# *Mass Care Management Course*

**Participant Guide**
**April 2016**

American Red Cross

# The American Red Cross Mission

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.

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# About this Course

*Mass Care Management* course is an advanced level, instructor-led course designed to inform you on how to successfully complete Mass Care Management tasks on a large regional or district level disaster operation and provide customer service and support to assigned disaster workers.

Although the primary focus of this course is directed to support regional staff in managing disaster operations, it is also beneficial to divisional and national staff.


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# Unit 1: Introduction to Mass Care Management

Welcome to Mass Care Management!

## Purpose

The purpose of this course is to prepare you to successfully perform required Mass Care management tasks on a regional disaster operation, scale to a district/national operation, and provide you an opportunity to become familiar with Mass Care and other operational job tools.

## Course Objectives

Upon completion of this training, you will be able to:

- Identify the responsibilities of a Mass Care manager.
- Assess the Mass Care needs of the disaster-affected communities (with input from the planning function, workers and other data) and determine how to best meet the need through the provision of appropriate Mass Care services.
- Develop and share an effective plan for both human and material resources required to provide Mass Care services throughout the length of the operation.
- Establish effective communications between mass care, disaster assessment and logistics operations to ensure excellent service delivery outcomes.
- Resource and organize human and material assets to provide appropriate Mass Care services.
- Direct, prioritize and balance competing needs of various sites.
- Provide timely and accurate reporting on Mass Care activities to control daily and long-term service delivery planning.
- Transition and close Mass Care operations.

**As you are sitting in this class today, you must approach this course with the attitude of a manager. You are a thinker, a planner and a decision maker. You think "Big Picture" and consider the consequences of your decisions.**


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# Unit 2: Management Responsibilities

## The Mass Care Process

### Mass Care Philosophy

The foundational Mass Care philosophy of the American Red Cross is that disasters impact individuals and communities in such a way that a rapid provision of essential life sustaining services are required to prevent continued human suffering and eventually, life threatening emergencies. Furthermore, that the provision of those services in an organized mass congregate setting is the best means to attend to the greatest number of disaster survivors at one time.

Some efficiencies may be lost at the expense of expediency, and some specific individual needs may not be met. As a result, mechanisms must be in place to ensure services are made as efficient and accessible as possible with reasonable adjustments to resource allocation that does not jeopardize the overall response.

**Example:** A shelter is a congregate care setting in which the service provided to the greatest number of people is a safe location to stay overnight. It is provided because it is far more expedient to open a facility and allow clients to stay there than it is to ensure every client has an alternate place to stay (such as with a relative or in a hotel). At the point where all clients have an alternate place to go and the resources to get there, whether they chose to go there or not, the shelter may close.

### Mass Care Strategy

Mass Care is:

- A strategy of service delivery intended to provide key life sustaining or life essential services to clients in a congregate setting with limited or no verification of individual need or identity.
- Strategically provided as a result of a leadership driven operational priority of *expediency* in delivering life sustaining, life and welfare supporting, and recovery supporting services.

### Mass Care Risk and Benefit

Mass Care is an approach to service delivery that is always less ideal for the comfort of those affected, but sometimes necessary in a community emergency. It often takes players and stakeholders at local, state and national levels to transition from Mass Care types of services to individual care programs and eventually to recovery.

As a result of providing expedient life sustaining service, an **expected risk** is that some people who are not technically disaster clients may receive service, and other efficiencies may be lost.

The **primary benefit** is a drastically reduced administrative process required to provide the service and the large number of presumed needs are met quickly. Services are forecast based on disaster conditions, and are provided with no more verification than the client statement that the need exists and is in some way related to the disaster.


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## How the Red Cross Supports Mass Care

The Red Cross supports whole community Mass Care planning efforts such as:

- Collaborate with the government to support the creation of incident task-forces
- Memorandum of Understandings (MOUs) with other agencies
- Pre-event exercises to ensure our response is not isolated from the community needs, plans, and resources necessary in the emergency management venue
- **We want to try to bring the community together**

Hopefully, a shelter gives an individual or family a stable location from where they can begin their recovery. A shelter will close as people return to normal living patterns or following their designated recovery plan.

To make the shelter a more efficient operation, services can be provided, such as:

- Health and mental health services
- Bulk purchased and distributed food and sanitation supplies
- Congregate information briefings
- Client services can be provided to meet clothing and other items needed in a shelter

Costs are also kept down through community support, such as:

- Donated space
- Event-based volunteers with just-in-time training
- In-kind donations of commodities and prepared food
- Government coordinated security and safety planning
- Community partner services and agreements

To make the shelter accessible, the Red Cross performs pre-event inspections of those facilities, and pre-stocks or pre-arranges resources from community partners for consumable and durable medical equipment such as:

- Accessible cots
- Wheelchairs
- Walkers and canes that may be needed by a small number of clients
- Consumable medical supplies such as first aid kits, over the counter pharmaceuticals, etc.


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## Mass Care Service Delivery Transitions

As a situation stabilizes and more information about client circumstances is known, Mass Care service delivery transitions to more one-on-one case management strategy.

For example:

- Sheltering transitions to temporary housing programs.
- More aggressive casework will take place.
- Distribution of relief supplies may transition to direct distribution getting specific resources to individuals and families.
- Reunification transitions from a mass approach (Safe and Well, mass registrations) to individual inquiries and missing persons coordination.

## Management in Small Disaster Events

In small events:

- The Mass Care manager or coordinator could be the Sheltering Manager, the Feeding Manager, and the Distribution of Relief Supplies simultaneously.
- As an event expands, the Mass Care manager should recruit more workers for (or request from Staff Services) these positions to act in support.
- Think about ratios such as a sheltering coordinator for every 3 to 7 shelters as an example – a feeding manager may not be needed without multiple channels for feeding or multiple kitchens – otherwise a kitchen feeding coordinator can handle it.
- Mass Care at district level is responsible for determining tactics and execution in line with DRO strategies, SDP, budget, as well as Mass Care standard.
    - Examples: Kitchen does route planning and assessments. District deals with feeding tactics for the whole district while the DRO headquarters deals with strategy, resourcing and planning.
- Additional Respond program elements (Reunification, Disaster Spiritual Care, Disaster Mental Health, Health Services and Information & Referrals) often start with Mass Care and transition to Recovery when the operation's Assistant Director determines the services needed reflect a one-on-one case management strategy.


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## Transitioning from a Regional to a Larger Disaster Operation

When a region is working with its own resources (physical, human, agreements, partnerships, etc.) to respond to a disaster situation, it is regarded as a **regional disaster operation**. The operation is regionally administered—possibly with some assistance through mutual aid agreements with partners and neighboring regions.

When the disaster response exceeds the region's resources—or multiple regions are involved in one operation—a transition is usually made from a local disaster operation to one supported or overseen by the division or national headquarters—**a National Disaster Operation**.

This transition ensures that consistent service is provided to all disaster clients and provides economies of scale in managing the overall relief effort. However, the region is still a major partner throughout the service delivery.

When we scale up, we increase the **human**, **material** and **financial** resources available to the response.

## Scaling the Disaster Operation

When we scale down, we decrease only the **human** and **material** resources, as the finances have already been committed; you can save a considerable amount of money by scaling down in a timely manner.

The scope of a disaster operation is directly related to its cost—the bigger the scope, the higher cost. It is important to be able to assess the present and future needs accurately and adjust the scope of the relief operation accordingly.

As an operation increases in size:

- Reporting channels will change.
- Multiple regions are involved, requiring more coordination.
- Staff and material resources from beyond the region are needed.
- The division and national headquarters are directly involved in staffing the operation.
- Regardless of the change in size of the operation, consistent services are delivered to clients.


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**Consider the following when leading a Mass Care operation**:

- Are all of the clients' Mass Care needs being met?
- What other agencies and partners are currently leading or supporting the Mass Care effort?
- Is the local disaster plan being used?
- What is the status of the disaster? Still building? Receding or decreasing?
- Most disaster operations start out as a local response and grow into a major disaster relief operation as they increase in size. Is the local unit still involved?

What are some other questions management may want to consider when leading a Mass Care operation?


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## Understanding the District Model

When working a large operation, particularly one involving multiple regions or a lot of complexity, leadership may decide to break the geographic impact areas into “Districts” that are more manageable. The objective is not to create several “mini-DROs” but rather to ensure operational control is not managed from 30,000 feet in the air or thousands of miles away.

Local coordination is delegated by the Operations AD to a District Director. This means that even Mass Care staff (such as a Sheltering Operations Manager or a Feeding Operations Manager will no longer report directly to the Mass Care manager on the operation).

The Mass Care manager at the DRO Headquarters now becomes more of a support and advisory role, providing subject matter expertise, state and federal coordination (if necessary) and future planning. If there is also a Mass Care manager or other program managers at the District HQ, they will report directly to the District Director and seek you out for guidance.


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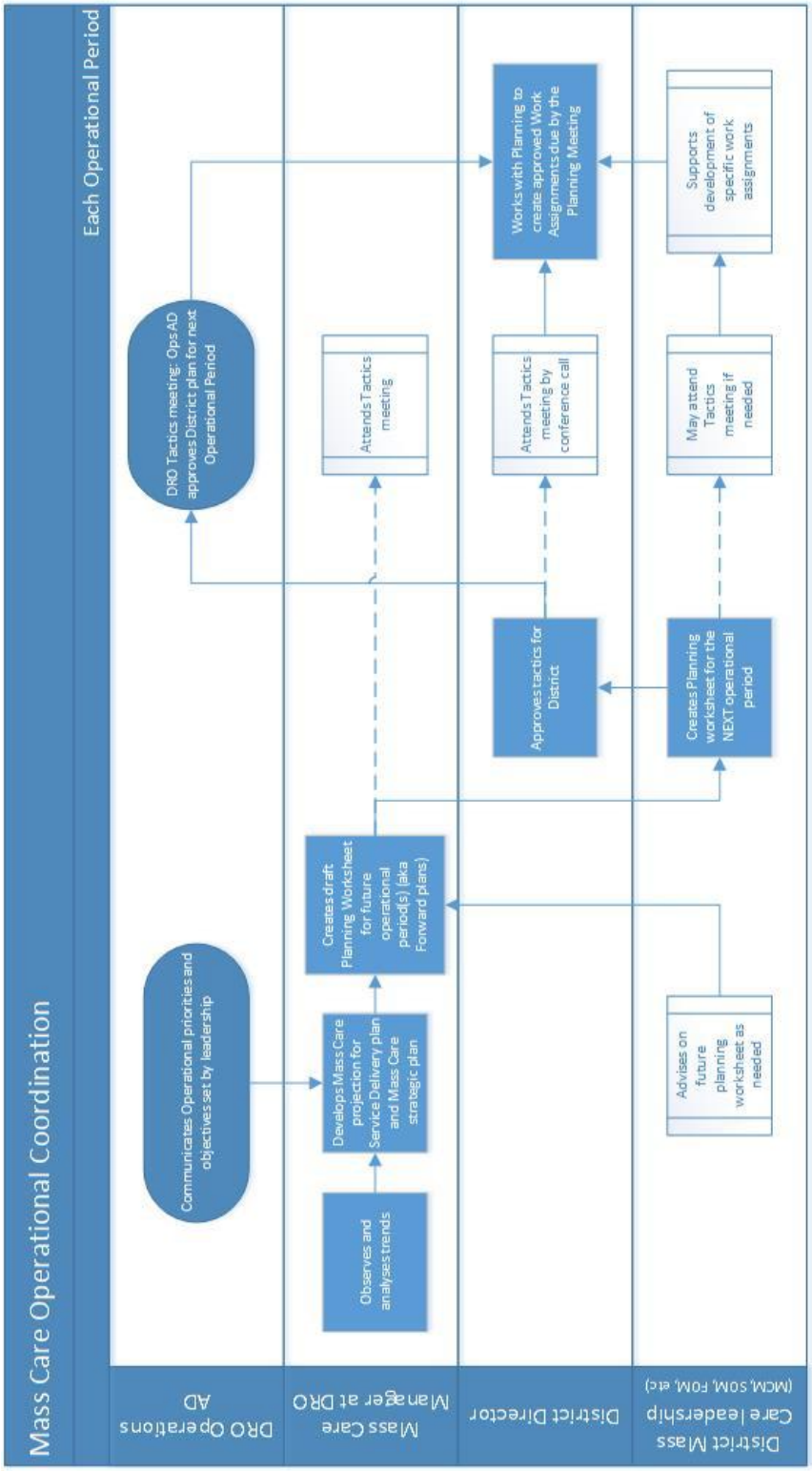
# Mass Care Operational Coordination Chart





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## Prior to the Tactics Meeting

Prior to the Director of Operations (DRO) Headquarters Tactics meeting:

- Mass Care should consult with each district Mass Care leadership team and provide input on future activity based on the analysis of trends.
- The Mass Care Planning Worksheets from each district should be submitted to the District Director for approval. These worksheets are then consolidated for inclusion in the DRO Incident Action Plan (IAP) by the DRO Operations assistant director and planning assistant director.
- Future trends and objectives should be agreed upon by the Operations AD, District Operations AD and Mass Care Coordinator, while District Mass Care Leads (such as in Sheltering Operations) has access to the ground truth from day-to-day operations and is responsible for only the next operational period.

## Tools and Resources for Mass Care Operations

Disaster Cycle Services is taking a hard look on how we perform Mass Care operations in the future, and will be developing new tools along with Field Operation Guides for workers and leaders to use for successful performance.

- These new materials will be available over the next six months.
- In the meantime, you can refer to the resources received in this training, as well as additional information located on The Exchange. Be sure to regularly check the Mass Care Toolkit on The Exchange.


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## Our Partnership with Logistics

Mass Care partners with Logistics to provide service delivery to our clients.

- Mass Care is responsible for creating the plan for service delivery and identifying the needs.
- Logistics is responsible for providing sourcing methods and acquisition of items, and for advising on realistic timelines, delays, or limitations of resources.
- Supply Chain Management is responsible for fulfilling products and supply requests from Red Cross warehouses.

Even though coordination is usually best managed by individual functions, sometimes coordination should occur between Mass Care and Logistics directly.

When coordinating with Logistics, be sure to meet with the Logistics Chief early on to understand their priorities, share your priorities, and agree on how coordination will happen.

Logistics will be critical to understand what future plans are feasible past the current operational period and what they will need to demobilize resources when you are ready to release them. The IAP and SDP will help inform theses decisions.


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## Logistics Timelines for Requested Product and/or Services

Logistics has created a timeline for obtaining the products and services you may request from them. Review the *Logistics Timelines for Requested Product and/or Services* chart located on the following pages. Keep this in mind during your planning process.

| Product/Services | Timeline | Comments |
|---|---|---|
| **DFSC Products:**<br>• **Cots & blankets**<br>• **Comfort kits**<br>• **Clean up kits**<br>• **Shower chairs**<br>• **Commode riser**<br>• **Gloves**<br>• **Cups**<br>• **Cambros & liners**<br>• **Clamshell & banquet packs**<br>• **Sandwich bags**<br>• **Coolers**<br>• **Shovels & rakes**<br>• **Tarps**<br>**Product at DRO Warehouse** | 24 hours from the time of a fully approved order within Ariba/ReQuest.<br><br>Product at DRO warehouse can be delivered in less than 24 hours. | Order in the DFSC catalog in Ariba/ReQuest. |
| **Food Services:**<br>• **Shelf stable meals**<br>• **Catering contract**<br>• **US Foods, SYSCO & Piccadilly's**<br>• **Local food purchase** | Shelf Stable meals - 24 hours from the time of a fully approved order within Ariba/ReQuest.<br><br>Catering contracts – 24 hours after all vendor information has been verified by ARC-Procurement (SCM) in Ariba/ReQuest.<br><br>US Foods & SYSCO – 12 hours from the time of a fully approved order within Ariba/ReQuest.<br><br>Local food purchase – depends on the local vendor and time for delivery and pick up. | Shelf stable meals are ordered through Ariba/ReQuest in the DFSC catalog.<br><br>Catering contracts over $25K must be entered in Ariba/ReQuest as a non-catalog order (if vendor is not in Ariba/ReQuest information must be gathered to add them to Ariba/ReQuest.<br><br>US Foods, SYSCO and Piccadilly's are vendors in Ariba/ReQuest. Enter these orders as non-catalog items. |
| **Equipment:**<br>• **Copiers/Faxes**<br>• **Forklift/pallet jacks**<br>• **Dumpsters**<br>• **Portable toilets**<br>• **Shower trailers**<br>• **Box trucks** | 24-48 hours. | |




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| Product/Services | Timeline | Comments |
|---|---|---|
| **Vehicles**<br>• **ERVs**<br>• **Rentals**<br>  ○ **Cars/ vans**<br>  ○ **Box trucks**<br>  ○ **Reefers**<br>  ○ **Dry box** | ERVs are usually recruited from within in the division and could be on operation 48-72 hours after crew is identified. ERV outside of the region will depend on the distance traveled.<br><br>Rentals are dependent on availability from vendor. This type order is usually fill within 24 hours. | |
| **Facilities**<br>• **Shelters**<br>• **Kitchens**<br>• **Distribution sites** | 24-48 hours but varies on availability of facilities. | Facility/Shelter Agreement or a lease will dictate terms of use. |
| **In-Kind Donations** | Varies depends on donors. | Please do not engage IKD for immediate needs. |
| **Services**<br>• **Cleaning**<br>• **Waste management**<br>• **Utilities***<br>• **Copying**<br>• **Security** | 24-48 hours – may vary depending on the vendor. | *Utilities are usually a part of the agreement to use a facility and are already on. Therefore it an agreement to pay utilities for a certain timeframe. |

It is important to have proactive discussions with Logistics regarding order fulfillment timelines, as these discussions set the expectations. Emergency situations can arise and Logistics will work with Mass Care to expedite; however, here are general timelines:

- Disaster Field Supply Center (DFSC) Products (cots, blankets, clean up kits and bulk supplies):
  - DFSC products located in the local DRO warehouse are delivered within 8 hours.
  - DFSC products that are not in the local DRO warehouse will be delivered between 24-48 hours depending on the time of day the order is placed into Ariba/ReQuest.
- Food Orders:
  - Local purchasing or caterer within 4 hours.
  - Food Purchase Order (PO) for Kitchen Sites. PO 12 hours from fully approved Ariba/ReQuest order. Once PO is established, the delivery times are coordinated with the vendors (US Foods or SYSCO).


