

Appendix F

American Red Cross

Mass Care Standards and Indicators, Version 011-072209
(Supersedes *Mass Care—Preparedness and Operations, ARC 3041*)

Mass Care Standards and Indicators

Purpose

Normally the first assistance to be provided in a disaster is mass care services, which are intended to minimize the immediate, disaster-caused suffering of people through the provision of food, clothing, shelters and supplies. Based on the community, culture, economy and geography of the affected region and the scope of the disaster relief operation, service providers will determine the most effective service delivery strategies for meeting the needs of those affected. This service is provided regardless of ethnicity, religion, citizenship, age, gender, disability, economic status, or sexual orientation. Fundamental to the responsibilities of providing assistance is listening to and observing the needs of individuals and families and facilitating referrals for other activities such as health services and mental health services.

Services

Service provision is made available through one or more of five integrated elements:

- | | |
|-------------------------------------------------|--------------------------------------------|
| (1) individual or congregate temporary shelters | (3) distribution of relief supplies |
| (2) fixed or mobile feeding operations | (4) health and / or mental health services |
| | (5) information on recovery assistance |

Process

Immediate needs are characterized as physical, emotional and informational. The first priority is to determine when and where mass care services are to be provided. The first stage of the response usually begins at the community level. At a minimum, those involved undertake the necessary activities to accommodate the immediate needs in the earliest hours and days until additional help arrives. This requires coordination at all levels, and a concerted effort is needed to maintain communication prior to, in the event of and post disaster. These immediate needs may include any or all of the following:

Physical needs

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|------------------------------------------------------|----------------------------------------------|
| ○ shelter (protection from harm and physical safety) | ○ durable medical equipment/medical supplies |
| ○ space and materials for sleep | ○ dietary needs |
| ○ food | ○ recovery and clean-up supplies |
| ○ water | ○ toiletries |
| ○ health assessments and first aid | ○ baby supplies |

Emotional needs

- emotional support and psychological first aid from staff
- establishment of structured routines
- opportunities for children and families to participate in their own recovery
- assistance from concerned staff
- opportunity to communicate their situation

Informational needs

- | | |
|-----------------------------------------|-----------------------------------|
| ○ status of disaster and relief efforts | ○ process of obtaining assistance |
| ○ status of family members | ○ accessible formats |
| ○ types of available assistance | |

Methods of Mass Care Service Delivery:

Sheltering

Shelters provide temporary housing for people displaced by disaster; in addition to temporary housing, residents may be supplied with emergency provisions, receive meals, and gather information on assistance and recovery. Shelter residents may also have access to health and mental health professionals.

Fixed sites

Organizations determine at the time of the disaster, considering safety and accessibility, sites in the community where individuals and families affected by the disaster may receive food, distribution items, psychological first aid, health assessments including emergency first aid and/or welfare and recovery information.

Mobile units

Organizations go out into communities affected by disaster to provide individuals and families with food, distribution items, emergency first aid, psychological first aid and/or welfare and recovery information, depending on the type of mobile unit being utilized.

The purpose of this section of the document is to provide benchmarks for organizations and common goals for service delivery. The standards and indicators defined below were developed in coordination with experienced practitioners from a wide range of organizations. This information is meant to be used as a tool and should not prevent an organization from providing Mass Care services. As a result of inter-agency collaboration, new tools are being developed to help organizations meet the needs of those affected by disaster.

Mass Care Standards and Indicators

Sheltering:

Shelters provide a safe place for individuals and families affected by a disaster and may offer, among other things, food, snacks, beverages, cots, blankets, sanitation facilities, safety and information on recovery efforts.

No persons seeking shelter will be denied services. Shelter workers will strive to accommodate those with disabilities. If a shelter is unable to provide accommodation, the shelter manager will assist in identifying alternatives and a referral will be made.

Shelter staff members abide by principles of confidentiality.

Shelters strive to be safe, secure spaces. Shelter management takes active measures to ensure the safety of those being assisted.

Shelters strive to protect the family unit by keeping family members together.

