

# **Disaster Cycle Services COVID-19 Compendium**

Operations  
September 27, 2021



**American  
Red Cross**

## Change Log

Date	Section	Change
08/10/21	Part C: <a href="#">Preparedness Programs</a>	Added link to Preparedness Program in COVID-19 Toolkit
	Part C: <a href="#">DAT Responses</a>	Added links to DAT job tools and toolkit
	<a href="#">Managing Training Programs in COVID</a>	Updated guidance for offering in-person or virtual training during COVID
	<a href="#">Wearing Face Masks in Pandemic Operations</a>	Revised guidance for wearing face masks to reflect current CDC guidelines
	<a href="#">CDC COVID Data Tracker</a>	Updated point of reference for determining risk throughout the document to use CDC COVID Data Tracker
	<a href="#">Disaster Health Services Tactics</a>	All in-person Disaster Health Services (DHS) responders <u>must</u> be fully vaccinated
	<a href="#">Transitional Evacuation Centers (like TEP)</a>	Updated the support and Red Cross Role at Transitional Evacuation Centers.
08/13/21	<a href="#">Wearing Face Masks in Pandemic Operations</a>	Revised guidance to reflect client requirement to wear face masks in shelters.
09/27/21	<a href="#">COVID Shelter Health Screening Area</a>	Revised guidance to reflect updates to health screening procedures, now taking place inside Red Cross shelters to comply with enterprise-wide guidance
	<a href="#">Part A</a> and <a href="#">Part B.2</a>	Added guidance and prioritization for sheltering COVID-positive clients (all COVID risk levels)
	<a href="#">COVID Table of Organization</a>	Cleaned up titles and reporting for non-congregate sheltering administration

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## OVERVIEW

The *DCS COVID-19 Compendium* provides information needed to guide consistent decision-making. It is not intended to address every situation or answer all possible questions.

### Pandemic Operations

COVID has profoundly disrupted nearly every part of our lives and the lives of those we serve. As we issue this version of the *Compendium*, COVID is again surging in the United States and new variants are creating considerable uncertainty about mitigating the risk and ending the pandemic. The United States continues to experience variable spread of COVID resulting in different local, state, tribal, territorial, and federal peaks, trajectories, and actions based on jurisdiction-specific conditions.

Due to variable spread and potentially increased risks when operating at scale, this version of the *Compendium* establishes and describes three distinct “operating environments” based on local risk and operational activity. Disaster leaders must be familiar with the guidance for all potential operating environments and follow the direction in the section below to determine local risk and how to best serve the community.

- The “business rules” for operations in lower risk areas constitute [Part A of this Compendium](#).
- For DROs in places experiencing a High or Substantial risk of COVID, we reinstate COVID mitigation protocols. The “business rules” for these operations constitute [Part B of this Compendium](#).
- [Part C of this Compendium](#) compiles the “business rules” for non-DRO activities, like DAT response operations and Preparedness activities.
- Finally, [Part D of this Compendium](#) contains generally applicable updates to the *Concept of Operations*.

#### CDC COVID Data Tracker and Parts of the Compendium

DCS Leadership uses the risk assessment of the CDC COVID Data Tracker to determine when and where the protocols outlined in Part B of this Compendium are necessary. Per *Concept of Operations 3.0*, the authority to make this determination is as follows:

- Level 2 and below: Regional Executive in consultation with the Regional Disaster Officer
- Level 3-4: Division Disaster Executive
- Level 5+: Vice President, Disaster Operations & Logistics

The [CDC COVID Data Tracker](#) color codes all U.S. counties based on several key metrics. The color codes range from low risk to high risk as follows:

Risk Level	Color
Low	Blue
Moderate	Yellow
Substantial	Orange
High	Red

Based on this information and the guidance provided from leadership, managers determine which portion of this Compendium applies to DCS activities.

Part	Description/ When to Use
Part A	<ul style="list-style-type: none"> <li>Applies to DROs established in geographies designated <b>Blue</b> and <b>Yellow</b>—those not experiencing a significant surge in COVID.</li> <li>Use standard operating protocols as set forward in the Concept of Operations 3.0 with limited mitigation measures and mask requirements.</li> </ul>
Part B	<ul style="list-style-type: none"> <li>Contains COVID protocols for DROs established in geographies designated <b>Orange</b> or <b>Red</b>—those experiencing a significant outbreak in COVID and warranting more stringent COVID protocols.</li> <li>Use when safety protocols are necessary based on the risk assessment of the CDC Data Tracker</li> </ul>
Part C	Guidance for non-DRO activities: <ul style="list-style-type: none"> <li>DAT responses</li> <li>Preparedness activities</li> </ul>
Part D	<ul style="list-style-type: none"> <li>Operational updates made since the release of <i>Concept of Operations 3.0</i></li> <li>Procedures apply to DROs regardless of COVID risk</li> </ul>

## Wearing Face Masks in Pandemic Operations

### Masks for Responders

These rules apply to **all Disaster Cycle Services activities, both DRO and non-DRO operations regardless of vaccination status:**

Responder Vaccination Status	Blue, Yellow, Orange or Red Counties in the CDC Data Tracker	All Counties
Unvaccinated, Partially Vaccinated, Fully Vaccinated	<p><b>INDOOR SETTINGS</b> Face masks are required in any indoor Red Cross setting including Red Cross facilities, vehicles and partner facilities.</p> <p><b>OUTDOOR SETTINGS</b> Follow CDC Guidance for wearing face masks in outdoor settings.</p>	<p>All responders comply with:</p> <ul style="list-style-type: none"> <li>Enterprise-wide guidance on the use of face masks in Red Cross Facilities</li> <li>Local regulations or CDC guidelines regarding masking and social distancing, whichever is stricter.</li> </ul> <p>When off duty, comply with local or CDC guidance, whichever is stricter.</p>

- Responders may always choose to wear a mask when not required.
- If any guidance for masks in other doctrine conflicts with this guidance, this section takes precedence.



## Masks for Clients

- All Red Cross clients are required to wear masks in shelters; we do not deny services to any person solely due to refusal to wear a mask.
- Red Cross clients refusing or unable to wear a mask may be sheltered and cared for in a separate location (either within the shelter or at another shelter depending on space available).

## COVID-Specific Services

Divisions and regions not experiencing a COVID outbreak should generally not undertake COVID-specific services. Divisions and regions experiencing a COVID outbreak may undertake COVID-specific services following the outbreak protocols set forth below. If a Regional Executive determines that COVID-specific services (like vaccination support in areas with low vaccination rates) are necessary and appropriate (regardless of outbreak status), then the region may undertake the activities, provided:

- There is no significant negative impact on operational readiness;
- All related costs are accounted to the regional budget;
- No out-of-region workforce is used to support these activities; and
- The region reports the activity in the [DCS Mission Tracker](#).

If a region wants to deliver COVID-specific services but cannot comply with all the provisions above (for example, it's likely to reduce operational readiness, it exceeds regional budget, or it requires out-of-region support), then the Regional Executive consults with the Division Disaster Executive and seeks approval and resources from the Vice President, Disaster Operations & Logistics using the [DCS Mission Tracker](#).

## Audience

The Compendium is written for all managers and above in Disaster Cycle Services (DCS) including:

- Division Disaster Executives (DDEs), Division Disaster Directors (DDD), 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 Manager (MN) in any group or activity
- Disaster Operations Coordination Center (DOCC) workforce
- DCS National Headquarters (NHQ) workforce

## Using 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.

## Finding What You Need

The Compendium 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.

## Communicating Changes

The Vice President, Disaster Operations & Logistics sends an email notification with a list of topical changes and a link to the document on The Exchange. The latest version of the *DCS COVID-19 Compendium* is always available on the [DCS COVID-19 Operational Toolkit](#) on The Exchange.

## Relation to Other Doctrine

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The guidance provided in the *Compendium* remains effective until further notice. All COVID-19 doctrine for Disaster Cycle Services is available on the [DCS COVID-19 Operational Toolkit](#).

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

## Feedback

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DCS at national headquarters continues to update the *Compendium* to reflect updated guidance and practices due to the presence of COVID in our communities. Please send suggested edits or feedback on the *DCS COVID-19 Compendium* to [OpsandReadiness@redcross.org](mailto:OpsandReadiness@redcross.org).

## PART A—STANDARD DRO OPERATING PROCEDURES

Part A applies to DROs established in geographies designated **Blue** and **Yellow** in the [CDC Data Tracker](#). DCS Leadership decides when and where the protocols outlined in [Part B of this Compendium](#) are necessary.

### Exceptions to Standard Doctrine

Follow *Concept of Operations 3.0*, the mask guidance in the Overview above, and current DCS guidance except as noted below:

- **All responders must wear a face mask** and maintain social distancing of six feet or more whenever possible.
- Clients and workforce are monitored for COVID symptoms through regular surveillance and self-reporting. Temperature checks are not required to enter facilities, but DHS conducts routine symptom checks during their rounds in shelters. Responders continue to self-monitor for symptoms and report any symptoms of illness to DHS/Staff Health.
- When hotel availability allows, responders are assigned one person to a room. When hotel rooms are not available, the AD Workforce in conversation with the DRO Director determines the safest course of action (shared rooms or staff shelters).
- Responders may occupy vehicles to the maximum safe capacity of the vehicle. All responders must wear masks inside vehicles while deployed.
- Clients are required to wear face masks in congregate shelters.
- A Chief of Staff and/or COVID Safety Officer is assigned on all Level 3 or higher response operations to monitor COVID safety protocols.
- The use of and access to Red Cross facilities is governed by enterprise-wide guidance.
- Shelter reporting systems and procedures for shelter opening, closing, and counting is conducted following the direction in [Operations Order 012-21](#).
- Congregate shelters provide 40 square feet of space per client (or 20 square feet in evacuation shelters).
- Red Cross pays for COVID testing for responders consistent with CDC guidelines.
- Red Cross does not pay for hotel quarantining for responders when returning home.

#### Sheltering COVID-Positive Clients

To better promote the safety of clients and the workforce, follow these recommendations to prioritize the handling of known COVID-positive clients in congregate shelters for all COVID risk levels:

1. Clients (and their immediate family members) who present with probable COVID symptoms or known COVID-positive diagnoses must be housed in non-congregate shelter settings, to include hotel or house rentals, when available.

- Some states may establish separate sheltering options for COVID-positive clients. The Red Cross should pursue this option when available/needed.
- 2. If non-congregate sheltering options are unavailable, open a separate congregate shelter location for isolation of COVID-positive clients.
- 3. If non-congregate sheltering options or a separate shelter location are not options, only then should an isolation area within an existing congregate shelter with a standard client population be considered.
  - This isolation area must be able to have separate bathroom and bathing areas from the general population of the shelter.
  - Shelter locations with a separate room for the dormitory space of isolated clients should be prioritized.

