals in the trash receptacles in the isolation care area.

- Serving Meals to Non-Isolated Clients

- All staff handling food and beverages wears PPE outlined in the Personal Protective Equipment section.

- Use the "set it down and step back" distribution method.

Eating Areas for Non-Isolated Clients in Congregate Shelters

- If available, use separate rooms. For example, at a shelter that is a school, use classrooms.

- Consider staggered feeding times

- Set up tables with chairs 6 feet apart.

- Do not have more people in any room than is safe to maintain social distancing.

- Count the chairs and only allow that number of clients into the room at any one time.

- Place portable handwashing stations and hand sanitizer in eating areas.

- Clean all eating areas with sanitizing spray, wipes, or bleach solution (1/3 cup bleach to 1 gallon of water) after each use.

- If separate rooms are not available, clients may retrieve their food to eat at their assigned cot.

- Instruct clients to put all trash in garbage cans located away from the immediate vicinity of cots.

Serving Snacks and Beverages in a Non-Congregate Shelter

Consider available resources, such as staff, storage, and layout of the non-congregate shelter site, and choose the strategy that fits the needs of the operation. The strategies below are examples. The operation may use a different strategy that meets the needs of clients to maintain social distancing and food safety. Remember to practice social distancing as outlined above.

Strategy	Method
Clients pick up snacks and water at a designated area daily.	Create bags of snacks with at least 2-3 snacks per person for each family. Set up an area for clients to pick up snack bags using the "set it down and step back" method. Choose a set time each day for snack pick-up. Inform clients of pick-up times.
Deliver snacks and water to clients once per day.	Deliver at least 2-3 snacks per person for each member of the family and deliver to clients once a day. Communicate the daily snack delivery time to clients by hanging signs if allowed by facility or other viable method.
Deliver snacks and water to clients multiple times per day.	Deliver at least 1 snack for each person in the family 3 times per day. Communicate snack delivery times to clients.
Deliver snacks and water to clients with each meal.	Deliver at least 1 snack per person for each family member with each meal.
Deliver snacks and water with first meal.	Deliver at least 3 snacks per person for each member of the family with the first meal being delivered.

Strategies for Serving Meals to Clients in a Non-Congregate Shelter

Consider available resources, such as staff, storage, and layout of the non-congregate shelter site, and choose the strategy that fits the needs of the operation. The strategies below are examples. The operation may also use a different strategy if it meets the needs of clients and maintains social distancing and food safety. Remember to practice social distancing as outlined above.

Strategy	Method
Clients pick up meals at designated area at set times.	Set up an area for clients to pick up meals using the "set it down and step back" method. Steps to set up a meal pickup area: 1. Use tape to mark spots on the floor 6 feet apart. • Instruct clients to stand on the tape and move to next tape when the client ahead of them has moved forward. 2. Spread out boxed/bagged meals and shelf-stable food on tables. 3. Make sure boxed/bagged meals are labeled with the contents. For example, for boxed sandwich meals, label with the main meat component (like ham, turkey, or vegetable) so clients do not open the boxes. 4. Place items with nutrition information visible to the client when possible. For example, place canned items so that labeled nutrition information is visible. 5. Allow clients to take their meals one at a time and maintain a 6-foot distance. 6. Instruct clients to take what they touch. If they touch an item, they must take it and consume it or discard it.
Deliver meals to clients multiple times per day.	Deliver each meal to clients. Communicate the daily meal delivery times to clients. Knock on the door and leave the meal at the door, stepping at least 6 feet away before the client opens the door to collect their meal.
Deliver breakfast with dinner.	Deliver shelf-stable breakfast items to clients with the dinner meal. Knock on the door and leave the meal at the door, stepping at least 6 feet away before the client opens the door to collect their meal.
Caterer/vendor provides direct meal delivery.	Contracted caterer/vendor delivers meals directly to clients. Instruct the caterer/vendor to knock on the door and leave the meal at the door, stepping at least 6 feet away before the client opens the door to collect their meal.

Information & Planning Tactics

Disaster Assessment

- Whenever possible, Disaster Assessment uses virtual assessments and encourages validated partner data to limit on-the-ground surveys.

  o The disaster relief operation may complete virtual assessments using validated imagery, including aerial photographs, satellite imagery, and other verifiable damage imagery sources.

  o Virtual assessment imagery can come from local or national partner resources or validated open source data.

- o The National AD Situational Awareness & Decision Support (SADS) will actively inform disaster relief operations when national level image resources are available, and proactively provide this information as a resource to Disaster Assessment at the disaster relief operation.

- Partner data from local or state government or community partners is acceptable when:

  - o The data collection method aligns with [Red Cross Damage Assessment Criteria](); AND

  - o The AD Information & Planning verifies a sample of the partner data to ensure this alignment.

- When on-the-ground detailed damage assessments (DDA) are collected:

  - o Ensure RC Collect damage assessments include an attached image of the external dwelling damage.

  - o Use the RC Collect reverse geocode function to look up and populate addresses, manual entry of addresses are only used when limited connectivity requires offline data collection.

  - o All Disaster Assessment Workers follow [standard safety procedures]().

  - o Conduct windshield assessments, remaining in the vehicle whenever possible.

  - o Assessments are only be conducted on foot if:

    - Traffic prevents damage assessments from being collected safely by car;

    - Area is accessible for assessments only on foot;

    - Conducting an appeal or hot-shot that cannot be completed unless on foot;

    - DA workers can maintain social distance;

    - DA workers can schedule on-foot assessments during low foot traffic times.

  - o In any case, do not enter homes to assess damage.

National Dispatch Call Center

- When clients call 1-800-Red-Cross or the National Dispatch Call Center during disasters, call center agents collect information on client needs. The National Dispatch Call Center provides this information to the disaster relief operation.

- Disaster relief operations have two options for receiving this information:

  - o By dispatching each case individually as an event, following the standard DAT Dispatch processes; OR

  - o By capturing client information as a call, which the disaster relief operation can access and respond to directly from RC View DAT Dispatch.

- The method of directing client information is determined by the AD of Operations in coordination with the National Dispatch Call Center.

- The National Dispatch Call Center adds named disasters to the interactive voice response (IVR) as a client choice when the volume of DRO-related calls either:

- o Impacts normal dispatch services; or

- o Exceeds standard vendor capacity.

- The National Dispatch Call Center, in consultation with the National Deputy AD Recovery Operations, establishes a separate routing path through the IVR whenever Immediate Assistance or other financial assistance programs are implemented.

Logistics Tactics

Material Resources

Logistics prioritizes the use of direct shipments and drop trailers delivered directly to service delivery sites.

Use of Vehicles on a DRO

- Limit the number of passengers per vehicle to promote social distancing.

    - o Only one person, wearing a mask, occupies each vehicle row at a time; and

    - o Passenger(s), wearing masks, may be added depending on vehicle configuration and size (Examples: ERV - 2 passengers, sedan - 2 passengers, box truck - driver only).

    - o All occupants must wear masks.

- Any person driving or operating a Red Cross or rental vehicle regardless of business unit will clean that vehicle after each use per the Humanitarian Operations Fleet Cleaning Procedures. Please see COVID-19 Specialty Vehicle Guidance section above.

Finance Tactics

The DRO Director may extend financial authorities to in-person managers and workers to facilitate the purchase of materials that may be required to provide service delivery.

- Delegation of authority must be in writing.

- Delegation of authority may be done via e-mail.

- The DRO Director shares written Delegation of Authority with the National AD Finance by email at DROFinance@redcross.org .