Shelters strive to accommodate the varying cultural and faith-based requirements of the residents. Such requirements could include variations in sleeping, eating and living spaces, and providing spaces to meet and honor spiritual needs.

Shelter facilities are selected, (pre-disaster, whenever possible) using the following standards and indicators:

Twenty square feet of personal sleeping space per person is designated for emergency short term (24-48 hrs) evacuation shelters and 40-60+ square feet of usable space per person for post disaster shelters.

Potable water is supplied in a sufficient amount to meet the needs of the shelter operations. Consideration should be given to additional supply demands created by cleaning, food service operations, laundry, drinking, bathing, and other hygiene purposes.

Toilets are provided at a number that prevents excessive wait times. In addition, sanitation and health considerations must be made to ensure that the facilities are fit for use. Supplement existing facilities with portable units as necessary. On average one toilet for every 20 persons will meet the needs of the shelter population.

Adequate hand washing stations must be available to meet the health and sanitation needs of the shelter population. Hand washing stations should be located near toilet areas and equipped with soap, disposable towels and warm water if possible. Supplement existing facilities with portable units as necessary. On average one hand washing lavatory for every 20 persons will meet the needs of the shelter population.

Each shelter resident should have an opportunity to have a 15 minute shower once per day. Adequate facilities should be maintained to meet the demand. If showers are not available, provide transportation to another facility on a regular basis or supplement existing facilities with portable units as necessary. An approximate ratio of 1 shower for every 25 persons will meet this need.

Separate restroom facilities for each gender, which are well lit to ensure security.

Sewage or other disposal systems that can process at least 1.5 gallons of human waste per person per day.

Storage and removal of solid waste in the amount of 5 lbs per person, per day.

In extended sheltering situations, laundry services are made available to residents through onsite or offsite facilities.

Shelter facilities that are in compliance with Americans with Disabilities Act Accessibility Guidelines should be identified and used whenever feasible.

Accommodations for persons with disabilities, with health or mental health conditions, or who are elderly, are made whenever possible. Other resources might need to be identified to accommodate individuals who require additional assistance.

Availability of an alternative power supply is recommended.

Additional considerations of structural integrity, location, parking and back up energy supply should always be made when selecting a facility to be used as a disaster shelter.

Shelters are opened either pre-disaster or within two hours of notification or occurrence of a disaster event.

All shelter staff have received training and possess appropriate qualifications.

The ratio of staff to residents is appropriate to the size of the shelter. The minimum number of staff to open a shelter is four persons.

To meet the health needs, a shelter should be staffed with health professionals at a rate of one health and one mental health professional to 100 shelter residents. Adjustments may be made at night with consideration of the needs of the shelter population.

Signage is posted clearly throughout the facility indicating the rules of the shelter and assistance information such as essential phone numbers, location of exits, etc. Information should be posted in appropriate languages and accessible formats to ensure effective communication.

When a client enters a shelter, a process is used to determine if there are acute emergency medical needs or if special accommodations or referrals are required.

Shelter residents and staff are monitored for signs of illness and injury. Illnesses must be reported to the appropriate health professional in the shelter. If multiple shelter residents exhibit similar symptoms, local public health authorities shall be notified immediately.

Service animals are permitted in shelters.

The privacy of shelter residents is respected. Any personal information is kept secure and access is limited to those staff members who need information to provide service.

If children are present, a safe space for them to play and interact should be provided. This area should be staffed with trained, background checked personnel or children should be supervised directly by their parent or guardian

A hygienic environment is promoted throughout the shelter.

Waste receptacles are adequately spaced to allow for proper collection and emptied regularly to prevent overflow. Provide one 30 gallon container with lid and plastic bag for every 10 persons.

A contingency plan is established in the event of a loss of electrical power, loss of potable water or loss of plumbing.

Shelter kitchens follow local sanitation codes and personnel follow safe food handling procedures.

Snacks and beverages are available at shelters as soon as they are open or is practical and safe. A meal should be served within 4 hours or within the next traditional meal time (e.g. 6-8am; 11am-1pm, 5-7pm). A hot meal should be provided within 24 hours of opening.

