

Introduction

This document provides an overview of necessary changes to shelter operations in order for the American Red Cross to deliver safe and effective shelter operations in communities affected by disaster where there is COVID-19. Additional job tools and tactical guidance is forthcoming.

Opening and operating shelters in a COVID-19 environment requires an adjustment to standard procedures in order to support the safety of clients and the Red Cross workforce.

- Disaster shelters will continue to provide a safe space for clients impacted by a disaster.
- Adjustments follow Centers for Disease Control (CDC) guidance and best practices to protect clients and workers from contracting and spreading COVID-19.

In all sheltering environments, whether providing sheltering in hotels or congregate facilities, the Red Cross maintains contact with public health and emergency management before, during, and after shelter operations.

Important Considerations

Sheltering is different in a COVID-19 environment:

- Information about the virus and the status of our communities is incomplete;
- Public Health is not always available to support;
- Clients may not obey social distancing protocols or isolation procedures;
- People experiencing homelessness and others with significant non-disaster caused needs may come to Red Cross disaster shelters for help;
- Masks for clients with symptoms may be unavailable;
- Clients may hoard supplies, like hand sanitizer or toilet paper;
- There may be a lack of personal protective equipment available to meet CDC guidance;
- There may be significant fear amongst our clients and the community;
- Much of the support services provided to shelter workers in the shelter will be provided virtually.

<u>Audience</u>

- Division leadership
- Regional Disaster leadership
- Regional Direct Services Program Leads
- Regional Mass Care Program Leads
- Regional Sheltering Program Leads
- Disaster Health Services Volunteers

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Guiding Principles

In providing sheltering solutions for communities affected by COVID, the following guiding principles provide important considerations. In the absence of other doctrine or consultative guidance from division or national headquarters leadership, these principles provide support for independent decision making.

- Reinforce our fundamental principles for supporting all disaster-affected clients, regardless of their background or illness status;
- Red Cross will not operate disaster shelters that do not have dedicated resources for the Isolation Care Area (Public Health or Red Cross health services);
- Require screening of clients, partners, visitors, and workforce before entering a shelter;
- Follow CDC guidance for identifying clients with COVID-19 symptoms;
- Provide an increased Public Health and security presence;
- Adhere to public health guidance for quarantines;
- Follow social distancing practices with cots and daily life inside the shelter;
- Continue our commitment to provide accessible facilities, programs, and services;
- Maintain a safe environment through increased cleaning and disinfection of facilities;
- Follow practices that avoid transmission of the virus when providing food and supplies and handling waste removal;
- Leverage technology to provide virtual support services to clients and workers where possible;
- Effectively separate shelter clients who show signs of illness or have been diagnosed to avoid virus transmission.

What is Social Distancing?

A key principle to maintaining safety in a COVID-19 environment is "social distancing," which is deliberately increasing the physical space between people to avoid spreading illness. Staying at least six feet away from other people lessens the chance of spreading COVID-19.

However challenging or unnatural, maintaining physical distance is a form of caring. It is important that the Red Cross workforce find new ways to provide compassion and support while maintaining physical distance from clients. Social distancing procedures include:

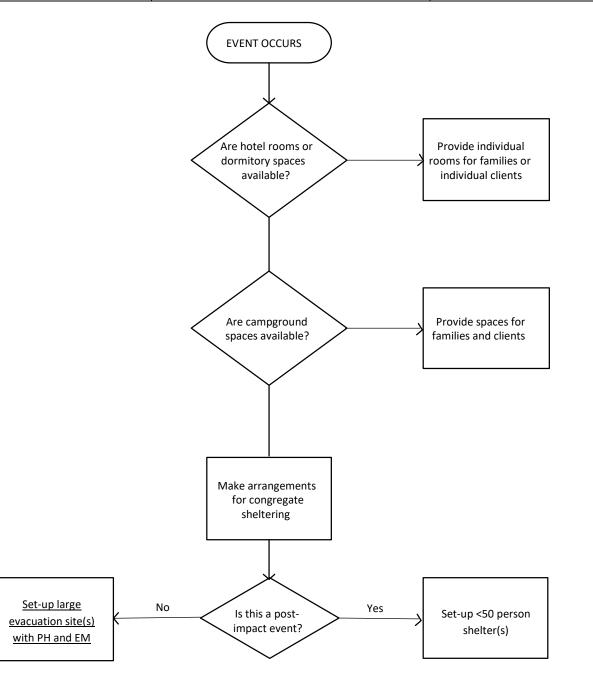
- Maintain a 6-foot distance when talking with clients;
- Avoid having multiple people in a confined space;
- Offer surgical or dust masks and tissues to clients who are coughing or sneezing.