Additional considerations for supporting COVID-positive clients:

- Discussions with Emergency Management should clarify the Red Cross preference for shelter locations that have a separate room for the dormitory space for isolated clients.
- When Red Cross assumes management of an independent shelter, COVID protocols must be in place before Red Cross staff is assigned in person for that shelter.
- When Red Cross supports a partner shelter, COVID protocols must be in place before Red Cross staff is assigned in person.
- Notification of non-congregate sheltering at hotels where clients are COVID positive is approved by Office of General Counsel (OGC) due to the national Public Health Emergency and is NOT a HIPAA violation.
- Government Operations Liaisons in EOCs should prioritize discussions with ESF-8 to provide COVID testing at shelter sites for clients and staff.

When operating in **orange** and **red** areas, see [Section B.2 - Sheltering](#) for sheltering guidance.

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## PART B—DRO OPERATING PROCEDURES DURING COVID OUTBREAKS

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Part B contains COVID protocols for DROs established in geographies designated **Orange** or **Red** in the [CDC Data Tracker](#). Follow the mask guidance in the [Wearing Face Masks in Pandemic Operations section](#) above.

### Section B.1—DROs in Substantial and High Risk Counties

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#### Staffing Model & Safety

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DROs, in consultation with their Division Disaster Executive and national headquarters, decide the staffing footprint for the operation which **may** include more virtual deployments than in the Concept of Operations 3.0. *Guiding Principles*.

1. **Presence is a mission.** Red Cross leaders and workforce need to be visible and available in communities affected by disaster.
2. **Safety is a must.** Red Cross leaders must proactively ensure workforce compliance with COVID safety and mitigation protocols at every worksite every day.

#### Planning Assumptions

1. The COVID Safety Protocols recommended by the CDC and described in this Compendium will reduce the risk of transmission and serious illness for workforce and our clients.
2. Absent clear and convincing evidence to the contrary, we will deploy resources per *Concept of Operations 3.0*.
3. Local and operation-specific conditions will require occasional adjustments in staffing footprint to ensure safety. The official with “Oversight and Management” authority and responsibility per *Table 2.1 (Operational Authority and Responsibility)* in *Concept of Operations 3.0* will decide when, where, and how to adjust based on local conditions at the time.

#### Position Descriptions

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The information below provides position descriptions for new COVID-related positions, as well as information that clarifies COVID-specific responsibilities for some positions. For complete, non-COVID descriptions, see [Concept of Operations 3.0](#).

### ***Red Cross Coordinating Officer (RCCO)***

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In addition to the responsibilities listed in Concept of Operations 3.0, the RCCO has the following responsibilities during COVID:

- Meet with Deputy RCCOs (if assigned) to determine their work plans and priorities.
- Ensure all DRO leadership and Area Command staff have awareness of Deputy RCCO's area of focus.
- The RCCO is responsible to the Vice President, Disaster Operations & Logistics for all Non-Congregate Sheltering reimbursement activities required of and/or undertaken by the DRO. The Vice President, Disaster Operations & Logistics approves any agreements for reimbursement prior to conversations with partners, and authorizes, approves, and signs all contracts related to reimbursement. The RCCO leads field conversations with partners and ensures follow up on all activities as outlined in the agreement, including:
  - Managing the relationship with state partners, the FEMA region, and the Federal Joint Field Office regarding contracts.
  - Ensuring the DRO complies with the terms of contractual agreements.
  - Ensuring compliance with data collection systems, tools, and protocols approved by the Vice President, Disaster Operations & Logistics to meet contractual agreements, and ensuring the DRO does not employ any other systems, tools, or protocols.

### ***Deputy RCCO***

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The Deputy RCCO is responsible for duties assigned by the RCCO. When Red Cross disaster relief operations span large geographic areas, involve multiple regions or multiple states, or have complex partner and community relationships to manage, the Red Cross Coordinating Officer may assign a Deputy. The responsibilities of the Deputy RCCO may include:

- Oversight of a single or multiple operations for a defined geography to support a span of control break for the RCCO;
- Management of relationships with a state or federal partner to coordinate the Red Cross strategic approach to service delivery;
- Investigation and reporting on strategic issues regarding resource adjudication between operations when a shortfall may impact service delivery;
- Oversight of Advance Operational Planning across multiple planning areas of responsibility;
- Oversight of strategic alignment of operational priorities with organizational intent as defined by RCCO;
- Serving as RCCO to provide coverage during a defined operational timeframe.

### ***State Emergency Operations Center (EOC) Principal Representative***

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On large operations and complex events that require non-congregate sheltering for significant populations for an extended period of time, the RCCO may appoint a State Emergency Operations

Center Principal Representative to serve as the senior representative at the state EOC. This representative:

- Reports to the RCCO;
- Does not direct tactical-level decisions, which are left to the DRO leadership team;
- Works directly with Government Operations and all liaison(s) assigned to the state EOC;
- Coordinates with the AD of External Relations with a dotted-line relationship with the External Relations team to ensure effective, ongoing communications;
- Coordinates communication between the DRO and the state around congregate sheltering;
- Maintains on-going/daily communication with the NCS Task Group Lead.

### ***DRO Director***

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In addition to the responsibilities listed in Concept of Operations 3.0, the DRO Director has the following COVID-related responsibilities:

- Meet with Chief of Staff to develop their work priorities and plan;
- Ensure role clarity between Chief of Staff and Deputy DRO Director;
- Oversee the delivery of any non-congregate sheltering agreement on the ground including:
  - Reporting to partners
  - Internal resource management, like reserving/releasing rooms, staffing, and wrap-around support
  - Data collection for reporting
  - Ensuring compliance with Red Cross guidance and guidance required by any reimbursement agreement

### ***Chief of Staff***

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In addition to the responsibilities outlined in Concept of Operations 3.0, the Chief of Staff also has these COVID-related responsibilities:

- Meeting with the DRO Director to establish the Chief of Staff's work priorities and plan. (Chief of Staff's scope of work may vary based on operational needs.)
- Determining number of COVID Safety Officers needed to support the disaster relief operation;
- Managing all COVID Safety Officers;
- Coordinating with AD of Logistics to ensure LSAP activities are in alignment with those of COVID Safety Officers;
- Ensuring COVID Safety Officers coordinate regularly with Life, Safety & Asset Protection (LSAP);

- Serving as the *DCS COVID-19 Compendium* “champion,” acts as the central point of contact between the disaster relief operation and national headquarters as it relates to COVID 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 dotted-line relationships with all section leadership and the Senior Medical Advisor to ensure timely and efficient coordination of sensitive workforce issues that arise from operating in a COVID environment;
- Attending daily Workforce Care task force meetings to understand and assist when necessary in educating the workforce as it relates to COVID 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 (Level 5 and above) or the RCCO (Level 3 and Level 4) assigns a Chief of Staff to Level 3 and above operations.

When there is no Chief of Staff assigned to the operation, the DRO Director assigns these COVID-related responsibilities to another person.

### ***COVID Safety Officer***

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The COVID Safety Officer is deployed in person and itinerates to work sites, including service delivery sites, DRO Headquarters, warehouses, staff lodging, and other sites where workers are assigned. The COVID Safety Officer reports to the Chief of Staff and is responsible for:

- Identifying and mitigating process- or compliance barriers experienced by the workforce in following COVID protocols;
- Assisting in educating the workforce on [face mask](#) and other [COVID workforce safety protocols](#);
- Informing a worker’s supervisor of issues of non-compliance with COVID workforce safety protocols;
- Supporting the implementation of COVID recommendations;
- Providing positive feedback to compliant workers;
- Supporting adequate resourcing of PPE at work sites and on the DRO; (See the [Worker Access to PPE section](#) for more information on resourcing PPE for work sites.)
- Verifying worker screening processes are being implemented and followed;
- Assessing workforce safety procedures in partner environments where Red Cross workers are assigned (like EOCs, partner kitchen sites, Red Cross-supported shelters);
- Monitoring mobile feeding and distributions sites to ensure they have the capability to adhere to COVID requirements (i.e. social distancing, allocation of space, physical barriers);
- Coordinating with Logistics and LSAP to inform COVID requirements for space, barriers and PPE prior to and during the operation of sites;
- Informing LSAP of any non-COVID-related safety issues identified;



- Completing daily COVID safety report and submitting to Chief of Staff, including non-compliance issues observed .

### Potential Triggers for Assigning Multiple COVID Safety Officers

- More than 250 in-person workers assigned to an operation;
- More than 50 in-person workers assigned to a district;
- An operation has more than 50 work sites (congregate sheltering, warehouse, DRO Headquarters, etc.);
- The geographical area makes it difficult to conduct site visits regularly (no more than 3 days between visits);
- There have been significant numbers of responder COVID cases or high-risk exposures resulting in more than 5 responders needing quarantine per incident;
- Persistent non-compliance with Red Cross [worker safety protocols](#).

### *Life, Safety & Asset Protection*

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Life, Safety & Asset Protection (LSAP) reports to the Logistics section as per [Concept of Operations 3.0](#).

LSAP is deployed in person and itinerates to DRO sites including service delivery sites, headquarters, warehouses, staff lodging locations and other sites. LSAP's additional responsibilities due to COVID include:

- Inform COVID Safety Officer of any workforce COVID related safety issues identified;
- Coordinate with COVID Safety Officer to address any workforce COVID-related concerns.

### *Itinerating Deputy Assistant Director, Response*

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The IDAD-Response is a COVID-specific position that may be needed to support operations and whose authorities are determined by the AD Operations. If the DAD-Response is working virtually, and/or if the size of the operation is such that additional help is needed, the DAD-Response's primary duties are the administrative lead for the response groups. The IDAD-Response is responsible for itinerating to service sites to ensure the provision of services is in alignment with the Advanced Operational Plan, the Service Delivery Plan, and organizational intent. The DAD- and IDAD-Response report to AD Operations and coordinate closely.

Potential triggers for assigning an IDAD-Response include:

- The number of service delivery sites;
- The geographic spread of service delivery sites;
- When there are no districts supporting service delivery sites;
- If the DAD-Response is assigned virtually.

The IDAD-Response is responsible for supporting the AD Operations in fulfilling their responsibilities. IDAD-Response:

- Meets with the AD-Operations to determine their work plan and priorities;
- Itinerates as needed to manage operations as directed by the AD-Operations;
- Coordinates closely with the DAD-Response;
- Coordinates with the COVID Safety Officer to ensure shared situational awareness regarding COVID safety protocols and concerns.

### ***Deputy Assistant Director, Response***

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The DAD-Response reports to the AD Operations and may be assigned to work virtually or in-person. The role of the DAD-Response is the same as that set forward in the Concept of Operations 3.0 with these COVID additions:

- Meet with the AD-Operations to determine their work plan and priorities.
- Coordinate closely with the IDAD-Response (if assigned).

