

# Shelter Operations Simulation

## Disaster Cycle Services

### Participant Guide Skills Station Participant Check-off Sheets



February 2017



American Red Cross



## Simulation Purpose

The simulation enables participants to practice roles, gain experience, and identify areas for improvement based on the content presented in the *Shelter Fundamentals* and *Shelter Manager* courses.

## Simulation Goals

The *Shelter Operations Simulation* focuses on the various shelter operation tasks required to maintain a functioning shelter. Below are the three overarching goals identified for this simulation in order to provide the participants with a successful and productive learning experience:

- Promote teamwork through interactive group activities that correspond to resourcing, opening, operating and closing a shelter.
- Reinforce the key activities and tasks that are involved in resourcing, opening, operating and closing a shelter as presented in the *Shelter Fundamentals* course.
- Provide participants with an opportunity to set up, operate and close a shelter by practicing in the following skills stations: Reception, Dormitory Registration and Information; Dormitory; Feeding and Supplies.

## Simulation Structure Overview

- This simulation will be “hands on” and skills-based.
- The Lead Facilitator will present a briefing to the participants highlighting the overall goals, purpose and conduct requirements of the simulation.
- Simulation play will begin with a realistic scenario briefing that is delivered to the participants in a Red Cross shelter orientation-style briefing. This will be conducted by an experienced shelter manager or the Lead Facilitator so that any participant questions can be accurately and appropriately addressed. Participants will then be assigned to one of three teams that will work as a group to complete various tasks at each skills station.
- The following three skills stations are based on the work categories established in the Shelter Fundamentals course:
  - Skills Station 1: Dormitory
  - Skills Station 2: Reception, Dormitory Registration and Information
  - Skills Station 3: Feeding and Supplies
- Teams will rotate through each skills station.

## Basic Guidance:

- Work as a team to complete the tasks in each skills station.
- Treat everyone in the shelter with kindness including clients, visitors, and other workers.



## Skills Station: Reception, Dormitory Registration and Information

| <b>Reception, Dormitory Registration and Information Skills Station Purpose</b>  |
|--|
| Workers in the reception area greet everyone who enters the shelter including clients, visitors, partner agency members, and other workers. They sign individuals in and direct them to the appropriate service in the shelter.    |
| Workers in the dormitory registration area register people affected by the disaster upon arrival, maintain a system for checking occupants in and out when they leave, and manage the recordkeeping system for registration forms. |
| Workers in the information areas post accessible signage and set up information areas appropriate to the current shelter event and clients' needs.   |

| <b>Reception, Dormitory Registration and Information Skills Station Objectives</b>   |
|--|
| 1. Participants demonstrate the ability to set up a sample shelter reception and dormitory registration areas for clients by addressing key areas of consideration and resources according to established Red Cross shelter guidelines with equipment and supplies provided. |
| 2. Participants demonstrate their knowledge of the dormitory registration process and quality customer service by explaining the purpose of several key forms and completing an interview using the appropriate forms.   |
| 3. Participants demonstrate their understanding of internal and external signage needs by considering functional areas such as reception, dormitory registration, feeding and dormitory, health, and mental health.  |
| 4. Participants demonstrate understanding in providing for shelter client diversity by identifying language, feeding, health, and accessibility needs in a shelter and providing examples of how to convey information effectively to meet each of these needs.              |
| 5. Participants demonstrate their knowledge of information activities by addressing key areas of consideration and resources needed when setting up and maintaining effective communication throughout a shelter.  |
| 6. Participants demonstrate their knowledge of shelter closing procedures by returning the reception and dormitory registration areas to "pre-shelter" conditions and removing all signs they posted.  |

