

ARC Shelters and Shelter Communications

Stephanie Charles KI6PUW
Karl Matzke KI6JPS
George Williams N6NKT

February 27, 2010

Presenters

Stephanie Charles (charless@usa.redcross.org)

Disaster Leadership

Government Liaison for Mountain View

CERT member

Duty Officer

Disaster Action Team

Ham

Karl Matzke (matzkek@usa.redcross.org)

Mass Care Administrator

Government Liaison for Palo Alto

PANDA & PAN member

Duty Officer

Disaster Action Team

Ham

George Williams (n6nkt@yahoo.com)

Response Technology Communications Lead

ARES EC for Silicon Valley Chapter

ECRV Driver/Operator

ERV Driver

Disaster Action Team

Ham

Disaster Instructor

Agenda

- Red Cross Movement and American Red Cross
 - Charter and organizational values
- Disaster Response Overview
 - Types of disasters & responses
 - Internal organization for response
- Shelter Operations
 - When, where and how do shelters open
 - Organization and operation
 - Challenges
- Communications
 - Shelter communications needs
 - Challenges in working together

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ARC Congressional Charter

- (1) to provide volunteer aid in time of war to the sick and wounded of the armed forces [per Geneva conventions and similar treaties]
- (2) in carrying out the purposes described in clause (1) of this section, to perform all the duties devolved on a national society ...
- (3) to act ... as a medium of communication between the people of the United States and the armed forces of the United States ...
- (4) to carry out a system of **national and international relief** in time of peace, and apply that system in **mitigating the suffering caused by pestilence, famine, fire, floods,** and other great national calamities, and to **devise and carry out measures for preventing those calamities**; and
- (5) to conduct other activities consistent with the foregoing purposes.

American Red Cross

- Disaster Services
- Health & Safety Services
- Service to the Armed Forces
- International Services
- Blood Services

(funded by donations from the American people)

Red Cross Values

Who We Help

- Humanity
- Impartiality
- Neutrality

How We Do It

- Independence
- Voluntary Service
- Unity
- Universality

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What Disaster ...?

- Earthquake
- Structure Fires
- Wildfires
- Floods
- Terrorist attack
- Pandemic flu
- Airplane crash
- Hazardous materials spills
- etc



Two Ways We Help

Mass Care

Service to groups: disaster victims
& emergency workers

Initial response in large disasters

Individual Client Services

Service to individuals/families

Small disasters

Later response in large disasters



ARC “Groups & Activities”

Disaster Chair		Operations Management		Planning & Agreements		Operations		Duty Officers		Disaster Action Teams	
Client Services	Mass Care	Partner Services	Information Management	Material Support Services	Staff Services	Organizational Support					
Client Casework	Bulk Distribution	Government Liaison	Disaster Assessment	Facilities	Staff Relations/CDV	Public Affairs					
Welfare Information	Feeding	Voluntary Agencies	Financial Information	In-kind Donations	Workforce Planning	Fundraising					
Health Services	Sheltering	Community Relations	AP & ID	Warehousing & Supply	Staff Support						
Mental Health Services	ERV		Invoice Review	Transportation	DRO Training						
Recovery Planning				Life Safety & Asset Protection	Staff Health						
				Procurement	DSHR						
				RT Communications	Disaster Training						
				RT Computers							

Comparison to ICS

ICS Terminology

Incident Manager

Operations

Logistics

Planning/Intelligence

Finance/Administration

Red Cross Terminology

Operations Manager

Mass Care & Client
Services

Material Support Services,
Staff Services, Partner
Services

Information Mgmt (DA)

Information Mgmt (all but
DA) & Organizational
Support

Key Contacts

Tom Busk, *Director of Community Preparedness & Response*

Ann Herosy, *Chair of Disaster Services*

Karl Matzke, *Mass Care Administrator*

Vinnie Biberdorf, *Partner Services Group Lead*

Rich Mallonee, *Government Liaison Activity Lead*

Stephanie Charles, *Liaison to Mountain View*

George Williams, *Response Technology Communications Lead*

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Shelter Types

- Red Cross operated
 - Jointly designated by ARC & city in advance
 - Usually opened by city in consultation with ARC
 - Managed by ARC
 - City may help provide volunteers and supplies
- Red Cross supported
 - Opened by ARC partner or independent party
 - ARC may supply leadership and/or supplies
- Non Red Cross
 - Churches (etc.) may operate shelters without ARC involvement
 - ARC cannot support shelters which don't conform with our basic values