Due to the potential use of Non-Congregate Sheltering (NCS) in the COVID environment, Recovery and Response have a heightened need for shared situational awareness surrounding casework, shelter resident transition and recovery strategies. The DAD-Response must coordinate closely with the DAD-Recovery to ensure effective shelter resident transition.

- NCS Reimbursement Responsibilities: the DAD-Response works closely with the NCS-Task group Lead(When Assigned) to ensure the coordination of NCS activities and reporting are completed in accordance with Red Cross/partner agreements.

### ***Itinerating Deputy Assistant Director, External Relations***

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The Itinerating Deputy Assistant Director, External Relations is a COVID-specific position that may be needed to support operations. Potential triggers for assigning an Itinerating DAD External Relations include when:

- The AD External Relations is assigned virtually;
- Enhanced relationship management is needed to coordinate with community/government partners;
- Developing solutions on the ground with partners is required;
- A span-break is needed to support effective management of in-person ER workers.

The Itinerating DAD External Relations is responsible to support the AD External Relations in fulfilling their responsibilities. Itinerating DAD External Relations:

- Meet with the AD External Relations to determine their work plan and priorities.
- Itinerate as needed to manage workforce or relationships as directed by the AD External Relations.
- Determining which partner agencies and groups are delivering services on the ground and developing working relationships with them.

### **Senior Medical Advisor**

The Vice President, Disaster Operations & Logistics assigns a Senior Medical Advisor to the Disaster Operations Coordination Center who supports 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 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.

### ***Non-Congregate Sheltering (NCS) Administrator***

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The Red Cross may be asked to lead non-congregate sheltering for Declared Disasters (State or Federal). At the direction of Vice President, Disaster Operations & Logistics, we may enter into an agreement with a governmental partner so Red Cross may seek reimbursement for non-congregate sheltering services (lodging and wrap-around services). When the Red Cross enters into an agreement, the VP, Disaster Operations & Logistics and the RCCO appoint a **NCS Administrator** to coordinate activities between Red Cross lines of business, including DCS, Finance, Office of General Counsel, Grants COE, Travel Management, Risk Management, the government, and the DRO.

This **NCS Administrator** reports to the Deputy DRO Director and their duties include:

- Oversee management of NCS sheltering information, client tracking and reimbursement process;
- Ensure data preparation for partners is complete and compliant for submission as outlined in the agreement;
- Coordinates directly with the AD-Ops to facilitate NCS activities to secure and release NCS rooms as needed;
- Work closely with Lodging Coordinator, VLT, and FROST as required to ensure client care as outlined in agreement and according to Red Cross COVID protocols;
- Review appropriate NCS reports for accuracy and submission in a timely manner;

- Ensures P-Card data is reconciled and moved to CLC in a timely manner;
- Coordinate with Information & Planning/Disaster Assessment to determine client verification for lodging eligibility when required;
- Coordinate with External Relations and Gov Ops to ensure compliance with contract requirements;
- Trouble shoot problems with shelter contract issues, client tracking, reimbursement, and partner relationships;
- Coordinates daily with State EOC Principal Representative.

DRO Type	Command DRO	Companion DRO
<b>Cost Accounting</b>	All costs related to workforce (regardless of incident) including travel, lodging, rental vehicles, \ Mission Cards, and major infrastructure (like warehouses or leased DRO Headquarters space) incurred.	Specific service delivery and material resource costs arising from one or more disasters as designated by NHQ Operations.
<b>Activities</b>	<ul style="list-style-type: none"> <li>• Only when directed by NHQ Ops:</li> <li>• Damage assessment using a unique RC Collect survey;</li> <li>• TEP, CS, and NCS operations;</li> <li>• Feeding operations</li> </ul>	<ul style="list-style-type: none"> <li>• Always:</li> <li>• Damage assessment using a unique RC Collect survey;</li> <li>• TEP, CS, and NCS operations;</li> <li>• Feeding operations</li> </ul>
<b>Reporting</b>	<ul style="list-style-type: none"> <li>• Submit its own:</li> <li>• IPT and SDP based on the schedule established by NHQ Operations and using the business rules above; and</li> <li>• SITREP, IAP, and 5266 completed per the attached instruction.</li> </ul>	

## Setting up a Virtual DRO

### Using Microsoft Teams for DROs

#### Understanding MS 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 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.)
  - Assistant Directors add members to the team and channels as necessary.

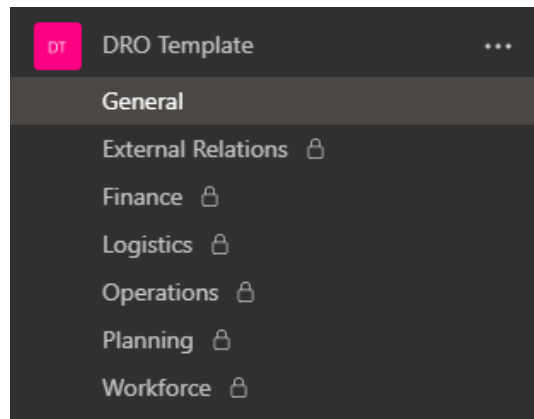
## Continuity of Virtual Operations

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](mailto:Chris.Young@redcross.org)
2. National AD of Situational Awareness & Decision Support – [Kasie.Richards@redcross.org](mailto:Kasie.Richards@redcross.org)
3. [DOCC@redcross.org](mailto:DOCC@redcross.org)

## Standard Teams Set-up

To ensure consistency 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

Channel Name	Owner	Notes
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	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 have access to use Microsoft Teams through their assigned DRO email address 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.
  - The meeting description includes the designated hours for which the watch floor is active. A best practice is to put the day’s meeting on the calendar for only 1 hour early in the day each day (for instance 8:00 a.m.) and include meeting times in the description. This leaves

people’s calendars open for other meetings during the day, but provides a daily link to the watch floor for easy access.

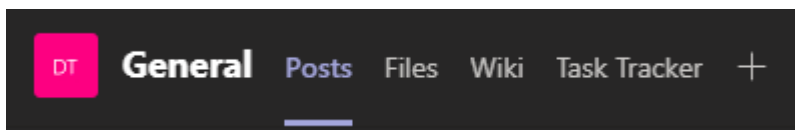
- All members of the DRO Headquarters workforce (whether working virtually or in-person) sign into the call daily and remain muted but on the line for the remainder of the day.
- Members of the watch floor drop in and out of the Virtual Watch Floor just as they do on a DRO to join other meetings or to have one on one conversations. Supervisors communicate the expectations of participating on the watch floor and ensure all responders take breaks.
- 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.
- Each section ensures at least one individual is designated to be available on the watch floor to ensure questions/actions are answered. This individual is responsible for taking questions to the appropriate activity manager when they do not have an immediate response.

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 Team.
- **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.

## 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

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### All DST Laptops Provisioned with Microsoft Teams

- Via the generic DRO email account assigned to each operation, all disaster relief operation workers 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

- Disaster Services Technology (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;
  - 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, workers quarantined on a DRO, 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 for Level 4 and above DROs.
- Before assignment, the DRO Director in consultation with the Division Disaster Executive must approve candidates for all Assistant Director and above positions who do not have the required group/activity/position (GAP) in Volunteer Connection.

## Staff Services

### Safety Procedures

- Red Cross has established procedures to ensure screening of the workforce prior to and throughout their deployment.
- Red Cross PPE, screening, and workforce safety procedures always apply to all Red Cross workers regardless of work 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.
- Failure to adhere to these critical actions results in a Category 2 complaint within the Volunteer Workforce Complaint Process and may result in dismissal from an in-person assignment. (See the [Volunteer Workforce Complaint Standards & Procedures](#) for more information.)

### Recruitment for Virtual Deployments

Resource Mobilization & Support:

- Conducts virtual recruitment nationwide (taking time zones into consideration), and no hardships apply.
- Does not conduct health screening of virtual responders.
- In collaboration with Regional Disaster Workforce Engagement Managers, confirms before making each assignment that virtual responders have:
  - Reliable internet access; and
  - 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 (RMS) does not assign workers for in-person deployment unless they meet the hardship codes in effect and the deployment screening.
  - All in-person Disaster Health Services (DHS) responders must be fully vaccinated.

### Health Screening for In-Person Deployments

- Regional recruiters recruit and assign responders to fulfill open staff requests as directed by Resource Mobilization & Support (RMS).
- Regional recruiters/RMS advise responders that they must NOT make any travel arrangements until:
  - After they have completed the COVID screening,
  - They have completed the Pre-Assignment Health Questionnaire and Wellness Agreement; AND
  - They receive notification that they are approved to make travel arrangements.
- Regions must continue to ensure responders adhere to hardship codes and complete the *Pre-Assignment Health Questionnaire* in Volunteer Connection for all in-person responders assigned. Additional information for regional teams is available in the [PAHQ/Wellness Agreement Reference for Regional Deployment Teams](#) job tool on The Exchange.
- Responders assigned to a DRO receive an automated link to the *Pre-Assignment Health Questionnaire and Wellness Agreement* via Volunteer Connection that includes COVID questions. This must be completed within one hour for the assignment process to continue.
- Once the responder answers the questionnaire, the system either:
  - Auto-approves the assignment and notifies the responder and region recruiter; or
  - Moves the responder record to a new queue for the national Health Reviewer team.
- The Health Reviewer contacts the responder within 30 minutes to discuss their questionnaire.
  - If they clear the responder, the system auto-approves the assignment and notifies the responder and regional recruiter.
  - If they do not clear the responder, the system initiates an email to the region recruiter and responder that the assignment will not proceed.
- Regions ensure that all responders have the [Disaster Staff Support Hotline](#) number for Disaster Mental Health support, if needed.

### 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. When double occupancy is required, both parties must consent to the shared accommodations.
- Congregate staff shelters are used only as a last resort. If using congregate staff shelters, [COVID sheltering guidance](#) applies.

### Staffing Process for In-Person Workers

Staff Services completes the following in-processing and out-processing tasks virtually for in-person workers:

- Receive and post staff requests, which must include a work location and the supervisor of the position.
- Assign workers to a location.
- Connect in-person workers to their supervisor, who may be in-person or virtual.
- Assign and communicate lodging assignment to the worker.
- 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 tutorial](#).
- Provide the DRO Director and DRO leadership 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.
- Travel exceptions are only approved when there is a personal emergency or life change per the updated travel exception process.
- During out-processing, provides workers with relevant guidelines specific to their local area, in addition to guidelines from the DRO COVID Workforce Care Team.
- Workforce training is not in-person unless there is a specific request made by the DRO. Trained shelter staff deliver training specific to shelter workers per [COVID Sheltering guidance](#).
- The Training team can deliver virtual and in-person DRO-specific orientations which include COVID protocols when appropriate.