Budgeting

- Please contact the DOCC Liaison to request the updated Initial Planning Tool/Service Delivery Plan (IPT/SDP) that includes specific COVID planning calculations.

- Disaster relief operations will not receive the standard allocations for training and after-action reviews, as this work is conducted virtually and associated costs are significantly reduced.

Acquisition of Hotels / Motels for Non-Congregate Shelters

- Purchase Cards (P-Cards) may be used to book non-congregate sheltering rooms.

- o For rooms booked with P-Cards, hotels must be transitioned to Corporate Lodging Consultants (CLC) within 72 hours except for individual hotels with 5 or fewer booked rooms.

- o See the COVID-19 Hotel Acquisition and Payment Matrix.

- Regions and disaster relief operations do **not** use the Facility Use Agreement for any readiness activities or when procuring hotel/motel rooms. Supply Chain and Real Estate Management maintains agreements with many national hotel chains. If there is a need to enter into an agreement, contact the Virtual Lodging Team.

- P-Card charges for non-congregate sheltering in hotels use NAC 54110

- o Non-congregate sheltering Level 1-2 (account strings beginning with P01): PSC is 20

- o Non-congregate sheltering Level 3+ (account strings beginning with 052): PSC is 21

External Relations Tactics

Refer to the content in the Supportive Community section of this document for discussion points for public health, emergency management, and Red Cross community partners.

Government Operations (GO)

- Set an initial meeting with regional relationship holders and Government Operations in order to coordinate Emergency Management meetings and resourcing requests from EOC.

- An intentional transition to an incoming GO is especially critical in the virtual environment.

Elected Official Liaison (EOL) and Government Relations (GR)

- An EOL must be assigned for any level 3 and above operation.

- Most assignments can be fulfilled virtually in close coordination with the EOL in the region.

Fundraising

- Fundraising will assign a liaison to Public Affairs to coordinate directly with operations to strategize a match between content needs and opportunities.

Public Affairs

- The virtual deployment of Public Affairs necessitates that Regional Communication teams are the key boots on the ground content gatherers and are a local resource for in-person media opportunities.

- A communications staff member or national headquarters-approved leadership volunteer from the affected region must be assigned to the operation.

- Team members must follow social distancing and face covering safety protocols and be laser-focused on the content of the images we capture to ensure we are portraying our story in an appropriate way.

- Information release forms will need to be captured using the video capture model. This information is found on The Exchange in the photography guidance section.

Community Engagement & Partnerships (CEP)

- Must have a local leadership team member on the ground who has existing key relationships with local partners.

- Request an approved list, sorted by region, that includes all active national partners be sent from National Community Engagement & Partnerships to AD of External Affairs for coordination with the Community Engagement & Partnerships team.

Roles of Virtual Engagement versus In-Person Engagement

Community engagement is a complex activity that can be done through virtual methods but also may require in-person work especially in communities experiencing a high impact from the pandemic and low trust. The table below outlines considerations that may require in-person community engagement.

Models	DRO Management of CEP Activity	Coordination with existing community organizations/partners	Community facing engagement efforts
Model 1: Full Virtual Engagement	**Virtual**	**Virtual** Virtual engagement would include doing a desk research of municipal and community-based information. This info can reside with Latino faith-based and community organizations, restaurants, Spanish speaking media, government agencies, and consulates. Conduct outreach them through phone calls and emails to assess the needs and resources on the ground. Based on the information from key informants from the community or lack thereof, implement Model 2.	**Virtual** If the DRO believes they can reach all populations through only remote methods.
Model 2: Hybrid Community Engagement	**Yes**	**Virtual & In-Person** Virtual engagement would include doing a desk research of Latino faith-based and community organizations, restaurants and contacting them through phone calls and emails to assess the needs and resources on the ground.	**In-Person** If vulnerable populations are unable to be served through remote methods, in-person visits and coordination will be required to facilitate outreach and

Models	DRO Management of CEP Activity	Coordination with existing community organizations/partners	Community facing engagement efforts
		Based on the information for the key informants from the community or lack thereof, implement Model 2.	the last-mile in community engagement. Utilize required COVID-19 worker safety protocols.

Decision to Use In-Person Community Engagement

During the COVID-19 pandemic, regions focus on growing their local Community Engagement & Partnership steady-state workforce to support response in their own communities. With air travel restricted and heightened medical restrictions, the fastest way for a region to build the capacity to engage with communities is to grow the local program. Experienced Community Engagement & Partnerships members may be assigned virtually to support a DRO.

Relationship Status with a community	Description	Recommended Engagement Method
Lack of Awareness	When community lacks awareness of the Red Cross as an organization. Focus on community education and awareness of the organization.	**In-Person** Pew Research released recent insight into the connection between negative emotion and stress and low trust. In-person engagement helps build trust that virtual engagement may not be able to support. Follow all Red Cross safety guidelines when working in communities.
Rebuilding Trust / Low Trust	When communities lack trust in the Red Cross due to previous historical interactions, focus on trust building, community education, and awareness of the organization. This is a long-term effort.	
Community Collaboration	When a community has both awareness and trust, the DRO may consider a virtual engagement model.	**Virtual (DRO Management & Coordination)** **In-Person (Community Presence, Collaboration, & Coordination)** In-person work is recommended to reinforce trust in the community that the Red Cross has presence in the community whether it is through service delivery or joint collaboration with community organizations.
Community-Led Efforts	When communities have the leadership and organization to mobilize resources and volunteers to help each other. Example: Communities using social media to self-organize. **Note:** A community may be organized but still lack trust in the Red Cross.	

Section 7 – Sheltering During COVID-19

Item
Guiding Principles for Sheltering during COVID-19
Sheltering Overview
Description of Shelter Types
Serving Clients in Evacuation Centers
COVID-19 Non-Congregate Sheltering
COVID-19 Congregate Sheltering
Shelter Staffing and Support
Shelter Resident Transition

Please see the Sheltering Section of the DCS COVID-19 Operational Toolkit for additional resources, including a video introduction, task/role-specific job tools, signage, and client resources.

Guiding Principles for Sheltering during COVID-19

In providing sheltering solutions during the COVID-19 pandemic, the following guiding principles provide support for decision making.

- Reinforce the Red Cross and Red Crescent's seven fundamental principles for supporting all disaster-affected clients, regardless of their background or illness status;

- Red Cross operates congregate shelters in accordance with the American Red Cross COVID-19 Shelter Operations Decisions Matrix below;

- Continue our commitment to provide accessible facilities, programs, and services;

- Maintain a safe environment through increased cleaning and disinfection of facilities;

- Follow practices that avoid transmission of the virus when providing food and supplies and handling waste removal;

- Leverage technology to provide virtual support services to clients and workers where possible.

- Do not accept unsolicited donations at any shelter site.

Red Cross COVID-19 Shelter Operations Decisions Matrix

Disaster Type	Congregate Shelter	Threshold to Shift Primary Sheltering to Congregate	Red Cross Role in Non-Congregate Sheltering When Congregate is Primary Sheltering Tactic		
			Identify Facilities	Dormitory Management & Mass Care Services	Pay/Acquisition/Contracting
All tropical storm/ hurricane evacuation responses	Primary	N/A	Share Red Cross-identified facilities with EMA	Subject to availability of resources; hotels: post-impact only	Based on recent FEMA policy, states with effective Stafford Act Declarations (EM, FM, or DR with PA) are eligible for non-congregate shelter reimbursement and therefore handle acquisition/contracting.
Wildfire, Tropical storm/ Hurricane post impact & any other disaster	Primary after threshold	Evacuation of 2500 households **OR** DDE anticipates exceeding 250 rooms per night within 72 hours		Subject to availability of resources	If a Stafford Act declaration *is in effect at the initiation of sheltering*, Red Cross will not generally fund non-congregate facility costs absent agreement/contract with government per FEMA policy. DDEs must approve initiating discussions on such agreements and VP, Disaster Operations & Logistics must approve prior to signature. See Red Cross hotel contracting and payment procedures.

