

Change Log:

04/15/20	<ul style="list-style-type: none">• Added new Guiding Principles• Added Key Terms section• Updated document to align with updated Red Cross mask guidance• Added details of COVID Shelter Team Members responsibilities<ul style="list-style-type: none">○ Added Dormitory Client Specialist as member of COVID Shelter Team• Added Conditions for Deploying Additional Team Members section• Revised the two final Expectations of All COVID Sheltering Team Members• Added Virtual Support for Shelters section• Added references to COVID Shelter Health Screening Using PPE job tool and Feeding in COVID-19 Congregate Shelters job tool• Added Animals in Shelters section• Updated Related Job Tools section
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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, including specific to non-congregate sheltering, 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, other non-congregate facilities, 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:

- How Red Cross helps clients through Mass Care/Sheltering is different than how we help clients following a DAT response.
- Many responders are familiar with using Direct Client Assistance (DCA) to place clients in hotels following contained events with a limited number of families—sheltering in COVID 19 requires us to use hotels and other non-congregate facilities for Mass Care, which generates different transaction and support requirements than contained events.

- Information about COVID 19 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;
- All clients must wear facemasks;
- Clients may attempt to stockpile shelter supplies, like hand sanitizer or toilet paper;
- There may be a lack of personal protective equipment available ;
- There may be significant fear and anxiety amongst our clients and the community;
- Much of the support services provided to shelter workers in the shelter will be provided virtually.

Audience

- 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 operates congregate shelters *only* when there are no other non-congregate options available to meet the immediate needs of people affected by disasters;
- Red Cross will not operate congregate shelters that do not have dedicated resources for the Isolation Care Area (Public Health or Red Cross health services);
- Red Cross intends for partners to operate isolation care areas and will do so only as a last resort;
- Require screening of clients, partners, visitors, and workforce before entering a congregate shelter;
- Shelter clients who show signs of illness or have been diagnosed must be effectively separated from the general shelter population to avoid virus transmission;
- 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;

What is Social Distancing?

A key principle to lessening the chance of spreading COVID-19 is “social distancing,” which is deliberately increasing the physical space between people to avoid spreading illness. . Social distancing procedures include:

- Maintain a 6-foot distance when talking with clients and providing assistance including meals;
- Avoid having multiple people in a confined space;
- Offer surgical or dust masks and tissues to all clients
- **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.

Key Terms

Lodging Assistance is provided to clients in the form of financial assistance following a single-family fire or multi-family fire. Follow the COVID-19 Disaster Action Team process, a case is opened in the Client Assistance System and DCA is issued on a CAC. See [COVID-19 DAT Tactics](#).

Hotel Sheltering or Non-Congregate Sheltering is provided to clients as mass care and generally secured by DROs using a P-Card or through Corporate Lodging. Sheltering is provided for 0-14 days for anticipated Level 2 or above incidents which are not multi-family fires.