### Staffing Process for Virtual Workers

Staff Services completes the following in-processing and out-processing tasks for virtual workers:

- Virtual Assignment Staffing Team (VAST) checks in virtual workers for their assignment in Volunteer Connection.
- VAST connects workers with their supervisors and send information about using MS Teams on a DRO (as applicable).
- Provide DRO with a roster including contact information and designating who is virtual and who is in-person.
- VAST assigns work locations for virtual workers.

- Should a virtual worker change to an in-person assignment, the worker must be out-processed and reassigned to an in-person assignment to complete the *Pre-Assignment Health Questionnaire* and screening process.
- VAST releases virtual workers.

## Training

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- The AD of Workforce or designee schedules (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 about supporting training for virtual and in-person 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.
- Worker safety, specifically COVID safety, is the focus of all training events and messaging. The HQ Training Manager works with the AD of Workforce, HQ Staff Services Manager, Staff Health, and other operations leadership to ensure consistent messaging.
- Because of the special circumstances of a response during the COVID 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

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For sheltering guidance for division, regions, and managers, please see [Section B.2](#) of this document.

### Disaster Health Services

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#### **Disaster Health Services workers who respond in person must be fully vaccinated.**

Ensure that Disaster Health Services workers have the following COVID 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](#)
- [COVID-19 Plexiglass Barrier Procedures](#)

For details about health screening and isolation care areas in COVID shelters, please review the sheltering guidance in [Section B.2](#) of this document.

## Disaster Mental Health

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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](#)
- [COVID-19 Plexiglass Barrier Procedures](#)

## Disaster Spiritual Care

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

- [Disaster Spiritual Care COVID-19 Non-Congregate Sheltering](#)
- [COVID-19 Plexiglass Barrier Procedures](#)

## Distribution of Emergency Supplies

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- There are three methods for providing DES. The preferred method is via a drive-thru fixed site. Additional methods include:
  - Walk-up fixed site
  - Mobile distribution
- The HQ DES Manager, District DES Coordinator, or DES Site Supervisor are responsible for ensuring:
  - Workers follow all COVID social distancing, PPE usage and enhanced sanitization procedures.
  - Signage is posted at drive-thru or walk-up fixed sites instructing clients how to maintain social distancing while retrieving the supplies.
  - The set it down and pick up method is utilized.
- See the [Distribution of Emergency Supplies in COVID-19](#) job tool for more information.

## Feeding

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### 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 masks, 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.

- 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 sanitization 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 masks
  - Food-safe disposable gloves
  - Hair nets or hats
  - Beard nets (for facial hair)

### Enhanced Sanitization 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:
  - Areas where food is served;
  - Areas where eating is taking place;
  - 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:
  - Use motion-activated hand sanitizer stations when possible.
  - Give every client their own small bottle of hand sanitizer that contains at least 60% alcohol when available.
  - 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.
  - Hot foods must stay hotter than 140°F and cold foods must stay colder than 41°F when held for more than four hours.
- Deliver meals to clients quickly to ensure food safety.
- Double-bag and discard unused prepared food.

### **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.
  - Disaster Health Services staff delivers meals to clients at their cots.
  - Disaster Health Services staff delivers snacks and two (2) individual bottles of water with each meal.
  - 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 in designated area at set times	<p>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:</p> <ol style="list-style-type: none"> <li>Use tape to mark spots on the floor 6 feet apart. <ul style="list-style-type: none"> <li>Instruct clients to stand on the tape and move to next tape when the client ahead of them has moved forward.</li> </ul> </li> <li>Spread out boxed/bagged meals and shelf-stable food on tables.</li> <li>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.</li> <li>Place items with nutrition information visible to the client when possible. For example, place canned items so that labeled nutrition information is visible.</li> <li>Allow clients to take their meals one at a time and maintain a 6-foot distance.</li> <li>Instruct clients to take what they touch. If they touch an item, they must take it and consume it or discard it.</li> </ol>



Strategy	Method
Deliver meals to clients multiple times / 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
ERVs deliver / serve meals outside non-congregate shelters.	<ul style="list-style-type: none"> <li>• Meals are prepared by Southern Baptist kitchen or other catering facility.</li> <li>• Meals are loaded into ERVs and driven to non-congregate shelter.</li> <li>• Inform clients of mealtimes and procedures for picking up meals.</li> <li>• Deliver meals to clients who cannot pick up their own meals.</li> <li>• Ensure that ERV is parked in a safe visible place with enough room to maintain social distance.</li> <li>• Set up cones or other marker 6 feet apart to form a socially distanced serving line.</li> <li>• Meals are handed to clients from the serving window.</li> </ul>

On extended operations, DROs work with clients to ensure a transition of clients to sustainable feeding solutions. Shelter Transition workers ensure clients who are eligible for D-SNAP, SNAP, or other feeding programs are supported in applying for assistance. DRO leadership consider ending feeding at shelters when:

- All shelter clients are receiving D-SNAP other food benefit program;
- Ordered meals are not being consumed by clients;
- Another organization or the state has assumed the Feeding mission.

## Information & Planning Tactics

### Disaster Assessment

- DROs conduct Disaster Assessment using standard in-person practices unless the Oversight & Management official determines that doing so is not safe, not sufficient for mission accomplishment, or both.
- When the Oversight & Management official determines that standard in-person disaster assessment is not safe, not sufficient for mission accomplishment, or both, then DROs may conduct virtual assessments and use validated partner data to limit on-the-ground surveys.

- The disaster relief operation may complete virtual assessments using validated imagery, including aerial photographs, satellite imagery, and other verifiable damage imagery sources.
- Virtual assessment imagery can come from local or national partner resources or validated open source data.
- The National AD Situational Awareness & Decision Support (SADS) actively informs 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:
  - The data collection method aligns with [Red Cross Damage Assessment Criteria](#); AND
  - 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:
  - Ensure RC Collect damage assessments include an attached image of the external dwelling damage.
  - 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.
  - All Disaster Assessment Workers follow [standard safety procedures](#).
  - Conduct windshield assessments, remaining in the vehicle whenever possible.
  - Assessments are only to 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.
  - In any case, do not enter homes to assess damage.

## External Relations Tactics

### 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.

- If the official with Oversight and Management authority decides that virtual CEP is warranted under the circumstances, then DRO Directors will consider the factors in the table below in deciding how to execute CEP:

Relationship Status with a community	Description	Recommended Engagement Method
<b>Lack of Awareness</b>	When community lacks awareness of the Red Cross as an organization. Focus on community education and awareness of the organization.	<p style="text-align: center;"><b>In-Person</b></p> <p><a href="#">Pew Research released recent insight into the connection between negative emotion and stress and low trust.</a></p> <p>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.</p>
<b>Rebuilding Trust / Low Trust</b>	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.	
<b>Community Collaboration</b>	When a community has both awareness and trust, the DRO may consider a virtual engagement model.	<p style="text-align: center;"><b>Virtual (DRO Management &amp; Coordination)</b></p> <p style="text-align: center;"><b>In-Person (Community Presence, Collaboration, &amp; Coordination)</b></p> <p>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.</p>
<b>Community-Led Efforts</b>	<p>When communities have the leadership and organization to mobilize resources and volunteers to help each other. Example: Communities using social media to self-organize.</p> <p><b>Note:</b> A community may be organized but still lack trust in the Red Cross.</p>	

## Section B.2 – Sheltering

For related information, please see:

- The [Sheltering Section](#) of the [DCS COVID-19 Operational Toolkit](#) for additional resources;
- The [Wearing Face Masks during Pandemic Operations section](#) and [Workforce Safety section](#) of this Compendium for information on pandemic protocols.

### COVID Congregate Sheltering

When congregate sheltering within a substantial risk or high-risk area is required, all congregate shelters must adhere to the following operating principles:

#### Operating Principles for Congregate Shelters

<p><b>Maintain Physical Separation for Social Distancing</b></p>	<ul style="list-style-type: none"> <li>• Provide at least 110 sq ft per person for post-impact congregate shelters and 60 sq ft within evacuation shelters when cots are not set up.</li> <li>• As per CDC guidance, maintain a 6-foot separation between functional areas in a shelter:             <ul style="list-style-type: none"> <li>○ Registration</li> <li>○ Living Spaces</li> <li>○ Supplies and Food Drop-Off Area</li> <li>○ Isolation Care Area</li> </ul> </li> <li>• Clients are encouraged to spend most of their time in their individual spaces inside the dormitory or outside of the facility without interacting with other households. When leaving these spaces, maintain 6-foot separation between all clients and workers.</li> <li>• Face masks are provided to clients, and clients are required to wear face masks while in the shelter. See the <a href="#">Face Coverings In Red Cross Shelters job tool</a> for detailed guidance.</li> <li>• 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.</li> </ul>
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<b>Set up Isolation Care Area for Symptomatic/ Diagnosed Clients</b>	<ul style="list-style-type: none"> <li>• Red Cross congregate shelters must have a separate room for the dormitory space for isolated clients.</li> <li>• The Red Cross intends for partners to operate isolation care areas and will do so only when other community resources are not available.</li> <li>• 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.</li> <li>• Requires 2 or more health professionals (public health or Red Cross Disaster Health Services) that are additional to the basic shelter team.</li> <li>• Clients in Isolation Care Area do not visit other areas of the shelter.</li> <li>• Provide separate restrooms and showers for Isolation Care Area and dormitory clients.</li> <li>• Workers in Isolation Care Area wear PPE.</li> <li>• Follow steps in <a href="#">Disaster Health Services in Congregate Sheltering job tool</a>.</li> </ul>
<b>Screen Individuals Entering the Shelter</b>	<ul style="list-style-type: none"> <li>• Individuals, families, and visitors arriving at a shelter may be screened at the registration desk or in a separate area prior to clients arriving at the registration area.</li> <li>• Follow steps in the <a href="#">COVID-19 Shelter Health Screening Using Personal Protective Equipment (PPE)</a> job tool</li> <li>• After screening, clients are directed to their living space in dormitory, the Isolation Care Area, or to other health facilities</li> </ul>
<b>Ongoing Health Screening of Shelter Clients</b>	<ul style="list-style-type: none"> <li>• Cot-to-Cot assessment for clients per Public Health guidelines</li> <li>• Clients are screened for temperature and symptoms (such as fever and coughing)</li> </ul>
<b>Maintain Heightened Sanitization</b>	<ul style="list-style-type: none"> <li>• Maintain cleaning and sanitization according to CDC and Public Health guidelines (see <a href="https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html">https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html</a>)</li> </ul>
<b>Limit Shelter Visitors</b>	<ul style="list-style-type: none"> <li>• Shelter Manager, Public Health Official, and Safety Officer set site-specific visitation rules</li> <li>• All visitors must approach the site through the health screening area</li> </ul>

## COVID Non-Congregate Sheltering

### Considerations for Using Non-Congregate Sheltering

In very high and severe risk areas the Red Cross may use NCS Sheltering when it is feasible to do so and one of the following exceptions applies:

- A pre-disaster agreement for NCS reimbursement is in place with government or during just-in-time post-evacuation planning and assessment.
- Clients test positive for COVID.
- As otherwise recommended by Disaster Health Services due to non-COVID health concerns.