Sheltering Overview

- Non-congregate sheltering options (such as housing clients in hotel rooms) are the preferred method of sheltering. Whenever possible, we will shelter evacuees and displaced people in non-congregate shelters as quickly as possible after disaster impact.

- Congregate sheltering will not be avoidable. Non-congregate sheltering options will not always be immediately available in sufficient quantities or in all locations.

- Red Cross decision-makers must determine whether to prioritize Red Cross resource support to non-congregate or congregate sheltering based on the *Red Cross COVID-19 Shelter Operations Decisions Matrix* above.

- Disaster relief operations must prioritize operating congregate shelters with fewer than 50 residents. When it is necessary to operate shelters with more than 50 clients, within 7 days

clients is transitioned to non-congregate shelters or congregate sites with 50 or fewer residents.

- If non-congregate options are limited, then we will prioritize non-congregate for those with the highest risk of severe disease from COVID-19.

- Services traditionally provided in congregate shelters will also be provided in non-congregate shelters. However, we may modify the tactics for the delivery of these services to ensure adherence to social distancing guidelines and to limit person-to-person interactions, with preference for virtual support.

- Workers must be mindful of heightened sensitivities such as fear and irritability that may be compounded by COVID-19 in a disaster environment. Accordingly, adequate self-care and available support services is promoted regularly to both staff and clients.

- All clients and workers must always practice social distancing, wear an appropriate face mask, and follow all health and safety rules.

- We will see an increase in clients seeking non-traditional methods of sheltering to maintain isolation or social distancing.

  o Example: Clients may want to stay in their cars or ask that their cots be further than 6-feet away from others.

- Healthy shelter residents become part of our congregate shelter workforce.

Description of Shelter Types

Congregate Shelters

There are several types of shelters. Following is a description of each and the name we use to identify the type of congregate site. Shelters that are opened for evacuations in advance of the initial onset of the disaster generally have fewer resources and are only intended to operate through the initial impact. See the Pre-Landfall Sheltering in COVID-19 Pandemic and Wildland Fire Evacuation Congregate Shelter Operations in a COVID-19 Pandemic job tools for more information.

Red Cross-Managed Shelter	The Red Cross manages shelters in cooperation with a variety of partners. Partners include facility owners and other agencies that provide niche services, supplies, and equipment, or staff members who are willing to participate as Red Cross workers to help the population within the shelter.
Partner-Managed Shelter	Red Cross partners manage shelters following Red Cross principles and in cooperation with the Red Cross. The Red Cross often supports partner-managed shelters with human and material resources and subject-matter expertise.
Independent	Independent organizations manage shelters without operational support from the Red Cross. Independent shelters include those sometimes referred to as pop-up, ad-hoc, or spontaneous shelters.

Medical Needs Shelter	At the state level, these may be known as special needs shelters, special medical needs shelters, or other designations. These shelters support individuals who have medical issues requiring care beyond the capability of a general population shelter. Local, state, or tribal governments establish medical needs shelters in coordination with public health and social services agencies. Relevant government jurisdictions may coordinate with the Red Cross regarding support; however, Red Cross does not manage these types of shelters.

Pet/Animal Shelter	Only government or community-based agencies manage these shelters. (See the pet-related guidance for congregate shelters at the end of the Critical Conversations with Public Health and Emergency Management section of this guide).
	
	    ○ **Stand-alone shelter**: A pet shelter not affiliated with, or near, a human shelter
	    ○ **Co-located shelter**: A pet shelter on the same grounds as a human shelter, but physically separate
	    ○ **Cohabitated shelter**: A shelter housing both pets and humans together. Due to the infection control requirements driven by COVID-19, Red Cross does not support co-habitation (except in cases of bona fide service animals).

Non-Congregate Shelters

Non-Congregate Shelters	Locations where each individual or household has separate living space that offers some level of privacy (like hotels, motels, casinos, dormitories, or retreat camps).

Transitional Evacuation Sites

Evacuation Center	In no-notice evacuations, many jurisdictions use evacuation centers, short-term transitional locations, or sites for information, triage, safety, assembly and registration needs, prior to moving to evacuation shelters or returning home. These government-managed sites are normally open for a few hours only and do not typically provide meals or cots. Red Cross activities in these centers are defined during pre-planning. Evacuation Centers do not provide overnight stays States, counties, and other jurisdictions may use different naming conventions for these transitional sites. Examples include: • Temporary Evacuation Point: Governments manage evacuation points as central gathering places for people connected to an evacuation.

	• <u>Lily-Pad</u>: This is a pre-identified, elevated, unmanned drop-off point for search and rescuers.
	• <u>Shelter Information Point</u>: A government manages a shelter information point as a central location used to direct evacuees to shelters. Governments may also offer other services at these locations.
	See the *Serving Clients at Evacuation Center* section below for more information.

Serving Clients at Evacuation Centers

When government activates a transitional evacuation site, they may request Red Cross support. Red Cross support for government-managed transitional evacuation locations occurs within the Incident Command System Operations Branch as resources allow, and may include the following:

- Assisting with distribution of blankets, comfort kits, and other relief items

- Supplying snacks and water

- Providing disaster information

- Coordinating with site agencies on Mass Care issues

Assisting Government Screening, Registration, and Shelter Routing

Evacuation *Centers* may evolve into Evacuation *Shelters* when evacuees are at a site overnight. When Red Cross manages or supports Evacuation Shelters, we plan for and operate according to Red Cross sheltering standards and services, including those for shelter operations during COVID-19. Whenever an Evacuation Center transitions into an Evacuation Shelter, then the DRO updates the facility's status in the National Shelter System (NSS).

The Red Cross prioritizes its resources to manage and support the operation of evacuation shelters and not transitional evacuation sites. The commitment to support transitional evacuation sites must not negatively impact our capacity to open and/or support congregate shelters and non-congregate facilities.

Division Disaster Executives or Red Cross Coordinating Officers must approve the use of any Red Cross resources at facilities or locations established as evacuation centers.

COVID-19 Non-Congregate Sheltering

Non-Congregate Sheltering Standards

Unless otherwise noted, the HQ Sheltering Manager is responsible for achieving, enforcing, and sustaining each of these standards.

- The DRO assigns the minimum number of workers necessary to serve clients safely

- Only Disaster Health Services or someone working at the direction of the DRO Director may enter the individual non-congregate living space of a client.

- Clients residing in non-congregate shelters receive the equivalent of three meals per day.

- Facility Use Agreements are not utilized for hotel or motel sites. Check with DLC@redcross.org when using other types of non-congregate sheltering.

- Deliver all in-person services to clients using "set down, knock, step back" approach to maintain social distancing.

- Maintain virtual contact with clients multiple times a day

- Report shelter counts through the Non-Congregate Shelter Counts App. Do not report non-congregate shelters in NSS. See the COVID-19 Non-Congregate Shelter Counts job tool for more information.

- Maintain a spreadsheet or similar document with each clients' location, contact number, and relevant information (per email instructions from the DOCC above) and ensure this information is available to all those providing services. See the Non-Congregate Site Client Tracking Tool.