COVID-19 Shelter Approaches

There are three approaches for sheltering to consider during disasters in the COVID-19 environment.

- Hotel/Dormitory Sheltering: preferred shelter option when available
- Using campgrounds as Shelters
- Congregate Sheltering

Congregate Shelter	Duration	Common Event Type
Types		
Shelter with fewer than	Fewer than 14 days	Tornado, Multi-Family Fire,
50 clients		Flood
Large evacuation sites	Fewer than 7 days	Hurricane evacuation, Wildfire
	 As soon as possible, move to 	evacuation, Earthquake
	smaller shelters of fewer than 50	
	clients each	



Description of Shelter Types

Shelter Type	Description
Hotel/Dormitory Mass Care Sheltering	 Advantageous because of private rooms and facilities for feeding, recreation, laundry, and meetings with individual clients Private rooms reduce risk of transmission Common spaces can be used for multiple functions Providing hotel lodging to clients as mass care is different than Direct Client Assistance (DCA); Funding under Mass Care Class 21 (5266) Hotels are preferable to dormitories because they already have bedding and towels, televisions, and phone systems, and may have housekeeping workforce available. May require multiple hotel sites.
Campgrounds as Shelters	 Clients stay in separated RVs, camp cabins, tents Office space, supply storage, and necessary equipment lacking at many camps and must be brought to site
Congregate Sheltering	 There may be times when shelter is needed and the only approach is a congregate setting All clients will be screened before entering Space must be allocated for screening area and isolation care area The dormitory must allocate a minimum of 110 sq ft per client Facility has separate isolation care area with physical separation from dormitory Barriers to accessibility must be addressed/removed Screening and shelter entrance/exit must be controlled and staffed 24/7 50 person shelters Safer to congregate fewer people – can add additional sites as needed Likely available closer to incident location than large site Intended for <14 days following Tornado/Flood/Apartment Fire Smaller facility needed (gymnasium + classrooms) Requires less planning, coordination, and resources than large shelter Large evacuation site (max population determined by Public Health) Requires significant planning and support from all agencies Intended for <7 days for Hurricane, Earthquake, Wildfire evacuation Must transfer shelter operations to < 50 person shelter(s) within 7 days or as directed by Public Health Ideally min size of 50,000 sq ft based on 350 clients in general dormitory, which allocates 11,500 sq feet available for all non-dormitory services (isolation, registration, storage, feeding, etc.)

COVID Sheltering Team

- Every Red Cross region will develop and maintain three ready-to-deploy teams.
- COVID Sheltering Team is deployed to manage the dormitory and coordinate the entire shelter operation with community partners for both congregate shelter models:
 - o < 50 Person Shelter
 - o Large Evacuation Site
- COVID Sheltering Team is the only Red Cross workforce initially deployed to support each shelter opening and operation.
- COVID Sheltering Team must be integrated with Public Health and immediately connect with community resources and engage evacuees to support 24/7 shelter operation.

A COVID Sheltering Team is made up of 5-7 members with differing capabilities and operational responsibilities:

Worker	Details
Shelter Manager	1 required for all shelters
	Accountable site leader for all services, information, operations, and
	alignment with fiscal authority (Primary Focus on Dormitory).
	 Reports to Sheltering Manager at DRO Headquarters
	Supervises COVID Sheltering Team
Assistant Shelter	Optional / Required for larger shelters
Manager	Deputy to Shelter Manager
	Responsible for External Relations
Safety Officer	1 required for all shelters
	Accountable for safety of all clients, workforce, partners, and visitors
	On-site liaison with Public Health, Law Enforcement, and Life Safety
	& Asset Protection (LSAP)
	Reports to Disaster Health Services for health-related issues and
	Shelter Manager for site issues
Logistics/Staffing Leader	1 required for all shelters
	Responsible for workforce (including shelter residents who support
	operations), technology, and material resources
	 Trains clients who become Event-Based Volunteers (EBVs)
	Reports to Shelter Manager
Mass Care Dormitory	 1 required for all shelters, 1 additional for larger shelters
Generalist	Responsible for registration, feeding, and general care of clients
	Utility player
	Reports to Shelter Manager
Disaster Health Services	1 DHS Leader required for all shelters, 2 additional DHS for Isolation
Leader	Care Area if no Public Health workers available to support
	Responsible for assessment and tracking of health condition of
	shelter residents and shelter workers
	 Manages the Isolation Care Area and provides care, if needed
	Reports to Shelter Manager for site and receives technical direction
	from HQ Disaster Health Services Manager