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- Transportation Services:
  - Emergency Response Vehicles (ERVs)—recruiting ERVs depends on the availability and distance the ERV must travel to get to the location. Once the ERVs have reached the DRO and have been inspected by the Logistics (LOG)/National Fleet Operations (NFO), the ERVs are turned over to Mass Care to utilize as needed. When it is time to send the ERVs home, Mass Care is responsible for getting an ERV crew to drive it home, after LOG/NFO has re-inspected it.
  - Rental vehicles (cars, vans and trucks). The F6409 must be approved by the Operations AD. Logistics will make arrangements; this is usually complete within 4 hours.
- Facility Services:
  - Locating and maintaining shelters—this includes cleaning and waste removal services, security and repairs.
  - Opening and Closing Agreements for facilities.

## The Requisition Process

| | |
|---|---|
| 1 | Identify the need and create the request.<br>• First, Mass Care must make a plan for activities such as sheltering, feeding, bulk distribution (including ERVs and product) and Kitchen sites. This will be completed by using the Mass Planning Worksheet.<br>• Ideally, your plan is looking a few days into the future.<br>• Mass Care must prepare a Disaster Requisition (F6409) for products or services needed for mission. |
| 2 | Mass Care must have leadership sign F6409 for approval and forwarded to Logistics.<br>• Leadership depends on the delegation of authority set up on the DRO. Generally, the Mass Care Chief, Feeding, Shelter or Bulk Coordinators are the approvers. Depending on the dollar amount, the authority may go up to the Operations AD or the Job Director. |
| 3 | Once assigned to Logistics the products or services will be obtained and delivered to the point of need. |


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### Communicating with Logistics

When working with Logistics, discuss what field resource methods will be available to Shelters, Kitchens, ERVs and other client-facing service delivery sites. Consider the following questions:

- Will Mass Care staff be given Mass Care Purchase cards?
- Are chapter or regional resources available? What is the plan to integrate regional staff into the and throughout the operation if it expands?
- Will trucks be provided to allow for local runs between a shelter? Discuss the F6409 Form and a resource supply point.
- What specific resources are available for clients or staff with disabilities?
- What plans, limitations or concerns does Logistics have regarding vehicle usage?

## Access and Functional Needs Support Services

- Shelters:
  - Critical needs and gaps should be reported to operational leadership and local government when discovered.
  - Restroom access and non-medical para-transit support should be coordinated.
  - Several NGOs have resources available. Consider allowing other agency staff into shelters to advise or support.
- Feeding (mobile and fixed):
  - Consider allergies and other food sensitivities in menu planning.
  - A nut-free vegetarian meal plan of 10-15% of the total meals served will often be enough to cover most needs.
  - Advise shelters that people who have difficulty eating can receive help from Care Assistance providers
- Distribution of Emergency Supplies:
  - Clients who cannot physically get to a fixed site can be supported with point-to-point mobile distribution. Assign a box truck to travel from a fixed distribution site to a nursing home to drop off essential supplies.
  - Ensure walk-up sites are as accessible as possible—many states can help with setup.
- Other sites like Multi-Agency Resource Centers (MARCs)/Reception/Respite Centers:
  - Mass Care services at non-standard sites should still be accessible.
  - Restroom accessibility and accommodating food planning tend to be top issues at many sites.


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**American Red Cross Service Delivery Bulletin:**
**Providing Services to Individuals with Disabilities and Access and Functional Needs**

American Red Cross

# Be Aware and Accommodate

**Introduction:**
The Red Cross values and promotes diversity and inclusiveness among its volunteers and employees and in our service delivery sites. We recognize our obligation to ensure, to the highest degree possible, that all individuals have equal access to the goods and services provided by the American Red Cross.

**"The Red Cross is firmly committed to serving the needs and interests of ALL people, including those with disabilities throughout all lines of service, at all times and in every way." Gail McGovern, President and CEO of the American Red Cross.**

**Supervisors and workers must ensure that all individuals are given equal access to services at all Red Cross sites. In addition, management must make accommodations to Red Cross practices or procedures as necessary to make Red Cross services accessible to individuals with disabilities and others with access and functional needs.**

**Sheltering**

- Individuals with disabilities and others who also have access and functional needs should be assisted to function as independently as possible and not viewed as a "medical" need.
- During registration in a Red Cross shelter, use the *Registration Intake* form to identify individuals who need additional assistance or accommodations to reside in shelters.
- Shelter workers need to meet the needs as quickly as possible with the support from Disaster Health Services, Mental Health Services and the Shelter Manager.
- Disaster Health Services, Disaster Mental Health Services and the Shelter Manager can assist sheltering staff to determine needed resources and staff requirements.
- Personal care assistants or home health aides can provide services to their clients in shelters. Personal Care assistant services can, also, be requested through Red Cross disaster relief operation leadership.
- Assist partner, supported or independent shelter operations to identify needs of individuals with disabilities and others who also have access and functional needs.

**Multi Agency Resource Centers (MARC)**

- With partner agencies, use the site selection tool and the ADA appendix on page 39 of the Multi-Agency Resource Center Planning Resource to ensure facilities are accessible. Although this selection tool is titled for emergency shelters, it can be used for all types of service delivery sites.

**Bulk Distribution Sites**

- Avoid placing lines in full sun, or on hot pavement. Ask the entire group in line if there is anything they need to get through the wait, such as a chair, or water.
- If distribution is drive thru, be aware of accessible cars or vans and ask the client how best to load items.

**ERV Distribution**

- Be prepared to exit the ERV to distribute meals or equipment to clients who cannot reach the height of the ERV window

DCS JT RES Providing Services to Individuals with Disabilities others with Access and Functional Needs Bulletin V.0.1 2015.10.14
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**Tips for working with people with disabilities and others who also have access and functional needs:**

- Treat every person as an individual, and those who are adults as adults, to address their specific needs. Ask individuals "How can we help you today?" "Do you need any supports, equipment or reasonable accommodations?" They are the best resource for information on how to assist.
- Before you attempt to assist a person, ask the person if he or she would like help.
- Family members, friends or health care agency personnel may provide assistance with activities of daily living (e.g., feeding, mobility assistance etc…) for individuals with disabilities and other individuals who also have access and functional needs. Facilitate access to this assistance if requested.
- Provide privacy and confidentiality.
- If an individual needs assistive technology, devices or medical supplies identify community organizations that can assist in finding replacements.
- Offer shelter residents with durable medical equipment requiring power a cot near a power source. And an appropriate, stable cot that meets their bedding needs
- Accommodate service animals with their owner at all service delivery sites. They are entitled by law to accompany their owners. Provide needed food, water and a relief area for the service animal. Veterinary services may need to be facilitated.
- Provide information to people with disabilities and others with access and functional needs in the actionable format that is needed for them to receive all information.
- Obtain qualified sign language interpreters or language translators through vendor agreements and/or community resources.
- Provide personal assistance services to assist with dressing, bathing, medication, bathroom, meals and other individual supports.
- Activate the caption function on all televisions in the shelter.
- Accommodate children with disabilities in all recreational activities.
- Provide volunteer readers and sighted guides.
- Make announcements verbally and visually.
- Provide for people with diabetes, or those with specific dietary needs (e.g., diabetic, low-salt, low-sugar, allergen-free (tree-nuts, eggs, soy, gluten) meals.
- Provide fragrance-free paper, cleaning products, and soaps in bathrooms, and honor requests to move to an area away from people wearing heavy perfumes.
- Work with clients to access equipment and assistance that will help them to negotiate the shelter more comfortably.Provide a quiet room or space for individuals.who may need low stimulation such as people with autism, mental health supports, and other behavioral health maintenance needs.
- Plan for evacuation and shelter in place to accommodate the access and functional needs of all shelter residents.
- If providing transportation to any residents, be sure to offer accessible transportation for residents

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Author: Steve Cassel – DCS Training and Development


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- Remember that clients can also have disabilities that are not readily apparent or visible, such as chronic mental health conditions or dementia. Sometimes these challenges can make it look like someone is being purposely difficult or non-compliant. It is important to involve a Disaster Mental Health responder when working with a client who may be having such difficulties.
- Clients who struggle with drug or alcohol addiction may also need additional support, even when they are in compliance with shelter or service center rules around drugs and alcohol. These challenges can look different for each person so be sure to involve a Health Services or Disaster Mental Health responder in situations like this.

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The **Americans with Disabilities Act** defines a person with a disability as a person who has a physical or mental impairment that substantially limits one or more major life activity. It also states that no qualified individual with a disability shall, "by reason of such disability," be excluded from participation in, or be denied the benefits of, a public entity's services, programs or activities.

- Red Cross sheltering services are provided to individuals with no discrimination to disability. Shelter management must make reasonable modifications to Red Cross practices or procedures if those modifications are necessary to make sheltering services accessible to individuals with disabilities and others with access and functional needs.
- Supervisors and workers must ensure that all persons are given equal access to services at all Red Cross sites. In addition, management must make accommodations to Red Cross practices or procedures as necessary to make Red Cross services accessible to individuals with disabilities and others with access and functional needs.


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# Unit 3: Leading, Coaching and Delegating

Your staff will have different degrees of training and experience, as well as different levels of motivation and confidence, when it comes to handling different situations; therefore, your skills in adapting your leadership style to the situation at hand, is critical to your success as a Mass Care Manager

## Management Tips

Here are some management tips to effectively lead your Mass Care group:

- Be a role model for appropriate behaviors.
- Create and foster a positive work environment.
- Demand accountability among all employees and volunteers, regardless of position or job title.
- Stop gossip and control rumors by responding appropriately and immediately.
- Keep your word and commitments.
- Respond appropriately and in a timely manner to colleagues and direct reports who seek advice or raise concerns, helping them to feel secure and at ease in doing so.
- Always have the best interest of the Red Cross and the people we serve in the forefront of any decisions you make.
- Be proactive and anticipate challenges.
- Be flexible and creative in solving the challenges brought to your attention.
- Ensure Red Cross principles and program standards guide your decisions.

## Management Tasks

- Initiate a meeting with key chapter staff to discuss the current situation.
- Establish mutual expectations of support
- Incorporate regional staff into the operation.
- Review and use local agreements as resources.
- If the region's Mass Care leadership cannot be present for the duration of the operation, ensure that they receive a regular briefing on the status of the relief effort.
- Involve the region's Mass Care leadership in operational planning and decision making.


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## Coaching the Mass Care Group

As a Mass Care Manager, you also play the role a of coach—helping your staff become more productive, enhancing strategic thinking, dealing effectively with conflict, building an effective team within an organization, and providing positive support, feedback and advice.

Remember, coaching builds capacity.

### Coaching to Teach a Skill

| | |
|---|---|
| **Step 1: Explain** | Explain what to do and why it is important. Assess what the person already knows. Barriers to effective coaching include the person's fear of change, or of appearing incompetent, and thus the person might appear to be defensive. Help the person relax by exhibiting a considerate and mindful attitude. |
| **Step 2: Demonstrate** | The demonstration should be done during or after the explanation. The demonstration should show what was explained and give the other person a clear understanding of what is expected. |
| **Step 3: Practice** | Ensure the person practices the task. When setting up the practice, give encouragement to motivate the person. Be tolerant and patient when you coach because not everyone learns at the same pace. Allow the person to practice the task independently. |
| **Step 4: Give feedback** | Feedback can be given during or after the practice, and may be positive or constructive to correct the performance. When giving feedback, be clear and specific so the person understands what is said. Sometimes, it may be necessary to repeat the practice and the demonstration. Ensure the person is comfortable performing the task. Follow up to evaluate how the person has carried out the tasks, and learn if there are any new issues. Allow time for questions and answers. |


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Coaching is not about giving people answers or telling them what you would do in a given situation. It involves asking questions and providing feedback in a structured way to help a staff member come to a solution on his/her own.

Coaching differs from mentoring in focusing on specific tasks or objectives, as opposed to general goals or overall development.

Here are some recommended coaching tips:

- Resist the urge to do the task yourself instead of letting a staff member do it.
- Look for areas where improvements can be made.
- Be honest at all times; do not gloss over issues that need to be addressed.
- Provide support and encouragement. Ask questions. Make suggestions.
- Choose appropriate times and locations to provide coaching.
- Look for ways to help staff get the job done better and faster with less stress.
- Be a good listener.
- Ask for feedback on your coaching techniques from staff members.

## Activity 1 – Coaching

**Instructions:**

1. Read the following scenario, then answer the questions that follow.
2. Be prepared to share your responses with the group.

**Scenario: Coaching New Recruits During a Disaster Operation**

An EF 4 tornado has ripped through a local community and you are the acting Mass Care Operations Chief—which means you are also playing the role of Sheltering Operations Manager and Feeding Operations Manager. Two days into the event, it is clear that the number of families in need is rapidly increasing as several neighborhoods have homes that have been deemed inhabitable. You now find yourself needing to delegate the roles of Sheltering Operations Manager and Feeding Operations Manager to someone else. You contact Staff Services and request two individuals to fulfill these roles. These individuals respond immediately and are ready for you to pass off the tasks/responsibilities you currently have in place.

You learn through the job induction that both have not been on an operation in over a year and neither of your new leadership staff know what Concept of Operations means.

**Questions:**

1. What is your plan to coach these two workers?

2. What administrative information do you pass off to the new managers?


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# Delegating

Delegation is the act of empowering one person to act for another.

## Delegating Benefits

There are many benefits to delegating work:

- Maximizes skills and resources within the group.
- Distributes the workload and helps avoid worker burnout.
- Allows you to focus on priorities.
- Develops new leaders and builds new skills within the group.
- Allows workers to grow and develop confidence in their abilities.

## Delegating Guidelines

Follow these guidelines when delegating responsibilities and tasks to your supervisors:

- Decide what tasks can be delegated.
- Be clear about timeframes of delegated authority (task, day, assignment) and deadlines.
- Prepare staff for the unexpected. (For example, what someone should do if asked to make a decision in your absence.)
- Follow up to determine if the work was done well and completed on time.
- Provide feedback to the staff member.
- Keep certain tasks for yourself, such as those requiring your signature or approval.
- Avoid delegating unpleasant tasks to someone else because you do not like to do them. This can create resentment among the staff—even those who have not been given the assignment.
- Delegate important tasks, as well as less important ones. People are more likely to be willing to do some of the grunt work if they also have the chance to contribute to the decision making and more important work of the group.


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# Unit 4: Assessing, Planning and Reporting

## Planning Mass Care Operations

- Planning includes determining the impact of the disaster on the affected communities and anticipating the optimum Red Cross response to the situation. This is accomplished through collaboration with other assigned staff, region staff, division staff and appropriate non-Red Cross sources of information.
- Of all the Red Cross disaster groups, Mass Care depends most on adequate pre-disaster planning by the regional leadership team and Mass Care teams (who are responsible for initiating services immediately when disaster threatens or strikes) for its success.
- It is important that Red Cross regions not only have a Disaster Response Plan, but that they go through the planning process regularly/yearly in order to develop and maintain the plan. The ultimate goal of the planning process is timely, effective service delivery to people and communities impacted by disaster. The plan is not a single document and is never finalized—it is a dynamic, living document. It is a compilation of plans, directives, maps, resource files, agreements and other materials that a chapter needs to effectively meet its disaster responsibilities. It provides a road map for immediate response to all anticipated incidents within the region's jurisdiction.
- Knowing your position description and reviewing the appropriate disaster doctrine, the region's Disaster Response Plan and developing agreements are all parts of planning that should take place prior to a disaster.
- There are two key tasks in planning the Mass Care operations that take place after a disaster strikes:
    - Identify the client-related Mass Care needs that result from the disaster
    - Developing a service delivery plan to meet these needs within a specific timeline
- Simply knowing the type of disaster that has occurred helps you anticipate the Mass Care response needed. Although the exact number of families affected by a disaster is usually not known for several days, the delivery of Mass Care must begin immediately. More general information regarding the size and scope of the operation, locations of the disaster clients, their needs, and resources available helps you in this planning process.
- An understanding of demographics of an area provides additional insight about the level of response required. Past experience has shown that moderate income and affluent communities require different assistance than low-income or fixed-income communities, which are likely to have fewer resources to recover on their own.


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## Assessing the Community's Mass Care Needs

This job tool includes the following essential elements of information that will be used to obtain the information you need to make planning decisions.