Shelters in Mountain View

- Senior Center (capacity 170) and/or Community Center (capacity 260)
 - *Supply cache at Rengstorff Park*
 - *Antenna drops at both*
- Two sports centers (need to re-survey)
 - *Supply cache at Crittenden but not Graham*
- Mountain View HS (capacity 425); elementary schools if necessary
- YMCA (capacity 320)
- St. Timothy's (capacity 75 or more)

Triggers

Small Incident

City fire department or
emergency manager asks
ARC for help

ARC opens shelter if more
than 20-25 clients

Large Incident

County/city EOC asks ARC
for help

ARC may open shelters
independently in a
catastrophic event

Building inspection issue

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What Do People Need?

- Shelter, cot & blanket
- Food
- Clothing
- Medications
- Baby supplies
- Pet accommodations
- Information
- Someone to talk to, something to distract them











American Red Cross

Disaster Relief

COMFORT KIT
CASETS
EQUIPMENT

Two notices or instructions are posted on the interior wooden wall of the trailer.









Caf

Decaf

Stephanie Calkins
Manager, Nutrition
April 1, 2012











LOST PERSONS

- FRANCISCO GARCIA
MALE 8 YRS
- ADAM QUICHOCHO
MALE 13 YRS OLD
- Lisa Webb
Female Age 40+