Expectations of All COVID Sheltering Team Members

- Passes disaster relief operation deployment screening questions and is in good health
- Effective decision-maker, problem solver, and comfortable with ambiguity
- Comfortable using technology to communicate and track information
- Advocates for Red Cross mission and fundamental principles
- Available for 4-week minimum deployment (includes possible 14-day quarantine)
- Able to maintain 12-hour shift, 6 days per week
- Able to maintain lodging at shelter site if necessary
- Can travel with 50 lbs. of shelter equipment in addition to personal items
- Understands CDC guidelines and comfortable operating without personal protective equipment (PPE) in dormitory areas

Principles for COVID Shelter Set-Up

Principle	Details	
Maintain Physical	As per CDC guidance, maintain a 6-foot separation between functional areas	
Separation for	in a shelter:	
Social Distancing	Screening Area	
	Registration	
	Living Spaces	
	Supplies and Food Drop-Off Area	
	Isolation Care Area	
	Clients are encouraged to spend the majority of their time in their individual	
	spaces. When leaving these spaces, maintain 6-foot separation between all	
	clients and workers.	
Set up Isolation	Follow steps in COVID Isolation Care Area Job Tool (in development)	
Care Area for	Requires 2 or more dedicated health professionals (public health or	
Symptomatic/	Red Cross Disaster Health Services)	
Diagnosed Clients	Clients in Isolation Care Area do not visit other areas of the shelter	
	 Feeding supported with individually packaged meals 	
	Isolation Care Area workers do not work in other areas of the shelter	
Screen Clients	Individuals and families must go through the Screening Area and wash	
Before They Enter	their hands on entry	
the Shelter	Follow steps in the COVID Screening Procedures Job Tool (in	
	development)	
	After screening, clients are directed to their living space in dormitory,	
	the Isolation Care Area, or to other health facilities	
Ongoing Screening	Cot-to-Cot assessment for clients twice a day per Public Health	
of Shelter Clients	guidelines	
	Clients and workers are screened for temperature and symptoms (such containing)	
	as fever and coughing)	
	Clients and workers maintain a Symptom and Temperature Log	

Principle	Details
Maintain	 Maintain cleaning and sanitation according to CDC and Public Health
Heightened	guidelines
Sanitation	 Follow guidelines for specific type of shelter
Limit Shelter	Shelter Manager, Public Health Official, and Safety Officer set site-
Visitors	specific visitation rules
	 All visitors must approach the site through screening
Engage Shelter	Logistics/Staffing Manager responsible for training and managing
Residents to be	shelter resident workforce
Shelter Workers	

Strategies for COVID Feeding in Shelters

- Maintain social distancing while feeding.
- Make handwashing stations and hand sanitizer available.
- Clean all surfaces with sanitizer every 2 hours.
- There will not be a traditional feeding line where staff fill clamshells with food and hand them to clients.
- Use the "set it down and step back" distribution method.
- Utilize individually packaged meals as available.
- Utilize shelf-stable, single-serve, ready-to-eat food items.
- Keep snacks, bottled water, and coffee out of client reach and use staff to serve. Staff places items on table/counter and steps back to allow client to take the items.

List of Related Job Tools

Published:

- Regional Readiness Activities for COVID Sheltering
- Operational Decision Making / Shelter Opening Checklist

In Development:

- Supply list for 50-client shelter
- Tip Sheet: CDC guidance related to sheltering
- Conversation guide for regions to have with Public Health and Emergency Management
- Training guide
- Opening/setting up a congregate shelter
- Opening/setting up hotel/dormitory shelter
- Opening/setting up a camp site
- Feeding strategies and tactics
- Shelter rules/signage
- Work assignment poster for residents to sign up
- Symptom and Temperature log
- Client welcome letter
- Cleaning and sanitation requirements
- Isolation Care Area job tool
- Screening procedures job tool