



Functional Assessment Service Teams (FAST)

Participant Guide

2011-12 Version 2.2



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10 Forms and Resources

Module 1: Introduction and Overview

Duration

30 minutes

Scope Statement

Provide participants with a review of course contents and delivery format.

Terminal Learning Objectives (TLO)

Understand course contents and delivery format.

Enabling Learning Objectives (ELO)

Participants will be able to:

- Gain an appreciation of expertise of fellow participants.
- Identify course content, delivery format, schedule, objectives and instructors expectations.
- Understand the importance of playing an active role in the workshop and asking questions.

Lesson Topics

Introduction and overview.

Instructional Strategy

Schedule review, introductions, use of question cards and addressing parking lot issue.

Assessment Strategy

- Verbal and visual assessment of understanding.
- Participation in introductions.
- Question and answer period.

Instructor-to-Participant Ratio

2:60

Reference List

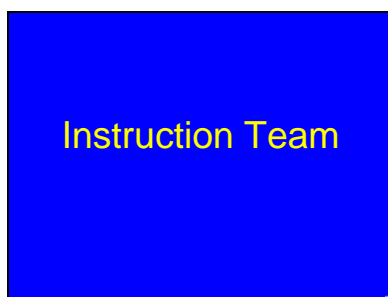
This site contains information about disaster sheltering for people with disabilities and others with access and functional needs and Functional Assessment Service Teams (FAST):

<http://www.cdss.ca.gov/dis/PG1909.htm>

Slide 1



Slide 2



Slide 3



Slide 4

American Red Cross

Slide 5



www.jik.com
jik@pacbell.net
310.821.7080, Fax: 310.827.0269

Slide 6

Who are you?

How many of you are from:

- NGOs?
- Counties?
- Government?

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Purpose of training

Prepare you to be FAST Member:

- State, County, City Teams

Information for:

- Government Managers / Planners
Responsible for recruiting, partnering, deploying, sustaining teams, etc.
- American Red Cross
Building partnerships

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ADA	CFILC	JFO
ARC	CME	OES
AAR	DHS	P & A
CDA	DME	REOC
CDSS	EMSA	SILC
CDDS	FAST	SOC
CDPH	FEMA	SOP
CERT	FMSS	TCL
CIL	ILC	TSA
		VOAD

Please try to avoid using acronyms; we have a mixed class with various backgrounds. One acronym may mean something to one person, and something totally different to another. Please say the entire word before you use the acronym.

Slide 9

FAST Composition									
Members Expertise	Members								
	1	2	3	4	5	6	7	8	9
Aging									
Chronic Health Condition									
Needs									
Developmental &									
Cognitive Disabilities									
Hearing loss									
Mental Health Disabilities									
Physical Disabilities									
Substance abuse									
Vision loss									

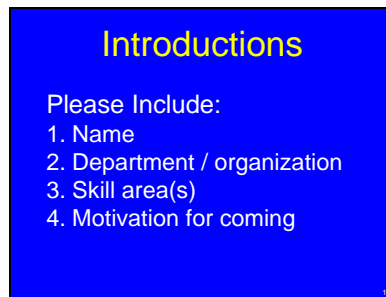
This is the matrix tool we use to build a balanced team. During the introductions, please take a moment to identify your area(s).

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Introductions

Please Include:

1. Name
2. Department / organization
3. Skill area(s)
4. Motivation for coming

A blue rectangular slide with yellow text. The title 'Introductions' is at the top. Below it, the text 'Please Include:' is followed by a numbered list of four items: Name, Department / organization, Skill area(s), and Motivation for coming. A small number '10' is in the bottom right corner.

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Training Roadmap

- History
- Why
- Who / team composition
- What
 - Roles / paper work / practice
 - How / IDs
- When
 - Deploy / pack / clearance / demobilize
- Practice

A blue rectangular slide with yellow text. The title 'Training Roadmap' is at the top. Below it is a bulleted list with six items: History, Why, Who / team composition, What (with sub-bullets: Roles / paper work / practice, How / IDs), When (with sub-bullet: Deploy / pack / clearance / demobilize), and Practice. A small number '11' is in the bottom right corner.

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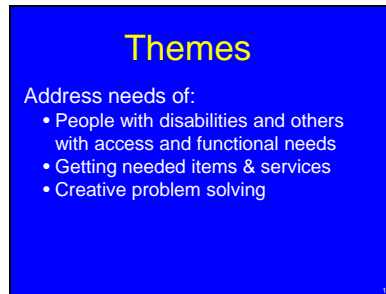
Themes

- Work in progress
- Dynamic
- Evolving
- Bridging gaps

A blue rectangular slide with yellow text. The title 'Themes' is at the top. Below it is a bulleted list with four items: Work in progress, Dynamic, Evolving, and Bridging gaps. To the right of the list is a yellow circular graphic with the words 'UNDER CONSTRUCTION' in black. A small number '12' is in the bottom right corner.

Emergency preparedness & response is always a work in progress and a good example of what the life-long learning process should be.

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Themes

Address needs of:

- People with disabilities and others with access and functional needs
- Getting needed items & services
- Creative problem solving

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Themes

- Working smarter
- Building partnerships with:
 - Cities
 - Counties
 - State &
 - American Red Cross

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Trends

Scientists report:

Over last 25 years increase in number of natural disasters, such as:

- ✓Droughts
- ✓Tsunamis
- ✓Hurricanes
- ✓Typhoons

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Scientists report an increase in the number of natural disasters, such as droughts, tsunamis, hurricanes, typhoons, and floods, over the past 25 years. ^[12] In 1980, only about 100 such disasters were reported per year, but that number has risen to more than 300 a year since 2000.

^[12] Ker Than. "Natural Disasters Becoming More Common," Live Science (October 2005), http://www.livescience.com/environment/051017_natural_disasters.html (accessed February 12, 2009).

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Trends

- Disasters per year
 - 1980 - about 100
 - 2000 - more than 300
- Increase expected to continue
- Storm-related disasters predicted to increase in intensity

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Feel Free to Share

- Promising practices
- Processes that are successful
- Models that work

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Module 2: Background and Roles

Duration

60 minutes

Scope Statement

Provide participants with the history, intent, and roles of FAST.

Terminal Learning Objectives (TLO)

Understand FAST history, intent, and roles. Provide real examples from the field.

Enabling Learning Objectives (ELO)

Participants will be able to:

- Understand how the FAST concept originated.
- Understand the intent of FASTs, make up of teams, roles and qualifications.
- Discuss why the special needs term does not work in planning for effective response.
- Describe the five areas of functional needs.
- List problems that can occur when essential functional needs are not addressed.

Lesson Topics

Background and roles of FAST.

Assessment Strategy

- Verbal and visual assessment of understanding
- Participation in practice exercises
- Question and answer period

Instructor-to-Participant Ratio

2:60

Practical Exercise (PE) Statement

- Problem identification and problem solving regarding shelter accessibility issues.

Reference List

Moving Beyond “Special Needs”: A Function Based Framework for Emergency Management and Planning (2006) by June Isaacson Kailes and Alexandra Enders

Paradigm Shift in Planning - 2007 Parsons and Fulmer

This site contains information about disaster sheltering for people with disabilities and others with access and functional needs and Functional Assessment Service Teams (FAST):

<http://www.cdss.ca.gov/dis/PG1909.htm>

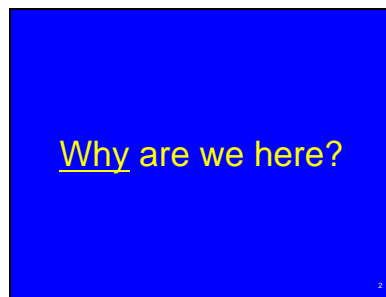
The following links has specific information.

- [FAST Course Outline](#)
- [Functional Assessment Service Team Description](#)
- [FAST Frequently Asked Questions](#)
- [PAFN Final Draft Annex](#)
- [Appendix A - Function Based Framework](#)
- [Appendix B - FAST Description](#)
- [Appendix E - Personal Assistant Description](#)
- [Appendix G - FAST Flowchart](#)
- [Appendix J - Pharmaceuticals Procurement](#)
- [FAST Presentation](#)

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Slide 2

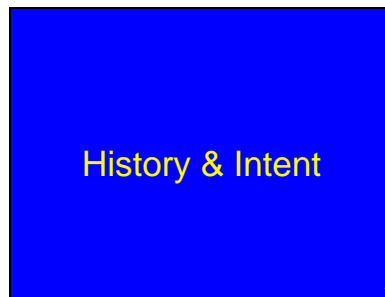


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FAST was started in 2007. The FAST program is now being used in other states. Nine counties in California have trained staff and the state has 53 trained FAST members.

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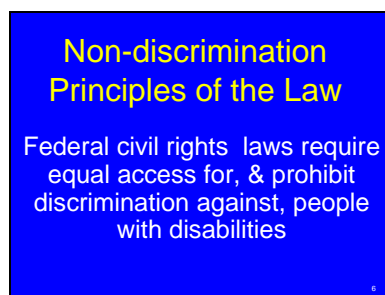


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The FAST program is being recognized throughout the state and also in other states. Other “drivers” are: FEMA has put an emphasis on whole community planning, civil rights laws, and most importantly, it is the right thing to do.

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- Rehabilitation Act of 1973, as amended
- Americans with Disabilities Act of 1990
- Architectural Barriers Act of 1968
- Individuals with Disabilities Education Act (IDEA) of 1975, as amended
<http://www.fema.gov/oer/reference/laws.shtm>

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Underlying ADA Values

- Equal Opportunity
- Integration
- Full Participation

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ADA Compliance

- DOJ Tool Kit – State & Local Government
- FEMA Guidance - Planning for Integration of Functional Needs Support Services in General Pop Shelters

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ADA Enforcement



- To get to
- Enter
- Use
- Communicate with

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Click on “Disaster” for more information and these documents are under:

- State & Local Government
- Legal Issues & Disability Rights

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Mass Care Challenges

- Identifiable resources
- State and Federal assistance
- Overwhelmed medical facilities

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Sheltering of People with Disabilities

- General population shelters can accommodate people w/ disabilities
- Requires consistent and inclusive planning
- Support from government, NGO/CBOs & private sources



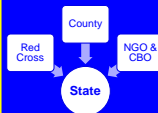
Photo Credit: preparedness.org

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How it all started

- Advisory Committee formed in 2006
 - ◊ State, Federal, and NGO
- County involvement in 2007
 - ◊ 10 high-risk counties
 - ◊ Plans & exercises under development



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FAST is one emerging "Whole Community" approach model

- Acknowledges government's limitations of capabilities
- Focus on leveraging resources of NGOs & business

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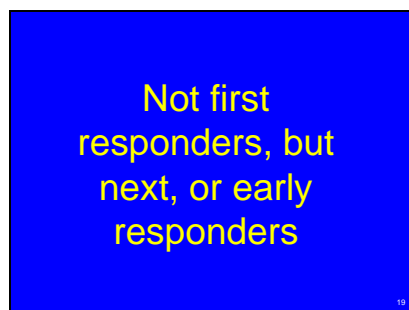
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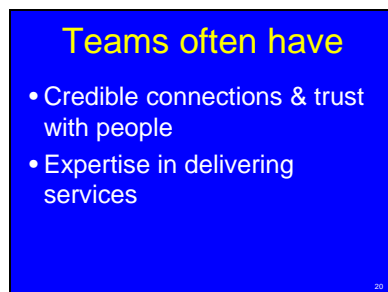
Using expertise,
skill sets, &
resources

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FASTs help shelter personnel distinguish between people who need assistance in maintaining their health, safety & independence, from those who need acute medical help.

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NGO Volunteers

- Unfortunately often an overlooked resource for emergency planning, preparedness, response, recovery & mitigation activities
- Often turned away

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State FAST ID Template

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"...it would have been nice to have 'someone' local provide a list of resources in the area, rather than taking staff many hours on phones trying to find equipment."

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FAST key players =
force multipliers who:

Extend reach
of
shelter workers

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FAST Skill Sets

- Not acquired quickly, but thru years of working in the trenches with these diverse communities
- Skills – you need to have – not acquired thru FAST training

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Trained eyes & ears



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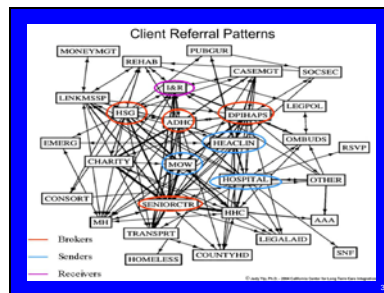
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FAST

- In depth knowledge of populations they serve, their cultures & service networks

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Role

- Conduct assessment at shelter to identify & meet essential functional needs such as:
 - Communication
 - Personal Assistants (PAs)
 - Equipment
 - Supplies
 - Medications
 - Quick access fixes

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Role

Determine who has needs which exceed capability of shelter & arrange for transfer [if possible] or move to medical area of shelter

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FAST assess & meet the needs of "at risk individuals" through

- Working in partnership with shelter workers
- Effectively meeting these needs reduces use of scarce, expensive & intensive emergency medical services & institutionalization

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FAST assess & meet the needs of "at risk individuals" through

- Expert screening & supporting needs to prevent deterioration
- Enabling people to maintain health, mobility, safety, & successfully manage in shelters & other temporary housing places

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FAST Team Leader

- Lead communicator & liaison with:
 - Shelter leadership

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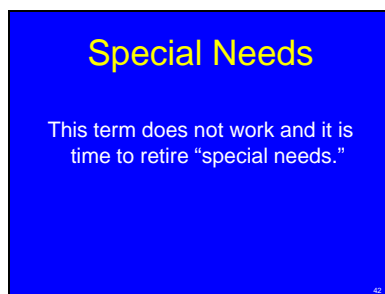
More Information

Functional Assessment
Service Teams

<http://www.cdss.ca.gov/dis/PG1909.htm>

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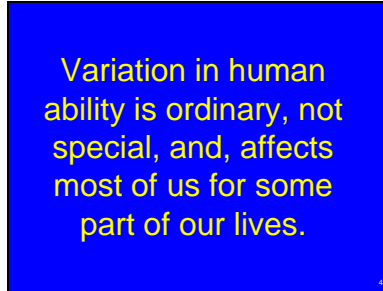


Special Needs

This term does not work and it is
time to retire "special needs."