### JOB TOOL: Essential Elements of Information

| Essential Elements of Information | Specific Information Required | Potential Sources | Products |
|---|---|---|---|
| Boundaries of Disaster Area (Boundaries of secondary disaster areas) (All Hazards) | • Boundaries and geographic locations sustaining damage<br>• Description of extent of damage<br>• Boundaries of areas evacuated (mandatory or voluntary)<br>• Estimated % of population evacuated (pre & post event)<br>• Estimated % of population unable to return<br>• Boundaries of inaccessible areas<br>• Access points to the disaster area<br>• General information as to the Terrain/topography of the affected area(s)<br>• Boundaries of plume areas<br>• Boundaries and/or identified areas where decontamination is ordered<br>• Boundaries and geographic locations where sheltering is ordered<br><br>*Earthquakes:*<br>• Area of ground shaking (DLGs)<br>• Area of liquefaction (DLGs)<br>• Landslide/mudslide areas<br><br>*Tropical weather:*<br>• Area of storm surge<br>• Wind buffer areas<br>• Storm track<br><br>*Floods:*<br>• Extent and boundaries of flooded areas<br>• Boundaries of isolated/inaccessible area(s) | • Chapters<br>• Red Cross staff and volunteers<br>• QRT<br>• Local/state government officials<br>• Fire Dept(s). Predictive modeling<br>• Geographic Information System (GIS)<br>• Remote sensing/aerial reconnaissance<br>• Assessment teams<br>• FEMA/state SitReps<br>• News media and other open sources<br>• Internet<br>• Post Office<br>• GPS<br>• NWS<br>• USGS (Trinet, RACE, Menlo Park, CUSEC)<br>• National Hurricane Center | • Impact Reports<br>• Maps (GIS)<br>• Provide info for relief operation<br>• SitRep Storm track maps<br>• Wind buffer maps<br>• Storm path maps<br>• Earthquake intensity maps<br>• Earthquake maps depicting peak ground acceleration and peak ground velocity<br>• Flood inundation maps<br>• FIRM data v. actual flood data comparison maps<br>• Driving time Information reports |


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| Essential Elements of Information | Specific Information Required | Potential Sources | Products |
|---|---|---|---|
| | *Wild Fires:*<br>• Extent of area burning<br>• Extent of area burned<br>• Smoke plumes w/ direction<br><br>*Tornado:*<br>• Extent of wind damage<br>• Storm path | | |
| Socio-Economic/Political Impacts | • Number of homes affected<br>• Potential/estimated population affected<br>• Prevalence of basements in affected area<br>• Number and type of businesses/retailers affected<br>• Were major employers affected?<br>• Status of local government operations (including police, fire services and EMS)<br>• Are there any special needs populations that have been affected? | • Local/state government officials<br>• Fire dept.(s)<br>• Predictive modeling<br>• Geographic Information System (GIS)<br>• Remote Sensing/Aerial Reconnaissance<br>• Assessment Teams<br>• FEMA/State SitReps<br>• News media and other open sources | • Impact reports<br>• Map(s)<br>• Provide info for relief operation SitRep |
| Jurisdictional Boundaries | • List of jurisdictions (cities/towns, counties, states, chapters) affected | • Local/state government officials<br>• Local Planning Commissions<br>• Local/county engineer<br>• Maps (existing or created)<br>• Chapters<br>• DOCC<br>• FOCIS data<br>• Post Office | • Maps (GIS)<br>• Jurisdictional profiles |
| Status of Transportation | • Status of area airports<br>• Status of major highways/roads<br>• Status of primary/secondary roads<br>• Status of bridges<br>• Status of railways<br>• Status of ports<br>• Status of evacuation routes<br>• Status of public transit systems (bus and/or rail)<br>• Status of pipelines<br>• How accessible are the most severely impacted areas?<br>• Is debris a problem on major roadways or bridges?<br>• Can Mobile feeding crews and outreach teams get in | • FEMA/state SitReps<br>• Local chapter<br>• Local/state government officials<br>• Department of Transportation<br>• Public transportation Authority<br>• AAA<br>• School bus companies<br>• Emergency Support Function #1/DOT (L/G officer)<br>• Assessment Teams<br>• U.S. Army Corps of Engineers<br>• Remote | • Maps (GIS)<br>• Impact Reports<br>• Provide info for relief operation SitRep |


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| Essential Elements of Information | Specific Information Required | Potential Sources | Products |
|---|---|---|---|
| | to the area(s)? | sensing/aerial reconnaissance<br>• Predictive modeling<br>• News media and other open sources | |
| Status of Communication | • Status of telecommunications service including long distance<br>• Area(s) with disrupted service<br>• Reliability/status of cellular service in areas affected<br>• Status of TV, radio, cable systems and ability to disseminate information | • Local/state government officials<br>• Local chapter<br>• Assessment teams<br>• FEMA/state SitReps<br>• ESF#2 (L/G officer)<br>• News Media/Open sources | • Impact reports<br>• Provide info for relief operation SitRep |
| Status of Power/Electricity | • Status of electrical power generation and distribution<br>• Area(s) with disrupted power<br>• Anticipated time-frame for restoration<br>• Are pole-to-house services affected? | • Utility companies<br>• Local/state government officials<br>• Local chapter<br>• Assessment teams<br>• FEMA/state SitReps<br>• ESF# 12, 5 (L/G officer) | • Impact Reports<br>• Provide info for relief operation SitRep<br>• Maps (GIS) |
| Status of Water & Sewer Systems | • Status of potable and non-potable water and distribution systems<br>• Status of sewage treatment plants<br>• Area(s) with disruptions<br>• Anticipated time-frame for restoration | • Water companies<br>• Local/state government officials<br>• Department of Public Works<br>• Health Dept. FEMA/State SitReps<br>• ESF# 3, 5 (L/G officer) | • Impact reports<br>• Provide info for relief operation SitRep<br>• Maps (GIS) |
| Status of Natural Gas Service | • Status of gas service<br>• Area(s) with disrupted service<br>• Anticipated time frame for restoration | • Local/state government officials<br>• Gas Companies<br>• FEMA/state SitReps<br>• ESF# 12, 5 (L/G officer) | • Impact reports<br>• Provide info for relief operation<br>• SitRep maps (GIS) |
| Status of Critical Facilities | • Status of medical facilities (hospitals/nursing homes, etc.)<br>• Status of schools and other public buildings<br>• Status of fire and police facilities<br>• Status of dams and levees | • Local/state government officials<br>• Remote sensing/aerial Reconnaissance<br>• FEMA/state SitReps<br>• ESF# 5 (L/G officer)<br>• DOCC<br>• Internet<br>• USGS<br>• NWS<br>• USACE<br>• News media and other open sources | • Impact reports<br>• Provide info for relief operation SitRep<br>• Maps (GIS) |
| Hazard Specific Information (All Hazards) | • Depending on the type of disaster, collect specific information about the disaster and secondary | • Local/state government officials<br>• Local Chapter<br>• U.S. Geological | • Impact Reports<br>• Provide info for relief operation SitRep |


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| Essential Elements of Information | Specific Information Required | Potential Sources | Products |
|---|---|---|---|
| | disasters such as:<br>1. Extent of fire<br>2. What is the potential for (or extent of) flooding<br>3. Compare flood stage to current river levels<br>4. Compare river levels and forecasts to dike/levee heights<br>5. What is the estimate of dwellings with basement flooding<br>6. Potential for release of HAZMAT<br>7. Potential/actual damage to dwellings<br>8. What is the potential for aftershocks?<br>9. What is the potential for landslides/mudslides?<br>10. Location of epicenter<br>11. Magnitude of earthquake<br>12. What is the potential for a tsunami?<br>13. What is the potential for dam, levee failures?<br>14. What is the extent of inland flooding?<br>15. What is the extent of storm surge? | Survey<br>• National Weather Service<br>• Forrest Service National<br>• Interagency Fire Center<br>• U.S. Army Corps of Engineers<br>• NOAA<br>• Tsunami Warning Center<br>• Pacific Disaster<br>• Center<br>• FEMA/State<br>• SitReps<br>• ESF's (L/G officer) | • Maps (GIS) |
| Weather & Environmental Concerns/Issues | Weather:<br>• What is the weather forecast post-event and implications for response? (e.g. thunderstorms, hail, blizzard, etc.)<br>• River level status/forecasts including flood stage<br>• Hurricane storm tracks<br>• Storm surge<br>• Evacuation information<br>• Storm paths<br><br>Environmental:<br>• Disease/health information<br>• Above normal amounts of insects/bugs in affected area(s)<br>• Reptiles and rodents that have been "flushed out" by the disaster<br>• Extreme temperatures<br>• Air quality concerns | • National Weather Service (including local offices)<br>• Chapter(s)<br>• River Forecast Center Media (Weather Channel)<br>• DOCC<br>• Internet<br>• HurrEvac<br>• HurrTrak<br>• Health department<br>• Government agencies USACE<br>• Amateur radio warning nets<br>• National Hurricane Center<br>• Joint Typhoon Warning Center<br>• Central Pacific Hurricane Center | • Weather and impact reports provide info for relief operation<br>• SitRep<br>• Maps (GIS)<br>• Wind buffer maps<br>• Storm track maps<br>• Extreme temperature reports/maps<br>• Environmental concern area maps |
| Historical Information | • Have previous events of similar magnitude affected the area? | • Chapter(s)<br>• Local/state government officials | • Impact reports<br>• Provide info for relief operation |


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| Essential Elements of Information | Specific Information Required | Potential Sources | Products |
|---|---|---|---|
| | • What were the results?<br>• What were critical issues?<br>• FIRM/Q3 data<br>• Have any mitigation activities taken place since the last event? What type?<br>• What were the community needs? | • After action reports<br>• Situation Reports<br>• Other archived information<br>• FEMA/State EMA (L/G officer) | • SitRep<br>• Maps (GIS) |
| Demographics | • Population of impacted areas.<br>• Demographic breakdown of population including income levels.<br>• Number/type of housing units in impacted areas.<br>• Prevalence of basements<br>• Level and prevalence of insurance coverage. | • DOCC<br>• Geographic Information Systems (GIS)<br>• Predictive modeling<br>• Commercial products<br>• Internet<br>• Chapter(s)<br>• Local/state government officials<br>• Local insurance agencies and insurance board(s) | • Impact reports<br>• Provide info for relief operation SitRep<br>• Maps (GIS)<br>• GIS analysis |
| Hazardous, toxic, radiological issues | • Are there reported or suspected hazardous material/toxic release incidents? Where?<br>• Are there actual or potential radiological incidents?<br>• Where? | • Local/state government officials<br>• FEMA/State SitReps<br>• ESF#10/EPA (L/G<br>• officer)<br>• Health dept(s)<br>• LEPC NRC<br>• Remote sensing<br>• Predictive modeling | • Impact reports<br>• Provide info for relief operation SitRep<br>• Maps (GIS) |
| Status of Emergency Operations Centers | • Status of local EOC's Status of state EOC<br>• Has a DFO been established? | • Government Liaison<br>• Local/state government officials<br>• FEMA regional offices<br>• ROC | • Impact Reports<br>• Provide info for relief operation SitRep |

**Note:** When reporting the "status" of any situation as identified in the "Specific Information Required" section, provide as much detail as possible, i.e.: closures, outages, impassable roads/sections, opened/closed, location, etc.


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## Determining Needs Met by Other Resources and Partners

A successful Mass Care program is defined as one that can meet the required standards of expedient service delivery, and has mechanisms in place to be as efficient, and as effective as possible while maintaining accessibility to the greatest number of disaster clients as possible.

To achieve this, a local Mass Care program managed by a Red Cross region, chapter or territory should be able to:

- Begin providing Mass Care services within 2 hours of notification of an emergency.
- Have sufficient trained volunteers and/or paid staff to manage and operate these services as defined by the local risk assessment, including likelihood of a multi-family fire emergency and the most likely high-risk disaster scenario(s).
- Have sufficient on-hand equipment, supplies or partnerships in place to meet the initial needs for the first 5 days of an event.
- Have plans, relationships, and where necessary, MOUs in place to execute Mass Care activity in the local community.
- Be considered a leader in the community at large for Mass Care planning and strategic capacity building.
- Have the ability to communicate the current max capacity to provide sheltering and feeding in numbers of clients by county or other relevant locality.

The most common way to assess needs and multi-agency resources available during an operation is through an inter-agency taskforce meeting. This can often be as simple as a conference call with the agencies providing services. These are often coordinated by the local or state government Mass Care lead agency.

Many tools exist to support these conversations on the National Mass Care Strategy website operated by the Red Cross and FEMA. Consider implementing these strategies for interagency communication with local governments when states are less involved.

The Leadership at the DRO headquarters will assist you in determining strategy based on what they know about the recourses available and/or being provided to the community.


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# Incident Action Planning and Service Delivery Planning

The **Incident Action Plan (IAP)** is a critical document that provides the overall plan of the operation for the NEXT Operational Period (typically the next day).

- Although the plan for the next day is very critical (especially on the first day of the operation), the overall strategic plan for Mass Care should also begin to take shape.
- The scope of the service delivery, and the service delivery plan, help to drive the actions of the next week, and for each of the following days after tomorrow.
- Projecting the potential for shelter stays and meals served over the next several weeks is no small task, and often takes a bit of guesswork rather than science, though there are scientific approaches available for large disaster planning and some consistent trends that can be referenced.

## Projections for Mass Care Planning

### Numbers

- Project that around 7-15% of those evacuating will seek shelter (10% is a good round number, adjust by local resilience factors).
- History, location, demographics and type of events will also influence this.
- Distinguish immediate evacuation planning from general mass care precautionary shelter planning. For example, a building on fire right now needs sheltering immediately. The Mass Care lead projects 12% of the low resilience community living in that building will seek shelter. A community at risk of flooding may need some sheltering as a precaution. The Mass Care lead projects 7% will seek shelter as a precaution.

### Duration

- Local Disasters: 1-3 days is likely, up to a week is possible if recovery is delayed.
- Small Disasters (local flood): 1 week is likely, re-assess each week. 1 month is possible if recovery is delayed.
- Medium-large disasters: 2 weeks is likely, up to 2 months is possible, if state or federal housing coordination or recovery assistance is delayed.
- Major-catastrophic: 1 month is a likely minimum. Recovery coordination will be delayed, and sheltering will likely last more than several months.


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**Feeding**

- As long as shelters are open, we providing feeding support.
- Community feeding is often needed when infrastructures (power, water) are impacted, or when grocery/restaurant resources are unavailable. Plan to operate mobile feeding or fixed site feeding based on community need. Duration projections can align with sheltering if relevant, or adjust if there are other extenuating factors.
- Generally, 20% of those impacted will seek feeding support. Some food does not need to be hot meals, as it is more ideal for clients to prepare their own meals with food pantry or other donated food commodity resources.

**Distribution of Emergency Supplies**

- Generally, the same numbers of those seeking food will seek some sort of supplies. Use the same numbers for planning purposes and adjust accordingly.
- Use disaster assessment data to make decisions.
- Remember to consider supply storage plans for materials including warehouses and places for drop trailers.
- Supplies work in phases—the first phase is life sustaining and the second phase is returning to homes/cleanup period. Sometimes these two phases overlap. They are usually determined by access to impacted areas. For example, if someone can't get home, it doesn't help to give them a shovel; if they don't have water, they need water.

## Preliminary Planning

Preliminary planning provides a tactical approach to take in completing an objective. Consider the following:

- Are you going to open a mega-shelter or several small shelters?
- Will they be Red Cross managed, partner managed, or some combination?
- Are you opening a kitchen, activating catering contracts or going to with other local vendors?

A common strategic approach will drive the rest of the Mass Care operation.

- Look ahead to three or more days out to make sure you know roughly what the plan will look like and ensure that you have enough resources to execute it.
- Include Health Services and Disaster Mental Health leaders in these discussions when possible, as they may bring unique perspective on the impacts of certain plans on clients or specific client groups.
- External partners may also need to be engaged in larger whole community planning sessions, and you may need budget or leadership approval before opening 50 shelters and distributing $1 million in supplies and meals.


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Once the clients' needs are identified, develop a preliminary strategic plan for the Mass Care group.

- Identify which resources are in place and which are still needed to implement the plan. This plan will likely cover your expectations for the next three days or more, and is often based on limited information.
- Share this plan with your Director for approval and incorporation into the overall plan for the operation.

These plans will integrate (formally or informally) into the Service Delivery Plan.

As better information becomes available, and communication improves, be sure your plan is flexible enough to change when necessary. You may not always have the right approach in the first few hours, but do your best with a plan to re-evaluate and correct errors later.
Once you have the projected scope, you will begin filling in the Mass Care section of Service Delivery Plan (SDP) template. The plan provides the "big picture."

## Time Considerations

When planning, be sure to consider the following:

- Meal times should be set at service delivery sites and maintained as consistently as possible.
- Ensure field staff have a resource or a backup plan (such as on-site Meals Ready to Eat (MREs), snacks, or a Mass Care purchase card) if food delivery is delayed or missed.
- Report timelines often drive the meeting schedule. Know when your Situation Report and Disaster Operations Control: Form 5266 numbers are due, and plan backwards from there.
- Plan meetings around the planning schedule (i.e. hold your Mass Care team meeting before the Tactics meeting, but after any inter-agency taskforce meetings, if possible).
- Post the daily routine (on public display) for your leadership team, including any field conference calls you expect them to have.