AMATEUR
RADIO

Las Altes

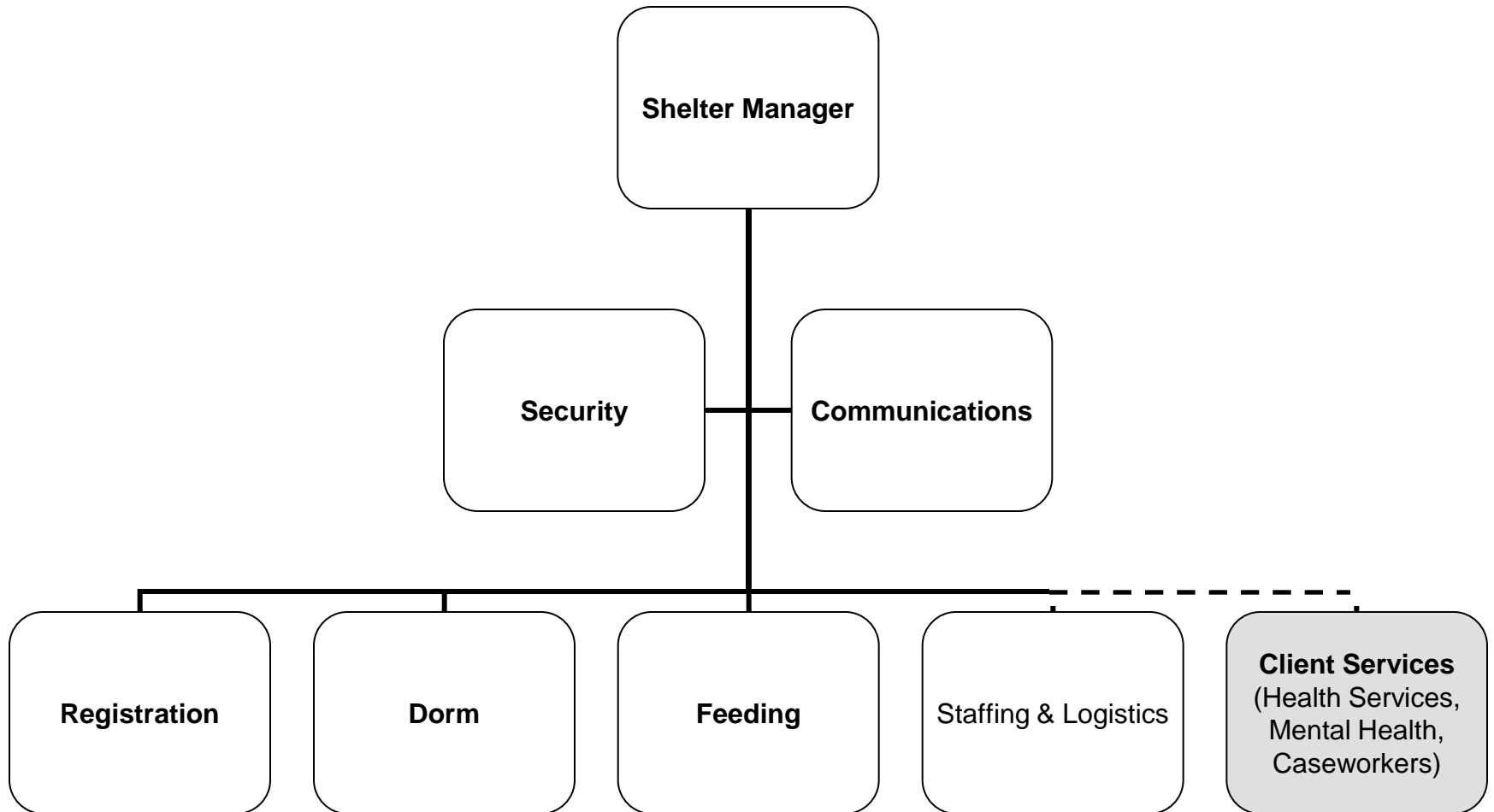
- LINDA GREZ

- TAKING Care of STOLEN PURSE
 - POLICE, Shelter Manager, Observation
- Advise clients about security (w/out SCARING CLIENTS)
- Facilities Staff - very helpful w/ TV for INFO
- Stickers / Labels w/ LANGUAGES
- Clients may not be able ^{SPOKEN} to READ & WRITE
- SEPERATE DISTRAIT CLIENTS (e.g. scares young children, other clients)

SHELTER MANAGEMENT

LOCATION w/IN SHELTER
(seperate from registration)

Shelter Operations



Shelter Considerations

- Basic shelter mgmt
 - Registration, dorm and feeding areas
 - Supplies (cots, blankets, tables, chairs, etc)
 - Meals, snacks, beverages
 - Security
 - Information
 - Communications
 - Record keeping
- Clients may be
 - Injured, upset, bored
 - Illiterate, non-English speaking
 - Have special issues (vulnerable populations)
- Other situations include
 - Children
 - Unaccompanied minors
 - Separated families
 - Sex offenders, clients on probation
 - Pets

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Challenges

- Uncertainty, ambiguity, inadequate information, limited communications
- Public interest, donations, spontaneous volunteers
- Building effective operations utilizing
 - Trained, local ARC volunteers
 - Outside ARC volunteers who don't know the local area but have standardized training so they can work together
 - Spontaneous local volunteers may not understand shelter operations but know local demographics, resources, etc.

Challenges (cont)

- Confidentiality of client's personal information
 - Legal status
 - Health and mental health issues
 - etc
- Security. Possible issues include:
 - Theft
 - Drinking & fighting
- Record keeping
 - Key to managing in chaos
 - Transitions between shifts
 - Ensure good stewardship of the donor dollar

Record Keeping

American Red Cross Facility/Shelter Opening Checklist						