| Reception, Dormitory Registration and Information Skills Station Tasks  |            |           |
|---|------------|-----------|
| <b>General:</b>   | <b>Yes</b> | <b>No</b> |
| Explain key areas of consideration and key resources for setting up reception, dormitory registration, and information areas.   |            |           |
| Identify language, dietary, health, and accessibility challenges in a shelter and provide examples of how to convey information effectively to meet these challenges  |            |           |
| Set up adequate tables and chairs for reception and dormitory registration processes and for providing information  |            |           |
| Discuss any items in the most recent <i>Response Reminders</i> related to reception, dormitory and registration, and provide information, including customer service.   |            |           |
| <b>Reception: Set up and operate a sample shelter reception area:</b>   | <b>Yes</b> | <b>No</b> |
| Have proper forms and administrative supplies on hand   |            |           |
| Ensure that everyone entering is greeted warmly and receives quality customer service   |            |           |
| Ensure there is a barrier in place to prevent unauthorized or unregistered entry  |            |           |
| Ensure that everyone signs in before passing through the reception area (including staff, clients, and visitors)  |            |           |
| Explain key areas of consideration when operating the shelter reception area, including interactions with clients who have service animals, assistance animals, and pets.   |            |           |
| <b>Dormitory Registration: Set up and operate a dormitory registration area</b>   | <b>Yes</b> | <b>No</b> |
| Conduct a compassionate interview for incoming clients that sets expectations and reinforces rules and routines using: <ul style="list-style-type: none"> <li>• <i>Shelter Dormitory Registration Form</i></li> <li>• <i>Shelter Referral Log</i></li> <li>• <i>Shelter Client Welcome Handout</i></li> </ul>         |            |           |
| Explain key areas of consideration when operating the dormitory registration area.  |            |           |
| <b>Information: Identify types and locations of internal and external signage necessary signs for effective communication</b>   | <b>Yes</b> | <b>No</b> |
| Explain key areas of consideration and resources needed when setting up and maintaining effective information sharing, including signage, throughout the shelter.   |            |           |
| Identify and post needed external signage   |            |           |
| Identify needed internal signage based on the shelter population in collaboration with workers in each area: <ul style="list-style-type: none"> <li>• Reception</li> <li>• Dormitory Registration</li> <li>• Information</li> <li>• Dormitory</li> <li>• Feeding</li> <li>• Supplies</li> </ul>                       |            |           |
| Post signage throughout the shelter, logging the location of every sign to facilitate removal during shelter closure  |            |           |
| Explain how bulletin boards and information tables can be used to provide information to clients  |            |           |
| Explain the purpose of the following forms or documents: <ul style="list-style-type: none"> <li>• <i>Safe and Well Brochure</i></li> <li>• <i>Safe and Well Helper Tool</i></li> <li>• <i>Safe and Well Wallet Cards</i></li> <li>• <i>Emergency Welfare Inquiry and Family Reunification Request Form</i></li> </ul> |            |           |

|  |            |           |
|--|------------|-----------|
| <ul style="list-style-type: none"> <li>• <i>Safe and Well Registration Form</i></li> <li>• <i>Unaccompanied Minors and Separated Child Report Form</i></li> <li>• <i>Visual Language Translator</i></li> </ul> |            |           |
|  |            |           |
| <b>Perform closing procedures</b>  | <b>Yes</b> | <b>No</b> |
| Remove all posted signage and returning the information area to “pre-shelter” conditions   |            |           |
| Explain where completed documents go when the shelter closes and return the reception and dormitory registration areas to “pre-shelter” conditions   |            |           |

**Comments:**

Observations – strengths and areas for improvement





## Skills Station: Dormitory

| <b>Dormitory Skills Station Purpose</b>   |
|---|
| Workers in the dormitory set up and monitor sleeping areas, assist clients with needs and coordinate with Logistics or the shelter manager to procure supplies necessary for a shelter dormitory. |

| <b>Dormitory Skills Station Objectives</b>  |
|---|
| 1. Participants demonstrate the ability to set up a standard, short-term sample shelter dormitory area for eight clients according to established Red Cross shelter guidelines with the necessary equipment and supplies.           |
| 2. Participants demonstrate their knowledge of dormitory activities by addressing key areas of consideration when setting up and maintaining a dormitory, ensuring accommodations for individuals with access and functional needs. |
| 3. Participants demonstrate their knowledge of shelter closing procedures by returning the dormitory to “pre-shelter” conditions.   |