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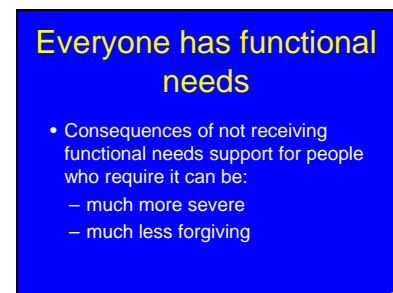
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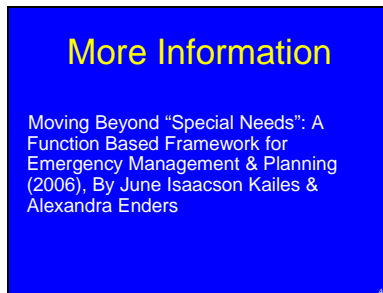
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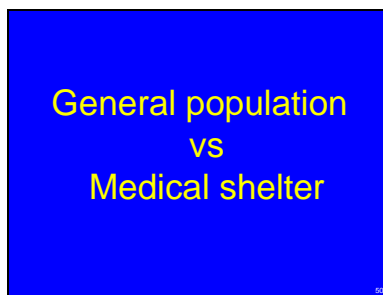
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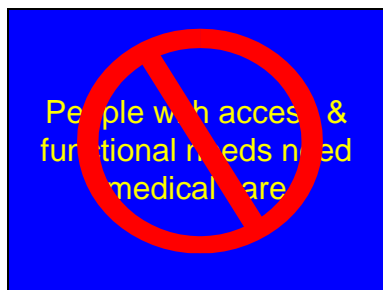
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Belief that people with disabilities
need medical care unnecessarily
overburdens scarce emergency
medical resources

Slide 50

Most don't need acute
medical care

This is a die hard perception
versus a real need

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Medical Needs

- A few who do not have or have lost support from family or others & need assistance with managing:
 - acute medical needs, unstable, terminal or contagious health conditions may need a medical shelter

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Slide 53

Many people live in community with

Complex chronic conditions may use / need:

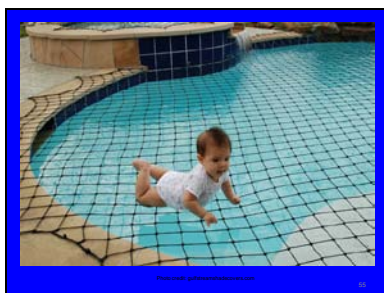
- Multiple essential medications
- Supplies (nasal / gastrointestinal tube, suctioning, respirator, catheters, etc.)

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FAST Leader Responsibilities

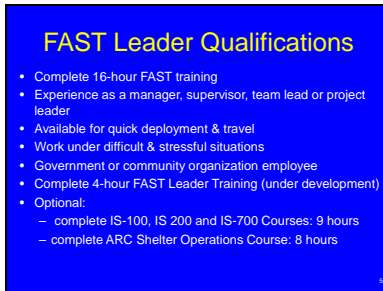
- Maintain tracking/documentation system for equipment/supplies/resource requests
- Maintain communication with appropriate Emergency Operations Center (EOC) staff including Care & Shelter Branch Coordinator
- Oversee demobilization process

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FAST Leader Responsibilities

- Initiate contact & maintain communication with the Shelter Manager and Disaster Health Services/Mental Health staff
- Establish work area location
- Coordination of information flow
- Resource requesting coordination
- Determine need for additional/replacement FAST members
- Lead briefing meetings
- Set work schedules

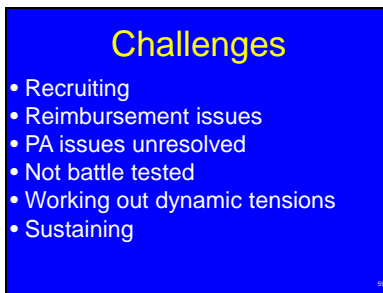
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A blue rectangular slide with a black border. The title "FAST Leader Qualifications" is at the top in yellow. Below it is a bulleted list of requirements in white text. A small number "58" is in the bottom right corner.

FAST Leader Qualifications

- Complete 16-hour FAST training
- Experience as a manager, supervisor, team lead or project leader
- Available for quick deployment & travel
- Work under difficult & stressful situations
- Government or community organization employee
- Complete 4-hour FAST Leader Training (under development)
- Optional:
 - complete IS-100, IS 200 and IS-700 Courses: 9 hours
 - complete ARC Shelter Operations Course: 8 hours

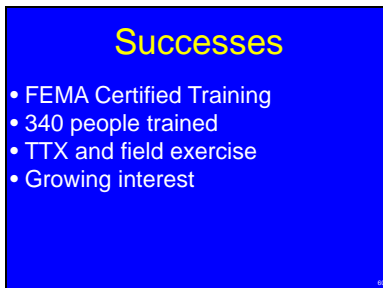
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A blue rectangular slide with a black border. The title "Challenges" is at the top in yellow. Below it is a bulleted list of challenges in white text. A small number "59" is in the bottom right corner.

Challenges

- Recruiting
- Reimbursement issues
- PA issues unresolved
- Not battle tested
- Working out dynamic tensions
- Sustaining

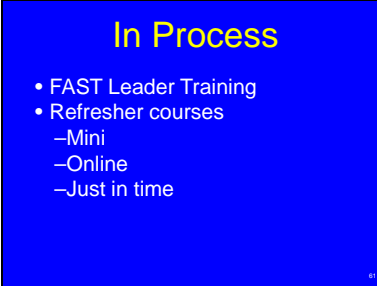
Slide 60

A blue rectangular slide with a black border. The title "Successes" is at the top in yellow. Below it is a bulleted list of successes in white text. A small number "60" is in the bottom right corner.

Successes

- FEMA Certified Training
- 340 people trained
- TTX and field exercise
- Growing interest

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A blue rectangular slide with a black border. The title "In Process" is centered at the top in yellow. Below it is a bulleted list in white. A small number "61" is in the bottom right corner.

In Process

- FAST Leader Training
- Refresher courses
 - Mini
 - Online
 - Just in time

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A blue rectangular slide with a black border. The title "Notable Quotes" is centered in yellow. A small number "62" is in the bottom right corner.

Notable Quotes

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A blue rectangular slide with a black border. It contains a quote in white text, followed by the speaker's name and title. A small number "63" is in the bottom right corner.

People with access and functional needs continue to be at-risk for experiencing health & safety risks, institutionalization, and death in disproportionate numbers, unless access and functional needs issues are integrated into emergency management and disaster planning!

June Isaacson Kalles,
Disability Policy Consultant

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Module 3: Incident Command System (ICS)/National Incident Management System (NIMS)

Duration

60 minutes

Scope Statement

This lesson will cover the role of governments under California's Standardized Emergency Management System (SEMS) and the National Incident Management System (NIMS).

Terminal Learning Objectives (TLO)

To provide students with critical information to better understand the systems that government uses in coordinating the response during disasters.

Enabling Learning Objectives (ELO)

Participants will be able to:

- Understand the roles of federal, state and local government during disasters.
- Learn about the process for requesting and acquiring resources during disasters.

Assessment Strategy

- Verbal and visual assessment of understanding.
- Participation in practice exercises.
- Question and answer period.

Instructor-to-Participant Ratio

2:60

Reference List

FEMA IS 700 Course- http://www.fema.gov/pdf/emergency/nims/06_training.pdf

FEMA IS 800 Course - http://www.fema.gov/pdf/emergency/nims/is_800a_fs.pdf

Slide 1

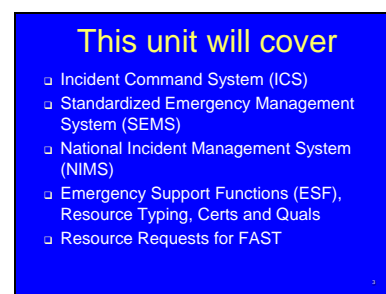


The section will cover a brief overview of ICS and NIMS. This material is included in the training because it will help you understand the system within which resource requests are processed. *Resource requesting* is the process that FAST members use to get items that may be needed to support people with access and functional needs. There is additional information about all these systems in Section 10 of your guide. It is called ***Supplemental Information: ICS, SEMS and NIMS***

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Slide 3



This unit will include descriptions of the three major systems used during emergencies; they are ICS, SEMS (only in CA) and NIMS. This unit will also cover Emergency Support Functions or ESFs.

Slide 4



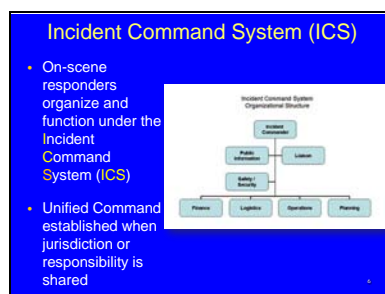
The word “field” is the term given to any place or operation that is responding to an emergency. This is direct response to the conditions on the ground.

Slide 5



Actions that occur as a response to the conditions on the ground are considered “field level.” Shelters, fire and rescue and medical operations are considered field level actions.

Slide 6



ICS is a field-level emergency response system that is designed to enable effective and efficient incident management by integrating facilities, equipment, personnel, procedures, and communications operating within a common organizational structure.

ICS provides a foundation for NIMS and is a field-based tactical communications system, whereas NIMS provides a system for managing the event at the local, operational, regional, or state levels.

Slide 7



There are five functional areas in ICS. The acronym "M-FLOP" can be used to remember the five functional areas

Slide 8



The Incident Command System is divided into 5 functions. "Operations" is the area where most of the action takes place. Operations are the "Doers".

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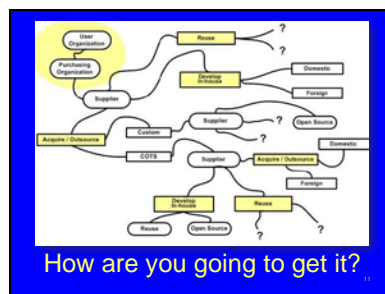


Slide 10



The reason FAST is in Operations is because you assess, assist people, and request resources that will help people MAINTAIN THEIR HEALTH, SAFETY and INDEPENDENCE. You are doing things!!

Slide 11



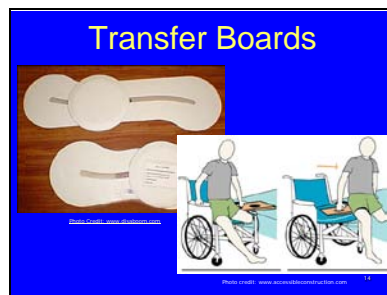
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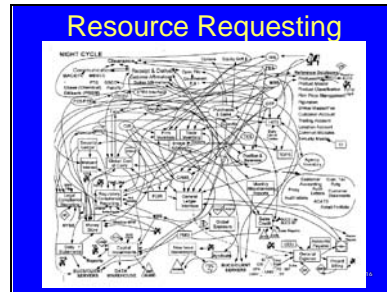


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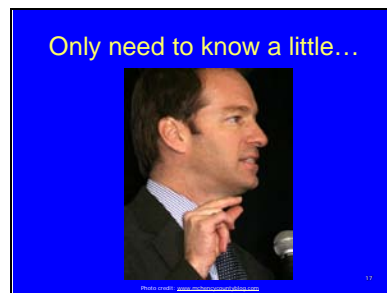


This next section in ICS is Logistics. The actual “getters” work in Logistics. They will help you get the things you need in the shelter.

Slide 16



Slide 17



You need to know generally where the wheelchair, medication or videophone is coming from, you do not need to know if it was rented, bought on a contract, borrowed from another county.

It is critical that you monitor the progress of the request (via shelter management, operational center staff) to ensure delivery in a timely manner.

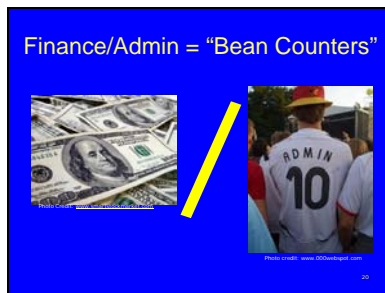
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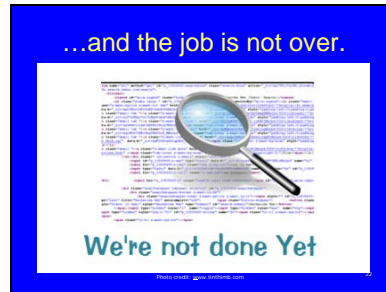


Finance/Admin Section not only track expenses but they also track time, outside claims that may be made against the incident, etc.

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Slide 23



The Planning and Intelligence Section develops all the plans, they do Advance Planning, they make recommendations about staffing, etc.

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Planning looks at the situation on the ground, including shelters, medical operations, fire/rescue etc. They also think about resources: human, equipment, supplies, etc. — How many are deployed, how long they've been out, and where they can get more if needed.

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The fifth and last functional area for ICS is the group that has responsibility for directing all the other functions and that is Management.

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Let's Get Quizzical!

- A shelter resident needs a videophone and the Red Cross does not have it, he/she needs to get it through the:
 1. Requisition process
 2. Resource request process
 3. Property procurement process
 4. Craigslist process
 5. County credit card

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Let's Get Quizzical!

- You keep track of the number of shelters that are open and how many people are in them, you probably work in...
 1. The Operations Section
 2. The Logistics Section
 3. Management
 4. A Red Cross shelter
 5. The Care and Shelter Branch

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Let's Get Quizzical!

- You are a FAST member and you need a wheelchair for one of the shelter residents. The first thing you should do is.....
 1. Go to the medical equipment rental and rent it on your personal credit card
 2. Call the EOC and see if they have one
 3. Work through the FAST leader
 4. Borrow one from where you work

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Let's get Quizzical!

- A 6.8 after-shock occurred and another 250 homes have to be evacuated. You have to prepare for the evacuees. You probably work:
 1. For the Red Cross
 2. In the Logistics Section
 3. In the Planning Section
 4. In the Operations Section
 5. Almost anywhere along the California coast

Slide 30

Standardized Emergency Management System (SEMS)

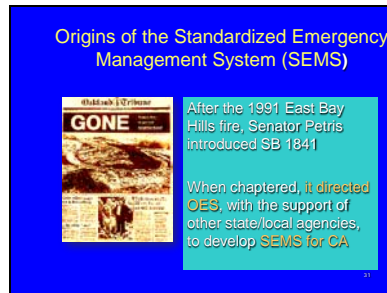
- Origins
- 4 Components
- 5 Levels
- 5 Functions



Beginning in 1994, in California, all government agencies were required to use SEMS in order to be eligible for any reimbursement of response-related costs under the state's disaster assistance programs.

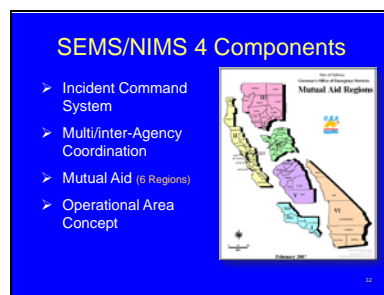
SEMS was organized into five levels: State, Regional, Operational Area, Local, and Field. Every incident begins at the field level. SEMS incorporates the use of the Incident Command System (ICS), California Disaster and Civil Defense Master Mutual Aid Agreement (MMMAA), the Operational Area (OA) concept and multiagency or inter-agency coordination.

Slide 31

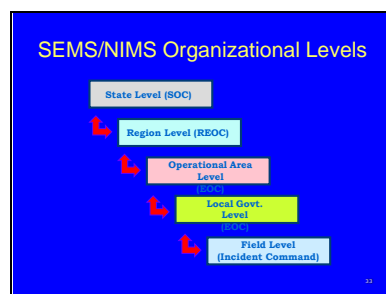


As a result of the East Bay Hills Fire of 1991, California State Senator Nicolas Petris introduced SB 1841. Subsequently, the Standardized Emergency Management System (SEMS) was adopted by California in 1992.

Slide 32



Slide 33



There are 5 levels of response in NIMS/SEMS: Field Level, Local Government Level, Operational Area Level, Regional Level (REOC), and the State Level (SOC).