If the Red Cross initiates non-congregate sheltering, for clients placed in non-congregate shelters by the Red Cross, do not transfer them to congregate shelters without the approval of the DDE (Level 3 and below) or the VP, Disaster Operations & Logistics (Level 4 and above).

## Acquisition of Hotels / Motels for Non-Congregate Shelters

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- Corporate Lodging Consultants (CLC) is the preferred method to book non-congregate shelter rooms.
- Purchase Cards (P-Cards) may be used initially to book non-congregate sheltering rooms.
  - For rooms booked with P-Cards, hotels must be transitioned to CLC within 72 hours except for individual hotels with 5 or fewer booked rooms.
  - 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:
  - Non-congregate sheltering Level 1-2 (account strings beginning with P01): PSC is 20
  - Non-congregate sheltering Level 3+ (account strings beginning with 052): PSC is 21

## Non-Congregate Sheltering Standards and Procedures

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Unless otherwise noted in the Compendium or described in the Service Delivery Plan, the HQ Sheltering Manager is responsible for achieving, enforcing, and sustaining each of these standards:

- Clients in non-congregate shelters should have access to all of the same services as available in congregate shelters, such as Individual Disaster Care, Reunification, Shelter Resident Transition, and partner services.
- 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.
- Clients are expected to adhere to all rules of the hotel facility and Red Cross rules regarding disruptive or dangerous behaviors. Red Cross or hotel management should promptly address compliance issues, which may lead to eviction.
- Clients are expected to participate in their recovery and transition from the shelter, including daily contact with Red Cross workers.
- Deliver all in-person services to clients using “set down, knock, step back” approach to maintain social distancing.

- Clients must be contacted at least once daily by Sheltering staff during the initiation phase of the DRO and/or when the client has moved to a new NCS location. The frequency of client contacts may transition to every three days for longer-duration operations (after the initiation phase of the DRO.). Clients must always have a contact number to reach a Red Cross worker for unmet needs.
- Report shelter counts through the Non-Congregate Shelter Reservation Manager. Do not report non-congregate shelters in NSS. See the [Non-Congregate Shelter Reservation Manager Job Tool](#) for more information.
- Red Cross prioritizes clients being rapidly directed to their individual rooms and it is not necessary to conduct a health screening as Disaster Health Services completes health screening virtually within 24 hours.
- All workers and clients should feel safe at a non-congregate site. Appropriate security should be provided by the facility, law enforcement or Red Cross, as necessary.
- Sites must be accessible and have rooms available that comply with the Americans with Disabilities Act (ADA).
- Following initial registration, Disaster Health Services and/or Mass Care workers contact clients within 24 hours to collect additional information and begin follow-up services.
- See the following job tools for related information and resources:
  - [Staying as a Red Cross Guest in a Hotel/Motel](#) (available on multiple languages)
  - [What to Expect on the Job: Non-Congregate Sheltering Service Workers](#)

## Non-Congregate Shelter Staffing Standards and Considerations

Non-congregate sheltering differs from congregate sheltering in its complexity for service, workforce and management requirements. Determining the minimum staffing footprint and assignments at each non-congregate shelter site requires significantly more consideration than congregate sheltering due to the variations in service delivery, operational approaches and agreements with government. The basic tasks of a frontline worker at a congregate shelter are vastly different than at a non-congregate shelter. Much of the frontline work at a non-congregate shelter requires good judgment, effective communication skills, the ability to assess the nature of challenges, ability to prioritize, and ability to work with minimal and sometimes remote supervision.

At non-congregate shelters, Red Cross staff is not always available at the site, and in some instances, there is no onsite supervisor when frontline workers are assigned.

### Characteristics of Non-Congregate Sheltering that Influence the Staffing Footprint

- Generally assigned smaller workforce than a congregate site with equivalent number of clients because many services and necessities are provided by the site itself or are delivered virtually
- Much of the support that clients receive is through virtual contact.

- Many clients may not regularly see a Red Cross worker and the majority of the services that they receive may be facilitated by the hotel vendor (i.e.: room cleaning) or a 3<sup>rd</sup> party (i.e.: food delivery).
- The Red Cross has a 24/7 onsite staff presence at a non-congregate shelter only under unique circumstances.
- There is significant variation between the size and type of shelters (number of rooms available and number of rooms used)
- How Red Cross supports clients and resource requirements at non-congregate shelters differs between initiation phase, stabilization and demobilization phase of the shelter operation
- There are significant differences in how Red Cross operates and supports non-congregate shelters depending on the DRO and the agreement with the State

### **Planning Factors that May Require Additional Resourcing/Acquisition of Shelter Workforce**

During the initiation phase of sheltering, additional staffing may be required as clients arrive and are registered:

- Large percentage of vulnerable clients seek above-average support that cannot be delivered virtually
- If a nighttime shift is required
- Requested by hotel management or government partners
- Red Cross is providing meal delivery to each hotel room
- The need to conduct census of all clients to update registration information
- The consolidation of hotels

### **Planning Assumptions for Service Delivery at Non-Congregate Shelter Sites**

- DRO strives to minimize the number of non-congregate shelter sites by using as many rooms per site as possible to maximize available resources.
- All clients are contacted by virtual Individual Disaster Care activities and Shelter Resident Transition to support their recovery and transition.
- The HQ Sheltering Manager has established 24/7 phone number for clients to contact Red Cross of concerns or immediate disaster-caused needs.
- All clients are advised when visiting itinerating staff are scheduled to be at the shelter.
- HQ Sheltering Manager is responsible for assessing and assigning all shelter workers.
- All workers assigned to work alone at a non-congregate shelter site receive a minimum of 3 check-in phone calls per day from their supervisor to confirm their safety, determine the site operational status, and discuss any client issues.



## Minimum Staffing Standard Used for Advanced Operational Planning and Resourcing

The minimum staffing standard for non-congregate sheltering that is used during Advanced Operational Planning and initial resourcing is:

- Staffing Minimums
  - 1-19 rooms – No onsite staff. Itinerating NCS Support Team visits.
  - 20-299 rooms - 1 SV + 1 SA onsite staff for daytime shift (~8:00 a.m.-7:00 p.m.).
  - 300+ rooms – 1 SV + 2 SA/EBV onsite staff for daytime shift (~8:00 a.m.-7:00 p.m.).
    - For every additional 50 rooms, add a minimum of 1 SA/EBV onsite staff for daytime shift
- Definitions
  - Itinerating NCS Support Team: One MC/SH/SA or EBV and one MC/SH/SV (experience in non-congregate sheltering preferred) who travel as a team between non-congregate sites to identify and address concerns with clients and hotel vendor and report situational awareness to DRO Headquarters. The team is directed by the HQ Sheltering Manager to visit non-congregate shelter sites without onsite staff and any priority sites as determined by DRO leadership.
  - Onsite NCS Worker(s): EBV, MC/SH/SA, and/or MC/SH/SV who are assigned to a shift at a non-congregate shelter site. At shelters with on-site NCS workers, there are always a minimum of two workers, generally only assigned for the day-shift.

## Differing Workforce Training, Experience, and Capabilities

Workers at a non-congregate shelters have a variety of different training, experience, and capabilities. When assigning workers at NCS sites, the characteristics and capabilities that need to be assessed to ensure the on-site team can meet the service delivery demands:

- Prior Red Cross experience in sheltering and other Red Cross services;
- Prior experience delivering assistance during disasters;
- Relevant professional experience;
- Understanding the support available from Individual Disaster Care activities and Logistics;
- Availability to meet on-site shift requirements;
- Recent completion of Shelter training and additional Red Cross training;
- Level of interaction with regional Sheltering program prior to deployment .

## Considerations for Non-Congregate Site Selection

Disaster leadership chooses appropriate site(s) for non-congregate sheltering. Use fewer sites to reduce the number of locations where Red Cross delivers services and consider 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 Shelter 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 use;
- Willingness to cooperate with Red Cross and support community;
- Ability to accept clients with COVID 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 is not generally 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](mailto: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
- Pre-disaster address
- Number of family/household members
- Unique accommodation needs
- Other based on specific partner data requirements

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

The Red Cross pays for the pet fees at hotels; refer to the [COVID-19 Hotel Acquisition and Payment Matrix job tool](#).

## Non-Congregate Shelter Counts

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

- The Non-Congregate Shelter Reservation Manager 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.
- 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 enters 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, site is reported as *Closed (Unoccupied)*.
- The Red Cross does not report independently operated non-congregate shelter sites in the tracking tool.

### Non-Congregate Shelter Counts

The HQ Sheltering Manager is accountable for maintaining accurate NCS client occupancy data in NCS Reservation Manager for all Non-Congregate Sheltering. Responsibility for entering Non-Congregate shelter data may be delegated to each Shelter Manager. The NCS Reservation Manager system automatically generates shelter counts nightly based on client occupancy data entered.

For information on accessing and using NCS Reservation Manager, see the [Non-Congregate Shelter Reservation Manager Job Tool](#).

If needed, FROST members are available to support any DRO with data entry. FROST support can be requested by emailing [FROST@redcross.org](mailto:FROST@redcross.org).

## Shelter Staffing and Support

The responsibilities of each operational sheltering position detailed in the below table aim to describe specific responsibilities for congregate 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](#).

During the resourcing phase of sheltering, DROs request shelter workers of various GAPs who are COVID-trained to meet the anticipated 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 is based on the projected number of clients and complexity and allocated by the HQ Sheltering Manager or District Sheltering Coordinator.