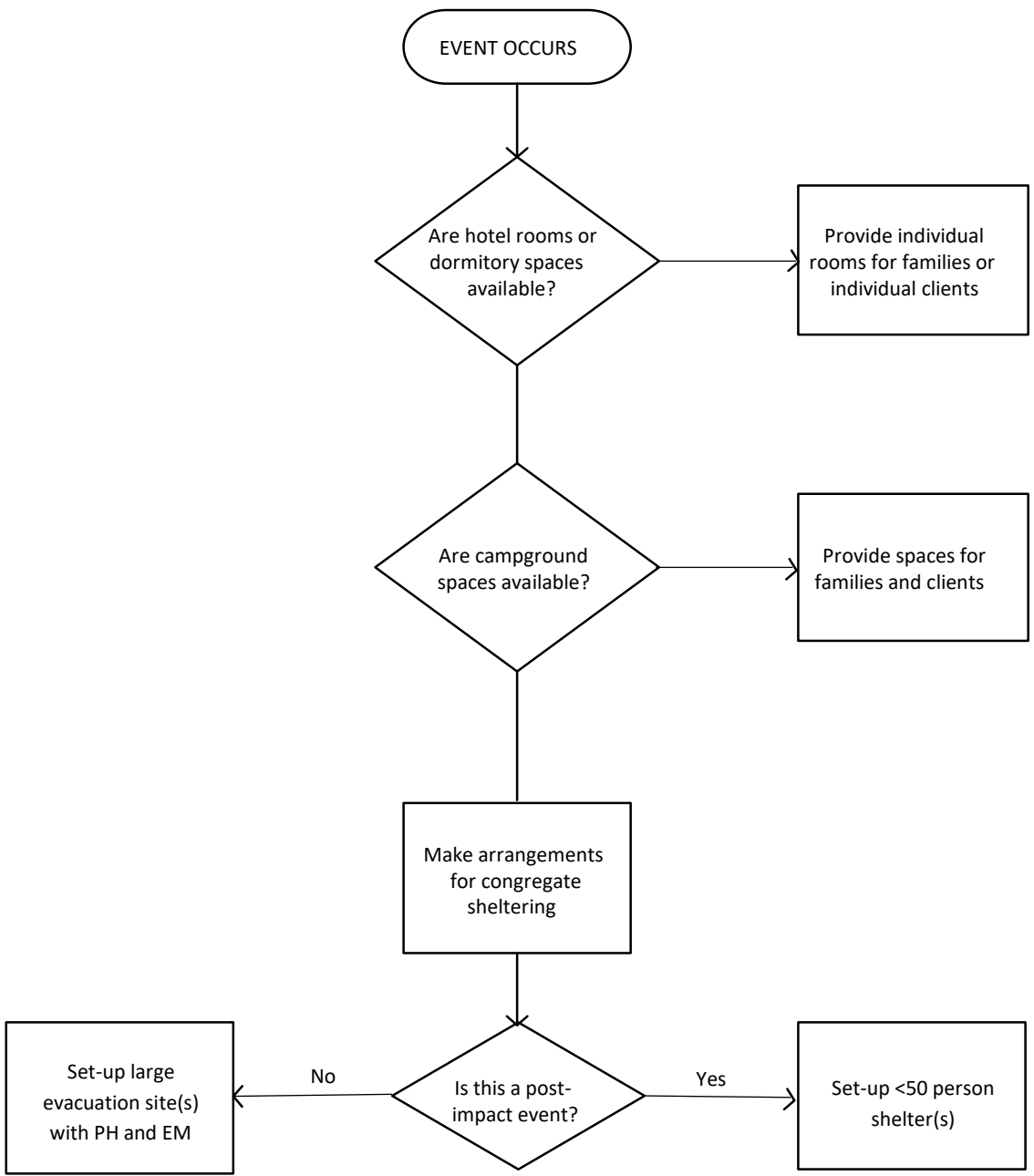
Congregate Sheltering is provided to clients as mass care in a community facility and provided for 0-14 days for anticipated Level 2 or above incidents which are not multi-family fires.

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 Types	Duration	Common Event Type
Shelter with fewer than 50 clients	<ul style="list-style-type: none">• Fewer than 14 days	<ul style="list-style-type: none">• Tornado, Multi-Family Fire, Flood
Large evacuation sites	<ul style="list-style-type: none">• Fewer than 7 days• As soon as possible, move to smaller shelters of fewer than 50 clients each	<ul style="list-style-type: none">• Hurricane evacuation, Wildfire evacuation, Earthquake