- Red Cross prioritizes clients being rapidly directed to their individual rooms and it is not necessary to conduct a health screening as Health Services will complete the health screening virtually within 24 hours.

Considerations for Non-Congregate Site Selection

Disaster leadership must choose appropriate site(s) for non-congregate sheltering. Use fewer sites to reduce the number of locations where Red Cross is delivering services considering the following factors:

- Proximity to clients' pre-disaster address
- Services that can be provided, such as meals and hygiene items
- Number of individual living spaces (rooms) available
- Accessibility (See the Non-Congregate Sheltering Accessibility Checklist)
- Several accessible rooms must be available at each site, and clients who do not have disability related needs may not be placed in these rooms, if avoidable.
- Pet friendliness - See the Red Cross position in Pets in Shelters section
- Price
- Amenities in room (like a fridge and/or microwave)
- Length of availability
- Space at site available for Red Cross usage
- Willingness to cooperate with Red Cross and support community
- Ability to accept clients with COVID-19 symptoms

Campsites, College Dormitories, Lots, and Other Non-Traditional Sites (Not Hotels / Motels)

Only identify and select sites with available individual or household rooms, cabins, or living spaces with necessary infrastructure. Red Cross will generally not be able to procure and provide individual family-sized tents or large soft-sided structures.

- Sheltering operations at any non-traditional site, including campsites, requires operational planning and support from Emergency Management.

- Identify necessary support services, including site security, hook-ups, propane, wastewater, trash pick-up, and electricity options.

- Sites must be accessible in accordance with the Americans with Disabilities Act (ADA).

- When clients are in tents or RVs, the HQ Sheltering Manager or designee refers to Doctrine Bulletin: Counting Outside Shelter Populations to estimate population counts when clear numbers are not available

- Contact DLC@RedCross.org for guidance on securing a *Facility Use Agreement*.

Client Registration for Non-Congregate Shelters

DROs must establish a process to register clients and direct clients to non-congregate shelter sites. The process of non-congregate client registration may occur through one of the following methods:

- **Virtually:** A call center, DAT Duty Officer, or other virtual means

- **Evacuation Center:** A temporary rally point where clients gather for temporary respite and client intake that follows safety guidelines

- **At a Non-Congregate Shelter Site:** Prior to sleeping space assignment, clients register at the reception area of the site

Client registration includes collecting the client's:
- Primary contact's name
- Mobile phone number
- Number of family/household members
- Unique accommodation needs

Following initial registration, Disaster Health Services and/or Mass Care workers contact the client within 24 hours to collect additional information and begin follow-up services. Disaster Health Services follows up with clients within 24 hours to conduct an initial health screening.

Hotel Sheltering Site Payment

See the COVID-19 Hotel Acquisition and Payment Matrix job tool for more detailed information on paying for non-congregate shelter sites.

Pets in Non-Congregate Shelters

Refer to Critical Conversations with Public Health and Emergency Management Officials for more information on pets in non-congregate shelters. Refer to the COVID-19 Hotel Acquisition and Payment Matrix job tool regarding Red Cross payment for pet fees at hotels.

Non-Congregate Shelter Counts

Tracking clients and services in non-congregate shelter sites is as important as congregate shelter tracking.

- The Non-Congregate Shelter Counts Tool is the system of record for reporting shelter counts in Red Cross non-congregate shelters for numbered disaster relief operations (ex: DR 910-20) or in those situations where regions anticipate requesting a disaster relief operation (DRO) number.

- Do not use this process to report DAT-provided hotel stays which are collected through the casework process. See COVID-19 DAT Response Tactics for more information.

- Do not use the National Shelter System (NSS) to report non-congregate sheltering in COVID-affected areas.

Reporting Requirements for Non-congregate Shelters

- The HQ Sheltering Manager records shelter data within 2 hours of opening a non-congregate shelter site.

- The HQ Sheltering Manager updates the shelter count nightly between 6:00 p.m.-4:00 a.m. ET.

- When there are no Red Cross clients at the site, sites is reported as Closed (Unoccupied).

- Lodging provided to disaster clients by organizations other than the Red Cross must not be reported.

Non-Congregate Shelter Counts Application

The HQ Sheltering Manager is accountable for entering daily counts using the Non-Congregate Shelter Counts app. Responsibility for entering the nightly shelter count data may be delegated to the Shelter Site Manager. The HQ Sheltering Manager is accountable for ensuring the tool is updated nightly with accurate data. All Red Cross workers with a valid redcross.org email address and access to Office 365 can access the tool. Supervisors may submit an IT ticket to request a PowerApp enabled Office 365 license for assigned workers who need the app.

If needed, FROST members are available to support any DRO with data entry. FROST support can be requested by emailing FROST@redcross.org.

For detailed information on reporting shelter counts, including requirements for 5266 reporting, see the COVID-19 Non-Congregate Shelter Count Job Tool.

COVID-19 Congregate Sheltering

While non-congregate shelters are our preference, we recognize that congregate sheltering is unavoidable. Congregate sheltering, with its inherent close contact, presents special challenges and risks during the COVID-19 pandemic so all congregate shelters must adhere to the following operating principles.

Operating Principles for Congregate Shelters

Maintain Physical Separation for Social Distancing	• As per CDC guidance, maintain a 6-foot separation between functional areas in a shelter:
	    o Screening Area
	    o Registration
	    o Living Spaces
	    o Supplies and Food Drop-Off Area
	    o Isolation Care Area
	• Clients are encouraged to spend most of their time in their individual spaces. When leaving these spaces, maintain 6-foot separation between all clients and workers. Face coverings are provided to clients.
	• All efforts to maintain social distancing in all areas must be observed including increased Public Health and security presence to reduce transmission by asymptomatic individuals.

Set up Isolation Care Area for Symptomatic/ Diagnosed Clients	• Red Cross congregate shelters must have dedicated resources for an isolation care area. • The Red Cross intends for partners to operate isolation care areas and will do so only as a last resort. • Shelter clients who show signs of illness or have been identified as having symptoms must be effectively separated from the general shelter population to avoid virus transmission. • Requires 2 or more health professionals (public health or Red Cross Disaster Health Services) that are additional to the basic shelter team • Clients in Isolation Care Area do not visit other areas of the shelter • Provide separate restrooms and showers for Isolation Care Area and dormitory clients. • Workers in Isolation Care Area wear PPE • Follow steps in *Disaster Health Services in Congregate Sheltering job tool*.
Screen Individuals Before They Enter the Shelter	• Individuals and families, as well as all workers and visitors, must go through the Screening Area and wash their hands-on entry • Follow steps in the COVID-19 Shelter Health Screening Using Personal Protective Equipment (PPE) job tool • After screening, clients are directed to their living space in dormitory, the Isolation Care Area, or to other health facilities
Ongoing Health Screening of Shelter Clients	• Cot-to-Cot assessment for clients per Public Health guidelines • Clients and workers are screened for temperature and symptoms (such as fever and coughing)
Maintain Heightened Sanitation	• Maintain cleaning and sanitation according to CDC and Public Health guidelines (see https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html) • Follow guidelines for specific type of shelter

Limit Shelter Visitors	• Shelter Manager, Public Health Official, and Safety Officer set site-specific visitation rules • All visitors must approach the site through screening
Engage Shelter Residents to be Shelter Workers	• Logistics/Staffing Manager responsible for training and managing shelter resident workforce • Shelter clients assist with feeding, supply management, sanitation, and daily maintenance of the dormitory

Pets, Service and Assistance Animals in Congregate Shelters

In congregate shelters, service animals (and those covered by state assistance animal laws) are allowed inside the screening area, dormitory and isolation care area. Red Cross will rely on community partners to manage the disaster housing and support for household pets who are evacuated or displaced with their owners. Pets and emotional support animals are not allowed inside the screening area, dormitory or isolation care area. Red Cross expects communities to identify and support a lead pet sheltering agency to provide the vital pet sheltering services that families need.

