American Red Cross Updates for the COVID-19 Environment

- A review of the new doctrines, new processes, and a new virtual world.
Mission of the American Red Cross

The American Red Cross prevents and alleviates human suffering in the face of emergencies by mobilizing the power of volunteers and the generosity of donors.
Red Cross
Response in a COVID-19 Environment

Priorities

• Our mission has not changed. How we deliver the Red Cross Mission has changed.

• The safety of our workforce and clients is a paramount concern.

• Use of non-congregate settings for sheltering clients is preferred during this pandemic.

• “Everyone is Welcome” commitment has not changed
Non-Congregate Sheltering I

- “Shelters” may include hotel/motel, RV campgrounds, single family cabins, tents

- May include Reception Centers in the immediate aftermath
  - COVID-19 screening is a priority, but maybe limited in reception center environment
  - Goal is to get clients to a safer single room or cabin as quickly as possible.

Our mission has not changed. Only the way we accomplish our mission has changed.
Non-Congregate Sheltering II

• Screening may be conducted at the non-congregate site for responders and clients

• Disaster Health Services conducts virtual wellness checks

• Initial wellness check includes a C-MIST interview
  • Communicates relevant client needs to Shelter Site Manager
Non-congregate Sheltering III

• If the wellness checks identify anyone with possible COVID-19 symptoms, clients will be asked to self-isolate in hotel rooms until public health or their healthcare provider gives them direction.
  • Red Cross will notify public health and ask for guidance
  • The shelter site manager will be notified
  • Disaster Health Services responders will continue to monitor client’s condition

• CMIST interview is completed on all family units
Non-congregate services provided

• Acquisition of hotels with ADA compliant rooms is a priority.
• Red Cross Disability Integration specialists in collaboration with Disaster Health services responders assist disaster relief operations in meeting the needs of individuals with access and functional needs including those with disabilities.
• Assistance with activities of daily living can be provided by disaster health services responders (licensed healthcare providers), contracted personal care assistants, Home Health providers or client’s own personal assistance caregiver. Personal protective equipment is available to these caregivers.
• Needed supplies such as: adult briefs, infant diapers, comfort kits, replacement of medication, DME, or Consumable medical supplies are available.
Non-congregate services

• Unique diets will be provided.
• Safe sleep options for infants and toddlers will be available if not provided by the non-congregate setting.
• Translation services and assistive technology will be available or acquired when need is identified.
• Information dissemination, such as status of client’s home area, re-entry instructions, available community recovery programs, FEMA registration or Red Cross recovery programs will be delivered to clients through multiple modalities including, but not limited to text or email.
Challenges

• **Geographic location of hotels:** In order to acquire the needed hotel rooms the location of hotels might be widespread.

• **Isolation of clients:** Clients will need to be more proactive in their own recovery journey to notify Red Cross of their needs.

• **High touch environment:** Clients are contacted multiple times for different reasons by responders. Casework, Disaster Health Services, Disaster Mental Health may contact the household primary contact multiple times. This can create a Big Brother environment and cause resentment by the household.

• **COVID-19 Environment:** Skinny staffing is a reality. Non-compliance of wearing masks creates fear both for clients and responders.
Lessons Learned Already I

• Everything takes longer in the COVID-19 environment.

• Disaster Response Operational leadership will mostly be virtual which has a learning curve.

• Personal Protective Equipment (PPE) might not be in the right place during the immediate response phase.
Lessons Learned Already II

• Distribution of meals is different and requires different vendor collaboration.

• Pet care must be factored into the equation for hotel acquisition.

• Signage is harder to place in the non-congregate setting.
Lessons Learned Already III

• Contract staff may be needed to meet needs and this process takes time and requires on the ground supervision.

• Red Cross Recovery Programs will need to use more virtual options. In person client casework will require a higher level of protection for client and responder.

• Local and state Public Health entities are stretched and may not have the capacity to assist with testing, screening or contact tracing.

• Both clients and responders have differing views of when and where to wear face coverings.

• Social distancing to 6 ft. is hard and is difficult to calculate the 6 ft. distance.
Congregate Sheltering

- Inevitable if large hurricane or wildfire occurs: WE ARE HERE.
- Evacuation centers: 60 sq. ft. per individual
- Congregate shelters post impact: 110 sq. ft per individual
- Screening and isolation care areas will be established.
- Only Disaster Health Services responders work in Isolation Care areas in full PPE.
- **Local Public Health Agency will be notified of each client in Isolation Care area.**

Cuts shelter capacity by half.
Event caused need for emergency sheltering

Less than 14 days

Public Health NOT Present

Shelter Size = 50 People Max

Families can be together

Everyone leaving facility must be rescreened upon return

Normal Shelter process with more entertainment

Red Cross Team of 5 (+2) SM, Safety, Health, Log/Staff, MC

Isolation Area with Additional Care Staff separated with barrier

Screening Two Red Cross Screeners

Friends and Family

Healthcare Facility

Isolation Care Area
Clients who Develop Symptoms or are Confirmed

Barrier/Door

Shelter Registration

One Way Drop Off of Supplies

Symptoms Confirmed

Barrier/Door
Staffing

• In Red Cross managed shelters, every effort will be made to have 50 or fewer clients in these shelters.

• A Red Cross “shelter strike team” consisting of a shelter manager, shelter supervisor, two shelter workers and one disaster health services responder will staff Red Cross managed shelters. Two additional disaster health services responders will be added to the team if an isolation care area is needed.

• Clients will be recruited to assist with the management of the shelter.
Signage

- **Screening Area**: Family units or individuals MUST maintain 6-foot distance from others.
- **I'm Here to Help**: Authorized Entry Only
- **Isolation Care Area**: PPE Donning Area
- **Report Fever, Cough or Difficulty Breathing to Staff**:
Challenges

• Clients and responders may feel uneasy in a setting with many people.
• Wearing of face coverings is required by both clients (over age 2) and responders.
• Use of restrooms while practicing 6ft. physical distance is difficult and can decrease restroom and shower capacity.
• Continual screening of those coming in and out of the shelter is labor intensive and intrusive. Weather is a complicating factor.
• State and local public health entities may not be available for screening or work in isolation care areas.
Lessons Learned Already

• Congregate shelters will happen.
• The use of face coverings is required.
• Emergency management and public health entities are stretched due to COVID-19 response alone and adding a disaster to COVID-19 response is difficult.
• Feeding requires a different set of skills to produce single wrapped meals delivered with 6ft. physical distance.
• The COVID-19 environment makes response and recovery harder and takes longer.
Responder Health II

- Critical to disaster Relief Operations.
- All Disaster Health Services responders (virtual or on site) will act as Staff Health
- Workers on site will be screened before entering work site
- Workers will be directed not to report to their worksite if they are ill for ANY reason. Staff Health will then follow-up with worker.
- American Red Cross has an internal process to report COVID-19 employees or responders.
What Hasn’t Changed?

• Red Cross disaster Relief Operations commitment to diversity and Inclusion: Everyone is Welcome. No individual with access or functional needs will be turned away from Red Cross non-congregate or congregate shelters.

• Red Cross commitment to work closely with local and state Public Health to maintain the optimal health of staff and clients.
We are all in this TOGETHER
Mary Casey-Lockyer MHS, BSN, RN, CCRN
Mary.CaseyLockyer@redcross.org
Red Cross Disaster Health Services Program
Lead for National Headquarters.