Description of Shelter Types

Shelter Type	Description
Hotel/Dormitory Mass Care Sheltering	<ul style="list-style-type: none"> • Advantageous because of private rooms and facilities for feeding, recreation, laundry, and meetings with individual clients <ul style="list-style-type: none"> ○ 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) under DAT processes; Funding under Mass Care Class 21 (5266) • Hotels may be preferable to college (and similar) dormitories because they already have bedding and towels, televisions, and phone systems, and may have housekeeping workforce available. • May require multiple hotel sites. • As with congregate shelters, transition clients to other more suitable housing as soon as possible.
Campgrounds as Shelters	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • There may be times when shelter is needed and the only approach is a congregate setting • All clients will be screened before entering, and re-entering, the dormitory • Space must be allocated for screening area and isolation care area • The dormitory area 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 <p>< 50 person shelters</p> <ul style="list-style-type: none"> • Safer to congregate fewer people – can add additional sites as needed • Likely available closer to incident location than large evacuation site • Intended for <14 days following Tornado/Flood • Smaller facility needed (gymnasium + classrooms) • Requires less planning, coordination, and resources than large evacuation site <p>Large evacuation site (max population determined by Public Health)</p> <ul style="list-style-type: none"> • 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:
 - < 50 Person Shelter
 - Large Evacuation Site
- COVID Sheltering Team is the only Red Cross workforce initially deployed to support each shelter opening and 24/7 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 members with differing capabilities and operational responsibilities.

Worker	Details
Shelter Manager	<ul style="list-style-type: none"> • 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 • Determines which Red Cross worker is Night Shift Supervisor and ensures at least two people are assigned to night shift
Assistant Shelter Manager	<ul style="list-style-type: none"> • Optional (Required for large evacuation sites) • Deputy to Shelter Manager • Handles delegated duties including External Relations
Safety Officer	<ul style="list-style-type: none"> • 1 required for all shelters • Primary day-to-day duties are shelter maintenance and client support • Secondary responsibilities are the 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 • Required training and job tools will be provided prior to deployment
Logistics/Staffing Leader	<ul style="list-style-type: none"> • 1 required for all shelters • Primary day-to-day duties are shelter maintenance and client support. • Secondary responsibilities for workforce (including shelter residents who support operations), technology, and material resources • Trains clients who become Event-Based Volunteers (EBVs) • Reports to Shelter Manager
Mass Care Dormitory Generalist	<ul style="list-style-type: none"> • 1 required for each <50 Client Shelters, 1 additional for large evacuation site • Responsible for registration, feeding, and general care of clients • Follows guidelines for feeding in Feeding in COVID-19 Congregate Shelters job tool • Utility player • Reports to Shelter Manager

Worker	Details
Disaster Health Services Leader	<ul style="list-style-type: none"> • 1 DHS Leader required for all shelters, 2 additional DHS for Isolation Care Area if no Public Health workers available to support • Responsible for assessment and tracking of health condition of shelter residents and shelter workers • Manages the Isolation Care Area and provides care, if needed • Reports to Shelter Manager for site and receives technical direction from HQ Disaster Health Services Manager
Dormitory Client Specialist	<ul style="list-style-type: none"> • Filled by Red Cross worker with Disaster Mental Health or Disaster Spiritual Care gap who also understands sheltering • Primary focus is on welfare of individual clients and shelter workers • Supports day-to-day operation of shelter at direction of Shelter Manager • Augments/supports screening area and registration in order to assess and address client needs • Reports to Shelter Manager

Conditions for Deploying Additional Team Members: Congregate Shelters

- Every <50 client congregate shelter has a total of six workers to cover all shifts:
 - 1 Shelter Manager,
 - 1 Safety Officer,
 - 1 Logistics/Staffing Leader,
 - 1 Mass Care Dormitory Generalist,
 - 1 Disaster Health Services Leader, and
 - 1 Dormitory Client Specialist
- When Red Cross is operating the Isolation Care Area, add additional DHS workers for Isolation Care Area per [DHS Procedures in COVID-19 Congregate Shelters](#).
- Add one Assistant Shelter Manager and one additional Mass Care Dormitory Generalist when operating a Large Evacuation Site
- When Red Cross is operating Screening Area, add a minimum of two additional individuals to support Screening Area. See [COVID-19 Shelter Health Screening Using PPE](#).