Facility Name:	Facility Representative:					
Location:	Date of Facility Check:					
	Conducted By:					
	Date of Last Facility Check:					
	Conducted By:					
Name of person addressing issues:						
Date Issues Addressed:						
Special instructions for person accepting message:						
By "X" the shelter owner/manager/owner and the person responsible for records should be noted in the cover sheet to court records.						
AREAS TO REVIEW		YES	NO	NA	U	COMMENTS
Are indoor and outdoor walking surfaces free of tripping or falling hazards (wet/dry sidewalks, unprojected raised walkways/ramps/steps, loose/missing tiles, telephone wires, extension cords, etc.)?						
Are the paths to entry relatively straight and clear of obstructions (furniture, clutter, partially blocked, unsecured by cables, wires, etc.)?						
Are all entrances exits properly identified and secured?						
Are there at least two exits from each floor?						
Are flammable and/or toxic materials stored in proper containers?						
Is there an emergency evacuation plan and fire drill reading place?						
Are there guidelines for directing occupants to an identified assembly area away from the building once they reach the ground floor?						
Are there any fire specific hazards (hazardous chemicals, machinery)? If so, describe them.						
Is the facility clean, neat and orderly?						
Are the following building systems in good working order?						
Elevator						
Water						
Sewage System						
HVAC, if necessary						
Are fire extinguishers used without devices present, inspected, and properly serviced?						
If power fails, is automatic emergency lighting available for egress routes, stairs and restrooms?						
Are first aid kits readily available and fully stocked? Where? Will occupants of the building be notified that an emergency evacuation is necessary by PA or alarm?						