Snacks are made available to shelter residents 24 hours per day.

Meals conform to cultural, ethnic, religious and dietary needs customary to the population being served within 36 hours provided the extent of the emergency allows.

A designated dining area is established. Food is not permitted outside this area.

Considerations as to the transition of shelter residents to more permanent housing are made at the onset of the sheltering operation.

Shelters have pre-established evacuation plans and shelter management is prepared to execute them if the need arises.

Advanced closing notification is required. In longer term shelters, it is appropriate to give notice at least 48 hours prior to closure. For those shelters that are open for a very short time period, less time is required. However, consideration of the shelter residents should be made in such cases.

Feeding:

All persons in want of food provisions are served without distinction of any kind. Forecast the projected demand following the initial 24-48 hours.

Food distribution is responsive, transparent and equitable.

Provide meals in shelters as well as emergency community feeding through mobile distribution and / or fixed sites for affected individuals and families, emergency workers or other groups providing disaster relief. Provide meals to other agency shelters when the ability to do so exists.

Initiate mobile feeding, within six hours of safe access for staff, to affected individuals and families and relief workers returning to and cleaning up disaster- damaged homes. Provide meals in instances of severe disruption to electrical power and other utilities.

Establish fixed feeding sites when there is a high concentration of disaster affected individuals and families at specific locations. Such sites may include:

- Community or civic centers
- Search and rescue sites
- Emergency services command centers
- Apartment buildings
- Levee worker crew sites
- Site of a mass casualty incident
- At the kitchen site where food is prepared.

All staff have received requisite training, including safe food handling, and possess appropriate qualifications to deliver feeding services.

Food donated by individuals is not accepted. All in-kind donations of prepared (cooked) food must be from commercial vendors or recognized partner agencies, in appropriate sizes and quantities.

All kitchen units abide by local, state and federal sanitation codes.

All food preparation and service meet the guidelines of the local health department on safe food handling.

Adequate restrooms and hand washing stations are provided at feeding sites.

Food temperatures are kept within the appropriate range to preserve food quality. Store and maintain food outside the temperature danger zone (TDZ) of 41° F and 135° F. Prepared food held within the TDZ longer than 4 hours must be discarded. Ensure that hot foods stay hot (above 135° F) and cold foods stay cold (below 41° F).

All modes of transportation for mobile feeding units are equipped to maintain proper food temperatures and safe handling.

Consistent with individual needs and dietary recommendations, provide a daily diet of at least 2,000 calories with sufficient amounts of vitamins and nutrients (based on federal nutrition guidelines).¹

Standard serving sizes for meals are 8 oz. entrees, 6 oz. side dishes and 6 oz. dessert, measured in volume.

To identify food waste use the difference between meals prepared and meals served. If the difference is greater than ten percent it is considered wasteful.

Ensure that meals served meet the cultural, ethnic, religious and dietary needs of the affected individuals within 36 hours in shelters and as soon as practical at other locations.

Advanced notice is given to the affected community prior to food delivery shutdown.

¹ USDA Dietary Guidance,

http://riley.nal.usda.gov/nal_display/index.php?info_center=4&tax_level=3&tax_subject=256&topic_id=1342&level3_id=5140&level4_id=0&level5_id=0&placement_default=0

DRI: Recommended Intakes for Individuals, <http://www.iom.edu/Object.File/Master/21/372/0.pdf>

Water:

In the event that the normal supply of water is contaminated or interrupted, organizations may initiate distribution of bottled water, the quality of which meets all applicable health standards.

Water may be distributed at shelters, fixed distribution sites and/or by mobile distribution.

Potable water is supplied in a sufficient amount to meet the needs of the shelter operations. Consideration should be given to additional supply demands created by cleaning, food service operations, laundry, drinking, bathing, and other hygiene purposes.

Water quality must meet all applicable federal, state and local sanitation standards.

Bottled water is provided in sealed containers that meets federal, state and local sanitation standards.