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In service delivery planning, it is important to include planning considerations for modality of service (i.e., mobile versus fixed).

| Method | Description | Limiting Factors |
|---|---|---|
| Mobile Distribution: Community Routes | • Delivery of emergency supplies using a van, truck, or other vehicle on a designated route to reach neighborhoods affected by the disaster. | • For large-scale disasters, it is difficult to guarantee service to all disaster clients.<br>• This may not be an optimal delivery method in urban areas, given limited access to survivors in high rises.<br>• Security and safety of mobile teams. |
| Mobile Distribution: Household | • Delivery of emergency supplies directly to residents' homes, often when sheltering in place for pandemic or Chemical, Biological, Radiological, Nuclear, and Explosives (CBRNE) type events.<br>• May be necessary in urban areas to reach survivors in high rises with no power. | • Significant manpower and knowledge of specific household needs required.<br>• Health and safety concerns for distribution staff. |
| Fixed Site Distribution: Pedestrian Walk-Up | • Delivery of emergency supplies from a fixed location such as a community center, school, or church.<br>• Distribution may be provided from inside buildings or from the back of a truck.<br>• Health Services, Disaster Mental Health and Casework responders can easily be co-located at a fixed site, allowing clients to access multiple services in one location. | • Limits amount of product that can be transported by disaster clients.<br>• In addition to actual distribution area, requires sufficient parking, with easy access and area for safe traffic movement. |


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## Service Delivery Plan

The key to effective and efficient delivery of services is a well-developed Service Delivery Plan. The service delivery plan is the basic document that tells:

- What needs to be done
- How it will be done
- Where it will be done
- Who will do it
- When it will be done

The Service Delivery Plan supports the operation budget by identifying the:

- Number of clients in need of services
- Number and type of facilities needed to provide services
- Number of staff required
- Materials needed to provide services

The tool for creating the Service Delivery Plan may appear lofty, and often requires support staff who will be assigned to help fill it in completely. Work with the Operations AD to ensure your pieces of the plan are made clear, and that your team is contributing timely information.

It is important to include the right people in your planning meetings. Representatives from Health Services and Disaster Mental Health should be included in planning discussions to ensure any health, mental health and functional and access needs implications are considered during the planning process.


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## Sharing the Plan

Other groups and activities outside of Logistics hinge on Mass Care plans. You may need to verbally share your plan as you develop it to determine if what you need to complete your plan is going to be available, or if timelines will be affected. You will also want to get a sense if the plan is realistic.

Examples:

- Public Affairs to promote fixed Bulk & Feeding Sites.
- Community Partnerships (CPS) to involve appropriate partners—either as workforce or resource management.
- Disaster Mental Health (DMH) and Disaster Health Services (DHS) to support service delivery.

Be sure to conduct discussions with other activities while developing plans. Do not operate in a silo. Managers need an understanding of what the other groups and activities "do" and how they interconnect.

Identify any additional groups or partners we should be in communication with when developing Mass Care plans.

_____

_____

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_____


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# Unit 5: Organizing and Resourcing

## Organizing Mass Care Operations

Organizing is determining:

- how the operation will be structured to effectively meet the needs of clients and workers.
- how Mass Care activities will be accomplished (including what personnel resources and materials are needed to accomplish the task).

In fulfilling the organizing responsibility, you will be determining how the operation will be structured to meet the needs of the affected community and the workers.

### Four Key Steps to Organizing

| | |
|---|---|
| 1 | Set priorities. |
| 2 | Resource a staff. |
| 3 | Establish a Service Delivery Plan. |
| 4 | Create processes and systems. Setting the processes, systems and battle rhythm as soon as possible creates a sense of routine that allows us to focus on the bigger picture and deal with incidental challenges easier. |


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## Activity 2 – Priorities

**Instructions:**

1. In your assigned group, read the scenario and review the map located on the following pages, then work with your group to develop a list of 4-5 items (in priority order) of how you would respond to the scenario.
2. Be prepared to share your responses with the group.

**Scenario:**

Your region includes three counties located in particularly flood-prone areas along the Rambling River. The three counties are:

- Tish County
- Wetlands County
- Isaquena County

A Disaster Program Manager (DPM) from your region has called to tell you, the regional Mass Care coordinator, that flooding is occurring at Jones Creek, the seat of Wetlands County. Several nearby communities are also affected, but they don't know how many families are involved. They are having a little trouble feeding and sheltering people evacuated from the area. The program manager has asked that you go down and look the situation over and provide support to the Mass Care efforts if needed.

The Wetlands County has a population of about 30,000. The area's primary economy is agriculture and light manufacturing.

The program manager wants you to meet with Mrs. Goodwill, the DAT lead in that area, to find out what issues she is facing and to do everything you can to provide support and initiate additional Mass Care services as needed. The region is ready to provide additional support on the basis of your findings.

**May 1 – Afternoon**

You arrive in Jones Creek and meet with Mrs. Goodwill. She tells you that a Preliminary Disaster Assessment is under way and will conduct a Detailed Disaster Assessment when the area is more accessible. Reports indicate that 220 families are flooded out of their homes. There are indications that there will be more families affected, as the river has not yet crested. The utilities are out in many parts of the county and may remain out for several days. The chapter has two shelters open, and there is a possibility that two more will be needed if the river continues to rise at the present rate.

The school and community center are serving as shelters. The shelter population is 75 people and the community center population is 50 people. She was able to find eight trained workers to staff the shelters. Other volunteers available have not completed any formal disaster training.


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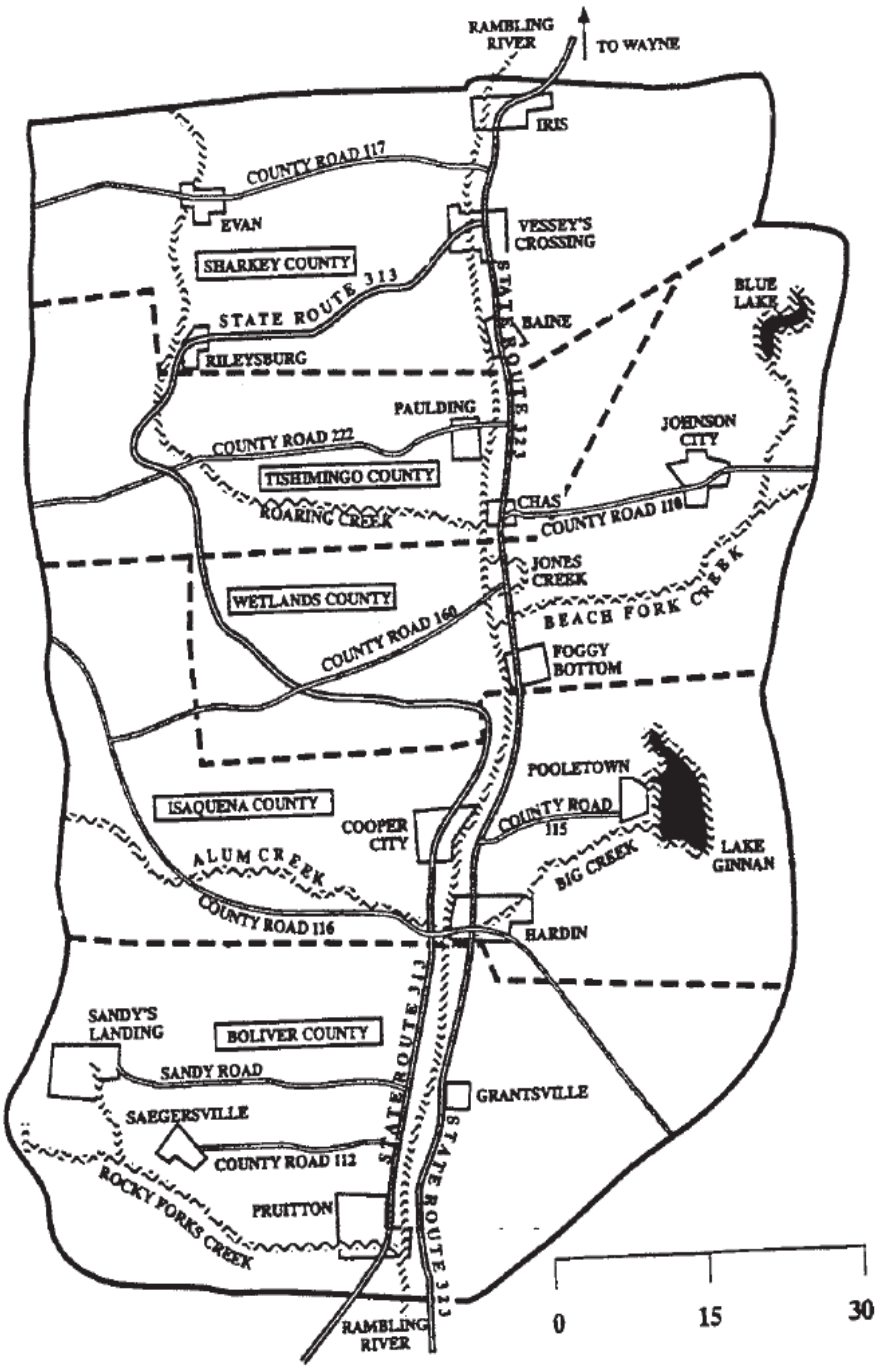
Residents in the community center and chapter staff are being fed fast food from a restaurant.

Mrs. Goodwill is looking for all the assistance the region can provide. She says, “I have a few volunteers available, and I want to take advantage of this situation to get them some on-the-job training.”

**Then she asks, “How are you going to support mass care efforts in our area?”**





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# Resourcing and Building a Staff

Staffing is determining and assigning the personnel required to provide Red Cross assistance and support for the relief effort.

**Note:** This process of staffing, in a management or supervisory sense, should not be confused with the Staff Services group on a disaster operation. The Staff Services group is responsible for the recruitment, placement, administration, support and recognition of employees and volunteers who are assigned to the operation.

- The first step in the staffing process is to examine the numbers and types of staff that are needed to **start up** Mass Care activities.
    - Consider the expected duration of the Mass Care effort.
- In order for the Staff Services group to conduct the actual recruitment and assignment of employees and volunteers, they must know:
    - The number of staff you need by position, activity, days and hours of work, and special skills and training needed.
    - Where and to whom the individuals are to report.
- A large number of staff is needed to effectively conduct the Mass Care group and activities. On a large operation, Mass Care—to a greater extent than other groups of the operation—remains the aggregate of local chapter efforts. Support from the division provides additional resources as needed.
    - Staff assigned to Mass Care should be drawn from the affected communities. Disaster clients themselves often wish to assist in this effort.
    - Most staff providing direct services are local volunteers from the affected area. They are supported by employees and volunteers from beyond the region.

The Staff Request (Form 6512) was developed to facilitate the staffing process. This form:

- Contains information regarding the skills we discussed in our last activity.
- Is documentation of the request for staff and provides Mass Care with a written reply.

Be specific when requesting staff. You need to spell out what you need the workers to do and the times they are needed.

**Note:** A copy of the Staff Request (Form 6512) is located on the following pages.

After staff have been recruited and assigned to an operation, they will need an orientation and in some cases, operational training in Mass Care.


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# Staff Request Form

Disaster Cycle Services Job Tools

DCS JT Deploy Materials, Workers and Technology

*Affected regions and DRO work units must complete and submit a Staff Request whenever additional workers are needed. Request additional workers by submitting requests on paper or electronically to the Staff Services Lead on the DRO, or in your District. Requests will be filled by recruiting workers from the affected Region and Division.*

| **DR #** | **Date of Request:** |
|---|---|

**Requests for Individual Workers:**

| To complete these tasks: | During these hours: | How many workers? | Where do workers report? | For how many days? | First day workers are needed? | Who do they report to? |
|---|---|---|---|---|---|---|
| * | to | | | | | |
| * | to | | | | | |
| * | to | | | | | |
| * | to | | | | | |
| * | to | | | | | |
| * | to | | | | | |
| * | to | | | | | |
| *Example:* Manage CC Outreach* | 8:00am to 6:00pm | 2 | DR HQ | 21 | 11/21/15 | Al Lee |
| *Example:* Unload Trucks* | 10:00pm to 2:00am | 4 | WHS1 | 5 | 11/21/15 | Joe Forklift |

| | | |
|---|---|---|
| | | |
| Printed Name and Signature of Person Submitting Request | Date Requested | E-Mail Address used on this DRO |
| | | |
| Requestor's Position | DRO Phone Number | Work Location |
| | | |
| Approver Name & Signature | Approver's Position | Approver DRO Phone Number |

| | |
|---|---|
| *Training Required? ☐ Yes ☐ No | If yes, date, time, & location: |

| **Staff Services Only:** | |
|---|---|
| Date & Time Received in Staff Services: | Volunteer Connection Data Entry: |
| | Date & Time: SS Worker's Name: |

DCS JT DMWT Staff Request Form V.1.0 2015.12.21
Owner: Disaster Cycle Services
Author: Deploy Materials, Workers and Technology Process




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# Event Based Volunteers (EBVs)

When engaging EBVs, it is important to consider the following:

- They are donating their time.
- A positive experience translates into advocacy for the Red Cross mission.
- Residents of the local community expect us to provide them with a way to assist in responding to the event.
- Partnering with other agencies to channel the skills and talents of EBVs is critical.
- EBVs can be engaged for as little as four to eight hours with the right streamlined training processes.
- Assignments should be made based on need, but also on the skill set and ability of the individual.
- Each volunteer needs to be welcomed, provided supervision and direction, and thanked.
- Not everyone wants to affiliate permanently with the organization, but we need to be prepared to identify those individuals who do, and guide them toward those opportunities.
- We want the EBVs to walk away feeling that they made a contribution and would do it again.

When supervising EBVs, it is important to understand:

- Supervising and guiding an ever-changing workforce requires a unique set of skills, such as:
    - Providing task guidance and problem solving.
    - Identifying exceptional workers with whom you may want to approach for additional tasks/responsibility.
    - Coaching and sometimes identifying workers who may not be suited to the task and redirecting their efforts.
- EBVs will be assigned to tasks, for which they can be trained in a short time, as opposed to disaster jobs, which usually take many hours of training. EBVs may perform one or many tasks during their assignment.
- Assess their capabilities—some local volunteers can play a leadership role.
- EBV engagement will occur in a variety of ways, but administrative on-boarding should be completed in Volunteer Connection before the EBVs report for their assignment.
- Our goal is to on-board, receive and provide the EBV with a brief orientation to the operation and task—and to put them to work in 30 minutes.

**Note:** The Exchange has many job aids to support Event Based Volunteers.


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# Assigning Responsibilities/Job Induction

The final step in preparing your staff to assume their duties is a job placement and induction. Unlike orientation and operational training, which is done by the Training activity if present, job placement and induction is the responsibility of the manager or designee.

One of the most critical tasks of the Mass Care leadership team is to evaluate a staff member's individual skills and decide which activity and task in the Mass Care group is best suited for them.

Once you have assigned a new staff member to a specific job, the next step is the job induction by the Mass Care activity. The purpose of the job induction is to introduce staff members to standard operating procedures for the group and the specific tasks of the staff members.

With this job induction, workers are ready to assume their duties in Mass Care. As they perform their tasks, they will be looking for your direction and guidance.

## Activity 3 – Build a Table of Organization

**Instructions:**

1. Working with your assigned group, read the scenario, then build a Table of Organization for who you expect to need to lead your Mass Care efforts. These will be positions in the district headquarters. You can include support positions, as well as lead positions.
2. Be prepared to share your Table of Organization.

**Scenario:**

**May 2 – Morning**

It was decided that the three-county operation will become a district. You and a district director who was recently assigned have talked and, together with Mrs. Goodwill, have agreed that additional support will be needed. Additional flooding is beginning, and a larger operation will need to be established because flooding becomes more widespread. There are now confirmed reports of flooding at the four other counties along the Rambling River.

The district director indicates that Wetlands County appears to be the major portion of the operation and, if the situation does not change, he plans to set up a district office in Jones Creek. For now, he is sending a Disaster Assessment Manager to help get a better picture of the job. You will continue to head up Mass Care and will report to the district director. He asks you to establish a table of organization for Mass Care. Don't forget to include National Shelter System (NSS) needs.


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# Mass Care Planning

## Activity 4 – Mass Care Planning

**Instructions:**

1. Read the scenario, then using the information in the assessment charts, as well as the Mass Care needs identified in your small groups, prepare a preliminary plan for providing Mass Care in the Rambling River Territory.
2. Use the Mass Care Planning Worksheet.
3. Be sure to consider the following as you develop your plans:
   - Plan using the assumption that there are four clients for each dwelling.
   - Sheltering (**Note:** For every five shelters, consider a sheltering coordination position.)
     - Project how many people will likely seek sheltering—compare this to numbers reported.
     - Determine shelter locations and facilities—current and future.
     - Work with Logistics for agreements/inspections.
     - Determine and request shelter equipment.
       - Plan for and request shelter feeding (**Note:** Every Kitchen, Shelter, Bulk Warehouse Staging area should have a clearly delineated person in charge of the site.).
     - Resource shelter staff (leadership level and start-up workers).
     - Ensure shelters will be accessible to people with disabilities; do not exclude populations in need.
   - Feeding
     - Project the number of clients who are likely to seek feeding. Compare to actual requests for food.
     - Determine feeding locations (determining where needed in community).
     - Meet immediate feeding needs:
     - Use of in place, local agreements
     - The fast food option or shelf stable meals
     - Determine need and request kitchens—working with Logistics.
     - Request initial food supplies for kitchens— working with Logistics and current guidance.
       - Ensure meal plan has a 10-15% option for food allergies/sensitivities
     - Determine number and request vehicles to support feeding operations—working with Logistics. For planning purpose, assume that one van or ERV can service an area with a 25-mile radius and serve a maximum of 300 meals on each feeding run.
     - Use of catering contracts—working with Logistics.
     - Resource feeding staff (leadership level and start-up workers).
   - Distribution of Emergency Supplies/Bulk Distribution
     - Project number of people to seek commodities. Compare with actual requests.
     - Determine distribution locations (determining where needed in community).
     - Determine and request initial distribution items needed (push packs)—working with Logistics.
     - Determine and open staging areas for distribution items—working with Logistics.