ANY DAMAGE OR ADDITIONAL COMMENTS:

Worker Signature: _____ Date: _____

Reviewer Signature: _____ Date: _____

AMERICAN RED CROSS - U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES INITIAL INTAKE AND ASSESSMENT TOOL

Date/Time: _____ Shelter Name/Location: _____ DRO Name/Number: _____

Name of Person: _____ Age: _____

Names/Ages of all family members present: _____

Age, gender, MOH/guardian: _____

Home Address: _____

NAME OF STAFF INITIATING ASSESSMENT: _____ Contact Number: _____

INITIAL INTAKE	Circle	Actions to be taken	Comments (include name)
We will now be asking you a series of questions - Will you need assistance with understanding or answering these questions?	YES / NO	If Yes, determine needs in conjunction with shelter manager and Health Services.	
What language are you most comfortable with?	YES / NO	If other than English: refer to shelter manager if interpreter is needed. Once interpreter is available return to initial state.	
Do you have a medical or health concern of need right now?	YES / NO	If Yes, stop interview and refer to Health Services immediately.	
How are you feeling? Physically? Emotionally?	YES / NO	If life threatening, call 911. Other urgent needs - refer to Health Services (MCH) or Disaster Mental Health (DMH) now.	
Do you need any medicine, equipment or other items for daily living?	YES / NO	If Yes, refer to Health Services and ask next question.	
Do you need a caregiver or personal assistant?	YES / NO	If Yes, ask next question. If No, skip next question.	
Is your caregiver present and planning to remain with you?	YES / NO	If Yes, name of person. If No, refer to Health Services.	
Do you use a service animal?	YES / NO	If Yes, ask next two (2) questions. If No, skip next two (2) questions.	
Is the animal with you?	YES / NO	If No, ask next question.	
If No, do you know where the service animal is?	YES / NO	If No, notify local animal control of loss and attempt to identify potential resources for replacement.	
If under the age of 18, do you have a family member or responsible person with you?	YES / NO	If No, refer to Health Services or Disaster Mental Health. If Yes, locate parent or guardian to continue interview.	
This question is only relevant for interviews conducted at HHG medical facilities. Are you presently receiving any benefits (Medicare/Medicaid)?	YES / NO	If Yes, list type and benefit numbers; if available.	
Do you have any severe environmental, food, or medication allergies?	YES / NO	If Yes, refer to Health Services.	
Question to Interviewer: Would this person benefit from a more detailed health or mental health assessment?	YES / NO	If Yes, refer to Health Services or Disaster Mental Health. If client is uncertain or un question, refer to HS or DM evaluation.	

REFERRED TO HEALTH SERVICES: Yes/No: _____ REFERRED TO DISASTER MENTAL HEALTH: Yes/No: _____

HEALTH SERVICES/DISASTER MENTAL HEALTH ASSESSMENT FOLLOW-UP

ASSISTANCE AND SUPPORT INFORMATION	Circle	Actions to be taken	Comments
Have you been hospitalized or under the care of a physician in the past month?	YES / NO	If Yes, list reason.	
Do you have a condition that requires any special medical equipment/supplies? (E.g. insulin, diabetes supplies, respirator, oxygen, dialysis, ostomy supplies, etc.)	YES / NO	If Yes, list and list potential sources if available.	
MEDICATIONS	Circle	Actions to be taken	Comments
Do you take any medication(s) regularly?	YES / NO	If No, skip to the questions regarding hearing.	
When did you last take your medication?		Date/Time:	
When are you due for your next dose?		Date/Time:	
Do you have the medications with you?	YES / NO	If No, identify medications and process for replacement.	
HEARING			
Do you need assistance in hearing me?	YES / NO	If Yes, ask next question. If No, skip the next question.	