| <b>Dormitory Skills Station Tasks</b>  |            |           |
|--|------------|-----------|
| <b>General:</b>  | <b>Yes</b> | <b>No</b> |
| Explain key areas of consideration and resources needed when setting up and maintaining a dormitory.   |            |           |
| Explain the difference between an evacuation shelter and a standard short-term shelter, including space requirements for each type of shelter.   |            |           |
| Identify the type and location of needed signage, collaborating with the shelter Information workers.  |            |           |
| Discuss any items in the most recent <i>Response Reminders</i> related to the dormitory, including customer service.   |            |           |
| <b>Set up a sample shelter dormitory area for eight clients meeting conditions specified below:</b>  | <b>Yes</b> | <b>No</b> |
| Protect the flooring.  |            |           |
| Set up individual cots and client furnishings, ensuring space for each client meets the recommended square footage, including at least one cot for an individual who needs extra space due to access and functional needs or a disability. |            |           |
| Ensure adequate aisle space for clients with access and functional needs.  |            |           |
| Create a client location chart.  |            |           |
| Explain the reporting (oral and written) that dormitory workers may have to provide during the life cycle of a shelter.  |            |           |
| Explain key areas of consideration and resources needed when deactivating the shelter.   |            |           |
| <b>Perform Closing Procedures:</b>   | <b>Yes</b> | <b>No</b> |
| Explain the process for cleaning cots and preparing to have them returned to storage, collaborating with the workers in the supplies area.   |            |           |
| Return the skills station to its original condition, including breaking down the cots.   |            |           |

**Comments:**

Observations – strengths and areas for improvement

## Skills Station: Feeding and Supplies

| Feeding and Supplies Skills Station Purpose  |
|--|
| Workers in the feeding areas provide assistance at the direction of the feeding lead, including serving meals and maintaining the 24-hour snack area.  |
| Workers in the supplies area ensure adequate inventory of supplies are available in the shelter and there is a plan for distributing items to clients. |

| Feeding and Supplies Skills Station Objectives  |
|---|
| 1. Participants demonstrate the ability to set up a sample shelter 24-hour snack area and account for received and expended supplies according to established Red Cross shelter guidelines. |
| 2. Participants demonstrate their knowledge of feeding activities by addressing key areas of consideration and resources needed when setting up and maintaining a 24-hour snack area.       |
| 3. Participants demonstrate their knowledge of the supplies activities by addressing key areas of consideration and resources needed when setting up and maintaining a supplies area.       |
| 3. Participants demonstrate their knowledge of shelter closing procedures by completing a closing inventory and returning the feeding and supplies areas to “pre-shelter” conditions.       |

| Feeding and Supplies Skills Station Tasks   |     |    |
|---|-----|----|
| General:  | Yes | No |
| Identify the type and location of signage needed in the feeding and supplies areas in collaboration with the workers in the information area.   |     |    |
| Discuss any items in the most recent <i>Response Reminders</i> related to Feeding and Supplies, including customer service and donations management.  |     |    |
| Feeding: Set up and operate a 24-hour snack area  | Yes | No |
| Explain key areas of consideration when setting up feeding areas, including a 24-hour snack area; and key resources for setting up and maintaining a 24-hour snack area.  |     |    |
| Conduct an opening inventory using the <i>Shelter Inventory</i> form. Discuss how feeding supplies and equipment will be reported to the shelter manager for inclusion in daily reports.  |     |    |
| Explain how to maintain sanitation in all feeding areas including preparation, serving, and eating areas.   |     |    |
| Explain space conditions in the dining area for clients with access and functional needs, including those with disabilities, food allergies, and dietary restrictions.  |     |    |
| Explain key areas of consideration for feeding areas when the shelter is preparing to close.  |     |    |
| Supplies: Determine the storage and distribution plan for supplies in the shelter   | Yes | No |
| Review the items just arriving according to the <i>Disaster Requisition Part B</i> form. Develop a brief plan for where the items will be stored, how they will be secured during storage, and how they will be distributed for use in the shelter. |     |    |
| Explain how supplies will be inventoried throughout the shelter operation and reported to the shelter manager for inclusion in daily reports.   |     |    |

| Perform Closing Procedures  | Yes | No |
|---|-----|----|
| Explain how supplies will be returned or disposed of when the shelter closes.   |     |    |
| Complete the <i>Shelter Inventory</i> form for closing and returning the 24-hour snack area to its original condition |     |    |