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    - Determine number and request vehicles to support distribution operations—working with Logistics. **Note:** For every 5–10 vehicles involved in Bulk Distribution, this should be supported by a supervisor; this can be one of the bulk drivers.
    - Determine if Life Safety and Asset Protection (LSAP) is needed.
    - Resource distribution staff (leadership level and start-up workers).

- Emergency Aid Stations – EAS
    - Determine distribution locations (determining where needed in community).
    - Determine and collaborate with other groups for staff needed to meet community needs (DMH, DHS, Recovery).
    - Determine and request initial distribution items needed—working with Logistics.
    - Set up the EAS and support vehicles—working with Logistics. **Note:** 5–10 ERVs assigned to a single pick up location—need someone to act as a supervisor; this can be one of the ERV team members.
    - Resource EAS staff (leadership level and start-up workers).
    - Other service delivery site (use a MARC as an example).

- Reunification
    - Assess the need based on type of disaster and level of community inquiry.
    - Ensure all service delivery sites have options for Safe and Well access (community laptops, staff data entry, physical forms, etc.).

4. Once you have prepared your plan, record your recommendations on the Mass Care Planning Worksheet.
5. Be prepared to share your plan with the group.

**Scenario:**

**May 3 – Morning**

The district director calls to let you know that flooding has been confirmed in the Wild Hills area, immediately north of the Rambling River area.

The three counties in the Rambling River area will become District 1 of the operation. The district office will be in Jones Creek in a union. An Assistant Director of operations is expected to arrive in Jones Creek in about two hours. Her plan is to meet with you and the Disaster Assessment Manager to review the situation and plan the next steps in the relief effort. You and the Disaster Assessment Manager are to review all available information and develop some alternatives for consideration at your meeting.


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**INFORMATION ON THE AFFECTED COUNTIES**

| | |
|---|---|
| **Tish County** | Reported damage to 163 dwellings–65 in Paulding and 98 in Chas. There are two shelters open, with a total population of 59. To date, 125 meals have been served. Feeding is taking place only at the shelter locations. There is concern about providing supplies to Paulding, as the bridge over the Rambling River is now impassable. There are 10 Event Based Volunteers (local volunteers recruited for this operation) working with Mass Care workers on the operation, but no supervisors. There is a need for qualified staff to operate feeding stations and shelters. They will need comfort kits for shelters and clean-up kits after the water recedes.<br><br>Local Emergency Management Agency Report<br><br>• River currently at 29 feet; flood stage is 27 feet. The bridge will be impassable for at least two weeks.<br><br>Local Media Reports<br><br>• The media offers to make an appeal for donated clothing and food. The chapter executive wants to know where you want the items to be sent. |
| **Wetlands County** | Damage reported to 157 dwellings––77 in Jones Creek and 80 in Foggy Bottom. Two shelters are open in the county, with a total of 100 persons sheltered. A kitchen in a church has been established in Jones Creek. This center is supporting the shelter operation and mobile feeding. To date, 1,230 meals have been served. Three vans are currently providing mobile feeding, and it appears that three more are needed. Disaster Health Services staffing for the shelters is adequate for the short term but additional staff will be needed in a few days. Fifteen EBV Mass Care workers are available in the chapter, but more are needed. Comfort kits are needed for the shelters, and clean-up kits will be needed in a few days when the flood waters recede.<br><br>Local Emergency Management Agency Report<br><br>• River currently at 27 feet; flood stage is 25 feet. More rain is forecast, and floodwaters are still rising slowly. All roads are currently passable.<br><br>Local Media Reports<br><br>• There are some older residents at the shelters who have health problems. |


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| | |
|---|---|
| **Isaquena County** | Damage reported to 182 dwellings––112 in Cooper City and 70 in Hardin. Two shelters are open, with a total population of 60. To date, 400 meals have been served in both fixed and mobile feeding. This includes the feeding of the emergency workers who are placing sandbags along the river. The chapter was using fast food during the first few hours, and then it switched to local churches for the first day. When the duration and scope of the flood became apparent, the DPM wants to have food preparation done in a school for complete hot meals. The chapter is using three vans to provide mobile feeding. On the basis of the hazard assessment, there is the potential that an additional 400 homes will be flooded if the water rises three more feet.<br><br><u>Local Emergency Management Agency Report</u><br>• River currently at 32 feet; flood stage is 30 feet. The crest is forecast for 34 feet.<br>• The roads will remain open unless the water reaches 36 feet.<br><br><u>Local Media Reports</u><br>• There is strong support for Red Cross relief efforts and disaster fund appeal. |


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## Work Assignment Worksheet

There is another document called the Work Assignment Worksheet (which is part of the Incident Action Plan). More information about the development and use of this worksheet will be provided through Concept of Operations doctrine.

The Work Assignment Sheet is the core of the Incident Action Plan.

- Most time spent on the Incident Action Plan will focus around building useful and thorough work assignments.
- The Work Assignment Sheet informs supervisors of incident tasks and assignments.
- Once operational leadership agrees to the assignments, the assignment information is given to the appropriate operational groups.

Work assignments:

- Should be created for any team that works in the field or district (including all operations functions).
- Are created at the team level and should be detailed enough so that teams are able to take the work assignment and perform all required duties for that operational period.
- Are normally prepared by the Information and Planning group using the incident objectives from operational leadership, the Mass Care Planning Worksheet and any safety related information that may affect the implementation of the work assignments.
- Work assignments must be approved by the DRO Director.

A Work Assignment Sheet should be prepared for each assignment captured on the Mass Care Planning Worksheet to provide specific tactical assignments to Operations unit supervisors who will provide more detailed tasking orders to their assigned personnel/resources.


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# Unit 6: Directing and Maintaining Reports

## Directing Mass Care Activities

Directing is:

- Authorizing staff to accomplish their assigned tasks—consistent with the needs of disaster clients and workers within the guidelines related to service delivery and accountability.
- Ensuring that tasks are accomplished.

The service delivery standards for Red Cross disaster assistance are grounded in the Policy established by the Board of Governors of the American Red Cross. This Policy states, "Disaster relief assistance will include emergency Mass Care and assistance for individuals with urgent and verified disaster-caused needs. It is provided to sustain human life, reduce the harsh physical and emotional distress that prevents clients from meeting their own basic needs, and promote the recovery of clients when such relief assistance is not available from other sources." The Policy also states, "Disaster relief assistance will be provided in a uniform fashion using nationwide standards as determined by Corporate Management."

**Mass Care Service Delivery Standards:**

- Red Cross shelters are open to clients within two hours of event notification or at the request from local government, and a Red Cross trained shelter manager is present.
- Health Services and Disaster Mental Health coverage is provided 24 hours a day to all Red Cross shelters.
- Feeding is provided in all Red Cross shelters opened for four hours or longer, and the food reflects the cultural preferences of the shelter population.
- All shelters (even non-Red Cross operated shelters) are reported, internally and externally, within four hours of their discovery or activation. The National Shelter System (NSS) is typically the means of recording information, but a newly discovered shelter should generate a separate immediate report to External Relations to share with local government.
- Cots, blankets and comfort kits are provided to all clients in Red Cross shelters expected to be open longer than 48 hours.
- The locations of Red Cross service delivery sites are provided to the media within eight hours of the disaster.
- A preliminary assessment of the mobile feeding requirements is made within four hours of the disaster.
- A preliminary assessment of the need for the bulk distribution of emergency relief supplies is made within four hours of the disaster.


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- The locations of all community shelters and other sites of mass assembly (Red Cross Managed, Partner Managed and Independently Managed) are identified within 24 hours of each shelter opening. This is a Red Commitment to track.
- The need for bulk distribution of relief items (other than blankets, comfort kits and clean-up kits) is confirmed, the items are ordered and distribution begins within 72 hours of the disaster.
- Mass Care may be offered at other sites based on client needs and the approval of the director of the operation and national headquarters.
- All assigned ERVs distribute information regarding the location of Red Cross service delivery sites or route information.
- The initial location and support requirements of all Red Cross service delivery sites are determined by the Mass Care manager, within 24 hours of arrival.
- All shelters and service delivery sites will make reasonable accommodations to plans or resource availability in order to ensure clients with disabilities are welcome. No discrimination will be made based on race, gender, ethnicity, or identity.
- The status of all community shelters is updated in NSS within one hour of status change (closed, opened and placed on standby).
- All Red Cross shelters are identified with proper signage (internally and externally) within four hours of opening.
- **Note:** A shelter not operated by the Red Cross, or not adhering to the Red Cross Code of Conduct, will not be permitted to display the Red Cross logo or signage.


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# Communications

Daily staff meetings are one of your most important means of communications. Keep these meetings short and concise—plan and manage time wisely.

Another important communications tool will be your visits and those of your staff to the Mass Care sites. You will want to see the services in person to make sure we are meeting the needs of our clients.

### Field Visits to Mass Care Facilities

- A personal visit to shelters, kitchens and other Mass Care sites provide you with a more personal insight into the performance of the activities.
- When planning these visits, you should advise your District Director and other staff and arrange for coverage of your responsibilities while in the field. The visits can be informal.
- During the visit, all staff should be encouraged to give their ideas regarding the improvement of service.

### Telephone Communications

- Because of time and distance constraints, site visits are not always practical. Open dialogue can still be maintained by encouraging regular telephone contact from key staff members. Problems can often be avoided by discussing progress on an informal basis.
- It is often more effective to establish a set time schedule, like just after lunch or around reporting times to compile needed information for reports, to call your field supervisors. It is important to find ways to focus on your call with your supervisors while you are on the phone. Delegate or assign an assistant to answer your calls and questions until you are done with your call.

### Staff Meetings

- Staff meetings provide an opportunity to share both formal and informal reports.
    - At the meetings or conference calls you attend, be alert for information from other groups, such as Client Services and Health Services, which may affect your Mass Care activities. If you have a question about a report or situation that may have a bearing on the Mass Care group, be sure to ask.
    - Plan for a staff meeting before the Tactics meeting to prepare your own tactics. This is not a formal meeting; this is to help you ensure you are clear on the plan for the next operational period, and that you can communicate this to Operations leadership.
    - Be sure to attend the Tactics meeting if there is a lot of Mass Care activity, even if in silent mode. Your input will be critical to the District Director and Operations AD if needed.


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As you conduct staff meetings and visit mass care sites:

- Compare performance to planned goals
- Compare expenditures to planned cost estimates
- Monitor activities
- Identify and solving problems

## The Problem-Solving Process

Problems will arise on disaster operations. They can be related to communication breakdowns, misunderstood regulations, or a lack of experience on the part of staff. There is a common process that will help you to resolve problem situations.

Rather than immediately imposing a "solution," the approach helps you to first fully understand the nature of the problem. Once the problem is clearly identified, several options usually become apparent. These options can be evaluated and a course of action chosen.

The problem-solving process consists of four steps:

- Define the **problem**.
- Identify the **factors** that have a bearing on the problem.
- Generate **alternatives**.
- Select the best **solution**.

### Activity 5 – Part 1: Define the Problem and Identify the Factors Bearing on the Problem

**Instructions:**

1. Read the scenario, then work with your group to write a sentence or two to define the problem that you see presented in the situation. Be prepared to present your statements.
2. Focus on the needs of the clients!
3. After you have presented your statements, the instructor will select one statement to be used to complete this activity.
4. Take a moment to review the statement of the problem, then develop a list of some of the factors that have a direct bearing on the problem.
5. Be prepared to share your findings.


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**Scenario:**

It is a little more than one week into the operation. The shelter populations throughout the operation are getting lower as families return to their homes or are placed in transient accommodations. A Multi Agency Resource center is being established in Vessey's Crossroad. The exact locations have not been announced.

You receive a phone call that the volunteer group that has staffed the Evan shelter will need to leave in three days. The shelter population is now down to 50—one family of 9 and 12 other families.

Other information about Sharkey County:

- The population of the shelter in Baine is down to 40.
- The population of the shelter in Iris is down to 20.
- The service center for the county is located in Vessey's Crossing, at the vacant store across the street from the chapter. The Vessey's Crossing Community Center, which had been opened as a precautionary shelter, was not needed and is now closed.

| Statement(s) |
| --- |
| |

| Factors |
| --- |
| |


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## Activity 5 – Part 2: Generate Alternatives and Select the Best Solution

**Instructions:**

1. Review the problem statement, along with the list of the factors bearing on the problem, and then develop a list of some alternatives for consideration.
2. Review your list of alternatives and select a course of action. Consider those alternatives that both move you toward the desired outcome and at the same time, keep open the widest number of options.
3. Be prepared to share which of the alternatives you selected and explain why you chose those specific alternatives.

| Alternatives |
| --- |
| |

| Course of Action |
| --- |
| |




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# Controls and Reporting

There are numerous Mass Care reports posted on The Exchange. Some reports are created during the course of an operation.

Reports that are specific to Mass Care and others developed by the operation may include:

- Daily Sit-Rep
- NSS Daily and Cumulative Reports
- Kitchen/ERV feedback from field
- Bulk feedback from sites
- ERV Driver Community Assessment Sheets
- Government Liaison Reports and Partner or Government Requests
- Other informal reports from the field

## Activity 6 – Using 5266 Reports for Decision Making

**Instructions:**

1. Review the following reports and analyze the Mass Care activity on these three reports that cover a period of over several days:
   - Disaster Operations Control: Form 5266 #4
   - Disaster Operations Control: Form 5266 #9
   - Disaster Operations Control: Form 5266 #14
2. Discuss in your groups how the numbers will help you develop a control process.
3. Be prepared to report out what you are seeing and what decisions you would make based on the trends.


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# Unit 7: Closing the Mass Care Operation

## Indicators for Phasing Out the Mass Care Operation

- As a Mass Care manager, it is important for you to be alert for signs that the Mass Care needs in the community are ending so that you can begin planning for the orderly phase-out of the Mass Care group on the operation as early as possible.
- When a shelter is first opened, it is our goal to begin planning to close it. When you start Mass Care services, you are also planning for their phase-out as the disaster clients' needs are met on an individual basis through Red Cross services and other agency programs.
- Your responsibilities include not only initiating and maintaining quality services, but also ensuring accountability for resources used, and the closing out of the group when Mass Care services are no longer required.
- When you see indicators that the Mass Care operation can be phased out, discuss these indicators with the director of your group.
- The closing plans must be carefully coordinated under the leadership of your director to ensure that the needs of the disaster clients are being met through Client Services and Recovery and other agencies, including the Federal Emergency Management Agency, if the disaster has received a presidential declaration.

### Closing Steps

- Work with Logistics to close kitchens, shelters, bulk return of unused inventory. Plan accordingly so that it does not overwhelm Logistics, NFO and Staff Services needs. The process could take a couple of days.
- Return unnecessary vehicles, trucks/ERV return to Logistics to outprocess.
- Work with Community Partnerships, Public Affairs and others on closing announcements for shelters/Feeding/Bulk Distribution/MARCs.
- Work with Staff Services (SS) releasing staff/transferring staff/evaluations.

### When planning the phase-out, consider the following:

### Sheltering:

- Once a long-term housing plan can be established, clients are provided the resources to transition to Temporary Housing as quickly as possible or if their home is considered habitable, effort is made to return clients back home.
- Smaller shelters can be consolidated to larger ones, and when the last client has a confirmed safe, accessible place to stay and resources to get there, the final shelter may close.


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**Feeding:**

- When community grocery and restaurant resources are more fully available and financial assistance has been confirmed, transition hot prepared food to two cold meals and one hot meal per day, and consider closing feeding routes and service sites in favor of individual and family supported feeding efforts.
- Bulk commodities and cooking supplies may be provided as resources allow.
- Financial assistance programs related to food (such as Disaster Supplemental Nutrition Assistance Program (DSNAP) or food pantry vouchers) may also be available.
- When Recovery Caseworkers, Private sector and other feeding non-profits, and Emergency Management begin to indicate there are no continuing disaster feeding related needs, feeding operations may close.

**Distribution:**

- When the operational needs have transitioned to Recovery and cleanup resources, and many of those resources are available for purchase or are reported to no longer be needed by receiving communities, routes and Bulk sites may close or transition to Recovery Caseworker contact locations.


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# Unit 8: Conclusion

Thanks for attending the Mass Care Management training.

You should now be able to:

- Identify the responsibilities of a Mass Care manager.
- Assess the Mass Care needs of the disaster-affected communities (with input from the planning function, workers and other data) and determine how to best meet the need through the provision of appropriate Mass Care services.
- Develop and share an effective plan for both human and material resources required to provide Mass Care services throughout the length of the operation.
- Establish effective communications between mass care, disaster assessment and logistics operations to ensure excellent service delivery outcomes.
- Resource and organize human and material assets to provide appropriate Mass Care services.
- Direct, prioritize and balance competing needs of various sites.
- Provide timely and accurate reporting on Mass Care activities to control daily and long-term service delivery planning.
- Transition and close Mass Care operations.

Take a moment to revisit the management skills that were stated at the beginning of the session. Have all of your expectations been met? What questions do you still have regarding the Mass Care?

## Next Steps

As previously mentioned, Mass Care is under continued review. Materials, doctrine and guidance are ever changing. Remember, The Exchange will be your best resource in the meantime.