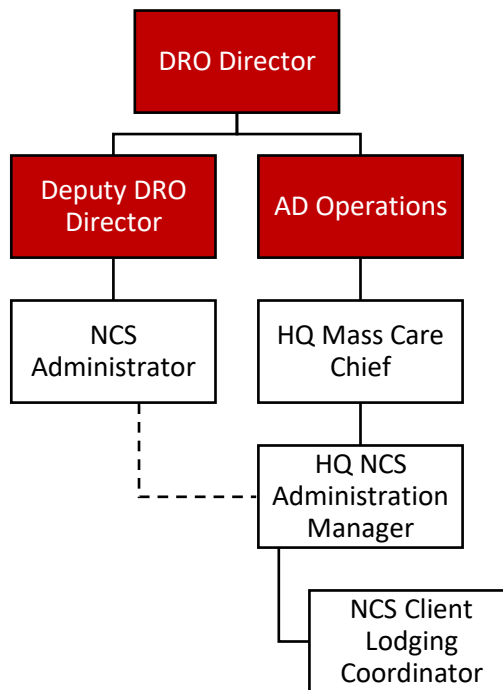
Worker	COVID-Specific Responsibilities
<b>HQ Sheltering Manager</b>	<ul style="list-style-type: none"> <li>• 1 + support staff based on complexity</li> <li>• Reports to HQ Mass Care Chief</li> <li>• <a href="#">See the HQ Sheltering Manager job tool on the Sheltering Toolkit</a></li> </ul> <p><u>Specific duties for NON-CONGREGATE shelter operations:</u></p> <ul style="list-style-type: none"> <li>• Determines number / locations of non-congregate shelter sites</li> <li>• 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</li> <li>• Determines staffing necessary for virtual and physically assigned sheltering positions to meet service delivery objectives</li> <li>• Coordinates support to Shelter Site Managers and service delivery sites</li> <li>• Tracks and reports all services being delivered at non-congregate shelter sites</li> <li>• Coordinates with the Feeding Manager for all feeding needs</li> <li>• Ensures there is a 24-hour point of contact for each shelter site</li> <li>• Coordinates with the Virtual Lodging Team and Non-Congregate Shelter Client Lodging Coordinator for all room reservation changes and client-specific information needs.</li> </ul>
<b>Shelter Site Manager</b>	<p>1 per site Reports to HQ Sheltering Manager</p> <p><u>Specific duties for CONGREGATE shelter operations:</u></p> <ul style="list-style-type: none"> <li>• Accountable site leader for all services, information, operations,</li> </ul>

	<p><u>Specific duties for NON-CONGREGATE shelter operations:</u></p> <ul style="list-style-type: none"> <li>• May delegate responsibilities as appropriate to a shelter service worker or the Non-Congregate Shelter Client Lodging Coordinator</li> <li>• Primary liaison to non-congregate shelter facility management for non-room-reservation issues, such as client behavior and Red Cross use of common areas</li> <li>• Determines onsite and virtual staffing requirements for all shifts with HQ Sheltering Manager</li> <li>• Coordinates the provision of necessary services and items to clients as described in the Service Delivery Plan</li> <li>• Coordinates the inventory management of PPE and other sanitizing/disinfecting supplies (See the <a href="#">Worker Access to PPE section</a> for more information.)</li> <li>• Works with facility staff to ensure site security is sufficient</li> <li>• Maintains awareness of onsite partners and communicates those details to HQ Sheltering Manager</li> <li>• Provides client contact information to appropriate virtual leads</li> <li>• Uses the Non-Congregate Shelter Reservation Manager if directed to register clients.</li> <li>• Ensures feeding requirements are followed as described in <a href="#">Feeding in COVID-19 Non-Congregate Shelters</a> job tool</li> <li>• Coordinates with Disability Integration to provide support to clients who are deaf or hard of hearing or have other access and functional needs</li> <li>• See <a href="#">Non-Congregate Shelter Worker job tool</a> for additional detail.</li> </ul>
<p><b>Assistant Shelter Site Manager</b></p>	<ul style="list-style-type: none"> <li>• Assign 1 for shelters with greater complexity</li> <li>• Reports to Shelter Site Manager</li> </ul>
<p><b>Shelter Service Worker</b></p>	<p><u>Specific duties for CONGREGATE shelter operations:</u></p> <ul style="list-style-type: none"> <li>• Support registration, feeding, and general care of clients</li> <li>• May be assigned to Screening Area when Red Cross is operating Screening Area</li> <li>• Follows guidelines for feeding in <a href="#">Feeding in COVID-19 Congregate Shelters</a> section below</li> </ul> <p><u>Specific duties for NON-CONGREGATE shelter operations:</u> Responsibilities determined by the Shelter Site Manager which may include feeding support, communicating information to clients, organizing inventory, and delivering items to clients.</p> <p>May be assigned to support these duties at multiple sites. See <a href="#">Non-Congregate Shelter Worker job tool</a> for additional details.</p>
<p><b>Disaster Health Services (DHS) Worker</b></p>	<ul style="list-style-type: none"> <li>• Assign virtual DHS workers to provide daily wellness checks and other support to clients at non-congregate and congregate sites as needed.</li> <li>• Reports to Shelter Site Manager and receives technical direction from HQ Disaster Health Services Manager</li> </ul>

	<ul style="list-style-type: none"> <li>• <i>All in-person DHS responders must be fully vaccinated.</i></li> </ul> <p><u>Specific duties for CONGREGATE shelter operations:</u></p> <ul style="list-style-type: none"> <li>• Responsible for assessment and tracking of the health conditions of shelter residents and shelter workers</li> <li>• Provide temperature strips to each client and assist the workforce in self-monitoring temperatures twice per shift</li> <li>• Manages the Isolation Care Area and provides care, if needed</li> <li>• Provides supervision to Screening Area</li> </ul> <p><u>Specific duties for NON-CONGREGATE shelter operations:</u></p> <ul style="list-style-type: none"> <li>• Conducts initial assessments and virtual daily wellness checks as described in <a href="#">Disaster Health Services in COVID-19 Non-Congregate Sheltering</a> job tool</li> <li>• Communicates relevant client status to Shelter Site Manager</li> </ul>
<b>Disaster Spiritual Care (DSC) Worker</b>	<p><u>Specific duties for NON-CONGREGATE and CONGREGATE shelter operations</u></p> <ul style="list-style-type: none"> <li>• Provides virtual support to clients who are referred as described in non-congregate guidance</li> <li>• Collaborates with DMH to provide support to staff and clients</li> <li>• Communicates relevant client status to Shelter Site Manager</li> <li>• May need to be physically present to support individual clients and workers, especially if there has been a death in the family</li> </ul>
<b>Disaster Mental Health (DMH) Worker</b>	<p><u>Specific duties for NON-CONGREGATE and CONGREGATE shelter operations:</u></p> <ul style="list-style-type: none"> <li>• Provides virtual support to clients who are referred as described in the <a href="#">Disaster Mental Health in COVID-19</a> section of this guide.</li> <li>• Communicates relevant client status to Shelter Site Manager</li> <li>• May need to be physically present to support individual clients and workers, as well as de-escalate situations</li> </ul>
<b>Disability Integration Worker</b>	<p><u>Specific duties for NON-CONGREGATE and CONGREGATE shelter operations:</u></p> <p>Provides virtual support to meet the access and functional needs of all clients, to include:</p> <ul style="list-style-type: none"> <li>○ Physical accessibility of shelter site</li> <li>○ Alternate forms of communication</li> <li>○ Modifications to methods of service delivery</li> </ul>
<b>Shelter Resident Transition Worker</b>	<ul style="list-style-type: none"> <li>• See <a href="#">Doctrine Bulletin: Improving Shelter Resident Transition</a> (being updated).</li> </ul> <p><u>Specific duties for NON-CONGREGATE and CONGREGATE shelter operations:</u></p> <p>Supports clients transitioning from non-congregate shelter site to safe, sustainable housing solution</p>

### Non-Congregate Sheltering Administration Structure

- The HQ NCS Administration Manager identifies a NCS Client Lodging Coordinator responsible for maintaining client rooming lists by working with the clients, hotels, and utilizing the [Non-Congregate Reservation Manager Tool](#).
- The HQ NCS Administration Manager collaborates with the HQ Shelter Manager and the Virtual Lodging Team to secure and release client rooms as appropriate.
- In the event a state contract for reimbursement of NCS lodging expenses is secured, the Vice President, Disaster Operations & Logistics assigns a NCS Administrator to oversee NCS administration tasks.
- When assigned, the NCS Administrator reports to the Deputy DRO Director and collaborates daily with the AD of Operations to ensure all Mass Care activities are fully informed of mutual tasks, goals, and objectives
- Virtual Lodging Team (VLT) is assigned when hotels are being used for non-congregate shelter. The VLT serves all active DROs and tracks and facilitates hotel reservations and contracts with CLC.



## Sheltering COVID-Positive Clients

To better promote the safety of clients and the workforce, follow these recommendations to prioritize the handling of known COVID-positive clients in congregate shelters for all COVID risk levels:

4. Clients (and their immediate family members) who present with probable COVID symptoms or known COVID-positive diagnoses must be housed in non-congregate shelter settings, to include hotel or house rentals, when available.

- Some states may establish separate sheltering options for COVID-positive clients. The Red Cross should pursue this option when available/needed.
- 5. If non-congregate sheltering options are unavailable, open a separate congregate shelter location for isolation of COVID-positive clients.
- 6. If non-congregate sheltering options or a separate shelter location are not options, only then should an isolation area within an existing congregate shelter with a standard client population be considered.
  - This isolation area must be able to have separate bathroom and bathing areas from the general population of the shelter.
  - Shelter locations with a separate room for the dormitory space of isolated clients should be prioritized.

**Additional considerations:**

- Discussions with Emergency Management should clarify the Red Cross preference for shelter locations that have a separate room for the dormitory space for isolated clients.
- When Red Cross assumes management of an independent shelter, COVID protocols must be in place before Red Cross staff is assigned in person for that shelter.
- When Red Cross supports a partner shelter, COVID protocols must be in place before Red Cross staff is assigned in person.
- Notification of non-congregate sheltering at hotels where clients are COVID positive is approved by Office of General Counsel (OGC) due to the national Public Health Emergency and is NOT a HIPAA violation.
- Government Operations Liaisons in EOCs should prioritize discussions with ESF-8 to provide COVID testing at shelter sites for clients and staff.



## Section B.3—COVID Supplies

### COVID Supplies

The following supplies add to 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 Disinfecting wipes (like Clorox wipes)

#### COVID Kits

COVID kits contain a pre-set combination of the COVID supplies listed above 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
<b>Includes supplies for:</b>		<b>Includes supplies for:</b>		<b>Includes supplies for:</b>	
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 using it). 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
Gloves	Responder protection	Shelter screener	1 pair per shift

Item	Purpose	User	Use
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 shift

### 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.

## Re-Ordering Supplies

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- Regions are authorized to use regional Mass Care budgets to replenish COVID supplies consumed by regional response events. COVID supplies consumed by national response events are replenished through normal DRO replenishment processes.
- Regions may accept donations of COVID Supplies and Kits that meet Red Cross product specifications not to exceed the region's COVID Supplies and Kits allocations. Questions on product specifications may be directed to [DLC@redcross.org](mailto:DLC@redcross.org).
- If regions have consumed more than 60 percent of their supplies on response missions, they may submit for replenishment via a *Disaster Requisition Form (F6409)* to [DLC@redcross.org](mailto:DLC@redcross.org).