**Comments:**

Observations – strengths and areas for improvement



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Red Cross**

**Disaster Requisition – Form 6409**

|   |                 |                                  |                                  |                       |                |
|---|-----------------|----------------------------------|----------------------------------|-----------------------|----------------|
| <b>DR #(if applicable):</b>   | <b>DR Name:</b> | <b>Date:</b>                     | <b>Requisition #</b>             |                       |                |
| 977-XX  | Hurricane Jodie | 8/16/XX                          |                                  |                       |                |
| <b>Requester Name:</b> Steve Cassel   |                 | <b>Signature:</b>                |                                  |                       |                |
| <b>Title:</b> Sheltering Lead District 2  |                 | <b>Phone:</b> 202-215-XXXX       |                                  |                       |                |
| <b>Delivery Information</b>   |                 |                                  |                                  |                       |                |
| <b>Site POC Name:</b> Kate Martor   |                 | <b>Phone:</b> 703-455-XXXX       | <b>E-mail:</b> Kate@redcross.org |                       |                |
| <b>Address:</b> Shelter in the city   |                 |                                  |                                  |                       |                |
| <b>City:</b>  | Happy Valley    | <b>State:</b> Virginia           | <b>Zip:</b> 12345                |                       |                |
| <b>Description of product(s) and/or service(s)</b>  |                 |                                  |                                  |                       |                |
| Stock No.   | Quantity        | Unit of Measure<br>(EA/PK/CS/BX) | Total Qty<br>(Each)              | Description           | Date<br>Needed |
|   | 250             | 1/EA                             | 250                              | Pillows               | 8/17/XX        |
| D37   | 20              | 25/BX                            | 500                              | Blankets              | 8/17/XX        |
| D67   | 75              | 4/PKG                            | 300                              | Cots                  | 8/17/XX        |
|   | 500             | 1/EA                             | 500                              | Assorted Snacks       | 8/17/XX        |
|   | 1000            | 1/EA                             | 1000                             | Bottles Water         | 8/17/XX        |
|   | 6               | 1/EA                             | 6                                | 30 Gallon Trash Cans  | 8/17/XX        |
|   | 1               | 25/BX                            | 25                               | Trash Bags            | 8/17/XX        |
|   | 2               | 12/PKG                           | 24                               | Rolls of Paper Towels | 8/17/XX        |
| <b>Special Instructions:</b><br>Deliver directly to the shelter. Look for a loading doc at the side of the building.  |                 |                                  |                                  |                       |                |
| <b>The following information must be filled in by the APPROVER ONLY:</b>  |                 |                                  |                                  |                       |                |
| Approval includes: verification of need; need consistent with Service Delivery Plan and budget.   |                 |                                  |                                  |                       |                |
| <b>Approver Name:</b> Jodie Halsne  |                 |                                  | <b>Signature:</b>                |                       |                |
| <b>Title:</b> Mass Care Chief   |                 |                                  | <b>Phone:</b> 202-222-3579       |                       |                |
| <b>Procurement Method (This section is optional)</b>  |                 |                                  |                                  |                       |                |
| Account string to charge: _ _ _ - _ _ _ - _ _ _ - _ _ _ - _ _ _ -   |                 |                                  |                                  |                       |                |
| Procurement tool to use: <input type="checkbox"/> Donation <input type="checkbox"/> ReQuest <input type="checkbox"/> Concur Invoice <input type="checkbox"/> P-card <input type="checkbox"/> Transfer <input type="checkbox"/> Loan |                 |                                  |                                  |                       |                |
| <input checked="" type="checkbox"/> Other: (explain): Supplies are in the warehouse   |                 |                                  |                                  |                       |                |

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



# Disaster Receipt Form – Form 6409-B

|   |                                   |                                  |                           |                       |                |
|---|-----------------------------------|----------------------------------|---------------------------|-----------------------|----------------|
| <b>DR #(if applicable)</b><br>977-XX  | <b>DR Name</b><br>Hurricane Jodie | <b>Date</b><br>8/16/XX           | <b>Requisition #</b>      |                       |                |
| Site POC Name: Kate Martor  |                                   | Phone: 703-455-XXXX              | E-mail: Kate@redcross.org |                       |                |
| <b>Description of product(s) and/or service(s)</b>  |                                   |                                  |                           |                       |                |
| Stock No.   | Quantity                          | Unit of Measure<br>(EA/PK/CS/BX) | Total Qty<br>(Each)       | Description           | Date<br>Needed |
|   | 250                               | 1/EA                             | 250                       | Pillows               | 8/17/XX        |
| D37   | 20                                | 25/BX                            | 500                       | Blankets              | 8/17/XX        |
| D67   | 75                                | 4/PKG                            | 300                       | Cots                  | 8/17/XX        |
|   | 500                               | 1/EA                             | 500                       | Assorted Snacks       | 8/17/XX        |
|   | 1000                              | 1/EA                             | 1000                      | Bottles Water         | 8/17/XX        |
|   | 6                                 | 1/EA                             | 6                         | 30 Gallon Trash Cans  | 8/17/XX        |
|   | 1                                 | 25/BX                            | 25                        | Trash Bags            | 8/17/XX        |
|   | 2                                 | 12/PKG                           | 24                        | Rolls of Paper Towels | 8/17/XX        |
| <b>Acknowledgement by person receiving product(s) and/or service(s).</b>                                      |                                   |                                  |                           |                       |                |
| <input type="checkbox"/> I hereby certify that I have received all product(s) and/or service(s) listed above. |                                   |                                  |                           |                       |                |
| If all product(s) and/or service(s) have not been received, provide explanation in the space below.           |                                   |                                  |                           |                       |                |
| Discrepancies:  |                                   |                                  |                           |                       |                |
| Received by Print Name:   |                                   |                                  |                           |                       |                |
| Received by Signature:  |                                   |                                  |                           |                       |                |
| Date:   |                                   |                                  | Time of arrival:          |                       |                |
| Group:  |                                   |                                  |                           |                       |                |