Continue to stay active in your regions—and be proactive in continued planning, and meeting, community mass care needs.

# Thank You for attending!


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# Unit 9: Additional Resources

- Template 6409
- Sample MC Service Delivery Plan
- Sample and Directions MC Planning Worksheet
- Mass Care Planning Worksheet
- Sample MCM Sit-Rep
- Rambling River 5266 Reports 4, 9 and 14


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**Disaster Requisition – Form 6409**

| DR #(if applicable): | DR Name: | Date: | Requisition # |
|---|---|---|---|
| | | | |

| | |
|---|---|
| Requester Name: | Signature: |
| Title: | Phone: |

**Delivery Information**

| | | |
|---|---|---|
| Site POC Name: | Phone: | E-mail: |
| Address: | | |
| City: | State: | Zip: |

**Description of product(s) and/or service(s)**

| Stock No. | Quantity | Unit of Measure *(EA/PK/CS/BX)* | Total Qty (Each) | Description | Date Needed |
|---|---|---|---|---|---|
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Special Instructions:

**The following information must be filled in by the APPROVER ONLY:**

Approval includes: verification of need; need consistent with Service Delivery Plan and budget.

| | |
|---|---|
| Approver Name: | Signature: |
| Title: | Phone: |

**Procurement Method (This section is optional)**

Account string to charge: _ _ _ - _ _ _ _ _ - _ _ _ - _ _ _ _ _ - _ _ _ _ _ _ - _ _ _ _

Procurement tool to use: ☐ Donation ☐ ReQuest ☐ Concur Invoice ☐ P-card ☐ Transfer ☐ Loan

☐ Other: (explain):

DCS JT DMWT Disaster Requisition (F6409) V.2.0 2015.02.13
Author: Deploy Materials Workers and Technology Process
Owner: Disaster Cycle Services


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Service Delivery Plan

# Operations - Mass Care

| DR1 Incident Date | DR2 DR Number | DR3 DR Name |
|---|---|---|
| | | |

## *MASS CARE*

| | |
|---|---|
| MC1 Total # of *Mass Care* responders required for the operation: | 0 |

MC3 Describe any government mass care plan(s) including the expectation of the Red Cross in executing the plan:

MC4 Document the agency or agencies that are responsible for sheltering at the state level:

MC5 Document the agency that serves as the Mass Care lead at the state level:

## *SHELTERING*

MC6 Describe the strategy for providing shelter to clients: *

MC7 Describe any technology needs to support sheltering:

MC8 Describe the strategy to engage partners in sheltering

MC9 Describe the strategy to engage partners in meeting FNSS needs:

MC10 Describe how any FNSS needs will be addressed:

MC11 Describe how issues, concerns, and barriers to sheltering will be addressed:

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# Operations - Mass Care

MC12 Describe any deviations from the standard NSS reporting process:

MC13 Describe the strategy for sheltering pets:

MC14 Describe the plan for supporting Red Cross supported shelters (Model 3):

MC15 Describe the plan to locate and support Independent shelters (Model 4):

MC16 If required, describe the strategy to support sheltering on tribal lands:

| | | |
|---|---|---|
| MC17 Enter the Total # of *Mass Care Sheltering* responders that are required: | | * |
| MC18 Enter the Total # of Days *Mass Care Sheltering* responders are required: | | * |
| MC19 Enter the Total # of *Disaster Health Services* responders that are required for Sheltering: | | * |
| MC20 Enter the Total # of Days *Disaster Health Services* responders are required for Sheltering: | | * |
| MC21 Enter the Total # of *Disaster Mental Health* responders that are required for Sheltering: | | * |
| MC23 Enter the Total # of Days *Disaster Mental Health* responders are required for Sheltering: | | * |

MC24 Document All Open and Anticpated Shelters by Model: *

| Shelter Model | Enter the # of Shelters Currently Open by Model | Enter the # of Additional Shelters Anticipated to Open by Model | Total Shelters Expected to Open by Model |
|---|---|---|---|
| Managed (Model 1): | | | 0 |
| Partnered (Model 2): | | | 0 |
| Supported (Model 3): | | | 0 |
| Independent (Model 4): | | | 0 |
| Totals: | 0 | 0 | 0 |

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# Operations - Mass Care

MC25 Enter the number of overnight stays that have already happened and those that are Anticipated: *

| Day 1 | Day2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 | Total Week 1 |
|---|---|---|---|---|---|---|---|
| | | | | | | | 0 |
| Total Week 2 | Total Week 3 | Total Week 4 | Total Week 5 | Total Week 6 | Total Week 7 | Total Week 8 | Total Overnight Stays |
| | | | | | | | 0 |

| Total Overnight Stays | Initial Budget Tool Number: | 0 | Historic Data Range (Low): | |
|---|---|---|---|---|
| | | | Historic Data Range (High): | |

MC26 Enter the number of sheltering non-expendable items expected to be used on this operation. Include items already used, chapter and NHQ items, in-kind and items purchased on the operation. *

| Non-Expendable Sheltering Items | Regular Cot | Medical Cot | Power Washer |
|---|---|---|---|
| Cost of Each Individual Item: | $33 | $43 | $400 |
| Enter # Individual Items Expected to be Needed: | | | |
| Total Cost of Shelting Non-Expendable Items expected NOT to be Returned to NHQ: | | | $0 |

MC27 Enter the sheltering expendable items expected to be used on this operation including items already used, chapter items, and items purchased on the opreation. *

| Expendable Sheltering Items | Blankets | Comfort Kits |
|---|---|---|
| Cost of Each Individual Item: | $4.00 | $3.00 |
| Enter # Individual Items Expected to be Needed/Used: | | |
| Total Cost of Sheltering Expendable Items: | | $0 |

| Total Sheltering Costs: | $0 |
|---|---|

MC28 Enter the DRO *Mass Care Sheltering* Staff that is responsible for the data in this worksheet:

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# Operations - Mass Care

## *FEEDING*

MC29 Describe the overall strategy for feeding: *

MC30 Describe if Vendor Agreements have been initiated for Feeding:

MC31 Describe the strategy for meeting any cultural or dietary requirements for Feeding:

MC32 Describe the strategy for engaging Partners to assist with Feeding:

MC33 Document all partners that will be Preparing Meals:

MC34 Enter the Total # of *Mass Care Feeding* responders that are required: *

MC35 Enter the Total # of Days *Mass Care Feeding* responders are required: *

MC36 Enter the number of Red Cross Meals and Snacks (including Shelf Stable Meals and In-kind meals) already served and those Anticipated to be Served on a daily and then on a weekly basis. *

| | Day 1 | Day2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 | Week 1 Total |
|---|---|---|---|---|---|---|---|---|
| # Meals | | | | | | | | 0 |
| # Snacks | | | | | | | | 0 |
| | Week 2 | Week 3 | Week 4 | Week 5 | Week 6 | Week 7 | Week 8 | GRAND TOTAL |
| # Meals | | | | | | | | 0 |
| # Snacks | | | | | | | | 0 |

| | | | | |
|---|---|---|---|---|
| Total Meals | Initial Budget Tool Number: | 0 | Historic Data Range (Low): | |
| | | | Historic Data Range (High): | |

MC37 Enter the Anticipated Average Cost per Meal: *

MC38 Enter the Anticipated Average Cost per Snack: *

MC40 Enter the Anticipated # of Fixed Kitchens (e.g. Churches, Schools, etc.) (incldg those already set-up):

MC41 Enter the Anticipated # of Mobile Kitchens (e.g. Sysco, SBC, etc.) (including those already set-up):

MC42 Enter the Anticipated # of Fixed Feeding Sites (including those already set-up):

MC43 Enter the Anticipated # Mobile Feeding routes (including those already assigned):

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# Operations - Mass Care

| MC44 Total Meal and Snack Costs calculated from data entered in the Feeding Section above including the use of Shelf Stable Meals. | * |
|---|---|
| Grand Total Meals from MC36 above Minus the Shelf Stable Meals to be Served: | 0 |
| Enter the number of Shelf Stable Meals to be served as part of the overall Meals: | |
| Average cost per Meal from MC37 above: | $0.00 |
| Enter the Shelf Stable Meal Cost: | |
| Total Meal Costs Minus Shelf Stable Meals: | $0 |
| Total Shelf Stable Meal Costs: | $0 |
| Grand Total Meal Costs: | $0 |
| Grand Total Snacks from MC36 above: | 0 |
| Average cost per Snack from MC37 above: | $0.00 |
| Total Snack Costs: | $0 |
| Total Meal and Snack Costs: | $0 |

| MC45 Enter the number of feeding non-expendable items expected to be used on this operation. Include items already used, chapter and NHQ items and items purchased on the operation. | | | | | | * |
|---|---|---|---|---|---|---|
| Non-Expendable Feeding Items | Beverage Containers | Food Cambros | Coffee Maker | Ice Chest | Portable Steps | |
| Cost of Each Individual Item: | $75 | $163 | $75 | $23 | $175 | |
| Enter # Individual Items Expected to be Used: | | | | | | |
| Total Cost of Feeding Non-Expendable Items: | | | | | $0 | |

| MC46 The table below captures the additional Food Service Support Costs, such as Clam Shells, Banquet Packs, etc. (No Data Entry is Required) | |
|---|---|
| Expendable Feeding Service Items | |
| Combined Cost of expendable food service items: | $1.25 |
| Grand Total Meals from MC36 above Minus the Shelf Stable Meals to be Served: | 0 |
| Total Cost of Expendable Feeding Service Items: | $0 |

| Total Feeding Costs: | $0 |
|---|---|

| MC47 Enter the DRO *Mass Care Feeding* Staff that is responsible for the data in this worksheet: |
|---|
| |

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# Operations - Mass Care

## *RELIEF SUPPLY DISTRIBUTION*

MC48 **Describe the overall strategy for *Relief Supply Distribution* :**

MC49 **Describe how issues, concerns, and barriers to *Relief Supply Distribution* will be addressed:**

MC50 **Describe how our Partners are going to assist with *Relief Supply Distribution* :**

| | |
|---|---|
| MC51 **Enter the Total # of *Mass Care Relief Supply Distribution* responders that are required:** | |
| MC52 **Enter the Total # of Days *Mass Care Relief Supply Distribution* responders are required:** | |

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# Operations - Mass Care

MC53 The table below captures the number of Distribution expendable items expected to be used on this operation and should include items already used, chapter items, in-kind items and items purchased on the opreation.

| Expendable Relief Items | Cost of Each Individual Item: | Enter # Individual Items Expected to be Needed/Used: | This Item Ships in Batches of: | # of Batches Needed based on Individual Items Needed: | Total Individual Items Accounting for Batch Size: | Expected Cost after accounting for shipment size: |
|---|---|---|---|---|---|---|
| Clean-up Kits | $22.61 | | 1 | 0 | 0 | $0.00 |
| Comfort Kits | $2.43 | | 1 | 0 | 0 | $0.00 |
| Baby Wipes | $5.00 | | 72 | 0 | 0 | $0.00 |
| Batteries | $1.25 | | 72 | 0 | 0 | $0.00 |
| Bathroom Tissue | $3.00 | | 6 | 0 | 0 | $0.00 |
| Blankets | $5.24 | | 1 | 0 | 0 | $0.00 |
| Bleach | $3.00 | | 4 | 0 | 0 | $0.00 |
| Cardboard Boxes | $3.00 | | 1 | 0 | 0 | $0.00 |
| Push Broom | $13.01 | | 1 | 0 | 0 | $0.00 |
| Bucket w/ Handle | $4.00 | | 1 | 0 | 0 | $0.00 |
| Storage Containers | $3.00 | | 6 | 0 | 0 | $0.00 |
| Cooler/Ice Chests | $23.20 | | 1 | 0 | 0 | $0.00 |
| First Aid Kits | $3.00 | | 1 | 0 | 0 | $0.00 |
| Flashlight | $1.00 | | 1 | 0 | 0 | $0.00 |
| Rubber Gloves | $3.73 | | 12 | 0 | 0 | $0.00 |
| Work Gloves | $3.05 | | 1 | 0 | 0 | $0.00 |
| Hand Sanitizer | $1.00 | | 48 | 0 | 0 | $0.00 |
| Insect Repellant | $3.00 | | 1 | 0 | 0 | $0.00 |
| Dust Mask | $0.10 | | 1,000 | 0 | 0 | $0.00 |
| Plastic Garden Rake | $7.00 | | 1 | 0 | 0 | $0.00 |
| Straight Shovel | $6.00 | | 1 | 0 | 0 | $0.00 |
| Duct Tape | $4.00 | | 1 | 0 | 0 | $0.00 |
| Plastic Tarp | $30.02 | | 1 | 0 | 0 | $0.00 |
| Rakes | $7.00 | | 1 | 0 | 0 | $0.00 |
| Round Spade Shovels | $8.00 | | 1 | 0 | 0 | $0.00 |
| Trash Bags | $0.50 | | 32 | 0 | 0 | $0.00 |
| Help Other Relief Items | | | | 0 | 0 | $0.00 |
| Total Quantity of Relief Supply Distribution Items Needed: | | | | | 0 | |
| Total Cost of Relief Supply Distribution Items: | | | | | $0 | |

| Total Relief Supplies | Initial Budget Tool Number: | 0 | Historic Data Range (Low): | |
|---|---|---|---|---|
| | | | Historic Data Range (High): | |

MC54 Enter the DRO *Mass Care Relief Supply Distribution* Staff that is responsible for the data in this worksheet:

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# Operations - Mass Care

## *SAFE & WELL LINKING*

MC55 Describe the overall Strategy for empowering people to reconnect with their family and friends:

MC56 Describe how the Safe and Well web site will be leveraged to facilitate client registrations:

MC57 Describe how remote *Safe & Well Linking* responders are supporting *Safe & Well* :

| | |
|---|---|
| MC58 Enter the Total # of *Mass Care Safe & Well Linking* responders that are required: | |
| MC59 Enter the Total # of Days *Mass Care Safe & Well Linking* responders are required: | |

MC60 Enter the DRO *Mass Care Safe & Well Linking* Staff that is responsible for the data in this worksheet:

## *MASS CARE TOTALS*

| *Table 1: Total Mass Care Costs by Total Meals, Expendable and Non-Expendable Items* | |
|---|---|
| Total Cost of Non-Expendable Items: | $0 |
| Total Cost of Expendable items: | $0 |
| Total Cost of Meals: | $0 |
| Total Mass Care Costs: | **$0** |

| *Table 2: Total Mass Care Costs by Activity not including staff cost* | |
|---|---|
| Sheltering: | $0 |
| Feeding: | $0 |
| Relief Supply Distribution: | $0 |
| Total Mass Care Costs: | **$0** |

MC61 Enter the DRO and/or NHQ *Mass Care & Logistics* Staff that have reviewed this worksheet

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# Operations - Mass Care

*MASS CARE TOTALS*

$0

**Table 1**: Total Mass Care Costs by Total Meals, Expendable and Non-Expendable Items

- Total Cost of Non-Expendable Items:
- Total Cost of Expendable items:
- Total Cost of Meals:

$0

**Table 2**: Total Mass Care Costs by Activity not including staffing costs

- Sheltering:
- Feeding:
- Relief Supply Distribution:

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## American Red Cross – Mass Care Planning Worksheet Instructions

### General Instructions

It is recommended that this tool be used to plan for Mass Care activity occurring 3 days from the day of the plan, however, this can be used for planning large surge days up to a week in advance, or for urgent operations that must occur within 24 hrs.

1. Create a Work Assignment (Box 7)
    - A Work Assignment is any Field activity in operations
    - Typically tied to a location or route
    - Tasking for a specific team
    - Example: A shelter is a team based field assignment that occurs at a specific location. One shelter should be entered on each line
2. List any necessary resources (Box 8)
    - A resource can be people or things
    - A Specific position can be listed (i.e. Shelter manager) or a team/crew assignment (i.e. ERV crew=2 authorized ERV drivers)
3. Record the quantities you in Mass Care want to have of each REQUIRED item (REQ boxes)
    - This is your plan of resources at each location or field activity
    - Include anything "pushed" to a location (i.e. FNSS equipment or a 3 day supply of Shelf Stable meals at shelters)
4. Consult with Logistics and other Mass Care resource planners to determine what quantity of items and people are immediately available to be sent to the work assignment locations or staging areas (HAVE boxes)
    - People assigned to Mass Care without a job are considered "staged" at a Staff Shelter or other temporary waiting area
    - Shelter vehicles, trucks, and ERVs already under Mass Care control are considered "staged"
    - Resources that can be procured directly at the work site should be considered HAVE items
5. Subtract the HAVE boxes from the REQ boxes and record the difference in the NEED boxes
    - This quantity tells you how many of each item needs to be put onto a 6409
    - The quantity of personnel tells you how many people will need to be requested using a Staffing Request form
    - Consider special instructions such as in-kind or Event Based Volunteers if possible

### Box Descriptions

1. **DRO #:** Enter the ###-## of the Disaster Relief Operation
2. **DRO Name:** Enter the name of the DRO or Incident
3. **Date & Time prepared:** Enter the date and time this worksheet was created. This can be important if multiple districts and multiple forward plans are being created over a period of several days. This worksheet is completed in advance of the Tactics Meeting at the MC Tactics Meeting
4. **Operational Period (DAY):** Enter the date this plan will be put into effect
5. **Territory/District:** Enter the geographical area this work assignment will be conducted in. Can also be used for County or Region in events without named districts
6. **Agency:** Enter the name of the agency that will be providing the team with Operational Direction. This is typically ARC, but Southern Baptists, FEMA, Local Govt, or other partners can be the agency in charge at which the Red Cross is sending resources or staff. All locations with ARC resources should be recorded.
7. **Work Assignment:** Enter the Work site or Team assignment for field operations. The work assignment will later be transferred to a 204 Work Assignment for insertion into the Incident Action Plan.
8. **Kinds of Resources:** Personnel, Equipment, or Supply packs that will be assigned to execute the work assignment. Packs, Kits, Teams, and Crews can be used to group multiple resources together as long as all involved in requesting and sourcing the request understand terminology
    a. REQ: Enter the quantity of Resources REQUIRED
    b. HAVE: Enter the quantity of Resources immediately available to be assigned to complete the work assignment
    c. NEED: Enter the quantity of Resources that must be requested in order to complete the work assignment
9. **General Notes:** Enter short summary of information that should be related to execution of the Work Assignment. These comments will generally be included in the Work Assignment or Task assignment for assigned staff
10. **Equipment & Supply notes:** Enter notes related to the resources being requested or where assumed on-hand resources are coming from
11. **Location:** Enter the address of the reporting location for the work assignment
12. **Dates of Execution:** For multi-day operations, enter the anticipated duration of the work assignments as projected at the time
13. **Total Resources Required:** Add all REQ numbers by row for a summary at the bottom
14. **Total Resources On Hand:** Add all HAVE numbers by row for a summary at the bottom
15. **Total Resources Required:** Add all NEED numbers by row for a summary at the bottom
16. **Prepared By (Name & Position):** Typically completed by a Mass Care planner, or admin acting on behalf of the chief or other lead Mass Care staff. Enter the name of the person completing this form and their current title on the operation.