Depending on the laws of the state, assistance animals may also be allowed. Review state laws specific to assistance animals and how they are defined, click: https://www.animallaw.info/topic/table-state-assistance-animal-laws.

Refer to Critical Conversations with Public Health and Emergency Management Officials for additional language pertaining to pets in shelters.

Clients Who Refuse to Wear Face Coverings

- Engage the client while maintaining social distancing.

- Inquire why the client refuses to wear a face covering:

  o Generally, people refuse to wear masks for one of three reasons: role clarity, ability, or willingness.

  o Role Clarity: Some clients may not understand that congregate shelters have specific rules for everyone's health and safety—take the time to explain why we have those rules, why face masks are an important part of mitigating risk for everyone, and why it's part of each shelter resident's responsibility to wear a mask.

  o Ability: Some clients have mask fitting, discomfort or medical issues affecting their ability to wear a surgical or cloth face mask. In these cases, work with the client to find an alternative mask they can wear, including bandanas, dust masks, N-95s, or a face shield.

  o Willingness: Even after you explain role clarity and work through ability, some clients may simply be unwilling to wear any kind of face covering. The Shelter Site manager considers the following options for clients who refuse to wear a face covering:

    ▪ Locate them in a separate part of the dormitory with other clients refusing to wear face coverings.

    ▪ Establish separate feeding and bathroom times.

- In all cases, clients who refuse to wear face coverings must restrict their movement to their designated area in the shelter and maintain 6-foot distance from other shelter workers and clients.

- Report the situation to the HQ Sheltering Manager if there are a large number of clients refusing to wear masks.

- Should a client's behavior put the safety of other at risk and other solutions/resolutions are unavailable, it may be necessary to consider evicting that client. See Tip Sheet: Evicting Shelter Clients.

COVID-19 Shelter Health Screening Area

In a COVID-19 environment, all staff, clients, and visitors must go through a health screening area before entering a Red Cross congregate shelter. The Shelter Site Manager is accountable for ensuring the procedures are followed for health screening in COVID-19 shelters.

Order of Preference for Health Screening Staff

1. Public health personnel using their own personal protective equipment;

2. Emergency Management Technicians (EMT), military, or private health care professionals using their own personal protective equipment;

3. Red Cross workers who have been provided training and PPE by Public health/government;

4. Red Cross workers who have been provided training and PPE by Red Cross.

Required PPE

Health screeners must wear FDA- or OSHA-compliant nitrile gloves, N95 masks, gowns, and goggles/eye protection.

Sourcing Personal Protective Equipment

All Regions are provided with sufficient material and PPE to initiate planned shelter operations, including health screening at all Red Cross managed facilities. Once established, all DROs are fully resourced to conduct shelter operations based on their planning assumptions. Ideally, government partners can support some or all the health screening and PPE requirements at Red Cross shelters. Accordingly, If the Red Cross is conducting health screening at a shelter, then the DRO requests:

- Personal protective equipment from local government;

- Training and fit testing from public health departments and/or appropriate emergency management consistent with OSHA standards.

In the event government is unable to provide PPE and/or training, the Region/DRO proceeds with operations in accordance with this Compendium. If, at any time, the Regional Disaster Officer (RDO) or DRO Director believes the available workforce is unable to operate safely, they will immediately notify division staff and/or national headquarters and request guidance.

Operating a Health Screening Area

- All Red Cross workers who conduct health screening must understand how to conduct health screening and use PPE. Screening may be conducted by Mass Care workers under the supervision of Public Health or Disaster Health Services.
- Based on health screening results, clients will be directed to a dormitory or isolation care area. Those directed to the isolation care area receive further evaluation.
- Refer to COVID-19 Shelter Health Screening Using Personal Protective Equipment guidance.
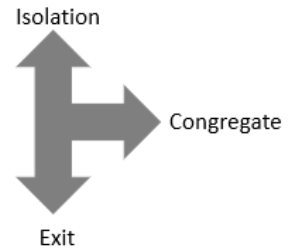
Shelter Staffing and Support

The responsibilities of each operational sheltering position detailed in the below table aim to describe specific responsibilities for sheltering in the COVID environment and are not all-encompassing position descriptions. All the procedures described in the Sheltering Standards & Procedures and associated job tools on the Sheltering Toolkit apply.

As a readiness activity, and as described in section 3, regions have developed Regional COVID Shelter Teams intended to be the necessary workforce to operate congregate post-disaster shelters with less than 50 clients. During the resourcing phase of sheltering however, DROs will request shelter workers of various Gaps who are COVID-trained to meet the anticipated congregate and non-congregate sheltering needs. This may include both teams and individual shelter workers who are not part of existing shelter teams. The actual number of workers assigned at all shelter sites will be based on the projected number of clients and complexity and allocated by the HQ Sheltering Manager or District Sheltering Coordinator.

Worker	COVID-19-Specific Responsibilities	Congregate/ Non-Congregate Deployment Type
HQ Sheltering Manager	• 1 + support staff based on complexity • Reports to HQ Mass Care Chief	**Both**

	• See the HQ Sheltering Manager job tool on the Sheltering Toolkit Specific duties for NON-CONGREGATE shelter operations: • Determines number / locations of non-congregate shelter sites • Determines and executes strategy to intake and refer clients to appropriate non-congregate shelter site(s) which may include a physical or virtual reception center • Determines staffing necessary for virtual and physically assigned sheltering positions to meet service delivery objectives • Coordinates support to Shelter Site Managers and service delivery sites • Tracks and reports all services being delivered at non-congregate shelter sites • Coordinates with the Feeding Manager for all feeding needs	Virtual Deployment
Shelter Site Manager	1 per site Reports to HQ Sheltering Manager Specific duties for CONGREGATE shelter operations: • Accountable site leader for all services, information, operations, • Ensures responsibilities articulated in the Regional Readiness section of the pre-identified Regional COVID Sheltering Teams are completed Specific duties for NON-CONGREGATE shelter operations: • May delegate responsibilities as appropriate to a shelter service worker or the Non-Congregate Shelter Client Lodging Coordinator • Primary liaison to non-congregate shelter facility management • Determines onsite and virtual staffing requirements for all shifts with HQ Sheltering Manager • Coordinates the provision of necessary services and items to clients as described in the Service Delivery Plan • Works with facility staff to ensure site security is sufficient • Maintains awareness of onsite partners and communicates those details to HQ Sheltering Manager • Provides client contact information to appropriate virtual leads	**Both** 1 must be assigned in-person for each congregate site. For non-congregate sites, virtual or in-person depends on situation. If not deployed in-person, may need to identify an individual to be an in-person liaison with hotel.