## Instructions for completing the form

The Disaster Receipt Form (6409-B) is to acknowledge receipt of product(s) and/or service(s) requested on the Disaster Requisition Form (6409) by Group/Activity on the DRO.

**DR #:** Enter the DR # and year (if applicable).

**DR Name:** Enter the DR Name.

**Requisition #:** Requisition number from the corresponding

F6409

**Site POC:** Enter the POC name

**POC Phone:** Enter POC's Phone Number

**POC E-mail:** Enter POC's E-mail

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

**Stock No.:** Enter the Stock No. for the Item if known

**Quantity:** Enter the # of Units of Measure if known

**Unit of Measure:** Enter the Unit of Measure (EA-Each; PK-Pack; CS-Case; BX-Box) if known

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Author: Deploy Materials Workers and Technology Process

Owner: Disaster Cycle Services

**Total Qty (Each):** Enter the number Quantity x Unit of measure = Total Each. If unit of measure is not known enter total number of product needed.

**Description:** Enter the description of the product(s) or service(s)

**Need by:** Enter the date and time for when the product(s) or service(s) are needed

**Acknowledgement by person receiving item**

**Checkbox:** Certifies receipt of items

**Discrepancies:** List any discrepancies here.

**Received by (Printed name):** Enter the name of the recipient

**Received by (Signature):** Enter the signature of the recipient

**Date:** Enter date in mm-dd-yy format

**Time of Arrival:** Enter arrival time

**Group:** Enter the Recipient's Group/Activity/Position

## Appendix:

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



## **Be Aware and Accommodate**

### **Introduction:**

The Red Cross values and promotes diversity and inclusiveness among its volunteers and employees and in our programs, services and 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, policies 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 with access and functional needs should be assisted to function as independently as possible in the least restrictive environment possible.
- During registration in a Red Cross shelter, use the questions and observations at the top of the *Shelter Dormitory Registration* form to assist individuals who need additional assistance or accommodations to reside in shelters.
- Shelter workers need to meet access and functional needs as quickly as possible, seeking support from the Shelter Manager, Disaster Health Services, Disaster Mental Health, and Disability Integration, as needed.
- Personal care assistants or home health aides can provide services to their clients in shelters and can be requested through Red Cross disaster relief operation leadership.
- Assist partner managed and independently managed shelter operations with finding resources to meet the needs of individuals with disabilities and others with access and functional needs.
- Ask the client what they need. Some accommodations can be made immediately by the shelter worker, such as providing a cane, reading signs aloud, and connecting the client with a translator.

### **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

### **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.

## **Tips for working with people with disabilities and others with access and functional needs:**

- Treat every person as an individual, and those who are adults as adults, to address their specific needs. Ask, “How can we help you today?” Each individual is the best resource for information on the kind of assistance they need.
- Before you attempt to assist a person, ask if they 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 others who 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 a cot near a power source to shelter residents with durable medical equipment requiring electricity for charging, and provide 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. Facilitate veterinary services as needed.
- Provide informational material to people with disabilities and others with access and functional needs in the format they request to ensure they 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, visually and through the spoken word.
- 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, developmental disabilities, and mental 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 accessible transportation options are made available to those who need them.

DCS JT RES Providing Services to Individuals with Disabilities and Others with Access and Functional Needs  
Bulletin V.0.2-2017.2.6      Owner: Disaster Cycle Services Respond and DCS Training and Development