## Section B.4 – Workforce

### Workforce Safety

Because the safety of the workforce is always a top priority, our goal is to reduce exposure to the virus. For those reporting in-person, the Red Cross has established the following safety procedures to reasonably protect and provide health screening for the in-person workforce. Follow guidance in the [Wearing Face Masks in Pandemic Operations](#) section.

#### Cover, Distance, and Clean

**Cover, Distance, and Clean** or “CDC,” is a memory device to help the Red Cross workforce remember the three critical actions for maintaining personal safety during the COVID 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. This is true regardless of whether a responder has been vaccinated or has previously been diagnosed with COVID.

- **Cover:** Please see the [Wearing Face Masks in Pandemic Operations section](#).
- **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. See also guidance in the [COVID-19 Plexiglass Barrier Procedures](#) job tool for more information on supporting distance requirements while having private conversations.
- **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.

In addition to “CDC,” workers should self-screen for any symptoms of illness or temperature before reporting for any shift or entering any Red Cross facility and must promptly report any symptoms of illness or elevated temperature (above 99.5 degrees) to:

- Disaster Health Services/Staff Health when deployed in-person;
- Regional and chapter supervisor when working remotely or upon return home from assignment.

All Red Cross supervisors are responsible for ensuring that their in-person staff follow safety protocols, including workforce screening and ensuring the availability of PPE.

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 [Workforce Health Screening on DROs](#) job tool.

#### Failure to Follow Workforce Safety Protocols

Failure to adhere to these critical actions to support the safety of Red Cross clients and workforce may result in:

- A category 2 complaint within the Volunteer Workforce Complaint Process and/or
- Dismissal from an in-person assignment.

(See the [Volunteer Workforce Complaint Standards & Procedures](#) for more information.)

## Face Masks and Personal Protective Equipment (PPE)

Follow the mask guidance in the [Wearing Face Masks in Pandemic Operations section](#).

### Worker Access to PPE

Prior to deployment, regions issue each in-person responder (including DAT) enough PPE supplies to last 3 days. (See [Red Cross Actions to Protect Workers Assigned to a DRO](#) section below.)

During a DRO, when a staff shelter, shelter, or other Red Cross worksite is identified with an opening date:

- AD Operations notifies AD Logistics
- AD Logistics is responsible for ensuring PPE materials get to the site.

Site Managers are responsible for ensuring a site has adequate PPE for the workforce (and clients, if appropriate) and requesting more materials as needed from Logistics using the standard requisition process.

## Worker Care Plan During and After Deployment

The care and safety of our workers while assigned to a disaster relief operation, from the time they leave their homes to the time they return safely, is paramount. Our goal is to mitigate the risk of COVID exposure for our workers to the greatest extent possible.

The care of COVID-impacted workers is coordinated by the National COVID Workforce Care Unit in collaboration with Staff Health, Disaster Health Services, and the Senior Medical Advisor. Any questions or concerns should be directed to: [DROworkforcecare@redcross.org](mailto:DROworkforcecare@redcross.org)

## Exposure Prevention

### Red Cross Actions to Protect Workers Assigned to a DRO

- The region sends the following personal protective equipment (PPE) items with all in-person deployed workers:
  - A minimum of 3 masks
  - 3 pairs of gloves
  - 1 small hand sanitizer
  - A forehead thermometer
- Health screen all in-person workers, including a *Pre-Assignment Health Questionnaire*, Wellness Agreement, and pre-deployment COVID exposure screening; require [self-temperature and self-symptom screening](#) of all in-person workers before reporting for [daily](#) shifts Disaster Cycle Services strongly encourages that returning workers get COVID tested prior to leaving an assignment and again upon returning home. Workers can get tested prior to

leaving the DRO, but the average incubation period for COVID is 2-5 days or up to 14 days. The CDC recommends that unvaccinated travelers be tested 3-5 days after returning home. Additionally, unvaccinated workers should self-quarantine for 7 days or until test results are received. All workers should monitor for any symptoms of illness for 14 days after returning home.

- COVID testing is paid for by the Red Cross, or workers may use their Mission Card to pay for testing. Utilizing free COVID testing sites should be prioritized where available.
- The National COVID Workforce Care Unit facilitates locating free or paid testing sites near the worker's home or work location and facilitates mission card reloads as needed for any testing fees. Appointments are required at some sites and should be scheduled by the worker.
- As vaccines are now prevalent, the Red Cross no longer pays for hotel quarantining when responders return home.

### Worker Actions While Assigned to a DRO:

- Comply with all Red Cross procedures, including being honest about personal risk factors, exposure, and vaccination status during the pre-deployment screening process and taking one's own temperature and reporting symptoms of any illness promptly, whenever a symptom occurs.
- Ensure possession of a face mask and wearing it when not alone, from the time a responder leaves home to the time of their arrival back home post-deployment.
- At all times prioritize the protection of oneself, others, and the mission.

## Our Commitment to Caring for Workers in Quarantine or Isolation

The Red Cross is committed to ensuring that, in the event a worker needs to be quarantined or isolated while on the DRO or after returning home due to possible or confirmed exposure or state travel restrictions, they receive the following:

- Daily check-ins by phone with a Disaster Health Services team member;
- Disaster Mental Health support, acknowledging the stress of quarantine or isolation and unknowns inherent in the situation;
- Advocacy and access to resources, facilitating health care or other supplies needed.

The specific duties of those responsible for the care of workforce and facilities impacted by COVID (AD Workforce, HQ DHS Manager, Staff Health, AD Operations, AD Logistics, Regional Disaster Health Services and Disaster Mental Health, and National COVID Workforce Care Unit) are further outlined in the [COVID-19 Worker Care Plan on a DRO](#).

## Sanitizing/Disinfecting Devices

Disaster Services Technology (DST) personnel handling DST-issued equipment must 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](#).

## Support Resources for Workforce Stress

All of us are living with stresses as a result of the COVID 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. Call 1-800-985-5990 or text *TalkWithUs* to 66746 to speak to a caring counselor.
  - Deaf/Hard of Hearing: Text *TalkWithUs* to 66746. Use your preferred relay service to call 1-800-985-5990. TTY 1-800-846-8517.
  - 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](#)
  - Requires a free account. Set one up at [www.disasterready.org/americanredcross](http://www.disasterready.org/americanredcross)
- [Mental Health and Psychosocial Support Playlist from IFRC](#)
  - Requires a free account. Set one up at <https://ifrc.csod.com>.

## Working Remotely

Many members of the Red Cross workforce are working remotely. It is every supervisor's responsibility to ensure their virtual workforce is afforded the same attention, breaks, and time off as their in-person workforce. 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.

All Red Cross workers who may be assigned to a supervisory or DRO leadership position must have access to a Red Cross email account, whether a personal account issued by their region prior to assignment or a DRO email address, to access MS Teams and other business tools.

## Vehicles

### Use of Vehicles on a DRO

- Limit the number of passengers per vehicle to promote social distancing.
  - Only one person, wearing a mask, occupies each vehicle row at a time; and
  - Passenger(s), wearing masks, may be added depending on vehicle configuration and size (Examples: ERV - 2 passengers, sedan - 2 passengers, box truck - driver only).
  - All occupants must wear masks.
- Improve the ventilation in the vehicle if possible – for example, by opening the windows or setting the air ventilation/air conditioning on non-recirculation (fresh air) mode.
- Any person driving or operating a Red Cross or rental vehicle regardless of business unit cleans that vehicle after each use per the [Humanitarian Operations Fleet Cleaning Procedures](#). Please see [COVID-19 Specialty Vehicle Guidance](#) section below.

### COVID 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). Red Cross staff must wear face masks whenever they are in the vehicle with another person. Please see the [Wearing Face Masks in Pandemic Operations section](#) for more information.



- Per Red Cross Fleet guidance, all vehicle operators are required to:
  - 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.
  - Clean and disinfect frequently touched objects and surfaces in vehicles.
  - 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 are frequently touched on the vehicle with a disinfecting product. In particular, pay special attention to interior touch points, such as seats, gear shift, steering wheel, door handles, mirrors, visors, 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:
  - Disinfecting sprays used with a disposable cloth
  - Lysol or Clorox disinfecting wipes
  - 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.

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## PART C – PROCEDURES FOR NON-DRO ACTIVITIES

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This section covers COVID-related procedures for DCS non-DRO activities: DAT response operations and Preparedness activities.

Conduct non-DRO activities in geographies designated **Blue** and **Yellow** in the [CDC Data Tracker](#) in accordance with [the mask guidance provided at the beginning of this Compendium](#) and the latest guidance hyperlinked below:

### DAT Responses

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The most up to date guidance on DAT operations in COVID and resuming in-person responses can be found in the following materials:

- [Doctrine Bulletin: Resumption of In-Person Level 1-2 DAT Response Operations and Provision of Immediate Assistance](#)
- [Doctrine Bulletin: Revised Procedures for all Virtual Level 1 DAT Response Operations.](#)
- [COVID-19 DAT Response Tactics Job Tool](#)
- [COVID-19 DAT Response Screening Questions Job Tool](#)

### Preparedness Programs

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The most up to date guidance on Preparedness program activities in COVID and resuming in-person responses can be found in the following doctrine bulletins:

- [Doctrine Bulletin: Home Fire Campaign/National Sound the Alarm In-Person In-Home Visits during COVID-19](#)
- [Doctrine Bulletin: Resuming Community Preparedness & Education Programs and Youth Preparedness In-Person Presentations](#)

Please also see the materials posted to the [Preparedness Programs during COVID-19 Toolkit](#) on The Exchange.

### Managing Training Programs During COVID-19

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This guidance describes how to support Disaster Cycle Services training during the COVID-19 pandemic. Under the parameters outlined in the [Operations Order 010-21: Resumption of in Person Services](#), American Red Cross regions may resume in-person delivery of Disaster Cycle Services in person training classes and exercises effective August 11, 2021.

#### In-Person / Virtual Training Decision-Making

Per the Joint Ops Order, it is the Regional Executive's decision (in consultation with the RDO) to revert to virtual training from in-person training. To optimize worker and client safety, we recommend that in-person training not to be conducted in counties experience a "High Transmission **Red**" or

“substantial Transmission **Orange**” as presented on <https://covid.cdc.gov/covid-data-tracker/#county-view> or if public health officials have issued directives or recommendations for that area that restrict gathering.

### Training Safety Protocols

- Orient volunteers to the safety requirements and expectations, including those in the [Operations Order 010-21 Resumption of in Person Services](#), local safety requirements, and this document.
- As of August 1, Red Cross policy requires “all employees, volunteers, shelter residents, and class participants to wear a face mask at our offices, facilities and any indoor operations while engaging in services on behalf of the Red Cross:”
  - “Class participants” includes responders, volunteers, and Red Cross staff receiving training.
  - “Engaging in services on behalf of the Red Cross” includes instructors providing training.
- It is **recommended** for the safety of all that instructors and attendees follow the following guidance:
  - Stay 6 feet apart from others who don’t live with you.
  - Avoid crowds and poorly ventilated indoor spaces.
  - Wash your hands often with soap and water. Use hand sanitizer if soap and water aren’t available.
- Red Cross workers and volunteers must be fully vaccinated to provide in-person, indoor training, group facilitation, and presentations. For the purposes of this guidance, people are considered fully vaccinated 2 weeks after
  - The second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or
  - A single-dose vaccine, such as Johnson & Johnson’s Janssen vaccine.