Slide 34



Slide 35



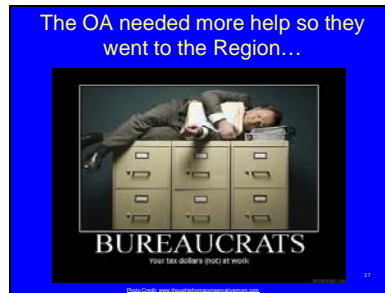
Local level would include cities, counties, special districts, and school districts.

Slide 36



Operational Area level would be a county and all the political subdivisions.

Slide 37

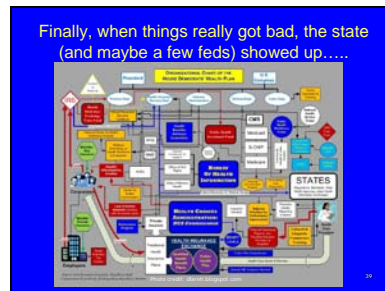


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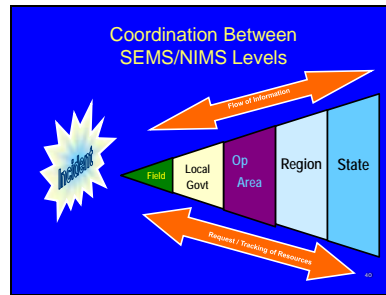


The Regional level would include multiple operational areas and counties. California is divided into 3 Regional Areas: Inland Region, Coastal Region, and Southern Region.

Slide 39



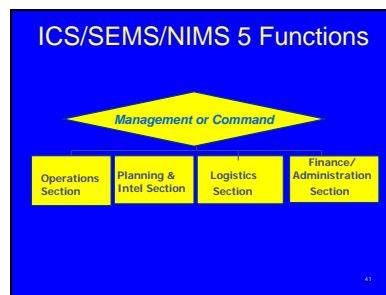
Slide 40



The need for FAST could be identified and requested at each level within this structure.

When resources are needed (durable medical equipment, hearing aid batteries, medications, etc.), the process for requesting begins at the field (shelter) and moves through the process depending on the ability to obtain them.

Slide 41



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Emergency Operations Center (EOC)

- This facility, found at the city/county level, is used to coordinate the overall jurisdictional response to an emergency
- A location from which centralized emergency management can be performed
- Found at all NIMS/SEMS levels above the field response level in government agencies; also found in the private sector

FAST members, through the FAST leader, will be requesting support and services through the shelter manager to the Emergency Operations Center. When you initiate a request for resources, it will first be reviewed by the shelter manager and he/she will make a decision on how to fill it. The shelter manager may also involve the logistics person at the shelter.

Slide 43



Slide 44



Slide 45



Slide 46

Let's Get Quizzical Again!

- You need a FAST and all the members in your area are already deployed. You probably are:
 1. Working in a County Emergency Operations Center
 2. Working in a Regional Emergency Operations Center
 3. In deep Doo Doo
 4. A shelter manager

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Slide 47

Let's Get Quizzical Again!

- You received a Resource Request for an accessible shower. You probably work:
 1. In the Logistics Section of the EOC
 2. In the Planning Section of the REOC
 3. In the Finance/Admin Section of the State Operations Center
 4. For Job Johnny's Porta Pottie and Shower Rental Service

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Slide 48

Let's Get Quizzical Again!

- You are a FAST member who has been working at a shelter for 12 days and need to return to your work place but the shelter still needs FAST services. Rank in order of occurrence how your replacement will be located:

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Slide 49

1. The Planning Section will look at a list of available FAST members in the state
2. The Logistics Section will check with the Planning Section for a list of available FAST members
3. The shelter manager will tell the Red Cross Rep you need to be replaced
4. A Resource Request will be initiated at the EOC level

Slide 50

National Incident Management System (NIMS) Background

- Homeland Security Presidential Directive (HSPD) 5 – Issued February 28, 2003
- President directed Secretary of Homeland Security to develop and administer NIMS



On February 28, 2003, President George W. Bush released Homeland Security Presidential Directive-5 directing the Secretary to develop and administer a National Incident Management System (NIMS).

The states and their political subdivisions are responsible for compliance with the requirements of the NIMS as defined in the Homeland Security Presidential Directives. NIMS is designed to be compatible and is based on similar organizational principles as ICS. Cal EMA is designated as the principal coordinator for NIMS implementation statewide.

Slide 51

Why NIMS was Developed...

- Lessons learned point to need for national system
- Emergencies happen daily
- Responders need to be able to work/ communicate together
- No comprehensive standards for national response until now
- Provides standards for domestic incident response



Slide 52

NIMS is.....

Core set of:

- ✓ Doctrine
- ✓ Concepts
- ✓ Principles
- ✓ Terminology
- ✓ Organizational processes
- ✓ Applicable to all hazards




Photo credit: JAMES HARRIS/ISTOCKPHOTO.COM

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NIMS is intended to standardize response to emergencies involving multiple jurisdictions or multiple agencies.

Slide 53

What NIMS Is Not.....

- An operational incident management system
- A resource allocation plan
- A terrorism/WMD-specific plan




Photo credit: SHUTTERSTOCK

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Slide 54

Other NIMS related items

- *Resource Management* – Detailed resource typing, inventories, tracking, equipment certification
- *Certification/Qualifications* – For emergency management personnel

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Slide 55

Emergency Support Functions

1. Transportation	10. Oil & Hazardous Materials Response
2. Communications	11. Agriculture & Natural Resources
3. Public Works and Engineering	12. Energy
4. Firefighting	13. Public Safety & Security
5. Emergency Management	14. Long-Term Community Recovery
6. Mass Care, Emergency Assistance, Housing & Human Services	15. External Affairs
7. Logistics Management & Resource Support	
8. Public Health & Medical Services	
9. Search and Rescue	

Slide 56

What does this all mean to you?

The practical application of ICS and NIMS

Slide 57

Equipment/Devices Needed

■ Wheelchairs (multiple types)	■ Raised Toilet Seats
■ Walking Canes	■ TTY's
■ White Canes for the Blind	■ Wireless Communication
■ Walkers	■ Interpreter Boards
■ Shower Chairs	■ Magnifiers
■ Toilet Chairs	

Slide 58



Slide 59

Resource Requesting

- May take hours/days to get things
- May request through Red Cross, EOC or REOC
- Shelter Manager or Shelter Logistics will be involved
- A form may not exist, see sample at end of Participant Guide

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For more information

The FEMA Independent Study website is:
<http://training.fema.gov/IS/crslist.asp>

Recommended courses are:

- IS 100
- IS 200
- IS 700

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Slide 61



Slide 62



Module 4: American Red Cross Sheltering

Duration

90 minutes

Scope Statement

Provide an overview of working in the shelter environment and American Red Cross sheltering operations and policies and procedures regarding the support of people with disabilities and others with access and functional needs.

Terminal Learning Objectives (TLO)

Understand the sheltering policies of the American Red Cross and its scope of service delivery in accommodating people with disabilities and others with access and functional needs.

Enabling Learning Objectives (ELO)

Upon completion of this course, participants will be able to:

- Recognize the mission, principles and code of conduct of the Red Cross in its sheltering policies.
- Compare the services provided by the Red Cross in an evacuation center and services provided in disaster shelters.
- Describe the intake process at a Red Cross shelter.
- Explain how the Red Cross carries out ADA compliance at shelters.
- Describe reasonable accommodation provided by the Red Cross.
- List the population and types of limitations that are beyond the scope and ability of the Red Cross.
- Explain the process Red Cross will use to partner with FAST.

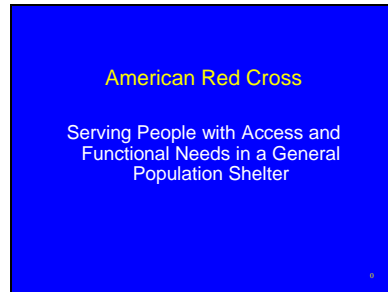
Assessment Strategy

- Verbal and visual assessment of understanding
- Question and answer period

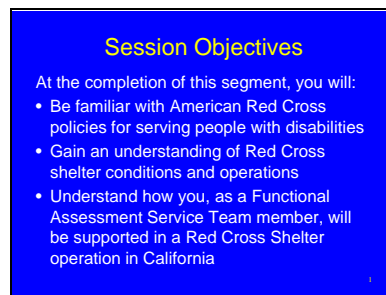
Instructor-to-Participant Ratio

2:60

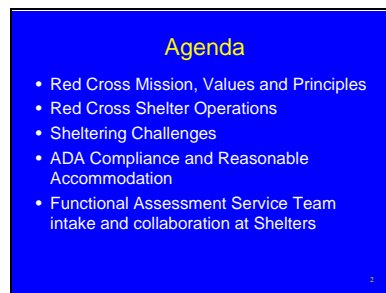
Slide 1



Slide 2



Slide 3



Slide 4

The American Red Cross
Mission, Values and Principles

4

Slide 5

Red Cross Mission

The American Red Cross, a humanitarian organization led by volunteers and guided by its *Congressional Charter* and the Fundamental Principles of the International Red Cross Movement, will provide relief to victims of disaster and help people prevent, prepare for, and respond to emergencies.

5

Slide 6

Red Cross Values & Principles

- We provide disaster relief regardless of the race, creed or nationality of the recipients, without adverse distinction of any kind



Slide 7

Red Cross Values & Principles

- We prioritize relief on the basis of disaster-caused need alone
- We respect the culture and customs of the persons receiving relief
- We involve partner agencies in the management of disaster relief
- We strive to provide relief that reduces future vulnerabilities to disasters, and meets basic needs

Slide 8

Red Cross Values & Principles

- We do not use relief to further a particular political or religious standpoint
- We are accountable to those being assisted as well as to those from whom resources are received
- We respect the dignity and humanity of all those affected by disaster in all activities, including information, publicity and advertising activities

Slide 9

Red Cross Disaster Services

Slide 10

American Red Cross Disaster Services

The Red Cross provides the following direct services in disaster events:

- Shelter
- Food
- Provision of essential items through bulk distribution
- Disaster health & mental health services



Slide 11

American Red Cross Disaster Services

The Red Cross provides these additional support services to persons affected by a disaster:

- Public information
- Welfare information and family reunification support
- Community assessment and planning
- Client casework and recovery planning
- Collaboration and partner support

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Slide 12

Red Cross Shelter Operations

11

Slide 13

Providing Service in Red Cross Shelters

Red Cross chapters strive to be prepared to meet the sheltering needs of a wide variety of community members, including most people with disabilities and older adults who normally live independently in their community

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American Red Cross Shelters should be prepared to meet the sheltering needs of a wide variety of community members, including most people with disabilities and older adults who normally live independently in their community and home.

Slide 14

Evacuation Center vs. Shelter

Evacuation Center

- Short-term refuge, usually 24 - 48 hours
- Safe, sanitary and secure
- In most cases, cots or blankets will not be provided
- Snacks and beverages normally provided



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Evacuation Shelter

This site will be safe, sanitary and secure. In most cases, it will not have cots or blankets for all residents (although some should be in place for those who need them most). Residents may be requested to bring their own sleeping bags, quilts, blankets, pillows, etc. Feeding may be limited (based on time frames and capacity to cook or safely access vendor food); heavy snacks and hydration should be available. These facilities are usually used only for a short time (generally 24 to 48 hours) while a storm passes through an area.


An Evacuation Shelter should have a health professional (Red Cross Disaster Health Services staff if a Red Cross shelter) who provides triage and appropriate referral for those with needs who cannot be accommodated at the facility. Disaster Mental Health Services should be present as well as shelter staff and mass care feeding staff.

Red Cross staff at Red Cross Evacuation Shelters will use the “American Red Cross – Department of Health and Human Services Initial Intake and Assessment Tool” to determine appropriate accommodations or if that individual must be referred to a higher level of care.

Slide 15

Evacuation Center vs. Shelter
Shelter

- Established after a disaster incident when people have been displaced from their homes and cannot return for an extended period of time
- Cots, blankets and comfort kits should be provided
- Full shelter staff
- Expanded services



Disaster congregate care facilities (most frequently called *shelters*) can be, and frequently are Red Cross managed facilities, but can also include those shelters administrated by partner agencies, other relief agencies, and/or government entities. These sites are generally established after a disaster incident when people have been displaced from their homes and cannot return for a period of time. This site becomes a temporary home for residents and some key features should be addressed. Within 24 hours of establishment, shelter should have cots, blankets, comfort kits, and like items. The Red Cross shelter will have a management team headed by a shelter manager and, depending on the size of the shelter, shift supervisors. The shelter should have an adequate compliment of shelter staff, feeding staff, Disaster Health Services and Disaster Mental Health Services staff, and logistics personnel to deal with the size of the population in the facility. Over the course of the life of such a shelter, other services may also be provided in the shelter including casework, informational updates of community services available and like services/activities.

Slide 16

Potential Shelter Management Variations




- Red Cross Managed Shelters
- Community Managed Shelters
- Government Managed Shelters
- Spontaneous Shelters

Depending on the operator, shelter residents may receive varying degree of services. Shelter Operators may or may not have received any formal shelter training. Shelter Operators may be unaware of community resources and Shelter Operators may not be connected to Red Cross or local government resources. Spontaneous shelters may be overwhelmed very quickly.

Slide 17

Core Shelter Activities

- Information dissemination
- Dormitory Management
- Feeding
- Bulk Distribution
- Casework
- Health and Mental Health Services
- Registration
- Recreation & Child Care



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There are a number of activities carried out in a “typical” Red Cross shelter.

Dormitory management is the supervision of the sleeping quarters ensuring the safety and security of residents and their belongings.

Casework services provided by the American Red Cross helps clients initiate their disaster recovery by identifying community resources available to disaster clients. Red Cross casework is not traditional “health or social work case management.” The American Red Cross often partners with other organizations, such as Church of the Brethren or local parks & recreation departments, to provide child care and recreation for children and young adults.

Slide 18

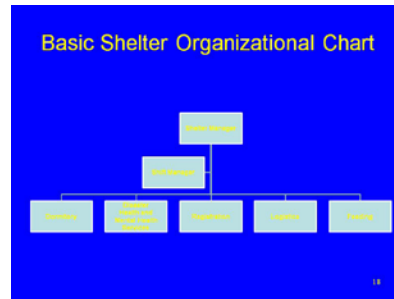
Operating a Shelter



- Organization
- Staff
- Rules

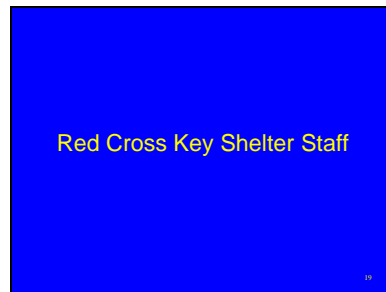
17

Slide 19



This chart represents the basic shelter organization. In a large event, there may be shift managers assigned to one or more of these activities. We will specifically address the roles of three positions, Shelter Manager, Disaster Health Services and Disaster Mental Health in later slides.