	• Reports daily counts in the Non-Congregate Shelter Count app • Ensures feeding requirements are followed as described in Feeding in COVID-19 Non-Congregate Shelters job tool • Coordinates with Disability Integration to provide support to clients who are deaf or hard of hearing or have other access and functional needs	
Assistant Shelter Site Manager	• Assign 1 for shelters with greater complexity • Reports to Shelter Site Manager	**Congregate** In-person
Shelter Service Worker	**Congregate:** For staffing in dormitory, refer to Shelter Staffing Job Tool. When Red Cross is operating Screening Area, assign an additional 2 or more. Based on complexity, assign additional shelter service workers as necessary. Reports to Shelter Site Manager **Non-Congregate:** For hotels with significant client populations, it may be necessary to schedule shelter service workers at the non-congregate site 24-hours per day at the onset of an event. Specific duties for CONGREGATE shelter operations: • Responsible for registration, feeding, and general care of clients • May be assigned to Screening Area when Red Cross is operating Screening Area • Follows guidelines for feeding in Feeding in COVID-19 Congregate Shelters section below Specific duties for NON-CONGREGATE shelter operations: Responsibilities determined by the Shelter Site Manager which may include feeding support, communicating information to clients, organizing inventory, and delivering items to clients.	**Both** In-person
Disaster Health Services (DHS) Worker	• 1 per each <50-client congregate shelter with 2 additional for isolation care area at congregate shelters (if no public health workers available to support) • Assign virtual DHS workers to provide daily wellness checks and other support to clients at non-congregate and congregate sites as needed. • Reports to Shelter Site Manager and receives technical direction from HQ Disaster Health Services Manager Specific duties for CONGREGATE shelter operations: • Responsible for assessment and tracking of the health conditions of shelter residents and shelter workers	**Both** In-person for Congregate Shelters with virtual support as needed. For non-Congregate Shelters, virtual interaction with all

	• Provide temperature strips to each client and assist the workforce in self-monitoring temperatures twice per shift • Manages the Isolation Care Area and provides care, if needed • Provides supervision to Screening Area Specific duties for NON-CONGREGATE shelter operations: • Conducts initial assessments and virtual daily wellness checks as described in Disaster Health Services in COVID-19 Non-Congregate Sheltering job tool • Communicates relevant client status to Shelter Site Manager	clients and in-person depends on situation with approval of HQ DHS Manager
Disaster Spiritual Care (DSC) Worker	• 1 per each <50-client congregate shelter • 1 per each non-congregate site (virtually assigned) plus additional to meet identified needs • Reports to IDC Chief Specific duties for NON-CONGREGATE and CONGREGATE shelter operations • Provides virtual support to clients who are referred as described in non-congregate guidance • Collaborates with DMH to provide support to staff and clients • Communicates relevant client status to Shelter Site Manager • May need to be physically present to support individual clients and workers, especially if there has been a death in the family	**Both** Virtual, except by exception
Disaster Mental Health (DMH) Worker	• 1 per each <50-client congregate shelter • 1 per each non-congregate site (virtually assigned) plus additional to meet identified needs • Reports to IDC Chief Specific duties for NON-CONGREGATE and CONGREGATE shelter operations: • Provides virtual support to clients who are referred as described in the Disaster Mental Health in COVID-19 Non-Congregate Sheltering section of this guide. • Communicates relevant client status to Shelter Site Manager • May need to be physically present to support individual clients and workers, as well as de-escalate situations	**Both** Virtual, except by exception

Disability Integration Worker	• 1 per each <50-client congregate shelter • 1 per each non-congregate site (virtually assigned) plus additional to meet identified needs • Reports to HQ Disability Integration Manager Specific duties for NON-CONGREGATE and CONGREGATE shelter operations: Provides virtual support to meet the access and functional needs of all clients, to include: o Physical accessibility of shelter site o Alternate forms of communication o Modifications to methods of service delivery	**Both** Virtual or in-person with approval of HQ Disability Integration Manager
Shelter Resident Transition Worker	• Assign 1 virtually for every 8-12 cases • Reports to Shelter Resident Transition Supervisor • See Doctrine Bulletin: Improving Shelter Resident Transition. Specific duties for NON-CONGREGATE and CONGREGATE shelter operations: Supports clients transitioning from non-congregate shelter site to safe, sustainable housing solution	**Both** Virtual
Non-Congregate Shelter Client Lodging Coordinator	• Responsibilities may be handled by Shelter Site Manager or HQ Sheltering Manager. May assign 1 for every non-congregate site with 5 or more rooms. • Reports to HQ Sheltering Manager • Determines the quantity and cost of available rooms/living spaces at non-congregate site • Supports ongoing coordination with Shelter Site Manager, non-congregate shelter facility management and Virtual Lodging Team of room reservations and adjustments based on client population • Maintains nightly reservations with front desk staff when P-Card is being used • Liaises with Virtual Lodging Team (VLT) when contracting with Corporate Lodging Consultants (CLC) • Tracks and reports number of rooms reserved, occupied, and nightly rates in the forthcoming hotel tracking tool.	**Non-Congregate** Virtual
Virtual Lodging Team (VLT)	VLT is assigned when hotels are used as a non-congregate shelter. The Virtual Lodging Team (VLT) is a team that serves all active DROs with the following responsibilities:	**Non-Congregate** Virtual

| | • Facilitate with CLC to back into contracts previously secured by P-Cards
• Submit any requests for new or cancelled rooms by the Non-Congregate Shelter Client Lodging Coordinator to CLC;
• Track all nightly commitments to date on CLC contracts including how many rooms are reserved and the nightly rate;
• Track all DRO projected CLC hotel commitments including rooms reserved and their nightly rate;
• Receive and distribute the Cumulative Report to the Non-Congregate Shelter Client Lodging Coordinator, Sheltering Manager, and DRO Director;
• Liaise with Non-Congregate Shelter Client Lodging Coordinator to ensure alignment on hotel occupancy.
• Assist Non-Congregate Shelter Client Lodging Coordinator with CLC Cumulative report and DRO lodging report reconciliation | |

Additional Expectations of All Shelter Site Positions

All workers supporting sheltering must be:

- Effective decision-makers, problem solvers, and comfortable with ambiguity

- Comfortable using technology to communicate and track information

- Able to maintain 12-hour shift, 6 days per week

- Able to travel with some shelter equipment in addition to personal items

- Comfortable serving as a Health Screener in the Screening Area as needed

- Aware of CDC guidelines for using personal protective equipment (PPE) and is comfortable wearing a mask in dormitory area in alignment with Red Cross mask policy

- Integrated with Public Health and connected with community resources and engage evacuees to support 24/7 shelter operation.

Shelter Resident Transition

Shelter Resident Transition is a component of the Red Cross Sheltering program to identify recovery roadblocks and provide services to address articulated and anticipated needs. A primary goal of the program is to help clients and workers identify and overcome roadblocks that prevent the transition of clients from a Red Cross shelter to more sustainable housing solutions.

All DROs use the Shelter Resident Transition process to support clients in their recovery, but Shelter Resident Transition Financial Assistance may only be issued when approved by the Vice President, Disaster Operations & Logistics.

During the COVID-19 pandemic, Shelter Resident Transition services are provided virtually. For details about Shelter Resident Transition, including additional considerations for the COVID-19 pandemic, see the Doctrine Bulletin: Improving Shelter Resident Transition.

Section 8 – Preparedness Programs

Section Contents

Preparedness Education and Youth Preparedness During COVID-19

While some programs may be offered virtually, the in-person offerings of the following programs are canceled until further notice:
- Pillowcase Project
- Prepare with Pedro
- Be Red Cross Ready
- Ready Rating
- Hands Only CPR

Guidelines for Virtual Preparedness Presentations

Regions may offer the Virtual Preparedness Presentations described below in order continue preparedness education during COVID-19. Regional leadership approval is required before proceeding, only after the region has covered the mission essential functions for COVID-19. (See the Mission Essential Functions section.)

When conducting any of the options below:
- Regions report service as instructed to count against current targets and goals.

- Do not have participants gather in one location.

