

## Purpose

This document guides DRO leadership and Mass Care workers in determining appropriate facilities to provide emergency sheltering to those in need during COVID-19 and provides a checklist for the opening process.

## Initial Actions

<b>1</b>	Determine if sheltering is needed and what the essential elements of information are.
<b>2</b>	Align operational strategy with public health and emergency management. <ul style="list-style-type: none"> <li>a. Determine with public health and emergency management how to ensure physically separate operating areas of screening, dormitory, and isolation at each site.</li> <li>b. Confirm appropriate resources are available to operate.</li> <li>c. Confirm when security, sanitation, and other core services will be available.</li> </ul>
<b>3</b>	Determine if sheltering can be provided in a non-congregate setting.
<b>4</b>	If sheltering must be provided in a congregate setting, determine appropriate site(s).

## Opening Emergency Shelters: Decision-Making Questions / Next Steps

### **Is there a suitable hotel available immediately to support the expected population?**

- If available, notify hotel.
- Complete facility agreement if necessary and implement mass care process for hotel support.
- Deploy Sheltering team.
- Arrange with government partners to transport clients if necessary.
- Work with hotel to ensure availability of:
  - Janitorial staff;
  - Garbage collection;
  - Room cleaning frequency (minimum 2-3 times per week, ideally once per day);
  - Inter-room or inter-site communications;
  - Hallway or common area monitoring capability;
  - Access control and security staff – engage contract security staff if necessary;
  - Additional rooms or space for Red Cross services.
- Issue appropriate documentation and room allocation to clients after screening.
- Determine separate food delivery access point to shelter and feeding plan.
- Notify Red Cross leadership, public health, law enforcement, and Emergency Management Agency/Emergency Operations Center (EMA/EOC).

### **If no suitable hotel available, is there a suitable campsite or dormitory available immediately to support the expected population?**

- Determine if dormitory/camp facility with sufficient space for social distancing of expected clients is available.
- If available, notify dormitory or campsite owner.
- Complete facility agreement and implement mass care process for dormitory support, including personal protective equipment (PPE) and cleaning supplies.
- Deploy shelter team.
- Arrange to transport clients if necessary.
- Issue appropriate documentation and dormitory allocation to clients after screening.
- Notify national headquarters, Department of Public Health (DPH), law enforcement, and Emergency Management Agency/Emergency Operations Center.

**If congregate shelter is the only available option:**

- Select an available and suitable congregate shelter with separate areas for
  - Isolation care area,
  - Dormitory/living space, and
  - Screening;
- Notify facility ownership;
- Complete facility agreement;
- Implement logistics and mass care process for shelter support, including personal protective equipment and cleaning supplies;
- Deploy shelter team;
- Arrange to transport clients if necessary;
- Notify public health, law enforcement, and Emergency Management Agency/Emergency Operations Center (EMA/EOC).

**Differences: Post-Impact Shelters and Large Evacuation Sites**

Post-impact congregate shelters with 50 or fewer clients are preferred and have greater consistency in operational requirements because of the specifications share commonalities. Large evacuation sites require significantly more management, oversight, and resourcing for successful operations *and should only be established when multiple <50 client shelters cannot feasibly be opened and operated.*

<b>&lt; 50 Person Shelters</b>	<b>Large Evacuation Site</b>
<ul style="list-style-type: none"> <li>• Option to consider when non-congregate shelter options (e.g., motel rooms) are unavailable;</li> <li>• Safer to congregate fewer people – can add additional sites as needed;</li> <li>• Likely available closer to incident location;</li> <li>• Intended for fewer than 14 days following tornado/flood/apartment fire:               <ul style="list-style-type: none"> <li>○ Not for DAT/multi-family fire who follow DAT guidance.</li> </ul> </li> <li>• Smaller facility (gymnasium + classrooms);</li> </ul>	<ul style="list-style-type: none"> <li>• Maximum population determined by public health</li> <li>• Requires significant planning and support from all agencies;</li> <li>• Intended for fewer than 7 days for hurricane/earthquake/wildfire evacuation;</li> <li>• Must transfer to &lt; 50 person shelter within 7 days;</li> <li>• Ideally minimum size of 50,000 sq. ft. based on 350 clients in general dormitory;</li> </ul>

<ul style="list-style-type: none"> <li>• Requires less planning, coordination, staffing, and material resources.</li> </ul>	<ul style="list-style-type: none"> <li>○ 11,500 sq. ft. available for all non-dormitory services (isolation, registration, feeding, etc.).</li> </ul>
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## Opening Checklist

The process for opening a congregate shelter during COVID-19 is similar to the traditional process, but with special additions marked in *red italics*.

### Need Determination and Agreement

- Event occurs and determination is made that congregate sheltering is only option to meet needs of displaced population.
- Discuss and obtain concurrence and guidance from local public health authority.*
- Obtain Red Cross leadership concurrence.

### Facility Acquisition and Inspection

- Complete Facility Use Agreement.
- Establish agreement on COVID-19 cleaning and sanitation requirements with facility or contract arrangement.*
- Conduct opening inspection with facility representative.

### Shelter Setup

- Establish Screening Area.*
  - *Follow COVID Shelter Screening Procedures (in development).*
- Set up the dormitory in consultation with public health department.*
  - *Ensure Screening Area and Isolation Care Area are physically separate from dormitory.*
  - Set up Welcome/Registration Desk (“access choke point”).
  - *Ensure proper dormitory space allocation per client (110 sq. ft. / keep 6-foot separation between edges of each cot and arrange cots “head-to-toe”).*
  - *Allow families to move their cots closer together.*
  - Establish food distribution and storage areas.
  - Establish Red Cross office/area.
  - Establish secure (locked) storage room/area.
  - Establish Disaster Health Services (DHS) or nurse room/private area.
  - Ensure method for shelter residents and workers to regularly wash and/or sanitize hands.
  - Attach refuse bag at end of each cot for clients to have individual waste receptacles.
- Conduct staff meeting and job inductions.
- Begin screening for all clients, workers, and visitors before entering dormitory.*
- Begin daily screening logs for clients, staff, partners, and visitors.*
- Ensure Isolation Care Area is staffed 24/7 once clients are assigned there.*
- Arrange food delivery and other sheltering supplies.
- Post signage.
- Open shelter.
- Advise Emergency Operations Center, public health, local law-enforcement, and disaster relief operation (DRO) that shelter is open.

## Begin Registration

- Work with hotel or camp management to arrange hotel rooms for each family unit.*
- Assign cots if a shelter.*
- Provide welcome letter.*
- Review specific shelter protocols such as social distancing.*
- Provide personal hand sanitizer if available.*

## Ongoing Operations

- Ensure everyone (clients and staff) is screened twice a day and any time they arrive at or re-enter the shelter.*
- Provide cell phone charging station.
- Support virtual service delivery.*
- Continually promote and enforce physical distancing (6 feet) and handwashing.*
- Provide communication flow with clients through announcements, reminders, text messages, etc.*
- Maintain and keep up-to-date shelter and manager logs, *screening logs*, and sign-in sheets.
- Maintain regular sanitation.*
- Maintain client counts, meal counts, supply inventory, and use counts.
- Seek ways to use clients as event-based volunteers (EBVs) and encourage their engagement.*