Slide 20



Slide 21

Shelter Manager

- Provides overall supervision and administrative direction for Red Cross actions within the shelter
- Ensures that the needs of shelter occupants are being met

Slide 22

Disaster Health Services



- Determine the health needs of all shelter residents
- Provide 24-hour medical coverage
- Identify residents with specific needs
- Ensure sanitary conditions in the shelter

Slide 23

Disaster Health Services

- Be aware of any persons who may have communicable diseases
- Establish contact with the Health Department and mental health care providers
- While residents are responsible, Red Cross staff may accommodate those unable to safely store their medications

Slide 24

Replacing Lost Medications

- The Red Cross may pay co-pay if the client is insured
- ARC can pay up to \$500 for essential medications for those uninsured and without Medi-Cal
- Controlled medications need new prescription

Slide 25

Disaster Mental Health Services



- Assessment
- Mental Health Screening & Triage
- Crisis Intervention
- Emotional Care and Support

Slide 26

Disaster Mental Health Services

- Problem Solving
- Advocacy
- Behavioral Health Surveillance
- Education
- Casualty Support
- Referrals to other Levels of Care

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Slide 27

Disaster Mental Health Services

- Monitor pre-existing conditions, both physical and psychological which are frequently exacerbated during times of extreme stress
- Monitor previously healthy individuals who may develop new physical or mental health needs due to the disaster

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Slide 28

Disaster Mental Health Services

- Support people affected by disaster as they seek assistance from the Red Cross
- Ensure the well-being of paid and volunteer staff in order that they may provide effective and efficient services to those affected by the disaster

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Slide 29

Red Cross Shelter Rules and Regulations



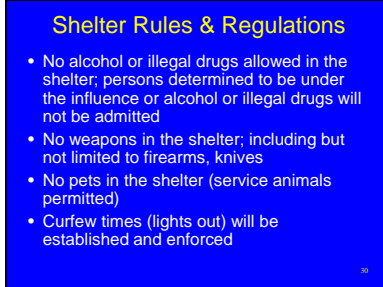
Slide 30

Shelter Rules & Regulations

- Residents must sign in and out
- Shelter residents will be respectful toward staff and fellow residents - No foul language, abusive behavior, stealing or destruction of property
- No food in the dormitory/sleeping area
- Children must be accompanied at all times

28

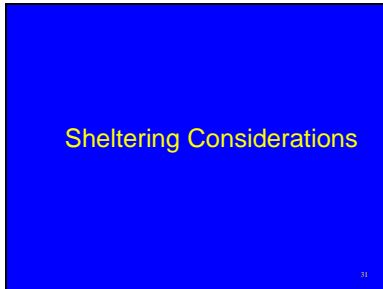
Slide 31

A blue rectangular slide with yellow text. The title "Shelter Rules & Regulations" is at the top. Below it is a bulleted list of four rules. A small number "30" is in the bottom right corner.

Shelter Rules & Regulations

- No alcohol or illegal drugs allowed in the shelter; persons determined to be under the influence or alcohol or illegal drugs will not be admitted
- No weapons in the shelter; including but not limited to firearms, knives
- No pets in the shelter (service animals permitted)
- Curfew times (lights out) will be established and enforced

Slide 32

A blue rectangular slide with yellow text. The title "Sheltering Considerations" is centered. A small number "31" is in the bottom right corner.

Sheltering Considerations

Slide 33

A blue rectangular slide with yellow text. The title "Integration of FEMA Functional Needs Support Services Guidance" is at the top. Below it is a bulleted list of three points. A small number "32" is in the bottom right corner.

Integration of FEMA Functional Needs Support Services Guidance

- Developed in consultation with the Red Cross and other key stakeholders, and parallels the Red Cross commitment.
- Red Cross serves people with access and functional needs based on the International Red Cross Fundamental Principle of Impartiality. Red Cross strives to provide service consistent with FEMA guidance.
- Red Cross continues to expand on our national strategy to ensure equal access

This guidance was developed in consultation with the Red Cross and other key stakeholders, and reflects an inclusive approach to sheltering that parallels the Red Cross commitment.

Slide 34

Sheltering Considerations

- There is no "one size fits all" approach
- It is easy to make generalizations about entire populations
 - Everyone in a wheelchair needs a Personal Assistant
 - Everyone on oxygen is medically fragile

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Slide 35

Sheltering Considerations

- Many state and local governments have struggled to develop "special needs" shelters around very vague and varying definitions
- There are varied interpretations of the term "special needs"

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Slide 36

Sheltering Considerations

- Diversity of shelter workers (different capacities)
- The Red Cross does not own the buildings typically used for evacuation centers or shelters
- The Red Cross is often seen as the agency responsible for medical shelters

36

Slide 37

True Scenarios

An individual with IV and catheter, on gurney, dropped at the front door of shelter by an ambulance crew. The ambulance speeds off without notifying staff.

36

Slide 38

True Scenarios

An individual requiring a Personal Assistant recruits their assistance from the general population in the shelter. The individual recruited to provide the assistance leaves the shelter to stay with relatives; does not tell anyone and does not come back.

37

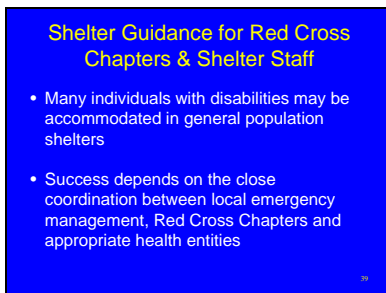
Slide 39

True Scenarios

- Persons with specific needs demanding shelter workers serve as Personal Care Giver
- Local government refusing to fill requests of durable medical equipment or failing to transport individuals to definitive care

38

Slide 40



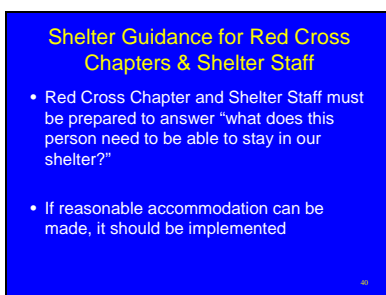
Slide 40 is a blue rectangular box with yellow text. The title is "Shelter Guidance for Red Cross Chapters & Shelter Staff". Below the title are two bullet points. The first bullet point states: "Many individuals with disabilities may be accommodated in general population shelters". The second bullet point states: "Success depends on the close coordination between local emergency management, Red Cross Chapters and appropriate health entities". A small number "39" is in the bottom right corner.

Shelter Guidance for Red Cross Chapters & Shelter Staff

- Many individuals with disabilities may be accommodated in general population shelters
- Success depends on the close coordination between local emergency management, Red Cross Chapters and appropriate health entities

The success of these efforts depends on Chapters working closely with local emergency management and appropriate health entities to ensure that everyone is working together to provide services to all quickly and effectively at the time of a disaster.

Slide 41



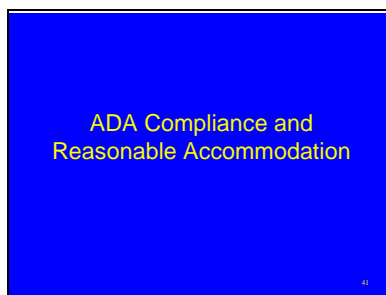
Slide 41 is a blue rectangular box with yellow text. The title is "Shelter Guidance for Red Cross Chapters & Shelter Staff". Below the title are two bullet points. The first bullet point states: "Red Cross Chapter and Shelter Staff must be prepared to answer 'what does this person need to be able to stay in our shelter?'". The second bullet point states: "If reasonable accommodation can be made, it should be implemented". A small number "40" is in the bottom right corner.

Shelter Guidance for Red Cross Chapters & Shelter Staff

- Red Cross Chapter and Shelter Staff must be prepared to answer "what does this person need to be able to stay in our shelter?"
- If reasonable accommodation can be made, it should be implemented

The basic question Chapters must be prepared to answer in times of disaster is 'what does this person need to be able to stay in our shelter?' This does not mean that Red Cross will not support alternative needs shelters or provide medical care, but it does mean that if there is a reasonable accommodation that can be made, Red Cross will do it. Red Cross will not automatically refer people with disabilities to a different shelter.

Slide 42



Slide 42 is a blue rectangular box with yellow text. The title is "ADA Compliance and Reasonable Accommodation". A small number "41" is in the bottom right corner.

ADA Compliance and Reasonable Accommodation

Slide 43

Compliance with The Americans with Disabilities Act (ADA)

ADA requires the Red Cross to:

- Take steps to ensure no individual with a disability is excluded, denied services, segregated or otherwise treated differently due to the absence of auxiliary aids and services
- Remove architectural and communication barriers in existing facilities where changes are readily achievable

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Slide 44

Compliance with The Americans with Disabilities Act (ADA)

ADA requires the Red Cross to:

- Make reasonable modifications in policies, practices or procedures when necessary to afford goods, services, facilities, privileges, advantages or accommodations to individuals with disabilities

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Slide 45

Compliance with The Americans with Disabilities Act (ADA)

- The Red Cross does not own or maintain facilities and therefore has limited control over the facility's ADA compliance

45

While the Red Cross strives to ensure that all Red Cross shelter facilities comply with ADA accessibility standards, it is important to note that the Red Cross does not own or maintain such facilities and therefore has limited control over the facility's ADA compliance. However, Red Cross is obligated to make accommodations to the facility while Red Cross is running its operations there to ensure the greatest number of people possible can be accommodated in the shelter (e.g. installing temporary ramps, acquiring accessible toilets and showers, etc.).

Slide 46

Compliance with The Americans
with Disabilities Act (ADA)

- The Red Cross strives to ensure that all Red Cross shelter facilities comply with ADA accessibility standards
- Red Cross works with facility owners to make temporary changes to increase accessibility while Red Cross is operating a shelter in the facility

Ideally, people staying in Red Cross shelters are able to care for themselves in the shelter setting. The majority of residents in a disaster shelter are individuals who are self sufficient and need little assistance or care. They are physically and mentally able to reside in the shelter without medical care beyond first aid, and live in an atmosphere where privacy, quiet, and control are lacking to varying degrees. The Red Cross shelters persons with disabilities who are (1) self sufficient, which includes people that employ assistive technologies, personal care attendants or service animals to conduct their daily activities, or (2) need limited assistance, e.g. help in transferring from a wheelchair to a cot.

Slide 47

Reasonable Accommodation

Any change in the work environment or in the way things are customarily done that enables an individual with a disability to enjoy equal opportunities



Slide 48

Accommodating Service Animals

- ADA defines a service animal as *dogs only*
- The service animal's work must be directly related to the handler's disability
- The service animal's owner is responsible for the feeding, care and supervision of the service animal
- The Red Cross *may* expand this definition to include other animals trained to perform specific tasks

Under the Americans with Disabilities Act (ADA), service delivery sites (such as shelters) that serve the public must allow individuals with disabilities to bring their service animals into all areas of the premises where clients are normally allowed to go. However, the care or supervision of a service animal is solely the responsibility of his or her owner.

ADA defines a service animal as *any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Other species of animals, whether wild or domestic, trained or untrained, are not service animals for the purposes of this definition. The work or tasks performed by a service animal must be directly related to the handler's disability.*

Slide 49

Accommodating Service Animals

- Service animals are welcome into all areas of the premises where clients are normally allowed
- Shelter staff may ask:
 - Do you need this animal because of a disability?
 - What work or tasks has the animal been trained to perform?
- Red Cross will allow service animals regardless of whether they have been licensed or certified by a state or local government

When it is not apparent that an animal is a service animal, shelter staff may ask only two questions to help determine whether an animal is a service animal:

- Do you need this animal because of a disability?
- What work or tasks has the animal been trained to perform?

Shelter staff may not require documentation to prove that an animal is a service animal; no certification is necessary

Slide 50



Red Cross recognizes a segment of our community that does require advanced care and accommodation beyond the scope and ability of both Red Cross facilities and our volunteers and staff. Red Cross staff should work with local partners to facilitate the movement to an alternative location. The following list of conditions should be used as triggers to initiate further assessment as to whether the individual is best served in a disaster shelter:

- Attendant medical care/continuous health care support;
- Advanced health conditions that require care, monitoring or support that they cannot manage for themselves or with the assistance of a self-provided caregiver;
- Physician-ordered observation, assistance or maintenance or custodial care;
- Life support equipment;
- Significant supportive nursing care;
- Advanced care due to recent surgery and/or medical treatment;
- Special equipment or services that are normally only found in a hospital.

Slide 51



Many hardships exist during a disaster. The Red Cross should anticipate needs for the community and provide the safest options possible during an emergency. Ideally, people staying in Red Cross shelters are able to care for themselves and are self-sufficient in the shelter setting. Shelter clients may be accompanied by caregivers. The Red Cross encourages this for those who need that type of assistance. Individuals with controlled, pre-existing chronic conditions and/or illnesses, residents in adult day care homes and family care homes, and clients of home care or hospice who are capable of performing activities of daily living, sometimes with self-provided assistance, may seek shelter with the Red Cross provided they do not meet the definition outlined above.

Slide 52

Health Care Accommodations

- Individuals may, over the course of the shelter operation, require more services than the Red Cross can provide
- If so, Disaster Health Services will assist in transfer to an appropriate care facility
- *The Red Cross may provide shelter options only with appropriate staff and when environmental situations are safe*

These populations may, over the course of the shelter operation, require more services than the Red Cross can provide. If this occurs, Health Services will assist in transfer to an appropriate care facility. Careful, continuous assessment of all shelter residents by Health Services and Disaster Mental Health is essential. It is also critical that information and data regarding special care or specific needs clients be carefully protected.

Slide 53

Limitations Criteria

Individuals who may require care or accommodation beyond the scope of the facility or the ability of Red Cross staff may include individuals who require any one or combination of the following:

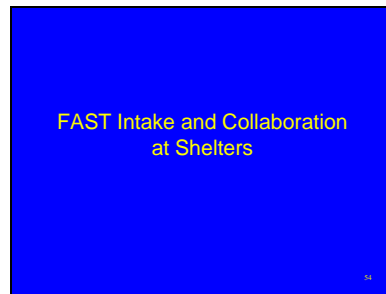
- Life support equipment
- Advanced care due to recent surgery and/or medical treatment

Slide 54

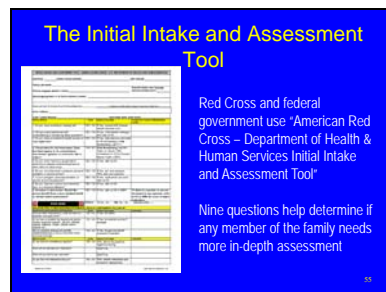
Limitations Criteria

- Significant supportive nursing care — bedridden
- Physician-ordered observation, assistance, maintenance or custodial care
- Advanced functional needs or health conditions that require care, monitoring or support that they cannot manage for themselves or with the assistance of a self-provided caregiver

Slide 55



Slide 56



For a full sized copy of this form please refer to page 4 in Section 10 of this guide.


To assess the accommodations that a person needs at a disaster shelter, shelter staff will use the *"American Red Cross – Department of Health and Human Services Initial Intake and Assessment Tool."* All Red Cross shelter staff will use this tool, as will our federal government partners at HHS. The information obtained on this assessment tool will be kept in Health Services files as a confidential document once the initial assessment is completed.

During initial registration, shelter staff will ask the first 9 questions from the intake tool. These questions will help determine if any member of the family needs more in-depth assessment. In such cases, families should be referred to Red Cross Disaster Health Services and/or Disaster Mental Health to determine which individuals may safely reside in the Red Cross facility by virtue of the stability of their condition, their own support system being in place or accommodations possible in the shelter facility.