Hauled or Bulk water is delivered in approved containers from a safe source that meets federal, state and local sanitation standards.

Water distribution is responsive, transparent and equitable and takes into consideration the dignity of the individual.

Bulk Distribution:

Bulk distribution items are determined by the disaster caused needs of the community, including the following:

- Type of damage
- What infrastructure is affected (are stores open, stocked with food, baby items, etc.)?
- Perimeter of the disaster affected area.
- Special needs of vulnerable populations.
- Approximate number of families affected.
- General extent of damage to homes.
- If the disaster event is over or continuing.
- Projected escalation of the event.
- Status of utilities.
- Access to disaster affected areas and populations.
- Road conditions.
- Services provided by other agencies.
- Percentage of population that will remain in or return to homes.
- Percentage of population that currently have access to homes for clean-up and salvage efforts and a timeline for remainder of population to gain access to their homes.
- Specific items needed

Trigger points to initiate Bulk Distribution include:

- Specific community needs for products to assist in relief and/or recovery during or after a disaster are identified.
- Percentage of population isolated, making Bulk Distribution the most reasonable method of service delivery.
- Infrastructure of regular supply routes to local vendors severely hindered.
- Feeding requirements beyond Red Cross capacity and indications that this will continue.
- Extreme weather conditions that create an unusually high demand for items such as water, blankets and other essentials.

Distribution of items essential to basic survival, health and sanitation are prioritized before items for clean-up and recovery.

Several considerations are made in determining the amount, type and size of product selected for distribution, including:

- Immediacy of need
- Supply chain
- The number of times clients will need to return to obtain the supplies
- The number of different products offered at one time
- How much clients can be expected to carry
- The ratio of clients in vehicles versus on foot
- How much product is available to be issued
- How much is immediately available versus on order

Duplication of services is minimized.

Distribution is carried out in a timely manner.

Items are distributed equitably and are made accessible to all. This may necessitate mobile distribution and/or fixed sites. Examples of fixed sites include:

- Service delivery sites
- Service centers
- Community centers
- Churches
- Fire stations
- Government offices
- Respite centers
- Parking lots

Food items are stored off the ground and are protected from pests and the environment.

Advanced notice is given prior to distribution shutdown.

On-Site Donations Management

It is best to separate donation sites from bulk distribution sites for logistical reasons. However, there may be times when donation sites may be co-located with bulk distribution points. If this occurs, the two areas must be distinctly separated with different access.

Accepting donations of goods instead of buying products can be a useful way to save money on needed disaster supplies and to provide a positive experience for donors who can then feel that they are contributing to the relief effort. However, there are certain conditions donations must meet in order to be appropriate for relief efforts.

- Must meet an identified need
- Large, bulk donations of products to match specific quantities: To provide an equitable distribution of disaster supplies, attempt to only accept products donated in quantities large enough to support the needs of all or most of the affected population.
- Packaging: Whenever possible, product should be received on pallets and shrink-wrapped to facilitate sorting and ensure fast equitable distribution.
- Condition: Only accept products that are in good condition and that are not expired. Be careful about accepting used items because it is difficult to ensure their quality.
- Appropriateness: Do not accept products that are not familiar to the affected population, or products that are not appropriate due to cultural or religious considerations. Certain items can also be inappropriate for particular climates.

Standards and Indicators for Disaster Shelter Care for Children Purpose

To provide guidance to shelter managers and staff that ensures children have a safe, secure environment during and after a disaster – including appropriate support and access to essential resources.

Standards and Indicators for All Shelters

Under most circumstances a parent, guardian or caregiver is expected to be the primary resource for their children, age 18 and younger.

In cases where parents or guardians are not with their children, local law enforcement personnel must be contacted to assist with reunification. In many cases, local law enforcement will also contact local child protective/child welfare services for their expertise.

Children are sheltered together with their families or caregivers.

Every effort is made to designate an area for families away from the general shelter population.

Family areas should have direct access to bathrooms.

Parents, guardians, and caregivers are notified that they are expected to accompany their children when they use the bathrooms.