AMERICAN RED CROSS

CLIENT HEALTH RECORD

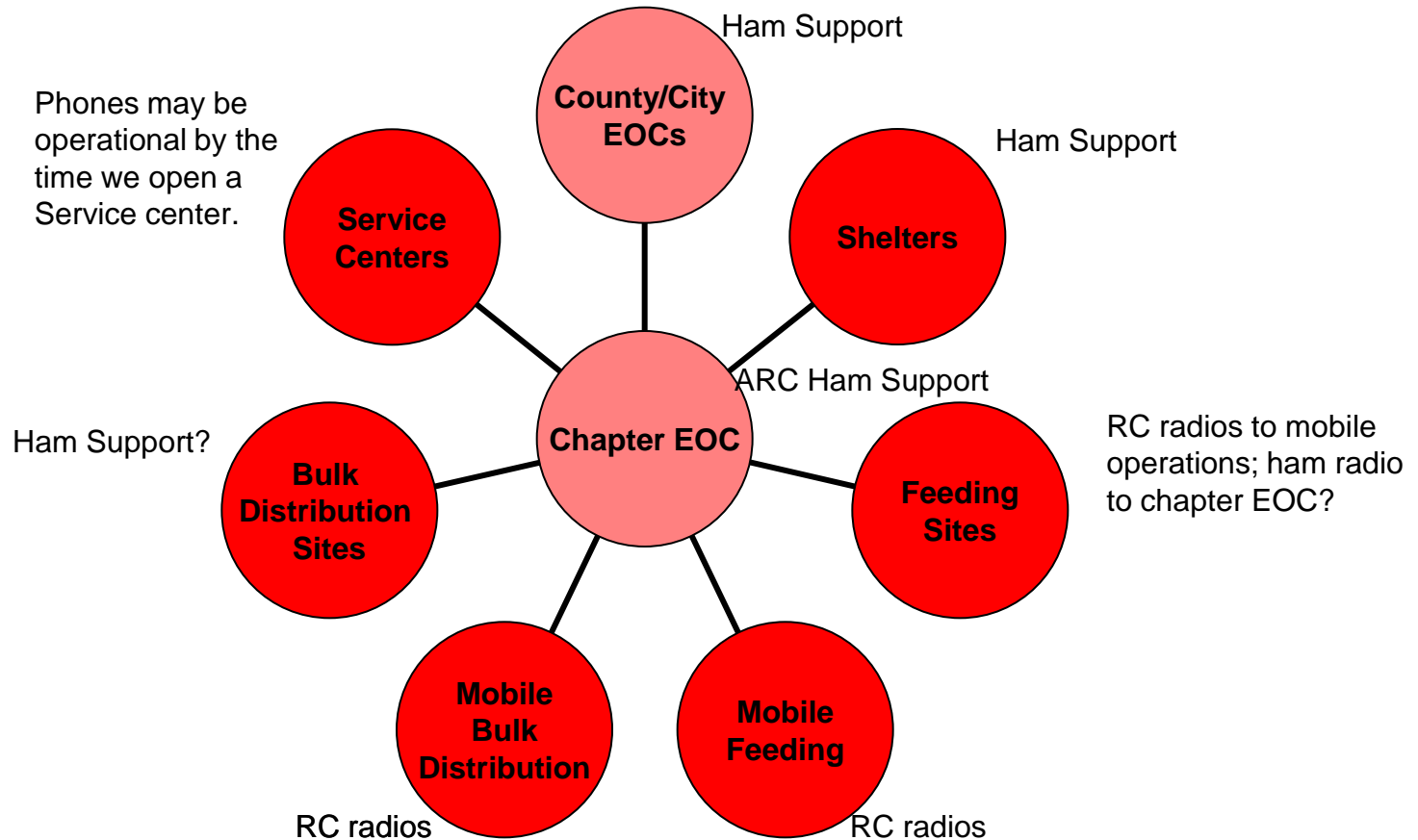
DRO:	DRO Name:	DRO Date:	Case#:
Service Delivery Site:	Location:	Client's County (FIPS) Code:	
Client Name (Last, First):	Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Pre-disaster Address:
Current Address:	Phone Number:	Alternate Contact Relationship: <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> SO <input type="checkbox"/> Friend <input type="checkbox"/> Other	
Health care provider:	Insurance Information Name:	Phone Number:	
Phone Number:	Policy#:	Hospitalized: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	T&R Date:	Where?	
CHIEF COMPLAINT: Please check all main categories (e.g. INJURY, ILLNESS or EXACERBATION OF CHRONIC ILLNESS) and associated chief complaint related to the patient's current main reason for seeking care. Specify "Other" when appropriate.			
INJURY		ACUTE ILLNESS / SYMPTOMS	
Date of Injury:	TYPE of Injury:	<input type="checkbox"/> Fever > 100.4°F (>38°C)	<input type="checkbox"/> blood pressure check
<input type="checkbox"/> abrasion, laceration, cut	<input type="checkbox"/> concussion	<input type="checkbox"/> conjunctivitis / pink eye / eye irritation	<input type="checkbox"/> blood sugar check
<input type="checkbox"/> avulsion, amputation	<input type="checkbox"/> sprain, strain	<input type="checkbox"/> extreme fatigue or overexertion	<input type="checkbox"/> dressing change / wound care
<input type="checkbox"/> bruise, contusion	<input type="checkbox"/> fracture	<input type="checkbox"/> dehydration	<input type="checkbox"/> immunization / vaccination
MECHANISM of Injury:	<input type="checkbox"/> blunt, specify: <input type="checkbox"/> motor vehicle accident, specify: <input type="checkbox"/> driver/occupant <input type="checkbox"/> pedestrian/bicyclist	<input type="checkbox"/> Pain: if 'other' specify below:	<input type="checkbox"/> medication refill
<input type="checkbox"/> blunt, specify: <input type="checkbox"/> thermal (e.g. fire) <input type="checkbox"/> chemical	<input type="checkbox"/> drowning / submersion in water	<input type="checkbox"/> abdominal pain or stomach ache	<input type="checkbox"/> pregnancy check-up
<input type="checkbox"/> foreign body (e.g. splinter)	<input type="checkbox"/> fall, slip, trip	<input type="checkbox"/> chest pain or asthma (e.g. cough)	<input type="checkbox"/> other, specify: _____
<input type="checkbox"/> motor vehicle accident, specify: <input type="checkbox"/> driver/occupant <input type="checkbox"/> pedestrian/bicyclist	<input type="checkbox"/> carbon monoxide poisoning	<input type="checkbox"/> headache or migraine	