Slide 57

Shelter Intake Tool

- If needed, referred to Red Cross Disaster Health Services and/or Disaster Mental Health
- Some individuals have functional or medical needs that might be accommodated in a Red Cross disaster shelter




It may be the case that some individuals who have a low to moderate level of needs and might be accommodated in a Red Cross disaster shelter with all attendant supplies and support, might not be accommodated in the more stripped down, larger population evacuation shelters (with minimal cots, little ability to accommodate the need for space, privacy, quiet, special diet, or other accommodations). Triage for those issues will be extremely critical for an evacuation sheltering incident and good referrals in combination with good governmental planning should be in place for the accommodation of special care situations. Chapters are encouraged to share the intake tool with state and local partners in order for them to properly plan for intake of victims with special needs who might not be able to be accommodated in disaster shelters.

Slide 58

Shelter Intake Tool

- If a person cannot be accommodated at a Red Cross shelter
 - Local public health protocols?
 - Red Cross Disaster Mental Health Services and Disaster Health Services, contacts the local public health
- Red Cross does not open or operate temporary infirmaries, but they may be co-located




Red Cross Disaster Mental Health Services and Disaster Health Services, in consultation with chapter leadership, will contact the local public health authorities and inform them that public health intervention is needed. While Red Cross does not open or operate temporary infirmaries, temporary infirmaries may be established within Red Cross shelters under very definitive guidelines.

Slide 59

Typical shelter needs

- Interpreters (to include ASL)
- Medications
- Hearing aids
- Glasses



The photograph shows a hallway or room in a shelter. A red sign with white text reads 'TRIAGE AREA'. To the left, there is a door with a Red Cross logo. The room appears to be a waiting area or a triage station.

Slide 60

Typical shelter needs

- Special diets
- Cots serving differing needs (larger cots with increased weight limits, air mattresses, higher cots to support transfer needs)
- Mobility devices

Slide 61

FAST Intake at Red Cross Shelters

- Team members arrive at shelter and present to Shelter Manager or Disaster Health Services lead
- Red Cross Liaison appointed to FAST
 - FAST assesses general access issues
 - Red Cross identifies residents who have indicated functional needs based on the Shelter Intake Form and/or presented by the client

Slide 62

FAST Intake at Red Cross Shelters

- FAST assesses the shelter population
- Meet with shelter leadership to discuss needs and possible solutions
- If the issue involves a client, that individual should be a part of the conversation

62

Slide 63

FAST Intake at Red Cross Shelters


Commitments for use of Red Cross resources or on behalf of the Red Cross may **only** be made by Red Cross leadership

63

Slide 64

Making Reasonable Accommodations

The following are examples of persons with pre-existing conditions who may reside in general population shelters.



Note: This list is not inclusive. Consideration for electrical power, charging of equipment and oxygen dependence would need case-by-case assessment depending on the situation. Length of time a shelter might be open should be considered as well.

64

Slide 65

Making Reasonable Accommodation

1. Persons who use wheelchairs, power wheelchairs and motorized scooters but are capable of transferring themselves or need assistance transferring to a cot
2. Persons with chronic, controlled illnesses or diseases

65

Slide 66

Making Reasonable Accommodation

3. Persons with mechanical devices such as pacemakers, implanted defibrillators, insulin pumps or oxygen
4. Persons with visual, speech or hearing impairments

66

Slide 67

Making Reasonable Accommodation

5. Persons with Personal Assistant that can accommodate their needs
6. Persons on special diets
7. Persons with mobility limitations
8. People with colostomies

Slide 68

Making Reasonable Accommodation

9. Persons with managed, non-acute behavioral or mental health conditions
10. Persons with communicable diseases (such as Tuberculosis) that are controlled by medication (provided that medication is available)

67

Slide 69

Making Reasonable Accommodation

TASK ASSIGNMENT

- In your table groups, discuss the assigned medical conditions. Identify the actions that you would recommend that the shelter staff take that will allow individuals with these conditions to thrive in a general population shelter.
- Prepare to report your discussion to the large group.

Slide 70

QUESTIONS???



68

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Module 5: Assess, Support, & Problem Solve

Duration

120 minutes

Scope Statement

Provide an overview of FASTs roles in assessment.

Terminal Learning Objectives (TLO)

Understand and practice FAST roles in assessment.

Enabling Learning Objectives (ELO)

Upon completion of this course, participants will be able to:

- Review and practice identifying shelter challenges FASTs can address.
- Review and practice how to identify people needing assistance.
- Review privacy practices and ways to prioritize service delivery.
- Understand the importance of record keeping in service delivery, project sustainability and commitment to continuous improvement.
- Review and practice use of record keeping tools.

Lesson Topics

- Identifying people who may need assistance.
- Record keeping.
- Addressing essential functional needs.

Instructional Strategy

Lecture and practice exercise.

Assessment Strategy

- Verbal and visual assessment of understanding
- Participation in practice exercises
- Question and answer period

Instructor-to-Participant Ratio

2:60

Slide 1



This unit is about the “what” you do as a FAST member and how you do it!

Slide 2

To Cover: What & How?

- Arrival
- Identifying people who may need assistance
 - Reconnecting with people
- Creativity / improvising
 - Quick fixes

Slide 3

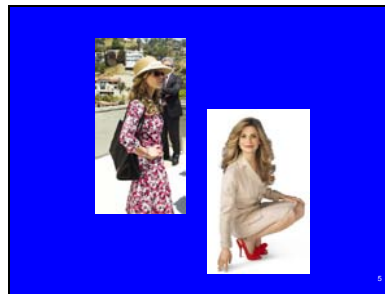
What and How?

- Quiet / private areas
- Documentation
 - Resource requests
 - Quick Notes
 - After Action notes

Slide 4



Slide 5



Slide 6

Shelters Types

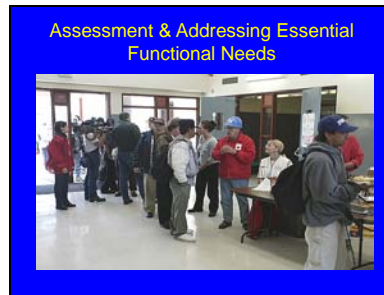
- Pre-designated
- Government
- Non-traditional

6

Most will fall into these 3 categories:

1. Pre-designated facilities (schools, recreation centers, civic arenas, etc.)
 - HOPEFULLY Pre- SURVEYED for accessibility
 - Often managed by ARC, but not all
 - Sometimes -- accomplished through the use of purchase vouchers for motels/hotels
2. Government-run
3. Non-traditional
 - Spontaneous
 - Churches, etc.
 - When impact of the event is large and the sheltering capacity is inadequate to accommodate all who need shelter, we see may more spontaneous and non-traditional shelters.

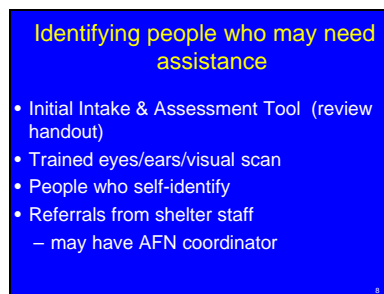
Slide 7



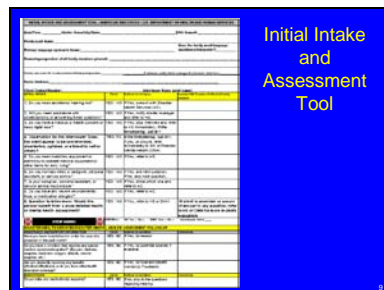
FASTs will make a distinction between people who need assistance in maintaining their safety, health, mobility, independence, and emotional stability from those who have acute medical needs.

As a FAST member you will use the skills that you already have to assist those people with disabilities and access and functional needs that may be in need of assistance.

Slide 8



Slide 9



Slide 10

The image shows a screenshot of a spreadsheet with multiple columns and rows. The columns appear to contain names, dates, and various numerical or categorical data points. The spreadsheet is presented on a blue background, which is part of a presentation slide.

Slide 11

How do you reconnect with
people needing assistance?

- Some shelters map cots
- Some shelter staff know where people are
- Cell phones
- Meet at specific time & location

Slide 12



Slide 13

Practice Reminders

- Triaging/ prioritizing interventions
- Privacy
- Identify how to reconnect with people
- Use Quick Notes

13

Slide 14

Quick Notes		Page: 1 of 1	
Name: Betty Lu			
How to contact: seated to left of health services desk			
Date	Needs	Plan	Outcome
05.19.09	Wheelchair	Ordered through American Red Cross health worker at 05.19.09 @ 06:19 PM Will check back on progress @ 10 pm	
	Replacement catheter tubing	Same as above	
	Doesn't know if family is safe	Once wheelchair arrives she will enter family info into "safe & Well" web site	
	Accessible Cot	Health worker Joe Martinez ordered via EOC - ETA 11pm	

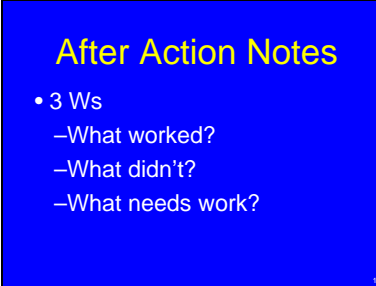
Slide 15

After Action Notes

- Quick running list of issues addressed:
 - Physical access
 - Communication access
 - Medical
 - Independence
 - Supervision
 - Transportation
- Numbers served

15

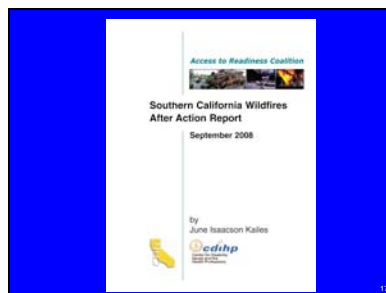
Slide 16

A blue rectangular slide with yellow text. The title "After Action Notes" is at the top. Below it is a bulleted list with three items: "• 3 Ws", "–What worked?", "–What didn't?", and "–What needs work?". A small number "16" is in the bottom right corner.

After Action Notes


- 3 Ws
 - What worked?
 - What didn't?
 - What needs work?

Slide 17



Good example of the range of issues that may come up. This publication is available online. Google the title or go to <http://www.jik.com/disaster.html>

Slide 18

A blue rectangular slide with yellow text. The word "Practice" is centered in the middle. A small number "18" is in the bottom right corner.

Practice

Slide 19

- Break up into groups
- Choose a reporter / recorder to report for group
- Discuss what you should do
- Take 30 minutes

19

Slide 20



20

Slide 21

1. A police officer arrives at a shelter with an obese woman in the back of his patrol car and she cannot walk. He had to evacuate her from her burning home and her motorized wheelchair was left behind. Later it was discovered that the woman cannot sleep on a standard cot and 3 resource requests sent to the EOC have not yielded anything.

21

Slide 22

2. A middle age man arrives alone at a shelter. He is a wheelchair user and wants to enter the shelter. You are not able to understand his speech and he cannot understand written notes. The large man in line behind him seems anxious and starts yelling in an angry voice. He is scaring people.

22

Slide 23

3. Two well dressed, polite, calm older women, who shared a home that was destroyed in the fire, arrive at a shelter. One speaks clearly but seems to be very confused. The other indicates that she has a highly contagious condition for which she is being treated. She is not really sick but should not be around other people.

23

Slide 24

4. 100 individuals from a nearby mobile home park have lost their homes and are residents at the shelter. A deaf couple and 2 deaf gentlemen are among the 100 individuals. All four individuals sign to each other, but do not understand written notes. Red Cross is unable to complete the intake process with these 4 individuals. These 4 are also requesting information on individual assistance available. There is a Local Assistance Center (LAC) open near the shelter. There is not accessible transportation to the LAC although there are wheelchair users in the shelter.

24

Slide 25

5. An elderly man walks into the shelter supporting his wife. She was discharged from the hospital 3 days ago after surgery. She has an open wound, a drain, and an IV. She had been seen by a home health worker twice a day. Behind them in line is a man and a woman who appear to be drunk. Their speech is slurred and they are having trouble walking.

25

Slide 26

Groups Report Out

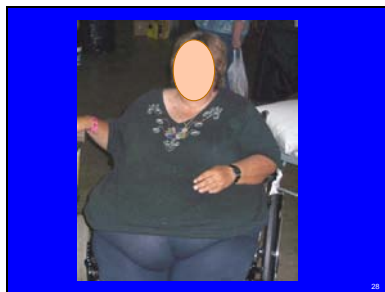
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Slide 27

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27

Slide 28



Slide 29



Slide 30

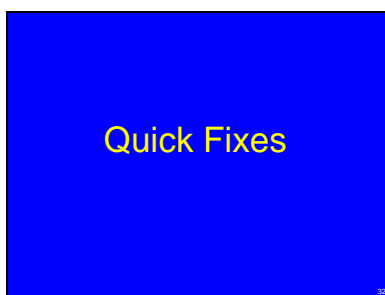


Flexibility, creativity, and problem solving is key

Slide 31



Slide 32



Slide 33



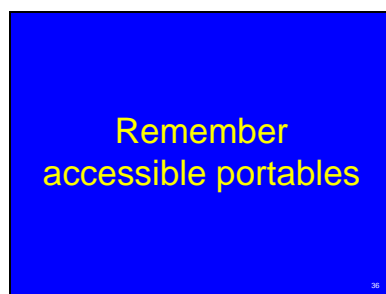
Slide 34



Slide 35



Slide 36



Slide 37



Slide 38



Slide 39



Slide 40



Slide 41



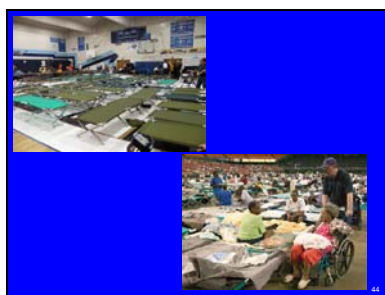
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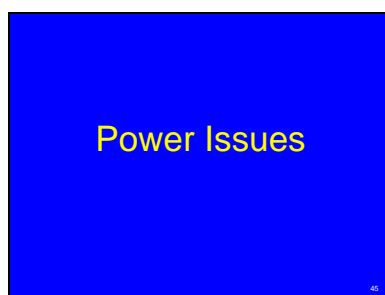
Slide 43



Slide 44



Slide 45



Slide 46



Slide 47

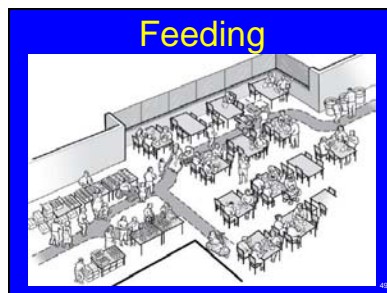


Slide 48

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48

Slide 49



Slide 50



Slide 51



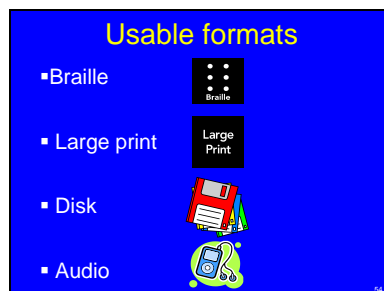
Slide 52



Slide 53



Slide 54



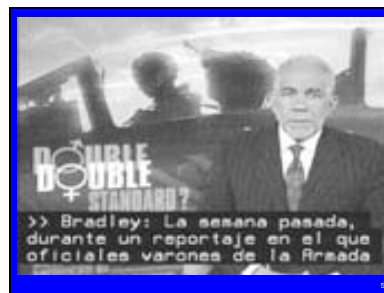
Slide 55

Communication Access

- Multiple Methods
 - Post
 - Announce
 - Phones
 - Readers
 - Captions
 - Interpreters