Every effort is made to set aside space for family interaction:

This space is free from outside news sources thereby reducing a child's repeated exposure to coverage of the disaster.

If age-appropriate toys are available they will be in this space, with play supervised by parents, guardians or caregivers.

Shared environmental surfaces in shelters that are frequently touched by children's hands or other body parts should be cleaned and disinfected on a regular basis. High contact areas may include diaper changing surfaces, communal toys, sinks, toilets, doorknobs and floors. These surfaces should be cleaned daily with a 1:10 bleach solution or a commercial equivalent disinfectant based on the manufacturer's cleaning instructions. Local health department authorities may be consulted for further infection control guidance.

When children exhibit signs of illness, staff will refer children to on-site or local health services personnel for evaluation and will obtain consent from a parent, guardian or caretaker whenever possible.

When children exhibit signs of emotional stress, staff will refer children to on-site or local disaster mental health personnel and will obtain consent from a parent, guardian or caretaker whenever possible.

Children in the shelters come in all ages and with unique needs. Age appropriate and nutritious food (including baby formula and baby food) and snacks are available, as soon as possible after needs are identified.

Diapers are available for infants and children as soon as possible after needs are identified. General guidelines suggest that infants and toddlers need up to 12 diapers a day.

Blankets, for all appropriate ages, are also available.

A safe space for breastfeeding women is provided so they may have privacy and a sense of security and support (this can include a curtained off area or providing blankets for privacy).

Basins and supplies for bathing infants are provided as soon as possible after needs are identified.

Standards and Indicators for Temporary Respite Care for Children

Temporary Respite Care for Children provides temporary relief for children, parents, guardians or caregivers. It is a secure, supervised and supportive play experience for children in a Disaster Recovery Center, assistance center, shelter or other service delivery site. When placing their child or children in this area, parents, guardians or caregivers are required to stay on-site in the disaster recovery center, assistance center or shelter or designate a person to be responsible for their child or children, who shall also be required to stay on-site.

In cases where temporary respite care for children is provided in a Disaster Recovery Center, assistance center, shelter and other service delivery site, the following Standards and Indicators shall apply:

Temporary respite care for children is provided in a safe, secure environment following a disaster.

Temporary respite care for children is responsive and equitable. Location, hours of operation and other information about temporary respite care for children is provided and easy for parents, guardians and caregivers to understand.

All local, state and federal laws, regulations and codes that relate to temporary respite care for children are followed.

The temporary respite care for children area is free from significant physical hazards and/or architectural barriers and remains fully accessible to all children.

The temporary respite care for children area has enclosures or dividers to protect children and ensure that children are supervised in a secure environment.

The temporary respite care for children area is placed close to restrooms and a drinking water source; hand washing and or hand sanitizer stations are available in the temporary respite care for children area.

Procedures are in place to sign children in and out of the temporary respite care for children area and to ensure children are only released to the parent(s), guardian(s), caregiver(s) or designee(s) listed on the registration form.

All documents---such as attendance records and registration forms (which include identifying information, parent, guardian or caregiver names and contact information), information about allergies and other special needs, injury and/or incident report forms---are provided, maintained, and available to staff at all times.

Toys and materials in the temporary respite area are safe and age appropriate.

Prior to working in the temporary respite care for children area, all shelter staff members must receive training and orientation. In addition, such staff must successfully complete a criminal and sexual offender background check. Spontaneous volunteers are not permitted. When inside the temporary respite area, staff shall visibly display proper credentials above the waist at all times.

When children are present, at least two adults are to be present at all times. No child should be left alone with one adult who is not their parent, guardian or caregiver.

All staff members must be 18 years or older. Supervision of the temporary respite care for children area is provided by a staff person at least 21 years of age.

An evacuation plan will be developed with a designated meeting place outside the center. The evacuation plan will be posted and communicated to parent(s), caregiver(s), and guardian(s) when registering their child.

The child to staff ratio is appropriate to the space available and to the ages and needs of the children in the temporary respite care for children area at any time.