Be Red Cross Ready – Guidelines for Virtual Delivery

Follow the guidelines below when hosting a virtual Be Red Cross Ready presentation:

- Ensure the region has the equipment necessary to support a live WebEx presentation (like a computer, web camera, and microphone).

- Use the resources provided by national headquarters for all virtual Be Red Cross Ready presentations.

  o Be Red Cross Ready PowerPoint

    ▪ Be Red Cross Ready COVID-19 Curriculum is available. Please adapt content to ensure alignment with your local public health department and edit as appropriate to your region.

- Ensure the region has the necessary volunteer or staff support to answer participant questions.

  o Based on resources, consider having a Disaster Health Services and Disaster Mental Health volunteer available during the presentation. Use public-facing Red Cross guidance at www.redcross.org/coronavirus.

- Promote this presentation to the community for individual virtual attendance, not gathering in group settings, to maintain social distancing (for instance, using social media platforms).

- Provide participants with the current COVID-19 digital resources (checklists) at the Staying Safe and Helping Others During COVID-19 web page at www.redcross/coronavirus as appropriate, for example:

  o *Protect Yourself and Others From COVID-19*
  o *What to Do If You are Sick*
  o *Coping with Staying at Home During COVID-19*
  o *Older Adults and COVID-19*
  o *Caregivers of Older Adults During COVID-19*
  o *Immigrants and COVID-19*
  o *How to Prepare for a Disaster During COVID-19*
  o *Accessible Resources on COVID-19*

- Record number of attendees as accurately as possible. Report presentation here.

The Pillowcase Project

Guidelines for Virtual Delivery

- For virtual Pillowcase Project presentations, regions can use one of the following options:

  o Work with a school directly to give the presentation via the school's online learning platform;

  o Host a virtual presentation open to all grade 3-5 students in the community via a regional platform. Below are the guidelines for both scenarios.

Working with a School

Review the questions outlined below prior to making a presentation commitment. For this virtual presentation to be counted towards fiscal year metrics, students must be appropriately polled to mimic the end of presentations quiz. Provide these presentations "live" to ensure student questions can be answered in real time.

Inquire if the school is using a virtual platform to continue their daily education:

- Would the school be willing to work with the Red Cross to give the presentations via this platform?

- Would the Red Cross have access to the platform?

- Ensure your region has the necessary equipment to support a live WebEx presentation (like a computer, web camera, and microphone).

- Does the platform have a way to "quiz" students to ensure they are able to take the post-presentation quiz for The Pillowcase Project?

  o Most platforms, such as WebEx, already have built-in polling capacities.

  o If not, the region will need to add a link to the chat box that directs the user to a surveying platform (like Survey Monkey or Wufoo) with the appropriate quiz questions.

    ▪ The number of participants who fill out the end of the presentation quiz will be the number that a region can count as "students reached" towards their metric.

    ▪ Regions will have to take the result of the survey and report them as they normally would for an in-person presentation in Wufoo.

- Regions must be able to provide the curriculum materials electronically, such as the PDF version of the workbook and the PDF of the pillowcase design that students can use to draw on. These can be emailed, or participants can be directed to www.redcross.org/pillowcase where all electronic materials are available for download.

- If appropriate, also provide participants with the current COVID-19 digital resources (checklists) to share with the adults in their household, from the Staying Safe and Helping Others During COVID-19 web page at www.redcross.org/coronavirusas appropriate, for example:

  o *Protect Yourself and Others From COVID-19*
  o *What to Do If You are Sick*
  o *Coping with Staying at Home During COVID-19*
  o *Older Adults and COVID-19*
  o *Caregivers of Older Adults During COVID-19*
  o *Immigrants and COVID-19*
  o *How to Prepare for a Disaster During COVID-19*
  o *Accessible Resources on COVID-19*

Region-Hosted Presentation

When considering this option, review the questions outlined below prior to making and presentation commitment. For this virtual presentation to be counted towards fiscal year metrics, students must be appropriately polled to mimic the end of presentations quiz. Provide these presentations "live" to ensure any student questions can be answered in real time.

- Ensure your region has the necessary equipment to support a live WebEx presentation (computer, web camera, microphone, etc.).

- Does the platform have a way to "quiz" students to ensure they are able to take the post presentation quiz for The Pillowcase Project?

  o Most platforms, such as WebEx, already have built-in polling capacities.

  o If not, the region will need to add a link to the chat box that directs the user to a surveying platform (Survey Monkey, Wufoo, etc.) with the appropriate quiz questions.

- The number of participants who fill out the end of the presentation quiz will be the number that a region can count as "students reached" towards their metric.

- Regions must be able to provide the curriculum materials electronically, such as the PDF version of the workbook and the PDF of the pillowcase design that students can use to draw on. These can be emailed, or participants can be directed to www.redcross.org/pillowcase where all electronic materials live for download.

- How will the region promote this presentation?

- If appropriate, also provide participants with the current COVID-19 digital resources (checklists) to share with the adults in their household, from the Staying Safe and Helping Others During COVID-19 web page at www.redcross/coronavirus as appropriate, for example:
  - *Protect Yourself and Others From COVID-19*
  - *What to Do If You are Sick*
  - *Coping with Staying at Home During COVID-19*
  - *Older Adults and COVID-19*
  - *Caregivers of Older Adults During COVID-19*
  - *Immigrants and COVID-19*
  - *How to Prepare for a Disaster During COVID-19*
  - *Accessible Resources on COVID-19*

Prepare with Pedro –Guidelines for Virtual Delivery

Due to the evolving nature of the COVID-19 response and the continued desire to support communities by providing preparedness education, the Prepare with Pedro program will be available for virtual delivery in FY21.

There are two ways a region can present Prepare with Pedro virtually:
1. Work with a school or youth organization directly to give the presentation via their online learning platform or a platform preferred by the region.
2. Host a virtual presentation open to all grade K-2 students in the community via a regional platform.

Below are guidelines for both scenarios and virtual presentation best practices.

Working with a School or Youth Organization

For this virtual presentation to be counted towards fiscal year metrics, students must respond to the post-presentation questions. Additionally, presentations should be done "live" to ensure any questions can be answered in real time. *Note: Pre-recorded presentations do not count towards fiscal year metrics.*

Please review the questions outlined below prior to scheduling any presentations.

- Inquire if the site is already using a virtual platform that their students have access to.
  - Would the site be willing to work with the Red Cross to give the presentations via this platform?
  - Would the Red Cross have access to the platform?

- o Does the region have the necessary technology to support this platform (video cam, microphone, etc.)?
- o Does the platform have a way to "poll" students to ensure they can take the post-presentation quiz for Prepare with Pedro?
  - ▪ For this age group, it is often easier to poll students if they turn on their video camera so the student can show a thumbs up or thumbs down for the presenter to count.
    - Prior to a presentation, ask the site point of contact if use of video cameras is allowed for this group during the presentation.
    - A mandatory disclaimer slide provided by national headquarters for virtual presentations must be shown and explained before a presentation begins. This can be found on the Preparedness Programs During COVID-19 Toolkit on The Exchange.
    - To ensure the privacy of participants, a region may not record a presentation where video cameras have been turned on.
  - ▪ The "hand raise" function is also an acceptable way to poll this age group. Have students raise their hands if they agree with a question and un-raise their hands if they disagree. The presenter can count how many participants accurately respond to the question this way.
  - ▪ Most platforms also have a built-in polling function that can be used. Presenters must thoroughly explain how to correctly use this function and read out loud each question with the associated answers.
    - The number of participants who fill out the end of the presentation poll is the number that a region can count as "students reached" towards their metrics.
    - Regions report survey results in the Wufoo portal as they normally would for an in-person presentation.
    - Please do not link the participants to an outside survey platform such as SurveyMonkey.
- Would the Red Cross be able to share a PowerPoint slide deck during the presentation?
- Regions must be able to provide the curriculum materials electronically, such as the PDF version of the storybook and any other resources they would like to offer (coloring sheets, additional storybooks, etc.). These can email these, or direct participants to www.redcross.org/pedro where all electronic materials are stored for download.