55

Slide 56



Slide 57

PICTURES
instead of, or in addition
to text

57

Slide 58



Slide 59



Slide 60



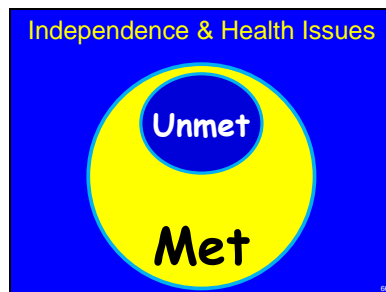
Slide 64

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Slide 65



Slide 66



Slide 67

Independence & Health Issues

- Medications
- Durable Medical Equipment (DME) & Consumable Medical Supplies (CMS)
- Check Frequently for Barriers

67

Slide 68



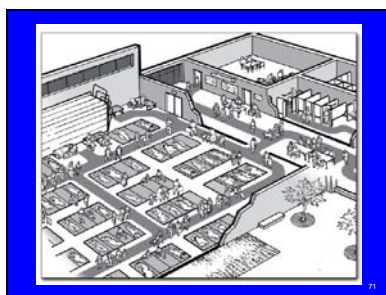
Slide 69



Slide 70



Slide 71



Slide 72



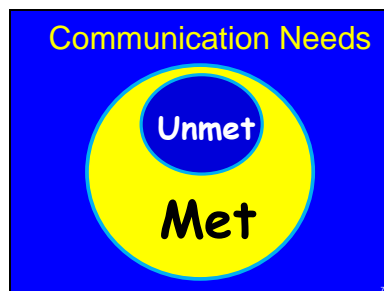
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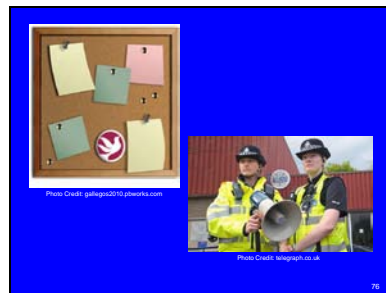
Slide 74

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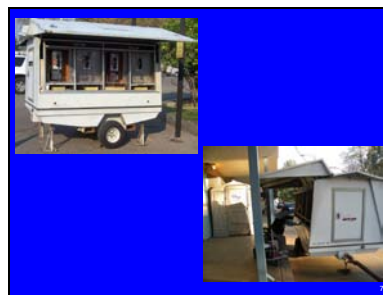
Slide 75



Slide 76



Slide 77



Slide 78



Slide 79



Slide 80



Slide 81



Slide 82



Slide 83



Slide 84



Slide 85



Slide 86



Slide 87

- Rule is redundancy – so if you...
- Announce it
 - Caption it
 - Picture it
 - E-mail it
 - Relay it
 - Text it
 - Post it
 - Interpret it (language & sign)

Slide 88



Slide 89

- Always repeat what the person tells you to confirm that you understood
- Ask one question at a time
- Ask questions that can easily be answered
- Give person extra time to respond

Slide 90

- Pay attention to:
 - pointing, gestures
 - nods, sounds
 - eye gaze & eye blinks
- Try asking:
 - “Show me how you say YES”
 - “Show me how you say NO”
 - “Show me how you point”

Slide 91

- Take time to listen carefully.
- Sometimes you can teach people to indicate
 - "I don't know"
 - "Please repeat"
 - "I don't understand"

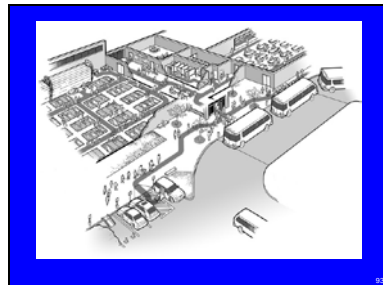
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Slide 92



92

Slide 93



93

Slide 94



Slide 95

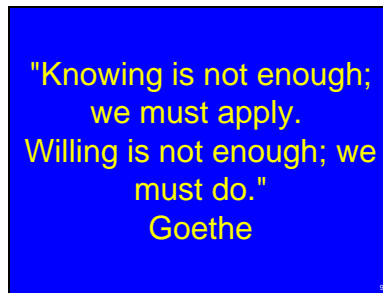
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Slide 96

Resources

- Functional Needs Focused Care & Shelter Checklist
- Cots: Standard, Accessible, & Medical
 - www.iik.com/disaster.html
– Click on Sheltering

Slide 97



Slide 98



Module 6: Personal Assistance Services (PAS)

Duration

30 minutes

Scope Statement

This lesson will cover the role of Personal Assistance Services and options for recruiting individuals to assist in shelters.

Terminal Learning Objectives (TLO)

Understand the type of personal assistance services that may be needed by some individuals in order to sustain independence in shelters.

Enabling Learning Objectives (ELO)

- Identify individuals with disabilities who may need personal assistance services.
- Learn about possible resources available to assist individuals with disabilities who may need personal assistance services.

Lesson Topics

The use of Personal Assistance Services in an emergency shelter.

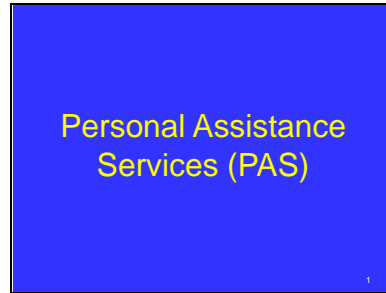
Assessment Strategy

- Verbal assessment of understanding the critical elements to determine if individuals with disabilities are in need of Personal Assistance Services and possible resources available.
- Question and answer period.

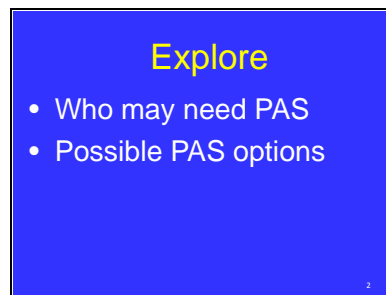
Instructor-to-Participant Ratio

2:60

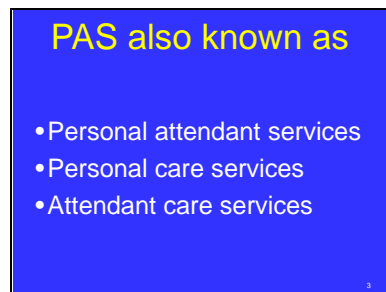
Slide 1



Slide 2



Slide 3



Slide 4

PAS

- People or devices that assist a person with a physical, hearing, seeing, mental, or learning disability with tasks that people would perform for themselves, if they did not have a disability

4

Slide 5



Slide 6

PAS

Includes a range of assistance which enables them to accomplish tasks that people would normally do for themselves if they did not have a disability

6

Slide 7

PAS

- Provided to people of all ages to help with Activities of Daily Living
- Generally classified into 2 categories:
 - Informal (unpaid) services provided by family members, friends, & neighbors
 - Formal services paid either directly out-of-pocket, or by public payers, private insurance, or other sources

7

Slide 8

What type of personal assistance might an individual need

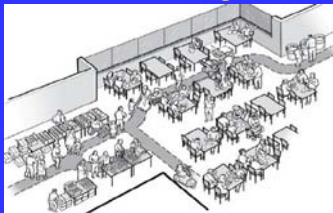
8

Basic personal care: grooming, eating, bathing, toileting, dressing and undressing, walking/ mobility, transferring, and maintaining health and safety.

Activities of daily living: taking medications, shopping for groceries, communicating (phone calls – forms), accessing programs and services, and understanding or remembering.

Slide 9

Feeding



9

Slide 10



Slide 11



Slide 12

Technology


- So woven into our daily routine that it is almost invisible & taken for granted
- But without it PAS needs may increase when technology is left behind, lost or damaged

12

Slide 13

With scooter - No assistance needed
Without scooter, needs assistance:

- Walking
- Getting to
 - food
 - water
 - restroom
- or a walker, etc.



13

Slide 14

- With wheelchair
 - Needs assistance
 - Dressing
 - Transferring
- Without wheelchair
 - Needs assistance
 - Mobility, seating, positioning
 - Feeding, showering
 - Transportation




14

Evacuation – if able to take their technology and equipment, then no or less assistance is needed. People with disabilities can lose their self-sufficiency and become dependent on assistance if separated from their mobility devices or durable medical equipment.

Slide 15

- Grandmother at home
 - No assistance needed
- At shelter
 - Confused
 - Disoriented
 - Needs guidance /
 - Supervision
 - Needs assistance
 - Walking
 - Way finding



15

When some people have to leave their home, they leave their independence.

Slide 16

FAST can help shelter personnel distinguish between people who need assistance in maintaining health, safety & mobility, from those who need acute medical help

16

Slide 17

- People with disabilities vary in kind & level of assistance they need
- Important that in assessment process their preferences for assistance be given priority when possible

17

Slide 18

What are options for
Personal Assistants
in shelters

18

Slide 19

Personal Assistants can include:

- Family
- Friends
- Neighbors
- Volunteers
- Evacuees in shelter
- Home Health Aids
- In-Home Supportive Services (IHSS) Providers/Personal Assistants

19

Slide 20

A person who gets government subsidized PAS may be able to use their provider(s) in a shelter

20

Slide 21

Encourage PAS user to

- Contact their local provider office to make this request
- If unable to reach provider, document needs & hours to submit later

21

Slide 22

Additional hours may be granted temporarily because of change in environment (decreased independence & increased assistance needs)

22

Slide 23

If a person does not receive government subsidized PAS, can people who assist be reimbursed by government?

23

Slide 24

Currently there are no arrangements to reimbursement for PAS

However, if individual is sworn in as part of the Disaster Service Worker Volunteer Program who assists without reimbursement for services, they are be eligible for Workers Compensation coverage

24

Slide 25



Module 7: Transitioning

Duration

45 minutes

Scope Statement

This segment will provide participants with a familiarization of resources available post-disaster and how to connect with those resources. It will also give guidance on planning and carrying out transitioning of the people with disabilities and others with access and functional needs from a shelter.

Terminal Learning Objectives (TLO)

Participants will become aware of assistance that can be provided in order to transition people with disabilities and others with access and functional needs out of a shelter as well as resources available during recovery, both government and non-government and how to connect with those resources and factors that may impact people with disabilities during transition.

Enabling Learning Objectives (ELO)

- Develop an awareness of the possible resources that may assist people with access and functional needs in the recovery process and the services that may be provided, including reestablishment of services and new services available through Disaster Recovery or Local Assistance Centers as well as from non-government organizations.
- Develop an awareness of the processes involved in relocating people with access and functional needs to a more permanent living situation, including transportation, family linking and service coordinators/case managers.

Resources

- FEMA Individuals and Households Program Training Handbook
- CDSS State Supplemental Grant Program Guidelines
- OES Guide for Establishing Local Assistance Centers

Assessment Strategy

- Practical Application – mini exercise
- Question and answer period

Instructor-to-Participant Ratio

2:60

Reference List

OES Local Assistance Guide:

[http://www.oes.ca.gov/WebPage/oeswebsite.nsf/ClientOESFileLibrary/Plans%20and%20Publications/\\$file/LACGuide.pdf](http://www.oes.ca.gov/WebPage/oeswebsite.nsf/ClientOESFileLibrary/Plans%20and%20Publications/$file/LACGuide.pdf)

California Department of Social Services State Supplemental Grant Program

Guidelines: <http://www.dss.cahwnet.gov/dis/PG238.htm>

Gateway to all FEMA disaster assistance:

<http://www.fema.gov/assistance/opensdrccs.shtm>

Slide 1



Slide 2

A blue slide with a yellow title "FAST & Transitioning". It contains a list of bullet points: "Preparing shelter residents for transitioning", "LACs and DRCs", and "Family Linking". To the right of the text is a green sign with a white arrow pointing right and the word "CHANGE" below it.

- Preparing shelter residents for transitioning
- LACs and DRCs
- Family Linking

Slide 3

A blue slide with a yellow title "Preparation for Relocation". It contains a list of bullet points: "Ask yourself questions", "Involve shelter residents", and "Plan and organize".

- Ask yourself questions
- Involve shelter residents
- Plan and organize

Slide 4

Relocation Checklist

- ☐ Is this a relocation to another shelter OR to a more permanent living situation?
- ☐ What kind of preparatory work/extra measures can you take to mitigate adverse effects on the person?
- ☐ Are there family members that can be contacted to assist in the move?
- ☐ What mode of transportation will be used and is it adequate?
- ☐ Were there services that the person had pre-disaster that can be reestablished post-disaster?
- ☐ What are those services and how can they be obtained?
- ☐ Are there local assistance centers/disaster recovery centers in the area that the person can obtain information/services from?
- ☐ Are there environmental conditions that exist because of the disaster that need additional mitigation for the person that you are working with?
- ☐ If the PWD/E is returning to a facility, are there adequate beds and services available at the facility?
- ☐ Who do you need to coordinate with to carry out the relocation/transition?
- ☐ How can they be involved in the process?

A full sized copy of this appears in your guide in Section 10 page 8

Slide 5

**Relocation or Return
"home"?**

- Shelter
- Home
- RC or ILC



Slide 6

Prep work needed?

- Phone Calls
 - Family or friends
 - Services – electrical, phone, meals, etc.
- Mental Health
 - Services available
 - Support
- Organize
 - Personal belongings



Slide 7



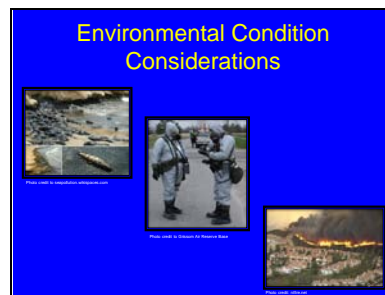
Slide 8



Slide 9



Slide 10

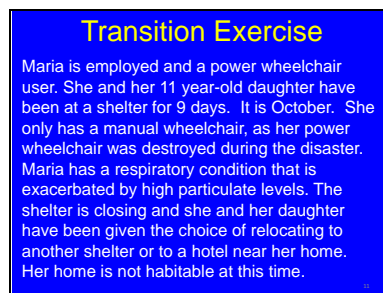


One of the things to find out is particulate levels in the air. If your person has a respiratory or chemical sensitivity issue, then accommodations may need to be made before so that they can travel and be transitioned out of the shelter. Some other areas of concern are to the water supply, damage to property, return of power, debris removal, etc.

Slide 11



Slide 12



At your tables or in groups, discuss this situation and develop a list of actions you would take if you were faced with this situation as a FAST member:

Maria is employed and a power wheelchair user. She and her 11 year-old daughter have been at a shelter for 9 days. It is October. She only has a manual wheelchair, as her power wheelchair was destroyed during the disaster. Maria has a respiratory condition that is exacerbated by high particulate levels. The shelter is closing and she and her daughter have been given the choice of relocating to another shelter or to a hotel near her home. Her home is not habitable at this time.

What steps would you take to prepare Maria for successful relocation? What decisions would you have her make? What other actions would you take to help restore services for her?

Slide 13

- 1) What steps would you take to prepare Maria for successful relocation?
- 2) What decisions would you have her make?
- 3) What other actions would you take to help restore services for her?