<input type="checkbox"/> ingestion of poison	<input type="checkbox"/> ingestion of poison	<input type="checkbox"/> muscle or joint pain (e.g. back, hip pain)	
<input type="checkbox"/> opening machinery, tools or equipment	<input type="checkbox"/> ingestion of poison	<input type="checkbox"/> Gastrointestinal, if 'other' specify below:	
<input type="checkbox"/> recreational, playing sports	<input type="checkbox"/> ingestion of poison	<input type="checkbox"/> diarrhea, specify: <input type="checkbox"/> watery <input type="checkbox"/> bloody	
<input type="checkbox"/> assault (e.g. gunshot, domestic violence)	<input type="checkbox"/> ingestion of poison	<input type="checkbox"/> nausea or vomiting	
<input type="checkbox"/> sexual assault or rape	<input type="checkbox"/> ingestion of poison	<input type="checkbox"/> Respiratory, if 'other' specify below:	
<input type="checkbox"/> other, specify: _____	<input type="checkbox"/> ingestion of poison	<input type="checkbox"/> congestion, runny nose, sinusitis	
	<input type="checkbox"/> ingestion of poison	<input type="checkbox"/> cough	
	<input type="checkbox"/> ingestion of poison	<input type="checkbox"/> sore throat	
	<input type="checkbox"/> ingestion of poison	<input type="checkbox"/> shortness of breath, difficult breathing	
	<input type="checkbox"/> ingestion of poison	<input type="checkbox"/> suspected pneumonia or bronchitis	
	<input type="checkbox"/> ingestion of poison	<input type="checkbox"/> wheezing in chest	
	<input type="checkbox"/> ingestion of poison	<input type="checkbox"/> Skin, if 'other' specify below:	
	<input type="checkbox"/> ingestion of poison	<input type="checkbox"/> generalized rash (e.g. chickenpox)	
	<input type="checkbox"/> ingestion of poison	<input type="checkbox"/> localized rash (e.g. dermatitis, eczema)	
	<input type="checkbox"/> ingestion of poison	<input type="checkbox"/> soft tissue infection (e.g. pustule, abscess)	
	<input type="checkbox"/> ingestion of poison	<input type="checkbox"/> fungus, ring worm, etc.	
	<input type="checkbox"/> ingestion of poison	<input type="checkbox"/> Obsteries/Gynecological, specify below:	
	<input type="checkbox"/> ingestion of poison	<input type="checkbox"/> vaginal discharges (e.g. yeast infection)	
	<input type="checkbox"/> ingestion of poison	<input type="checkbox"/> vaginal bleeding outside of pregnancy	
	<input type="checkbox"/> ingestion of poison	<input type="checkbox"/> completion of pregnancy (e.g. preterm)	
	<input type="checkbox"/> ingestion of poison	<input type="checkbox"/> Neurological, specify below:	
	<input type="checkbox"/> ingestion of poison	<input type="checkbox"/> not specified elsewhere: (please print)	
Comment:	Signature:	Date:	