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 shelter equipment in addition to personal items
- Understands CDC guidelines for using personal protective equipment (PPE) and is comfortable wearing a mask in dormitory area in alignment with Red Cross mask policy

Virtual Support for Shelters

The unprecedented situation created by COVID-19 has led to the establishment of small, well-led, tightly managed COVID Sheltering Teams who are deployed as a group and operate in ways intended to reduce potential exposure of the Red Cross workforce. These shelter teams do not include functions of the workforce that normally support clients in shelters. Workers from those important functions will primarily support shelter clients and workforce virtually.

In some highly unique cases additional workers may be assigned depending on the complexity of the disaster and shelter operation.

Principles for COVID Shelter Set-Up

Principle	Details
Maintain Physical Separation for Social Distancing	<p>As per CDC guidance, maintain a 6-foot separation between functional areas in a shelter:</p> <ul style="list-style-type: none"> • Screening Area • Registration • Living Spaces • Supplies and Food Drop-Off Area • Isolation Care Area <p>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. Masks should be provided to clients when available.</p>
Set up Isolation Care Area for Symptomatic/ Diagnosed Clients	<ul style="list-style-type: none"> • Follow steps in <i>COVID Isolation Care Area Job Tool</i> (in development) • Requires 2 or more health professionals (public health or Red Cross Disaster Health Services) that are additional to the basic shelter team • Clients in Isolation Care Area do not visit other areas of the shelter • Feeding supported with individually packaged meals Workers in Isolation Care Area wear PPE
Screen Clients Before They Enter the Shelter	<ul style="list-style-type: none"> • Individuals and families must go through the Screening Area and wash their hands on entry • Follow steps in the COVID-19 Shelter Health Screening Using Personal Protective Equipment (PPE) job tool • After screening, clients are directed to their living space in dormitory, the Isolation Care Area, or to other health facilities
Ongoing Screening of Shelter Clients	<ul style="list-style-type: none"> • Cot-to-Cot assessment for clients per Public Health guidelines • Clients and workers are screened for temperature and symptoms (such as fever and coughing)
Maintain Heightened Sanitation	<ul style="list-style-type: none"> • Maintain cleaning and sanitation according to CDC and Public Health guidelines • Follow guidelines for specific type of shelter
Limit Shelter Visitors	<ul style="list-style-type: none"> • Shelter Manager, Public Health Official, and Safety Officer set site-specific visitation rules • All visitors must approach the site through screening

Principle	Details
Engage Shelter Residents to be Shelter Workers	<ul style="list-style-type: none"> Logistics/Staffing Manager responsible for training and managing shelter resident workforce Shelter clients can and should assist with feeding, supply management, sanitation, and daily maintenance of the dormitory

COVID Feeding in Shelters

Refer to [Feeding in COVID-19 Congregate Shelters](#) job tool in the DCS COVID-19 Toolkit on the Exchange. This job tool provides directions on the types of meals approved for use in COVID shelters and the procedures to safely serve meals to clients.

Animals in Shelters

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

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

Related Job Tools

Published:

- [Regional Readiness Activities for COVID Sheltering](#)
- [Operational Decision Making / Shelter Opening Checklist](#)
- [COVID-19 Shelter Client Welcome Letter](#)
- [Feeding in COVID-19 Congregate Shelters](#)
- [DHS Procedures in COVID-19 Congregate Shelters](#)
- [COVID-19 Shelter Health Screening Using Personal Protective Equipment \(PPE\)](#)
- COVID-19 Shelter Signage: [8/5x11"](#) / [11x17"](#)
- [COVID-19 Shelter Safety Poster](#)
- [COVID-19 Client Welcome Letter](#)

In Development:

- Hotel and other non-congregate sheltering guidance
- Supply list for 50-client shelter
- Multi-lingual signage
- Multi-lingual *Client Welcome Letter*
- Cleaning and sanitation requirements