Slide 14



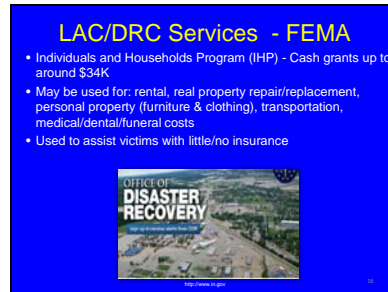
Slide 15

LAC & DRC

- FEMA has toll free phone lines available for registration.
- LACs/DRCs opened in vacant buildings, school gyms, community centers, etc.
- FEMA may open mobile DRCs.



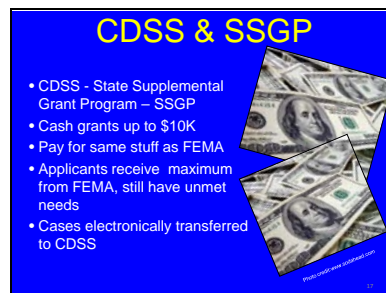
Slide 16



LAC or Local Assistance Center is a one stop shop that is set up by a local government. It could be a city or the county. They usually have local government agencies and voluntary agencies. LAC will be the only centers opened during a non-declared disaster. The state and FEMA may also be present if there is a strong demand. Most LACs close early in the recovery but can transform into DRCs and FEMA will take over their operation.

DRC or Disaster Recovery Center is a one stop shop that FEMA sets up with the State in the affected area of presidentially declared disaster. DRCs will have federal and state agencies, but can have local government and voluntary agencies. They are normally located in areas of high registration (affected addresses).

Slide 17



The State Supplemental Grant Program (SSGP), which is administered by the California Department of Social Services (CDSS), mirrors FEMA's requirements and eligibility guidelines. SSGP may provide a grant of up to \$10K, over and above FEMA's award. There is no separate application process; cases that receive the maximum FEMA grant are electronically transmitted to CDSS for consideration. SSGP cannot duplicate benefits received from other sources.

Slide 18



Services that are typically represented at a LAC or DRC are insurance companies, local and county government, state departments and also private non profits in the form of VOADs. VOADs or Volunteer Agencies Active in Disasters are Faith-Based-Organizations, Private-Non-Profits and Community-Based-Organizations (FBO/PNP/CBO). These organizations can usually provide assistance more immediately than government. Some of the larger members of VOADs are the American Red Cross (ARC), The Salvation Army, Catholic Charities, Lutheran Services and Church World Services.

A full-sized copy of this list (above) is in your guide on page 9

Slide 19



Slide 20



Slide 21



Post Disaster Service Providers

CalEMA guide to Local Assistance Center (LACs):

[http://www.oes.ca.gov/WebPage/oeswebsite.nsf/Cli entOESFileLibrary/Plans%20and%20Publications/\\$fil e/LACGuide.pdf](http://www.oes.ca.gov/WebPage/oeswebsite.nsf/Cli entOESFileLibrary/Plans%20and%20Publications/$fil e/LACGuide.pdf)

More info about LACs than you will ever need

CDSS website for the State Supplemental Grant Program (SSGP)

<http://www.dss.cahwnet.gov/dis/PG238.htm>

Good source of information about the grant program CDSS administers for disaster victims.

Gateway to FEMA's DRC and IHP websites. Has FAQs explains the disaster assistance process, etc.

<http://www.fema.gov/assistance/opendrcs.shtm>

This is only the beginning.....

Northern California VOAD
(No Web address at this time)

Voluntary Organization Active in Disaster for Northern California – good source for non-government relief services.

Southern California VOAD
(No Web address at this time)

Voluntary Organization Active in Disaster for Southern California (outside of LA) – good source for non-government relief services.

Emergency Network Los Angeles
<http://www.enla.org/>

Great source of info and a gateway to non-government relief services in the Los Angeles area.

Coordinated Assistance Network
<http://www.can.org/>

CAN is a web-based portal where disaster victims can register and get assistance from other non-profits.

211

<http://www.cairs.org/211.htm>

211 is a portal. It is an information referral service. It is available in many but not all areas of California. 211 will connect you to who they think can provide assistance for your client, based on information that you give them.

CADRE

<http://www.vcsv.us/cadre.shtml>

Collaborative Agencies Disaster Relief Effort (CADRE) is a program that unites community-based, non-profit organizations in disaster preparedness, response and recovery activities within the County of Santa Clara.

Slide 22



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Module 8: Administration

Duration

90 minutes

Scope Statement

This section will familiarize FAST members with the administrative processes related to alert, notification, deployment/activation and demobilization. It will also instruct FAST members on what steps to take to prepare for deployment to a disaster and the variety of conditions that they may encounter while deployed.

Terminal Learning Objectives (TLO)

For participants to understand the administrative requirements for alert/notification, deployment (response), and demobilization for disaster assignments.

Enabling Learning Objectives (ELO)

- Participants will be able to return to their work location and take steps to personally prepare for a FAST disaster assignment.
- Participants will be able to collect forms, policies, procedures and other administrative documents at their home location that they will need to complete in order to receive reimbursement, agency/organization reimbursement and maintain client “quick notes.”
- Participants will be able to return to their home locations and take steps to prepare for the range of conditions that exist during disasters, including environmental, health (mental and physical), financial and social factors.

Assessment Strategy

- Verbal assessment of understanding
- Mini-exercise completion
- Question and answer period

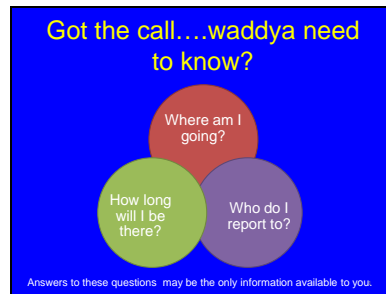
Instructor-to-Participant Ratio

2:60

Reference List

- California Department of Social Services Volunteer Emergency Services Team Handbook
- American Red Cross Shelter Operations Handbook
- American Red Cross Hardship Codes Definition

Slide 1



Slide 2



You should be sure that you have all the personal items and supplies before you leave. Also, there is a lot of information that you should have before you leave.


Slide 3

- What questions should you ask?
- ✓What should I take?
 - ✓How long will I be gone?
 - ✓Who do I report to?
 - ✓Who will I work with?
 - ✓What are my duties?
 - ✓Who is in charge?
 - ✓How do I get there?

Slide 4

What else do I need to know?

- ✓Where am I staying?
- ✓What are the conditions:
electricity, sleeping, access,
weather, communications.



A photograph of a person sleeping on a couch in a living room. The person is wearing a white t-shirt and blue shorts. The couch is covered with a colorful patterned blanket. The room has a window with blinds in the background and a small table with a lamp to the right.

Photo credit: www.kennethriddle.com

Lodging will vary from deployment to deployment. You may be staying in the shelter, in your car, in a hotel room, or on a cruise ship like in Katrina. Because FAST members will not be deployed as a single entity from one location, each individual member will most likely need to make their own travel arrangements.

What you bring with you, you will have to carry or keep with you, possibly all the time either in your car or on your person.

Slide 5

[illegible]

A full sized copy of this form appears in Section 10 page 11 of your guide.

Slide 6

FAST Pre-deployment Checklist

- ✓ Pack personal items
- ✓ FAST-related materials: FAST ID badge, other admin forms
- ✓ POC: contact info, address, phone number
- ✓ Hard copy of important telephone numbers

A full sized copy of this checklist appears in Section 10 page 12 and 13 of your guide.

Slide 7

FAST Pre-deployment Checklist

- ✓ Other information: lodging, power, internet access, roads, law enforcement barriers
- ✓ Names, contact info of other FAST members
- ✓ Get maps of the area
- ✓ Resource request information. No FAST should self-deploy

Ask the person who is deploying you if there is any other information that is available about where you will be working (lodging, power, internet access, area-roads, and law enforcement barriers); names and contact info, including pager, cell phone number, email address and land line number if available, of other FAST members that will be assigned to the same site.

Get maps of the vicinity and location of deployment work site and hotel before deploying and carry hard copy maps because computer generated maps are not always reliable. Thomas Guides are still a good resource unless roads are closed or no longer exist. Resource or mission tasking number and information. No FAST should self-deploy. The FAST coordinator or your supervisor should have the mission tasking or resource request information for your assignment. FAST members should stay in regular contact with your supervisor or FAST coordinator while deployed.

Slide 8

Go Kit - What do I need to take?

- ✓ Forms – travel, timekeeping, manuals,
- ✓ Office supplies
- ✓ FAST ID card
- ✓ Emergency numbers & email addresses
- ✓ Flash drive
- ✓ Spare batteries
- ✓ Laptop with car charger
- ✓ FAST vest
- ✓ Cell phone car charger

Because disasters can strike anytime anywhere and FAST are more or less first responders, you will need to be prepared to be deployed at any time. A Go Kit is different than your personal preparedness supplies, it is mostly focused on work-related supplies. A full list of items appears in your guide on page 14 of Section 10.

Slide 9

Guidelines for Administrative Clearances

- ✓ Establish process for after hours travel arrangements – car, flight, etc.
- ✓ Establish process for after hours approval for deployment
- ✓ Establish process for receiving deployment information, during and after hours
- ✓ Establish clear expectation of time worked, expenses authorized. Know your overtime rules and expected payroll documents
- ✓ Know travel rules related to reimbursement, backup documentation required

Slide 10

Guidelines for Administrative Clearances

- ✓ Establish an understanding with your supervisor/ FAST coordinator of the terms Alert/ Standby/ Activation/ Deployment
- ✓ Establish an understanding of what must be turned in when you return from an assignment



The Great Beer Disaster of 2004

Slide 11

[illegible]

To assist you with the time reporting there is a time sheet for FAST members to use when deployed if there are no other forms provided. It is in Section 10 on page 15.

Slide 12

Hardship Codes

- ✓Determined by conditions at the disaster
- ✓Can change during a disaster
- ✓Hardship Code information - shared with FAST members at the time of deployment

The American Red Cross has developed a list of Hardship Codes so that volunteers have information available to them about the conditions at the emergency.

In California the person that is deploying you may have this information from ARC and will share this with the FAST coordinator so that the FAST member can make an informed decision to accept an assignment or not.

These Hardship Codes appear in your book beginning in Section 10 on page 16.

Slide 13



The demobilization process will vary greatly from shelter to shelter and disaster to disaster. You may be asked to formally demobilize at the shelter you are assigned to depending on how formal the shelter manager operates the shelter, or you may just let the shelter manager know you are leaving and you will leave. There is a Demob form in your guide that is used by Cal EMA and has many of the elements that are normally covered during the process. It is in Section 10 on page 18.

Slide 14

Demobilization Checklist

- ✓ Demobilization, release or reassignment?
- ✓ Who can release or reassign you?
- ✓ Check with the person that assigned you about the release.
- ✓ What is the demob/check out process?

A full sized copy of this checklist appears in Section 10 page 17 of your guide.

Slide 15

Demobilization Checklist

- ✓ Are all documents done?
- ✓ Briefed the person that is taking your place?
- ✓ Are travel arrangements in order?
- ✓ Returned any equipment/supplies?

Slide 16

Demobilization Checklist

- ✓ Is your vehicle road-worthy and safe?
- ✓ Is your route home and ETA known by someone?
- ✓ Is it safe to travel given the disaster conditions?
- ✓ Are you sufficiently rested?
- ✓ Consider post event mental health support.

Slide 17



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Module 9: Table Top Exercise and Next Steps

Duration

120 minutes

Scope Statement

This exercise will cover processes that FAST members will need to use in a deployment. The TTX will be a slow-paced, learning-based discussion of all the tasks that Functional Assessment Service Teams will experience from alert to demobilization and how they will be accomplished.

Terminal Learning Objectives (TLO)

Participants will apply classroom knowledge to a real life disaster scenario.

Enabling Learning Objectives (ELO)

- Participants will learn if their individual actions will meet the ultimate goal of the FAST.
- Participants will be able to evaluate if their actions will be appropriate and correct in solving the problems that they may face in a disaster.
- Participants will learn if their group actions are consistent with other FASTs so that they can adjust their decisions and actions under simulated conditions.

Assessment Strategy

- Hotwash
- TTX Evaluation
- Post Test

Instructor-to-Participant Ratio

One table facilitator to 10 participants

Reference List

- Homeland Security Exercise and Evaluation Program (HSEEP) Handbook
- HSEEP Toolkit
- California Department of Social Services Volunteer Emergency Services Team Handbook

Event Scenario

Wind-driven flames have charred thousands of acres in urban interface areas and over 4,000 homes have been burned. 100,000 people have been evacuated and it is projected that 10-15% of them will require emergency sheltering. The American Red Cross and the Operational Area (OA) have opened several shelters and 2 large-venue evacuation/staging areas where people will evacuate to and then be directed to shelters as they open. A resource request has come for FAST to the OA Emergency Operations Center (EOC) and Regional EOC and the Logistics Chief has begun the alert and notification process for FAST.

Assumptions and Artificialities

Assumptions: Emergency services personnel who respond to incident scenarios will operate in accordance with existing plans, procedures, and practices during this exercise. All normal infrastructures will be operating, i.e. roads are open, phone and internet will be operating.

Artificialities: Some events may require time jumps or may be accelerated to meet exercise objectives.

Objectives

Discuss and document the following:

- Alert/notification activities for FAST between the Emergency Operations Center (EOC), FAST members parent department/organization, shelter manager, the Red Cross Disaster Health Services/Mental Health staff at the shelter and the FAST member.
- Arrival of FAST and information sharing activities between the shelter manager, the Health Services staff at the shelter and the FAST member.
- Resource request procedures between the shelter and the EOC procedures for requesting Durable Medical Equipment/Consumable Medical Supplies (DME/CMS), medications as well as other items.
- Overall coordination activities between the EOC, the shelter manager and the FAST member.
- Use of multiple communication methods for sharing information and requesting resources.
- Demobilization activities between the EOC, shelter manager, the Red Cross Disaster Health Services staff at the shelter, the FAST member's parent department/ organization and the FAST member.

Scenario 1 - Alert/Notification

A resource request comes to the care and shelter branch at the EOC. The request is for one FAST, which is needed to report to a shelter that opened last night.

Scenario 2 – Arrival

As a FAST member deployed to a shelter, you now arrive at the shelter. You may or may not be the first FAST member there. The shelter manager may be disagreeable and may not know anything about FAST.

Scenario 3 – Internal Intervention

All the FAST staff have arrived. The assessment process and areas have been established. The shelter has 500 people and the population seems to be increasing. The FAST leader has developed a working relationship with the shelter manager and the health services staff at the shelter. No people with access and functional needs have been assessed, however there are indications on the Intake Forms that there are a number of unmet needs of people with disabilities including: wheelchair users without wheelchairs, no closed caption or other accommodations for deaf, no mapping/orientation of the shelter for the blind, limited accessible restrooms and showers, missing medication, older adults who cannot get in and out of standard cots.

Scenario 4 – Shift Change/Shift End

The internal resources at the shelter have been exhausted. Numerous external resource requests have been initiated to get needed equipment and supplies as described in Module 3. The FAST has been on duty for about 11 hours and the team has done nothing to prepare to end their shift.