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**MASS CARE PLANNING WORKSHEET**

1. DR0 # 101-16 | 2. DRO NAME SPRINGFIELD FLOOD | 3. DATE & TIME PREPARED | 4. OPERATIONAL PERIOD (DAY) [plan for operation 3

| | 5. TERRITORY/ | 6. AGENCY | 7. WORK ASSIGNMENTS | + + RESOURCES OF | Shelter manager | + | Shelter worker | Health worker | mental health worker | shelter supply kit | ERV | Box truck | Feeding worker | Dist of Em Supp worker | 53' truck w/driver | Kitchen w/ Kit support | Kitchen manager | Kitchen worker | DES push pack type 2 | 9. GENERAL NOTES | 10. EQUIPMENT & SUPPLY | 11. LOCATION | 12. DATE(S) OF EXECUTION |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | r | ARC | Shelter # 1, Springfield community center | REQ | 1 | 2 | 12 | 2 | 2 | 1 | | | | | | | | | | Daily feeding provided as part of Feeding Rt 1 | FNSS equipment provided by county | 123 Main St | Ongoing for today through next 7 days at least |
| | | | | HAVE | 0 | 0 | 2 | 0 | 0 | 1 | | | | | | | | | | | | | |
| | | | | NEED | 1 | 2 | 10 | 2 | 2 | 0 | | | | | | | | | | | | | |
| 2 | 1 | ARC | Feeding Route 1: Mt Thomas community area | REQ | | | | | | | 2 | | 4 | | | | | | | | Fuel plan needed | Mt Thomas commmunity, North East of Springfield | Begin 3 days from now |
| | | | | HAVE | | | | | | | 2 | | 2 | | | | | | | | | | |
| | | | | NEED | | | | | | | 0 | | 2 | | | | | | | | | | |
| 3 | 1 | ARC | Distribution of Emergency Supply (DES) service route 1: Mt Thomas community area | REQ | | | | | | | | 2 | | 4 | | | | | 1 | Daily deployment from Staging area 4 for staff gathering and resupply | | Mt Thomas commmunity, North East of Springfield | Begin 3 days from now, then ongoing for 7 days |
| | | | | HAVE | | | | | | | | 0 | | 0 | | | | | 0 | | | | |
| | | | | NEED | | | | | | | | 2 | | 4 | | | | | 1 | | | | |
| 4 | 1 | ARC/GOVT | Fixed DES site: Distribution | REQ | | | | | | | | | | 10 | 1 | | | | 2 | co-managed with local government POD Type 3 team | | 115 Main st | Begin 3 days from now. Ongoing for 4 days |
| | | | | HAVE | | | | | | | | | | 0 | 0 | | | | 0 | | | | |
| | | | | NEED | | | | | | | | | | 10 | 1 | | | | 2 | | | | |
| 5 | 1 | ARC/SBC | Disaster Kitchen # 1 | REQ | | | | | | | | | | | | 1 | 1 | 12 | | Southern Baptist Type 3 kitch | Propane supply arranged by county public works | BES Parking lot, 250 2nd Ave | In place in 2 days, Begin meal production 3 days from now |
| | | | | HAVE | | | | | | | | | | | | 0 | 0 | 0 | | | | | |
| | | | | NEED | | | | | | | | | | | | 1 | 1 | 12 | | | | | |
| 6 | 1 | ARC | Fixed Feeding site # 1 | REQ | | | | | | | | | 6 | | | | | | | Co-lo with Fixed DES site | Need serving station, borrow tables, chairs, etc | 115 Main st | Begin 3 days from now then ongoing for 7+ days |
| | | | | HAVE | | | | | | | | | 0 | | | | | | | | | | |
| | | | | NEED | | | | | | | | | 6 | | | | | | | | | | |
| 7 | | | | REQ | | | | | | | | | | | | | | | | | | | |
| | | | | HAVE | | | | | | | | | | | | | | | | | | | |
| | | | | NEED | | | | | | | | | | | | | | | | | | | |
| 8 | | | | REQ | | | | | | | | | | | | | | | | | | | |
| | | | | HAVE | | | | | | | | | | | | | | | | | | | |
| | | | | NEED | | | | | | | | | | | | | | | | | | | |
| | | | 13. TOTAL RESOURCES REQUIRED | | | | | | | | | | | | | | | | | 16. PREPARED BY (NAME & POSITION) | | | |
| | | | 14. TOTAL RESOURCES ON HAND | | | | | | | | | | | | | | | | | | | | |
| | | | 15. TOTAL RESOURCES NEEDED | | | | | | | | | | | | | | | | | | | | |

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**MASS CARE PLANNING WORKSHEET**

1. DR0 #

2. DRO NAME

| | 5. TERRITORY/ DISTRICT | 6. OPERATING AGENCY | 7. WORK ASSIGNMENTS | 8. KINDS OF RESOURCES | Shelter manager | Shelter Supervisor | Shelter worker | Health worker | mental health worker | shelter supply kit | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Example | ARC | Shelter team is assigned to operate a shelter for at least 5 days (am and pm 12 hr shifts) at the Springfield Community Center | REQ | 1 | 2 | 12 | 2 | 2 | 1 | | | | | | |
| | | | | HAVE | 0 | 0 | 2 | 0 | 0 | 1 | | | | | | |
| | | | | NEED | 1 | 2 | 10 | 2 | 2 | 0 | | | | | | |
| 2 | | | | REQ | | | | | | | | | | | | |
| | | | | HAVE | | | | | | | | | | | | |
| | | | | NEED | | | | | | | | | | | | |
| 3 | | | | REQ | | | | | | | | | | | | |
| | | | | HAVE | | | | | | | | | | | | |
| | | | | NEED | | | | | | | | | | | | |
| 4 | | | | REQ | | | | | | | | | | | | |
| | | | | HAVE | | | | | | | | | | | | |
| | | | | NEED | | | | | | | | | | | | |
| 5 | | | | REQ | | | | | | | | | | | | |
| | | | | HAVE | | | | | | | | | | | | |
| | | | | NEED | | | | | | | | | | | | |
| 6 | | | | REQ | | | | | | | | | | | | |
| | | | | HAVE | | | | | | | | | | | | |
| | | | | NEED | | | | | | | | | | | | |
| 7 | | | | REQ | | | | | | | | | | | | |
| | | | | HAVE | | | | | | | | | | | | |
| | | | | NEED | | | | | | | | | | | | |
| 8 | | | | REQ | | | | | | | | | | | | |
| | | | | HAVE | | | | | | | | | | | | |
| | | | | NEED | | | | | | | | | | | | |
| 9 | | | | REQ | | | | | | | | | | | | |
| | | | | HAVE | | | | | | | | | | | | |
| | | | | NEED | | | | | | | | | | | | |
| 10 | | | | REQ | | | | | | | | | | | | |
| | | | | HAVE | | | | | | | | | | | | |
| | | | | NEED | | | | | | | | | | | | |
| | | **ICS 215a ARC** | | 13. TOTAL RESOURCES REQUIRED | | | | | | | | | | | | |
| | | | | 14. TOTAL RESOURCES ON HAND | | | | | | | | | | | | |
| | | | | 15. TOTAL RESOURCES NEEDED | | | | | | | | | | | | |


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| | | | | | | | | 3. DATE & TIME PREPARED | | 4. OPERATIONAL PERIOD (DAY) | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | 9. GENERAL NOTES | 10. EQUIPMENT & SUPPLY NOTES | 11. LOCATION | 12. DATE(S) OF EXECUTION |
| | | | | | | | | Daily feeding provided by Chef Jeff's Catering; In-kind donations | FNSS Equipment on loan from County OEM | Community Center<br>123 Main St<br>Springfield | Open tomorrow morning 8am, close in 5 days or as directed |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| | | | | | | | | 16. PREPARED BY (NAME & POSITION) | | | |


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# Situation Report #4

06/29/20xx

## Overview

*Red indicates drop down menu

| | |
|---|---|
| **Incident Type:** | FLD- floods: flash, dam breaks, land/mudslide |
| **Incident Number:** | DR #xxx-16 |
| **DSARS#:** | 11xxxxx |
| **Counties:** | MID-AMERICA - Sharkey, Tish, Wetlands, Isaquena, and Boliver Counties. |
| **State:** | Mid-America |
| **Report Prepared By:** | Steve Cassel |
| **Operational Period Covered:** | Through 1700 6/29/20xx |
| **Incident Name:** | MA 06/xx FLD |
| **Date and Time of Incident:** | 6/26/2020 12:00 AM |
| **Address/Location:** | 10195 Corporate Square Drive Rambling, MA 63132 |
| **Region:** | Rambling River Region |
| **Division:** | North Central |
| **Report Approved By:** | Ted Sudol |

Sample for MCM course only - Not Official

## Situation Summary:

Three consecutive days of heavy rainfall, caused flooding and forced evacuations in multiple cities within the following counties Regions. Counties include, but not limited to: Sharkey, Tish, Wetlands, Isaquena, and Boliver Counties.

See Disaster Health Services report for additional information.


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# Actions from today

## Mass Care - Feeding

- Established feeding plan for all new shelters opened
- At two of our shelters, churches are providing the meals. We will provide meals at the other two shelters if needed.
- Provided meals for 4 different sandbagging operations
- Coordinated with newly arrived AD
- Continued Sharkey County feeding at shelter
- Continued Wetlands County feeding at shelter
  - Set up an account with local vendor, Wal-Mart, to provide food.
  - All needs being met through local donations/vendor
  - Salvation Army provided feeding this 24 hour period. Red Cross will be providing feeding starting next reporting cycle.
- Continued Boliver County feeding at shelter
  - Will purchase meals for supper

## Mass Care- Bulk Distribution

**Actions from Today**

- Began SDP for Bulk across region
- Placed order for bulk
- We are giving out Clean Up kits as people stop by and to partner organizations.

## Mass Care - Sheltering

Open Shelters as of 7 pm (last night's total = 107):

| Open |
|---|
| Bethalto Senior Center |
| Osage Community Centre |
| Tri-County Community Senior Center |
| Fairview Christian Church |
| Christ's Community United Methodist Church |
| First Baptist Church Arnold |
| Saint Robert Community Center |
| **Standby/Alert** |
| American Legion Post 127 |
| Hemant Park Centennial Commons |
| American Legion Ste. Genevieve city |

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## DMH

- Nothing to report at this time. Will be working to do outreach to fatalities with Integrated Care Teams

## DHS

- Sharkey County has an on call DHS worker
- Tish County, IL has a DHS worker on site
- wetlands County has a DHS worker on site
- All other counties have regional DHS on call.

## Client Casework/Recovery

- Jamie Fisher is in as manager today. We have 2 additional managers on the way
- Working on locating the families of the fatalities
- Opened less than 10 cases thus far throughout the two regions.

## External Relations – Cindy Smith

The day was focused on getting the team in place, organized, clarity of roles, meeting times, reporting structure, etc…. We also recruited ED Stacy Burke to serve on point with the state for state mtgs.

## Fundraising – Jeff Jones

Eastern MO

- # of accounts contacted - 88, including UW
- # asks made - 43 (Some asks were for specific amounts. Most were soft asks.
- Any concerns and/or obstacles being faced
  - Many decision makers out of office until January 4th for holidays and offices are closed
- All BODs have been notified
- Identified in-kind POC as Hannah Bruce

Western MO

- # of Asks- 2
- # Donor prospects contacted - 14
- Microsite Activations
  - 1 prospect
- Southern Region has notified the chapter board.
- United Way has been notified.
- In Kind
  - Kmart reached out to offer 600 flashlights. Working with Disaster to help arrange pick up.

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### Government Operations – Sandy Beach

- Spoke to Scott Clark this morning and informed him that I will be the government liaison.
- Received information for St. Charles Shelter from Katherine Vigil and sent to Cindy for visit with Governor.
- Governor Cassel held a news conference at the National Weather Center and announced that he activated the National Guard. Cindy attended and also met Mayo Pagano from St. Peters, County Executive Steve Ehlmann and state rep Anne Zerr. She invited them all for a tour of the shelter. Will follow up if they are interested.
- Sent email to Scott Clarke to give him updates and answer questions on Sharkey Shelter, East Shelter, and other activities in state.
- Told Scott I will send email before 9:00 am for any updated information so he can have it for the IL call.
- Stacy Burke was recruited to serve on point for state calls. She will follow-up with JoAnne on details.
- Both State SEOCs activated and staffed.

### Community Relations – Yvonne Velcor

- Provided contact information for a pastor who resides over two churches in Wetlands. He is volunteering the use of his churches for shelters, if needed. He states that both churches have fully functioning kitchens. Contact info
- Information passed on to the Disaster Program Manager
- Reviewing contact information for area community partners for news releases/ updates if directed to disseminate to partners
- Requested to be the POC for UW 211

### Public Affairs - Peggy Board

- Updated phone script and talking points
- Sent press releases east and west side of the state
- Arranged Cindy's attendance at governor's press conference
- Arranged Fox News and MSNBC interviews
- Talked to Roy Blunt's and Ann Wagner's offices. Sent updates to Marvin Steele. (Didn't know Stacy was GR.)
- Tomorrow Zach will be at the St. Charles shelter to coordinate media, shoot video and get stories. Wes will take photographs.

---

### Logistics

**Procurement/Supply**

- Each function's 6409s have been fulfilled for
- Contact was made with Logistics manager to arrive tomorrow
- Staffing request for logistics AD has been fulfilled
- Multiple supply orders have been placed and procured today.
- All requested shelter supplies have been procured and delivered.
- Requested all staff use Requisition form for any supplies needed.
-

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**Transportation**

- Two vehicles have been reserved for DR use through Monday July 4th at 5pm.
- One vehicle has been dispatched to Wetlands County Shelter for DHS needs

**Staffing**

- Two volunteers new to logistics will be joining the team tomorrow

## Information and Planning –

**Information Dissemination**

- Held initial operational meeting to discuss planning meetings and setting up battle rhythm
- Completed initial draft of IAP
- Completed initial OrgChart for IAP
- Coordinated follow up planning meetings
- Coordinated development of COP with VDAT team (currently underway)

**DA**

- Met with DA manager to develop plan for DA
- Coordinated call with WEMO district to plan for DA initiation in that District

## Financial and Statistical Information

- DR has been established for this event
- Collecting 5266 information

---

**Sustainable, local capacity building**

**Operations –**

**Mass Care**

- Working with new partner volunteers in Sharkey County
- Several new local vendors being used
- Pushing decision making to the lowest level by providing shelter managers the resources they need to secure supplies.
- Working with volunteers to increase their comfort in leadership roles.

**Disaster Health Services**

- Two nurses training with experienced DHS supervisor to work in shelters and operation.

**Bulk Distribution**

- A new volunteer will be coming on june 30th to learn about logistics work
- A new volunteer will be assisting with the shelter walk through for the shelter in Sharkey County

**Client Case Work**

- 2 managers deploying to mentor Jamie

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## Concerns

### Operations

- Historical Information about river flooding in June may be outdated. There have been significant mitigation projects completed in past 20 years. Some concerns that EMDs have shared. None of these have triggered opening of facilities, but are being used for planning purposes.
  - Boliver County: 100-150 homes may be flooded; City of Arnold put us on high alert late this afternoon.
  - Guernsey and Calhoun Counties about possibility that levee breach will cut counties off from each other.
  - Partner supported shelter at Senior Center request 20 cots and blankets water and food. May be overflow shelter for Wetlands shelter - concern about Granite shelter exceeding capacity.
  - Tish County may request a Red Cross shelter at Senior Citizens Building tomorrow. County levy may breach, may request shelter for 20-30 homes at American Legion.
  - Need strong logistics support and we do not have Log depth in this chapter.

