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.

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 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
<table>
<thead>
<tr>
<th>Congregate Shelter Types</th>
<th>Duration</th>
<th>Common Event Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shelter with fewer than 50 clients</td>
<td>• Fewer than 14 days</td>
<td>• Tornado, Multi-Family Fire, Flood</td>
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</table>
| Large evacuation sites | • Fewer than 7 days  
• As soon as possible, move to smaller shelters of fewer than 50 clients each | • Hurricane evacuation, Wildfire evacuation, Earthquake |

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**EVENT OCCURS**

- **Are hotel rooms or dormitory spaces available?**
  - Yes: Provide individual rooms for families or individual clients
  - No: Proceed to next step

- **Are campground spaces available?**
  - Yes: Provide spaces for families and clients
  - No: Proceed to next step

**Make arrangements for congregate sheltering**

- **Is this a post-impact event?**
  - Yes: Set-up <50 person shelter(s)
  - No: Set-up large evacuation site(s) with PH and EM
## Description of Shelter Types

<table>
<thead>
<tr>
<th>Shelter Type</th>
<th>Description</th>
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</table>
| **Hotel/Dormitory**                | ☐ Advantages 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 from 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**          |  
  • 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.)  

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Author: DCS / Response / Sheltering
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 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:

<table>
<thead>
<tr>
<th>Worker</th>
<th>Details</th>
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</table>
| 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 Manager | • Optional / Required for larger shelters  
                          • 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 Generalist | • 1 required for all shelters, 1 additional for larger shelters  
                          • Responsible for registration, feeding, and general care of clients  
                          • Utility player  
                          • Reports to Shelter Manager |
| Disaster Health Services Leader | • 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 |
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

<table>
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<tr>
<th>Principle</th>
<th>Details</th>
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| **Maintain Physical Separation for Social Distancing** | As per CDC guidance, maintain a 6-foot separation between functional areas in a shelter:  
- 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 Care Area for Symptomatic/Diagnosed Clients** | - Follow steps in COVID Isolation Care Area Job Tool (in development)  
- Requires 2 or more dedicated health professionals (public health or Red Cross Disaster Health Services)  
- 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 Before They Enter the Shelter** | - Individuals and families must go through the Screening Area and wash their hands on entry  
- 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 of Shelter Clients** | - Cot-to-Cot assessment for clients twice a day per Public Health guidelines  
- Clients and workers are screened for temperature and symptoms (such as fever and coughing)  
- Clients and workers maintain a Symptom and Temperature Log |
## 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