### Instructor-Led, Virtual Instructor-Led & Web-Based Courses

With a catalog of over 150 web-based, video and virtual training courses, the workforce has many opportunities to complete Disaster training outside of a physical classroom. As many learners benefit from live discussion, regions are encouraged to arrange virtual meetings to highlight important takeaways from web-based or video courses and discuss regional specifics. For information on training requirements and accessing EDGE, reference the following resources:

- For a list of existing web-based and video 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 as part of the [Monthly Batch Release](#), so check The Exchange to access the latest version).
- For guidance on navigating EDGE, check out the *Learner* section of the [EDGE Job Aids](#) page.

## Develop Virtual Instructors in Your Region

It is important to have trained instructors who are comfortable working in a virtual environment. Virtual instructors must meet the following criteria:

- Receive approval to become a virtual instructor from the Training Regional 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:
  - Certified public and private school teachers, including college instructors, who have virtual secondary and adult teaching experience within the past 5 years;
  - Professional instructors and trainers who virtually deliver emergency management or national safety type courses at academies and institutes to include FEMA-qualified instructors;
  - 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 any courses, such as Public Affairs, that 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](#).

## **PART D –UPDATES THAT APPLY TO ALL OPERATIONS REGARDLESS OF COVID RISK**

### **Mission-Essential Functions**

Mission-essential functions are:

- Those DCS functions that are directly related to accomplishing the Red Cross mission;
- The basis for all disaster operation resource adjudication and decision-making.

DCS prioritizes the mission-essential functions listed below, listed 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.

<b>Rank</b>	<b>Mission-Essential Function (MEF)</b>
<b>MEF-1</b>	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.
<b>MEF-2</b>	Supporting Red Cross Biomedical Services to ensure the availability of the nation's blood supply. See the <i>Support to Biomed</i> section below for more information.
<b>MEF-3</b>	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-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.)

### **Mission Tracker**

DCS uses the [DCS Mission Tracker](#) to approve and track non-DRO, non-standard operational missions and activities. “Non-standard” means a mission or activity that is not associated with a DRO and for which there is no published mission profile and/or in cases where the resource requirements of the mission or activity exceed those organic to a region. In these cases, the region will consult with the Division Disaster Executive, who, if he/she concurs, will enter a request for approval into the [DCS Mission Tracker](#).

### **Area Command**

An Area Command oversees the incident management of all DROs designated by the Vice President, Disaster Operations & Logistics. Each DRO within an Area Command shall operate with its own

Director, Assistant Directors, districts, unique set of incident objectives, strategies, and IAP. National headquarters assigns RCCOs to one or more DROs. The RCCO, DRO Director, Assistant Directors, and all other positions operate in accordance with the [Concept of Operations](#) under the supervision of the Area Commander.

The Area Commander has the authority and responsibility to:

- Oversee and coordinate the work of the RCCOs, particularly with respect to relationships with the federal government, states, and partners operating across multiple DROs.
- Maintain contact with senior federal and state officials within the area command.
- Ensure all DROs have a clear understanding of national and area-wide expectations, intentions, and constraints.
- Establish and adjudicate critical resource use priorities between various DROs within the area command. This includes, where necessary and appropriate, establishing Area- and/or State-wide Damage Assessment, Government Operations, Mass Fatality, and Recovery positions in lieu of DRO-by-DRO assignments.
- Coordinate the demobilization or reassignment of resources between assigned DROs.
- Ensure and sustain the Area's continued enhanced state of readiness to initiate immediate responses to frequent and recurring wildfires.
- Ensure that DRO and RCCO leadership assignments and organizations are appropriate.

The following business rules apply to all operations and administration within an Area Command:

1. **Unified Command:** Generally, NHQ Operations assigns two or more DRO numbers to each region within the area command with significant, ongoing, and multiple operations.
2. National headquarters designates one DRO as the **Command DRO**.
  - a. The Command DRO is used to ensure and sustain a region's state of readiness to initiate immediate responses to frequent and recurring disasters.
  - b. The Command DRO is used to account for all costs related to workforce (regardless of incident) including travel, lodging, rental vehicles, and Mission Cards, and infrastructure (like warehouses or leased DRO Headquarters space and DST) incurred due to disasters in the region.
  - c. Depending on when the Command DRO is established, NHQ Operations may direct that all service delivery costs associated with a specific incident be accounted to the Command DRO, as well.
  - d. Each Command DRO submits one SITREP and IAP.
3. National headquarters establishes additional DROs as **companions**.
  - a. Companion DROs are used to account for specific service delivery and material resource costs arising from one or more disasters as designated by NHQ Operations.
  - b. Companion DROs may be active for one disaster only or for multiple disasters depending on time, geography, and complexity of service delivery.
  - c. Workforce and related costs are never assigned to Companion DROs—these costs remain with the Command DRO for the duration of the Area Command.
4. Each Companion DRO (and the Command DRO when directed by NHQ Operations) conducts its own:
  - o Damage assessment using a unique RC Collect survey;

- Temporary Evacuation Point (TEP) or other evacuation center, congregate shelter, and non-congregate shelter operations;
  - Feeding operations
5. Each DRO has its own:
- IPT and SDP based on the schedule established by NHQ Operations and using the business rules above; and a daily 5266 completed

DRO Type	Command DRO	Companion DRO
<b>Cost Accounting</b>	All costs related to workforce (regardless of incident) including travel, lodging, rental vehicles, Mission Cards, and major infrastructure (like warehouses or leased DRO Headquarters space) incurred.	Specific service delivery and material resource costs arising from one or more disasters as designated by NHQ Operations.
<b>Activities</b>	Only when directed by NHQ Ops: <ul style="list-style-type: none"> <li>• Damage assessment using a unique RC Collect survey;</li> <li>• Temporary evacuation point (TEP), congregate shelter, and non-congregate shelter operations;</li> <li>• Feeding operations</li> </ul>	Always: <ul style="list-style-type: none"> <li>• Damage assessment using a unique RC Collect survey;</li> <li>• TEP, congregate sheltering, and non-congregate sheltering operations;</li> <li>• Feeding operations</li> </ul>
<b>Reporting</b>	Submit its own: <ul style="list-style-type: none"> <li>• IPT and SDP based on the schedule established by NHQ Operations and using the business rules above; and</li> <li>• SITREP, IAP, and 5266 completed.</li> </ul>	

## Determining Financial Assistance Method

The Vice President, Disaster Operations & Logistics, in consultation with Recovery Operations, selects the method (and if necessary, the level) for providing financial assistance (using Client Care Program 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.

## Delivery of Material Resources

- General materials: Logistics prioritizes the use of direct shipments and drop trailers delivered directly to service delivery sites.
- PPE materials: Logistics ensures PPE materials are prepared and delivered to worksites and shelters. Order additional PPE supplies following the standard process when necessary.

## Cleaning Red Cross-Occupied Facilities

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All facilities aside from non-congregate shelters occupied by the Red Cross follow the [Ordering Facility Cleaning Services on a DRO](#) job tool to reduce facility exposure and risk.

## Delegation of Financial Authorities

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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 AD of Finance assigned to the operation.

## Transitional Evacuation Centers (like a TEP)

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Evacuations are the organized, phased, and supervised withdrawal, dispersal, or removal of individuals and families from dangerous or potentially dangerous hazards. Once evacuated, Transitional Evacuation Centers provide for the reception and care of evacuees in safe areas. Local authorities (such as county judges and emergency managers) often recommend (voluntary evacuation) or order evacuation (mandatory evacuation) of designated areas due to risk of storm surge, flood, wildfire, or similar hazards which may threaten life or property.

When people are asked to leave their homes, and often their communities, the Red Cross is there to establish **shelters** that are safe from known hazards and outside designated evacuation zones and areas, to house people and offer limited care and comfort, while waiting for a hazardous event to pass.

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 only a few hours and do not typically provide meals or cots. **The Red Cross does not establish or manage transitional evacuation centers.**

States, counties, and other jurisdictions may use different naming conventions for these transitional sites. Examples include:

- Temporary Evacuation Point (TEP): Governments manage evacuation points as central gathering places for people connected to an evacuation.
- Lily-Pad: This is a pre-identified, elevated, unmanned drop-off point for search and rescuers.
- Shelter Information Point: 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.



### Services Provided at Evacuation Centers

When government activates a transitional evacuation site, such as at a Temporary Evacuation Point (TEP) or Evacuation Center, they may request Red Cross support. Red Cross support for government-managed transitional evacuation locations generally does not exceed more than 2 workers and may include the following (as resources allow):

- 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

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

Support to transitional evacuation sites falls under the authority of the AD of Operations once approved by the DDE or RCCO. Workers at transitional evacuation sites report to the HQ Mass Care Chief or designee based on the services provided.

At transitional evacuation sites, Red Cross does not manage or support registration. This registration takes place at a client's final shelter destination. This decision helps operations remain focused on standing up shelter solutions for evacuated clients. When a transitional evacuation center is established, the Red Cross aims to transition people to a shelter location within 4 hours of the client(s) entering a transitional evacuation center.

### Transitioning Evacuation Centers to Evacuation Shelters

Transitional Evacuation Centers (such as a TEPs) may convert into a shelter when evacuees remain at a site overnight. When this occurs, the AD of Operations ensures that Red Cross-managed/ supported shelters meet all established standards.

- Whenever an evacuation center transitions into an evacuation shelter, the DRO updates the facility's status in the National Shelter System (NSS).
- If a transitional evacuation center transitions to non-congregate sheltering, the Operations Section may provide the workforce necessary to register and transition households into NCS.

The Red Cross prioritizes resources to manage and support evacuation **shelters** over 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.

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# COVID Table of Organization

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## Table of Organization

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The following assumptions apply to the COVID Table of Organization:

- It is scalable, so one person can cover multiple position roles (boxes) depending on the size and complexity of the operation.
- The DRO Director and subordinates assigned to the DRO may not modify reporting lines or add management positions not described in the Table of Organization.
- “Task Groups” report through the DRO chain of command, not to national headquarters.

### Key

- Red boxes: Command staff and section leadership
- Grey boxes: tactical leadership labeled by activity, rather than position title.
- Light orange boxes: activities unique to COVID operations
- Solid lines: direct reporting relationships
- Dotted lines: principal coordination relationships

COVID Table of Organization - Comprehensive