  When we begin case work, we are going to need the volunteers to cover the large amount of work.
  - Assistance with getting more volunteers
  - Additional staff on the DR - sheltering/log and other GAPS

### Bulk Distribution - Concerns/Suggestions

- Bulk Manager decided he did not want that role today. We have someone new but they won't be available until Thursday
- Being consistent in delivery of clean up kits.
- Our supply is getting low and we have ordered more. We hope we get them in time to meet demand.
- Work with DPM/DPS to make sure plan fits community

### Case Work

- Will need additional caseworkers to help in the near future
- Having difficulty locating the families of the fatalities

### Logistics

- 6409s must be fully completed, approved, and turned in to logistics lead for procurement.
- Fuel PINS for volunteers who do not normally have PINs and fuel PINs for national vs. chapter vehicles

### Staffing

- May not be enough leadership volunteers available and widespread effects with several shelters open are causing a shortage of volunteers, along with the holiday travelers.

### External Relations

- What is our oversight? Just our district?
- Do we need more clarity with PA on media relations at shelters?
- Anything else we should be asking?

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# American Red Cross

**DISASTER OPERATIONS CONTROL**

Statistical Information

DR # MC Course

Incident: _____ Name of Operation Rambling River Floods COB Date: XX/XX/XXXX

Report Type: Daily
*Select One: Daily, Weekly, or Final*

Geographic Location: _____

Reporting Unit: Consolidated
*Select One: Chapter, Service Delivery Site, DRO Headquarters, NHQ, or Consolidated*

Report No: 4

| | # | Data Elements | Period | To Date * |
|---|---|---|---|---|
| Sites | 1 | Client Shelters | 6 | 8 |
| | 2 | Fixed Feeding Sites | 4 | 4 |
| | 3 | Kitchens (ARC, SB, Other) | 1 | 1 |
| | 4 | Bulk Distribution Sites | 6 | 6 |
| | 5 | Warehouses | 1 | 1 |
| | 6 | Individual Asst Service Centers | | |
| | 7 | Chapters Offering Indivdual Asst w/CAS | | 5 |
| | 8 | Emergency Aid Stations | 1 | 1 |
| | 9 | Respite Centers | | |
| | 10 | Chapter Call Centers | | |
| | 11 | Staff Shelters | | |
| | 12 | Staff Processing Centers | | |
| | 13 | Staging Areas | 1 | 1 |
| LG | 14 | EOCs Open/Activated | 4 | 4 |
| | 15 | EOCs Supported by Red Cross | 4 | 4 |
| Mass Care | 16 | New Shelter Registrations | 3 | 352 |
| | 17 | Shelter Overnight Stays | 32 | 424 |
| | 18 | Meals Served | 1,273 | 3,545 |
| | 19 | Snacks Served | 2,566 | 5,433 |
| | 20 | Vehicles Providing Mobile Feeding | 4 | 4 |
| | 21 | Clean-up Kits Distributed | | |
| | 22 | Comfort Kits Distributed | 35 | 566 |
| | 23 | Bulk Items Distributed | 25 | 50 |
| | 24 | Welfare Info Requests Received | | |
| | 25 | Welfare Info Requests Completed | | |
| | 26 | Safe & Well Registrations | 3 | 3 |
| Staff Services | 27 | Staff Ill | | |
| | 28 | Staff Injured | | |
| | 29 | Staff Hospitalized | | |
| | 30 | Staff Health Contacts | 23 | 56 |
| | 31 | Staff Released for Medical Reasons | | |
| | 32 | Training Sessions | 2 | 6 |
| | 33 | Persons Given Training | 40 | 67 |
| | 34 | Staff in Shelters | | |
| | 35 | Non-T&M Partner/Company Volunteers | 1 | 1 |
| | 36 | Non-T&M ARC Affiliated Volunteers | 147 | 165 |
| | 37 | Non-T&M Spontaneous Volunteers | 30 | 32 |
| | 38 | **TOTAL Non-T&M Volunteers** | 178 | 198 |
| | 39 | Non-T&M ARC Employees | 16 | 16 |
| | 40 | **TOTAL Non-T&M Staff** | 194 | 214 |
| | 41 | T&M ARC Volunteers | 80 | 102 |
| | 42 | T&M ARC Employees | 7 | 9 |
| | 43 | T&M Partner/Group Volunteers | 1 | 7 |
| | 44 | **TOTAL T&M Staff** | 88 | 118 |
| | 45 | Non-T&M Temp Agency Hires | | |
| | 46 | **GRAND TOTAL All Staff** | 282 | 332 |

| | # | Data Elements | Period | To Date * |
|---|---|---|---|---|
| Logistics | 47 | Nationally Owned ERVs | 6 | 6 |
| | 48 | Nationally Owned ECRVs | | |
| | 49 | Nationally Owned Trailers | | |
| | 50 | Other National Vehicles | 2 | 2 |
| | 51 | **TOTAL National Vehicles** | 8 | 8 |
| | 52 | Total Chapter Owned Vehicles | 5 | 5 |
| | 53 | Passenger Rental Vehicles | 7 | 7 |
| | 54 | Other Rental Vehicles | 2 | 2 |
| Individual Client Services | 55 | Estimated Total Cases | 522 | 522 |
| | 56 | Cases Opened | 4 | 4 |
| | 57 | Cases Opened on Outreach | 4 | 4 |
| | 58 | Cases Closed w/Financial Asst | | |
| | 59 | Cases Closed w/ Services Only | 2 | 2 |
| | 60 | Cases Currently Open | 2 | |
| | 61 | Client Returns | | |
| | 62 | Clients Served in Cases | | |
| | 63 | Client Casework Home Visits Completed | | |
| | 64 | Client Casework Home Visits Pending | | |
| | 65 | Outreach Contacts | 2 | 2 |
| | 66 | Outreach Notes | | |
| | 67 | Jumpstart to Recovery Kits Distributed | | |
| | 68 | Recovery Booklets Distributed | | |
| | 69 | Chapter Hotline Calls | | |
| | 70 | Response Center Calls | 122 | 126 |
| | 71 | Verified Deaths | | |
| | 72 | Verified Hospitalized | | |
| | 73 | Verified Ill/Injured | | |
| | 74 | HS Home/Hospital Visits Completed | | |
| | 75 | Health Services Contacts | 75 | 75 |
| | 76 | Health Services Client F2077 | | |
| | 77 | Health Services Client F1475 Open | | |
| | 78 | Health Services Client F1475 Completed | 4 | 4 |
| | 79 | Mental Health Contacts | 12 | 33 |
| | 80 | Mental Health Client F2077 | | |
| | 81 | Mental Health Client F1475 Open | | |
| | 82 | Mental Health Client F1475 Completed | | |

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# American Red Cross

**DISASTER OPERATIONS CONTROL**

Statistical Information

DR # MC Course

Incident : _____ Name of Operation Rambling River Floods COB Date: XX/XX/XXXX

Report Type: Daily
*Select One: Daily, Weekly, or Final*

Geographic Location: _____

Reporting Unit: Consolidated
*Select One: Chapter, Service Delivery Site, DRO Headquarters, NHQ, or Consolidated*

Report No: 9

| | # | Data Elements | Period | To Date * |
|---|---|---|---|---|
| Sites | 1 | Client Shelters | 4 | 8 |
| | 2 | Fixed Feeding Sites | 4 | 9 |
| | 3 | Kitchens (ARC, SB, Other) | 1 | 1 |
| | 4 | Bulk Distribution Sites | 6 | 8 |
| | 5 | Warehouses | 1 | 2 |
| | 6 | Individual Asst Service Centers | | |
| | 7 | Chapters Offering Indivdual Asst w/CAS | | 5 |
| | 8 | Emergency Aid Stations | 2 | 2 |
| | 9 | Respite Centers | | |
| | 10 | Chapter Call Centers | | |
| | 11 | Staff Shelters | | |
| | 12 | Staff Processing Centers | | |
| | 13 | Staging Areas | 1 | 1 |
| LG | 14 | EOCs Open/Activated | 4 | 4 |
| | 15 | EOCs Supported by Red Cross | 4 | 4 |
| Mass Care | 16 | New Shelter Registrations | 1 | 366 |
| | 17 | Shelter Overnight Stays | 54 | 677 |
| | 18 | Meals Served | 875 | 8,900 |
| | 19 | Snacks Served | 1,443 | 13,433 |
| | 20 | Vehicles Providing Mobile Feeding | 4 | 6 |
| | 21 | Clean-up Kits Distributed | 67 | 245 |
| | 22 | Comfort Kits Distributed | 1 | 455 |
| | 23 | Bulk Items Distributed | 2,376 | 5,508 |
| | 24 | Welfare Info Requests Received | | |
| | 25 | Welfare Info Requests Completed | | |
| | 26 | Safe & Well Registrations | 1 | 15 |
| Staff Services | 27 | Staff Ill | | |
| | 28 | Staff Injured | | |
| | 29 | Staff Hospitalized | | |
| | 30 | Staff Health Contacts | 2 | 66 |
| | 31 | Staff Released for Medical Reasons | | |
| | 32 | Training Sessions | 1 | 31 |
| | 33 | Persons Given Training | 5 | 221 |
| | 34 | Staff in Shelters | | |
| | 35 | Non-T&M Partner/Company Volunteers | 2 | 8 |
| | 36 | Non-T&M ARC Affiliated Volunteers | 211 | 240 |
| | 37 | Non-T&M Spontaneous Volunteers | 51 | 168 |
| | 38 | **TOTAL Non-T&M Volunteers** | 264 | 416 |
| | 39 | Non-T&M ARC Employees | 16 | 21 |
| | 40 | **TOTAL Non-T&M Staff** | 280 | 437 |
| | 41 | T&M ARC Volunteers | 99 | 122 |
| | 42 | T&M ARC Employees | 7 | 7 |
| | 43 | T&M Partner/Group Volunteers | 1 | 7 |
| | 44 | **TOTAL T&M Staff** | 107 | 136 |
| | 45 | Non-T&M Temp Agency Hires | | |
| | 46 | **GRAND TOTAL All Staff** | 387 | 573 |

| | # | Data Elements | Period | To Date * |
|---|---|---|---|---|
| Logistics | 47 | Nationally Owned ERVs | 9 | 9 |
| | 48 | Nationally Owned ECRVs | | |
| | 49 | Nationally Owned Trailers | | |
| | 50 | Other National Vehicles | 2 | 2 |
| | 51 | **TOTAL National Vehicles** | 11 | 11 |
| | 52 | Total Chapter Owned Vehicles | 8 | 8 |
| | 53 | Passenger Rental Vehicles | 17 | 22 |
| | 54 | Other Rental Vehicles | 6 | 6 |
| Individual Client Services | 55 | Estimated Total Cases | 400 | 400 |
| | 56 | Cases Opened | 65 | 65 |
| | 57 | Cases Opened on Outreach | 14 | 14 |
| | 58 | Cases Closed w/Financial Asst | | |
| | 59 | Cases Closed w/ Services Only | 2 | 2 |
| | 60 | Cases Currently Open | 63 | |
| | 61 | Client Returns | | |
| | 62 | Clients Served in Cases | | |
| | 63 | Client Casework Home Visits Completed | | |
| | 64 | Client Casework Home Visits Pending | | |
| | 65 | Outreach Contacts | 14 | 14 |
| | 66 | Outreach Notes | | |
| | 67 | Jumpstart to Recovery Kits Distributed | | |
| | 68 | Recovery Booklets Distributed | | |
| | 69 | Chapter Hotline Calls | | |
| | 70 | Response Center Calls | 56 | 366 |
| | 71 | Verified Deaths | | |
| | 72 | Verified Hospitalized | | |
| | 73 | Verified Ill/Injured | | |
| | 74 | HS Home/Hospital Visits Completed | | |
| | 75 | Health Services Contacts | 25 | 255 |
| | 76 | Health Services Client F2077 | | |
| | 77 | Health Services Client F1475 Open | | |
| | 78 | Health Services Client F1475 Completed | 9 | 70 |
| | 79 | Mental Health Contacts | 123 | 231 |
| | 80 | Mental Health Client F2077 | | |
| | 81 | Mental Health Client F1475 Open | | |
| | 82 | Mental Health Client F1475 Completed | | |

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# American Red Cross

**DISASTER OPERATIONS CONTROL**

Statistical Information

DR # MC Course

Incident: _____ Name of Operation Rambling River Floods COB Date: XX/XX/XXXX

Report Type: Daily
*Select One: Daily, Weekly, or Final*

Geographic Location: _____

Reporting Unit: Consolidated
*Select One: Chapter, Service Delivery Site, DRO Headquarters, NHQ, or Consolidated*

Report No: 14

| | # | Data Elements | Period | To Date * |
|---|---|---|---|---|
| Sites | 1 | Client Shelters | 1 | 8 |
| | 2 | Fixed Feeding Sites | 2 | 9 |
| | 3 | Kitchens (ARC, SB, Other) | | 1 |
| | 4 | Bulk Distribution Sites | 4 | 8 |
| | 5 | Warehouses | 1 | 2 |
| | 6 | Individual Asst Service Centers | | |
| | 7 | Chapters Offering Indivdual Asst w/CAS | | 5 |
| | 8 | Emergency Aid Stations | | 4 |
| | 9 | Respite Centers | | |
| | 10 | Chapter Call Centers | | |
| | 11 | Staff Shelters | | |
| | 12 | Staff Processing Centers | | |
| | 13 | Staging Areas | 1 | 2 |
| LG | 14 | EOCs Open/Activated | 2 | 4 |
| | 15 | EOCs Supported by Red Cross | | 4 |
| Mass Care | 16 | New Shelter Registrations | | 1,026 |
| | 17 | Shelter Overnight Stays | 265 | 3,876 |
| | 18 | Meals Served | 345 | 10,255 |
| | 19 | Snacks Served | 655 | 15,252 |
| | 20 | Vehicles Providing Mobile Feeding | 1 | 6 |
| | 21 | Clean-up Kits Distributed | 6 | 544 |
| | 22 | Comfort Kits Distributed | 1 | 465 |
| | 23 | Bulk Items Distributed | 2,144 | 9,811 |
| | 24 | Welfare Info Requests Received | | |
| | 25 | Welfare Info Requests Completed | | |
| | 26 | Safe & Well Registrations | 1 | 16 |
| Staff Services | 27 | Staff Ill | | |
| | 28 | Staff Injured | | |
| | 29 | Staff Hospitalized | | |
| | 30 | Staff Health Contacts | | 68 |
| | 31 | Staff Released for Medical Reasons | | |
| | 32 | Training Sessions | 1 | 20 |
| | 33 | Persons Given Training | 5 | 275 |
| | 34 | Staff in Shelters | | |
| | 35 | Non-T&M Partner/Company Volunteers | 2 | 8 |
| | 36 | Non-T&M ARC Affiliated Volunteers | 55 | 270 |
| | 37 | Non-T&M Spontaneous Volunteers | 25 | 266 |
| | 38 | **TOTAL Non-T&M Volunteers** | 82 | 544 |
| | 39 | Non-T&M ARC Employees | 10 | 21 |
| | 40 | **TOTAL Non-T&M Staff** | 92 | 565 |
| | 41 | T&M ARC Volunteers | 55 | 270 |
| | 42 | T&M ARC Employees | 7 | 10 |
| | 43 | T&M Partner/Group Volunteers | 1 | 8 |
| | 44 | **TOTAL T&M Staff** | 63 | 288 |
| | 45 | Non-T&M Temp Agency Hires | | |
| | 46 | **GRAND TOTAL All Staff** | 155 | 853 |

| | # | Data Elements | Period | To Date * |
|---|---|---|---|---|
| Logistics | 47 | Nationally Owned ERVs | 6 | 9 |
| | 48 | Nationally Owned ECRVs | | |
| | 49 | Nationally Owned Trailers | | |
| | 50 | Other National Vehicles | 2 | 2 |
| | 51 | **TOTAL National Vehicles** | 8 | 11 |
| | 52 | Total Chapter Owned Vehicles | 8 | 8 |
| | 53 | Passenger Rental Vehicles | 5 | 22 |
| | 54 | Other Rental Vehicles | 15 | 44 |
| Individual Client Services | 55 | Estimated Total Cases | 400 | 400 |
| | 56 | Cases Opened | 255 | 255 |
| | 57 | Cases Opened on Outreach | 174 | 174 |
| | 58 | Cases Closed w/Financial Asst | | |
| | 59 | Cases Closed w/ Services Only | 44 | 44 |
| | 60 | Cases Currently Open | 211 | |
| | 61 | Client Returns | | |
| | 62 | Clients Served in Cases | | |
| | 63 | Client Casework Home Visits Completed | | |
| | 64 | Client Casework Home Visits Pending | | |
| | 65 | Outreach Contacts | 7 | 152 |
| | 66 | Outreach Notes | | |
| | 67 | Jumpstart to Recovery Kits Distributed | | |
| | 68 | Recovery Booklets Distributed | | |
| | 69 | Chapter Hotline Calls | | |
| | 70 | Response Center Calls | 14 | 580 |
| | 71 | Verified Deaths | | |
| | 72 | Verified Hospitalized | | |
| | 73 | Verified Ill/Injured | | |
| | 74 | HS Home/Hospital Visits Completed | | |
| | 75 | Health Services Contacts | 14 | 325 |
| | 76 | Health Services Client F2077 | | |
| | 77 | Health Services Client F1475 Open | | |
| | 78 | Health Services Client F1475 Completed | 14 | 225 |
| | 79 | Mental Health Contacts | 44 | 527 |
| | 80 | Mental Health Client F2077 | | |
| | 81 | Mental Health Client F1475 Open | | |
| | 82 | Mental Health Client F1475 Completed | | |

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