Presentation Hosted by Region

For this virtual presentation to be counted towards fiscal year metrics, students must respond to the post-presentation questions. Additionally, presentations should be conducted "live" to ensure any questions can be answered in real time. *Note: Pre-recorded presentations do not count towards fiscal year metrics.*

Please review the questions outlined below prior to scheduling any presentations.
- Does the region have the necessary resources to support a live presentation (platform, video cam, microphone, etc.)?
- How will the region promote this presentation (social media, community partner advisement, etc.)?

- Does the platform have a way to "poll" students to ensure they can take the post-presentation quiz for Prepare with Pedro?
  - For this age group, it is often easier to poll students if they turn on their video camera so the student can do a thumbs up or thumbs down for the presenter to count.
    - Prior to a presentation, ask the site point of contact if use of video cameras is allowed for this group during the presentation.
    - A mandatory disclaimer slide provided by national headquarters for virtual presentations must be shown and explained before a presentation begins. This can be found on the Preparedness Programs During COVID-19 Toolkit on The Exchange.
    - To ensure the privacy of participants, a region may not record a presentation where video cameras have been turned on.
  - The "hand raise" function is also an acceptable way to poll this age group. Have students raise their hands if they agree with a question and un-raise their hands if they disagree. The presenter can count how many participants accurately respond to the question this way.
  - Most platforms also have a built-in polling function that can be used. Presenters must thoroughly explain how to correctly use this function and read out loud each question with the associated answers.
    - The number of participants who fill out the end of the presentation poll is the number that a region can count as "students reached" towards their metric.
    - Regions report survey results as they normally would for an in-person presentation in the Wufoo portal.
    - Please do not link this participant to an outside survey platform such as SurveyMonkey.
- Regions must be able to provide the curriculum materials electronically, such as the PDF version of the storybook and any other resources they would like to offer (coloring sheets, additional storybooks, etc.). These can email these, or direct or participants to www.redcross.org/pedro where all electronic materials are stored for download.

During the Presentation

Outlined below are suggested practices to engage the audience during a presentation.
- A great way to start the presentation and test the participants audio and video (if chosen to allow during the presentation) is to start with a sample question for participants to visually respond to.
  - An example would be, "Raise your hand if you are having a good day today!" Participants can either raise their hand using the "hand raise" function in the platform or raise their hand visually with their video camera on.
  - Something similar can also be done to test audio with a sample question, "Who wants to tell me what their favorite season is?" This can be used as a segue into the hazard you are teaching during the presentation.
- Show a PowerPoint of the storybook pages while presenting. Ideally, the presenter also has their video camera on. Slides can be found for all hazards on the Prepare with Pedro Toolkit on The Exchange.

- Review the modified practice activities for each storybook that were adapted for a virtual presentation setting that can be found on the Preparedness Programs During COVID-19 Toolkit on the Exchange.
- Ask the students multiple questions throughout the presentation to keep them engaged.
  - Examples: "What items do you notice Pedro has in his kit?" "What special item would you pack?" or "What did Pedro just learn?" etc.
- Have multiple presenters supporting during the presentation.
  - One presenter can be the voice of Pedro, one presenter can be another character, one presenter can support with technology and manage the chat box, etc.
- If possible, try to keep the participant number to 30 or less. This makes keeping participant engagement and responses more manageable.

Prepare with Pedro –Guidelines for Virtual Delivery

Follow the guidelines below when hosting a virtual Ready Rating presentation:
- Ensure the region has the equipment necessary to support a virtually hosted presentation (computer, web camera, microphone, etc.)
- Use the resources provided by national headquarters for all Ready Rating presentations that can be found on the Ready Rating Toolkit on The Exchange.
- Promote this presentation to organizations for virtual attendance, not gathering or group settings, to maintain social distancing.
- Additionally, provide participants with the current COVID-19 digital resources (checklists) at the Staying Safe and Helping Others During COVID0-19 web page at www.redcross/coronavirus as appropriate.
- Record the number of attendees as accurately as possible. Report presentations via the CPEP Presentation Report (FY21).

Home Fire Campaign, National Sound the Alarm During COVID-19

- **Postpone until further notice** all National *Sound the Alarm* and Home Fire Campaign In-Home Visits and events in your area. Offer the virtual preparedness education options below.

- **Contact any partners providing direct HFC service** and advise them to postpone all home visits under the Home Fire Campaign until further notice. Offer the virtual preparedness education options below for them to share.

- **Inform all Red Cross and community stakeholders** (See the Sound the Alarm Toolkit and use the external Home Fire Campaign Talking Points (English | Spanish) with messaging about the National *Sound the Alarm* Updates, and stress our commitment to resume in-home services **when it is safe to do so**.

- **Stand down activities and secure resources** and support for the future. Share plans, information, and inventories with relevant colleagues in the One Red Cross field realignment.

Update National *Sound the Alarm* reporting portals, such as Volunteer Connection, per instructions on the National *Sound the Alarm* Toolkit.

Virtual Preparedness Education Options

- Provide partners and clients with additional fire prevention and safety resources so that they may begin to prepare themselves and their loved ones.

  o Share this online fire prevention and safety quiz to test their knowledge. Once they complete the quiz, they receive links to educational resources that they can view or download like the home fire safety checklist, a home fire escape plan, and additional information at redcross.org/homefires.

  o Our free Emergency App is also a great resource for all disaster preparedness. Download the app by searching "American Red Cross" in your mobile app store or by texting "GETEMERGENCY" to 90999. More information on Red Cross mobile apps is available here.

- Guidance will be forthcoming regarding when it is safe to resume service and under what conditions regions may reach back out to partners and clients to reschedule events and resume service delivery.

Email Template

For an e-mail template you can use to send to volunteers, partners and neighborhoods, see the Home Fire Campaign, National Sound the Alarm Postpone Home Visits Job Tool

Guidelines for HFC Virtual Preparedness Presentations

Regions may offer the virtual preparedness presentation option described below in order continue preparedness education during COVID-19. Regional leadership approval is required before proceeding only after the region has covered mission essential functions (See the Mission Essential Functions section).

If the following option is conducted as described, report service as instructed to count as people reached through the Be Red Cross Ready Preparedness Program

HFC Preparedness Education – Guidance for Virtual Presentations

The material in the Be Red Cross Ready Home Fire Safety module covers the same key content presented during an in-home visit. Presenters who have not already become a certified Be Red Cross Ready Presenter can complete a quick self-study. Regions are encouraged to utilize the Home Fire Safety module that is part of the Be Red Cross Ready Presentations (BRCR).

- Any of the Be Red Cross Ready modules may be delivered virtually.

- See the Preparedness Education and Youth Preparedness during COVID-19 section for guidance on virtual presentations.

- See the Be Red Cross Ready Curriculum Material page for the presentation.

- Use already established Be Red Cross Ready processes to track these efforts.

- o This presentation counts toward Be Red Cross Ready, but not Home Fire Campaign (HFC) Households Made Safer.

- Request contact information from individuals who receive a presentation for follow-up to schedule a home safety visit when it is safe to do so.

- For more information see the Be Red Cross Ready Toolkit.