Packet radio, anyone?

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Where are We During an Operation?



Radio Room



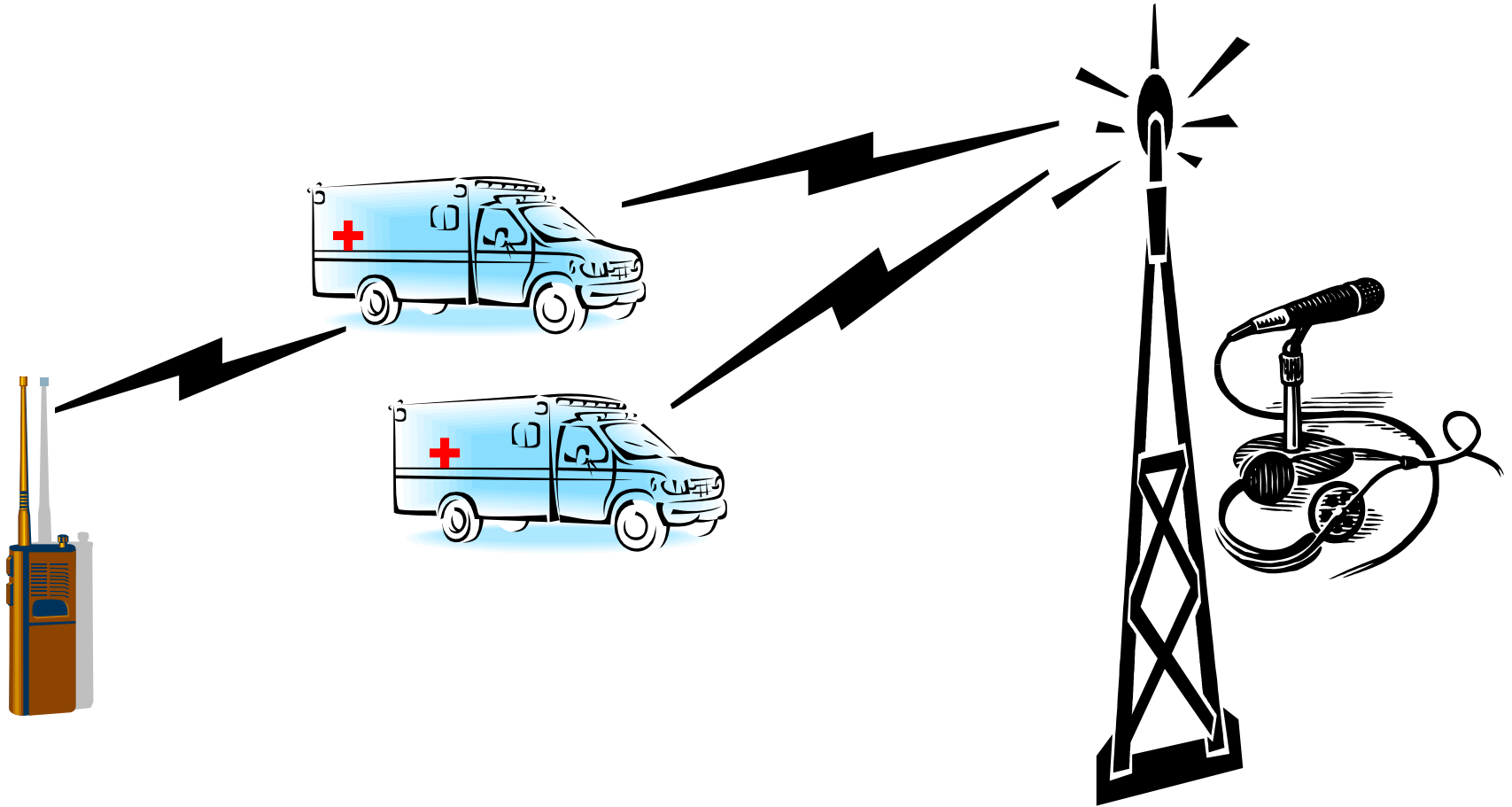
Radio Room



Radio Room



ARC Technology



Radios - VHF Low Band

ARC Technology



Photo: Barry Altman

RNT - VSAT Operations

ARC Technology



Frequency Plan

- ARC has own frequency plan outside ham frequencies
- ARC will use ARES/RACES frequency plan for ham communications

Typical Shelter Messages

- Standard Reports
 - Have 102 clients in chapter
 - Served 175 meals and 260 snacks yesterday
- Standard Requests
 - Order meals, supplies, etc
 - Request staffing
- All the other traffic ...
 - Please send police to deal with an unruly shelter resident
 - Where are we sheltering pets?
 - The governor will be there at 10 am tomorrow for a photo op

Most messages will be between the shelter and the ARC EOC

ARC Requests Help

- Who
 - ARC Silicon Valley Chapter acts as a city
 - EC is George Williams, AEC is Andy Huang
- How
 - For county-wide operations, ARC will request ham support like any city would
 - For smaller operations involving one city, ARC will request ham support from the city

Background Check

- ARC requires a background check for all volunteers
 - DSW background check is accepted for shelter workers
 - ARC background check required for working in the ARC radio room.
- Any ham interested in working in the ARC radio room could become an ARC volunteer
 - DST RCM (disaster services technology response communications) is the official specialty for those interested in radios.

Working in a Shelter

- Working Conditions
 - Working location depends on antenna location and shelter manager preferences
 - Ideal location is a quiet, central, secure location near the shelter manager's work area
 - ARC will use standard 213 message form (see next slide)
- Other Conditions
 - If you can't stay at home, we can put you up in a staff shelter
 - You'll be provided with meals like all volunteers
 - You get to use staff restrooms 😊

Challenges

- Many ARC volunteers are CERTs/hams as well
 - Where will they actually volunteer?
- Most volunteers not familiar with ham operations
- We use many written forms
 - Packet radio might be an advantage
- Some communication is confidential
 - Can't be broadcast

Lessons Learned (2008 drill)

- Message forms & addressing
 - We are in operations from a government perspective
 - But internally we have operations, logistics, etc.
 - Need to resolve message addressing issues
- Communications between ARC volunteers and ARC EOC
 - ARC volunteers told to report to fire station and request ham contact ARC EOC for directions.
 - But hams were behind locked doors and ARC volunteers couldn't reach them.
 - Hams too busy at radio to post "All ARC volunteers report to xxx shelter" on bulletin board.

Conclusion

- Shelters are simple in concept but deal with many challenges
- Shelters involve lots of communication ... some urgent, some data intensive
- Shelter workers will not be experienced at working with hams
- The more we can educate each other in advance and drill together, the better we'll work together in an actual response