Scenario 5 - Demobilization/Transitioning

The shelter population has dwindled and the decision has been made to consolidate with another shelter several miles away. There are still people with access and functional needs that require assistance in the shelter.

Wrap up – Close Out – Next Steps

What can you do now and before your next emergency?

Slide 1



Slide 2

FAST Training Top Ten

1. Review your FAST role with your supervisor, make any arrangements that were discussed in the Admin unit regarding attendance documents, travel logistics, etc.

Slide 3

FAST Training Top Ten

2. Review & strengthen your:
 - Personal preparedness & family plan
 - Your organization's emergency plan
 - Consider becoming a VOAD member
 - Request training from Red Cross
 - Build partnership with Red Cross Chapter

Slide 4

FAST Training Top Ten

3. Identify and routinely communicate with the FAST coordinator for your county:

- Don't be complacent until you have had your background check completed, your FAST ID and vest sitting in your Go-kit and your alert and notification process known

11

Slide 5

FAST Training Top Ten

4. Shelter experience – get involved with local Red Cross chapter

- Consider taking Red Cross Sheltering courses
- Talk with Red Cross chapter regarding volunteering

12

Slide 6

FAST Training Top Ten

5. Read your County's Sheltering Plan

13

Slide 7

FAST Training Top Ten

6. Build your Go Kit:

- Use the Suggested Traveler's Checklist to prepare yourself

10

Slide 8

FAST Training Top Ten

7. Consider taking additional FEMA independent study courses

11

Slide 9

FAST Training Top Ten

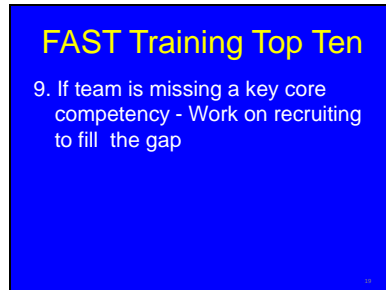
8. Talk to colleagues about participating in the FAST program

12

Slide 10

FAST Training Top Ten

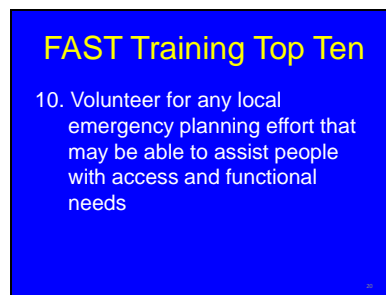
9. If team is missing a key core competency - Work on recruiting to fill the gap

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Slide 11

FAST Training Top Ten

10. Volunteer for any local emergency planning effort that may be able to assist people with access and functional needs

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Slide 12

Questions?

A blue rectangular slide with a black border. The title "Questions?" is in yellow text at the top. Below it is a white square containing a 3D yellow button with a white question mark. A small number "12" is in the bottom right corner.

Please complete the post test and the evaluation before leaving.

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Module 10: Forms and Resources



FAST Training Acronyms



AAR	After Action Report
ADA	American with Disabilities Act
AFN	Access and Functional Needs
ARC	American Red Cross
Cal EMA	California Emergency Management Agency
CBO	Community-Based Organization
CDSS	California Department of Social Services
CERT	Community Emergency Response Teams
C-MIST	Communication; Maintaining Health; Independence; Safety, Support & Self Determination; Transportation & Evacuation
CMS	Consumable Medical Supplies
DAC	Disaster Assistance Center
DHS	Disaster Health Services
DME	Durable Medical Equipment
DMHS	Disaster Mental Health Services
DOC	Department Operations Center
DSW	Disaster Service Worker
EMAC	Emergency Management Assistance Compact
EOC	Emergency Operations Center
ESA	Emergency Services Act
ESF	Emergency Support Function
FAST	Functional Assessment Service Team
FBO	Faith-Based Organization
FCO	Federal Coordinating Officer
FEMA	Federal Emergency Management Agency
FNSS	Functional Needs Support Services

ICS	Incident Command System
JFO	Joint Field Office
JIC	Joint Information Center
LAC	Local Assistance Center
MMAA	Master Mutual Aid Agreement
MOU	Memorandum of Understanding
NGO	Non-Governmental Organization
NIMS	National Incident Management System
NRCC	National Response Coordination Center
OA	Operational Area
PAS	Personal Assistance Services
REOC	Regional Emergency Operations Center
RRCC	Regional Response Coordination Center
SEMS	Standardized Emergency Management System
SEP	State Emergency Plan
SOC	State Operations Center
TTX	Table Top Exercise
VOAD	Volunteer Organizations Active in Disaster

FAST Resource Request Form

Date/time submitted _____

<i>Requesters Information:</i>	
FAST member's name:	
Contact information:	
FAST Position	
Shelter name	
Operational Area (county) Name	
<i>Item Requested:</i>	
Describe what is needed	
When is it needed	
Does it come with anything e.g. maint. agreement	
Intended user's name	
<i>Delivery Information:</i>	
Deliver to (person):	
Shelter Address	
Street intersection	
Delivery Date/Time	

Submitted to (name/position, Shelter or Emergency Operations Center) _____

Requestor's signature: _____

Notes: _____

INITIAL INTAKE AND ASSESSMENT TOOL - AMERICAN RED CROSS - U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES			
Date/Time: _____ Shelter Name/City/State: _____ DRO Name/#: _____			
Family Last Name: _____			
Primary language spoken in home: _____			Does the family need language assistance/interpreter?: _____
Names/ages/genders of all family members present: _____			
If alone and under 18, location of next of kin/parent/guardian: _____ If unknown, notify shelter manager & interviewer initial here: _____			
Home Address: _____			
Client Contact Number: _____		Interviewer Name (print name): _____	
INITIAL INTAKE	Circle	Actions to be taken	Include ONLY name of affected family member
1. Do you need assistance hearing me?	YES / NO	If Yes, consult with Disaster Health Services (HS).	
2. Will you need assistance with understanding or answering these questions?	YES / NO	If Yes, notify shelter manager and refer to HS.	
3. Do you have a medical or health concern or need right now?	YES / NO	If Yes, stop interview and refer to HS immediately. If life threatening, call 911.	
4. Observation for the Interviewer: Does the client appear to be overwhelmed, disoriented, agitated, or a threat to self or others?	YES/NO	If life threatening, call 911. If yes, or unsure, refer immediately to HS or Disaster Mental Health (DMH).	
5. Do you need medicine, equipment or electricity to operate medical equipment or other items for daily living?	YES / NO	If Yes, refer to HS.	
6. Do you normally need a caregiver, personal assistant, or service animal?	YES / NO	If Yes, ask next question. If No, skip next question.	
7. Is your caregiver, personal assistant, or service animal inaccessible?	YES / NO	If Yes, circle which one and refer to HS.	
8. Do you have any severe environmental, food, or medication allergies?	YES / NO	If Yes, refer to HS.	
9. Question to Interviewer: Would this person benefit from a more detailed health or mental health assessment?	YES / NO	If Yes, refer to HS or DMH.	*If client is uncertain or unsure of answer to any question, refer to HS or DMH for more in-depth evaluation.
STOP HERE!		REFER to: HS Yes <input type="checkbox"/> No <input type="checkbox"/> DMH Yes <input type="checkbox"/> No <input type="checkbox"/> Interviewer Initial _____	
DISASTER 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? (Epi-pen, diabetes supplies, respirator, oxygen, dialysis, ostomy supplies, etc.)	YES / NO	If Yes, list potential sources if available.	
Are you presently receiving any benefits (Medicare/Medicaid) or do you have other health insurance coverage?	YES / NO	If Yes, list type and benefit number(s) 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.	

INITIAL INTAKE AND ASSESSMENT TOOL - AMERICAN RED CROSS - U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES			
HEARING	Circle	Actions to be taken	Comments
Do you use a hearing aid and do you have it with you?	YES / NO	If Yes to either, ask the next two questions. If No, skip next two questions.	
Is the hearing aid working?	YES / NO	If No, identify potential resources for replacement.	
Do you need a battery?	YES / NO	If Yes, identify potential resources for replacement.	
Do you need a sign language interpreter?	YES / NO	If Yes, identify potential resources in conjunction with shelter manager.	
How do you best communicate with others?		Sign language? Lip read? Use a TTY? Other (explain).	
VISION/SIGHT	Circle	Actions to be taken	Comments
Do you wear prescription glasses and do you have them with you?	YES / NO	If Yes to either, ask next question. If No, skip the next question.	
Do you have difficulty seeing, even with glasses?	YES / NO	If No, skip the remaining Vision/Sight questions and go to Activities of Daily Living section.	
Do you use a white cane?	YES / NO	If Yes, ask next question. If No, skip the next question.	
Do you have your white cane with you?	YES / NO	If No, identify potential resources for replacement.	
Do you need assistance getting around, even with your white cane?	YES / NO	If Yes, collaborate with HS and shelter manager.	
ACTIVITIES OF DAILY LIVING	Circle	Ask all questions in category.	Comments
Do you need help getting dressed, bathing, eating, toileting?	YES / NO	If Yes, specify and explain.	
Do you have a family member, friend or caregiver with you to help with these activities?	YES / NO	If No, consult shelter manager to determine if general population shelter is appropriate.	
Do you need help moving around or getting in and out of bed?	YES / NO	If Yes, explain.	
Do you rely on a mobility device such as a cane, walker, wheelchair or transfer board?	YES / NO	If No, skip the next question. If Yes, list.	
Do you have the mobility device/equipment with you?	YES / NO	If No, identify potential resources for replacement.	
NUTRITION	Circle	Actions to be taken	Comments
Do you wear dentures and do you have them with you?	YES / NO	If needed, identify potential resources for replacement.	
Are you on any special diet?	YES / NO	If Yes, list special diet and notify feeding staff.	
Do you have any allergies to food?	YES / NO	If Yes, list allergies and notify feeding staff.	
IMPORTANT! HS/DMH INTERVIEWER EVALUATION			
Question to Interviewer: Has the person been able to express his/her needs and make choices?	YES / NO	If No or uncertain, consult with HS, DMH and shelter manager.	
Question to Interviewer: Can this shelter provide the assistance and support needed?	YES / NO	If No, collaborate with HS and shelter manager on alternative sheltering options.	
NAME OF PERSON COLLECTING INFORMATION:	HS/ DMH Signature:		Date:

This following information is only relevant for interviews conducted at HHS medical facilities: Federal agencies conducting or sponsoring collections of information by use of these tools, so long as these tools are used in the provision of treatment or clinical examination, are exempt from the Paperwork Reduction Act under 5 C.F.R. 1320.3(h)(5).

The authority for collecting this information is 42 USC 300hh-11(b) (4). Your disclosure of this information is voluntary. The principal purpose of this collection is to appropriately treat, or provide assistance to, you. The primary routine uses of the information provided include disclosure to agency contractors who are performing a service related to this collection, to medical facilities, non-agency healthcare workers, and to other federal agencies to facilitate treatment and assistance, and to the Justice Department in the event of litigation. Providing the information requested will assist us in properly triaging you or providing assistance to you.

American Red Cross

Disaster Services Program Guidance

Instructions for Use of the
American Red Cross–Health and Human Services
Initial Intake and Assessment Tool
June 20, 2008

Purpose

The main purpose of the *Initial Intake and Assessment Tool* is to enable Red Cross staff to decide if simple accommodations can be provided that will enable individuals to stay in general population shelters. The secondary purpose is to ensure proper and safe placement of those clients with medical or functional needs beyond the scope and expertise of care offered in Red Cross shelters. The Red Cross, and its partner, the U.S. Department of Health and Human Services (HHS), are determined to maximize the use of this tool in order to minimize stress and emphasize the safety and well-being of those we serve during times of disaster.

Top Section of the Tool

Shelter workers meet with clients and legibly record pertinent information in the top of the tool and questions 1 through 9. The remaining questions are only to be filled out by Disaster Health Services (HS) and Disaster Mental Health (DMH) workers. Only **one form** is used for **each family**[#]. Questions in the early part of the tool are designed to identify language barriers, separated families and other important information to be passed onto the shelter manager. The top section of the tool asks for basic demographic information in addition to:

- DRO stands for Disaster Relief Operation (enter name and number of DRO)
- List **all** of the names of the family members in the shelter
- The shelter worker initials that he/she has notified the shelter manager when a child under the age of 18 is unaccompanied in the shelter

Questions 1 - 9

The shelter worker asks the head of the family the first nine “yes/no” questions, except for questions 4 and 9 which are questions to the interviewer. You should not ask the client questions 4 and 9. All 9 questions pertain to all family members listed on the form. Where there is a “yes” answer, the worker notes **ONLY** the name of the relevant family member, discontinues the interview and refers the client to HS or DMH. **(Do not write confidential information anywhere in the first 9 questions!)** Only HS and/or DMH, **in conjunction** with the shelter manager, will make decisions regarding shelter accommodation.

If there is a need for a language interpreter or if the client needs assistance in understanding or answering the questions, end the interview and contact the shelter manager. Questions 3, 4 and 9 refer to emergency situations and/or urgent referrals to HS or DMH.

[#] Although the intake tool is designed for the entire family, there could be a need to use more than one form if the family has several individuals with different needs.

Question 3: In cases of illness or emergency do not continue the interview. A call to 911 must be made in any life-threatening emergency (such as chest pain, heavy bleeding or multiple injuries. HS will take over at this point). If the client has an illness, medical condition, or if you are unsure or confused as to the client's answer to question 3, refer to HS or DMH immediately. Escort the client to HS or DMH when necessary and hand the HS/DMH worker the tool. *(Do not give the tool to the client)*

Observation 4: This is NOT a question to the client. Document your observation as the interviewer. If the client appears to be a threat to self or others, call 911. If you answer "yes" to observation 4 or are unsure, refer immediately to DMH or HS.

Question 9: This is NOT a question to the client. Refer the client to HS or DMH if you think the client would benefit from a more detailed health or mental health assessment or if the client is unsure or confused about any of his/her answers.

STOP the Interview

Place your initials on the tool and indicate whether you've referred the client to HS or DMH. Do not answer any questions beyond this point (they are for HS and DMH workers only). If you answered "no" to all questions, attach the intake tool to the shelter registration form. If you answered "yes" to any questions or were unsure, refer the client to HS or DMH.

Where to Put the Initial Intake and Assessment Tool

If you answered "no" to all of the first 9 questions and were sure the client did not need a referral to HS or DMH, then attach the tool to the shelter registration form. If you answered "yes" or were unsure as to any question and referred the client to HS or DMH, the HS or DMH worker will attach the tool to the Client Health Record (F2077). *(Do not give the tool to the client)*.

FOR HS and DMH ONLY

Pre-existing conditions, both physical and psychological, are frequently exacerbated during times of extreme stress. HS and DMH workers should be aware of the potential for a client to decompensate or decline in health. Previously healthy individuals may have new medical/mental health needs due to the disaster.

- Once a client has been referred to HS/DMH, **all information is confidential** and will only be seen by licensed health care providers. Initiate a ***Client Health Record (F2077)*** for the client and attach the tool.
- In situations where a client has both physical and psychological concerns, he/she should be seen by both a DMH and an HS worker.

Questions?

If you have any questions or concerns about using this form contact your supervisor and/or a Disaster Health Services or Disaster Mental Health worker.

[illegible]

Quick Notes			Page __ of __
Name:			
How to contact:			
Date	Needs	Plan	Outcome

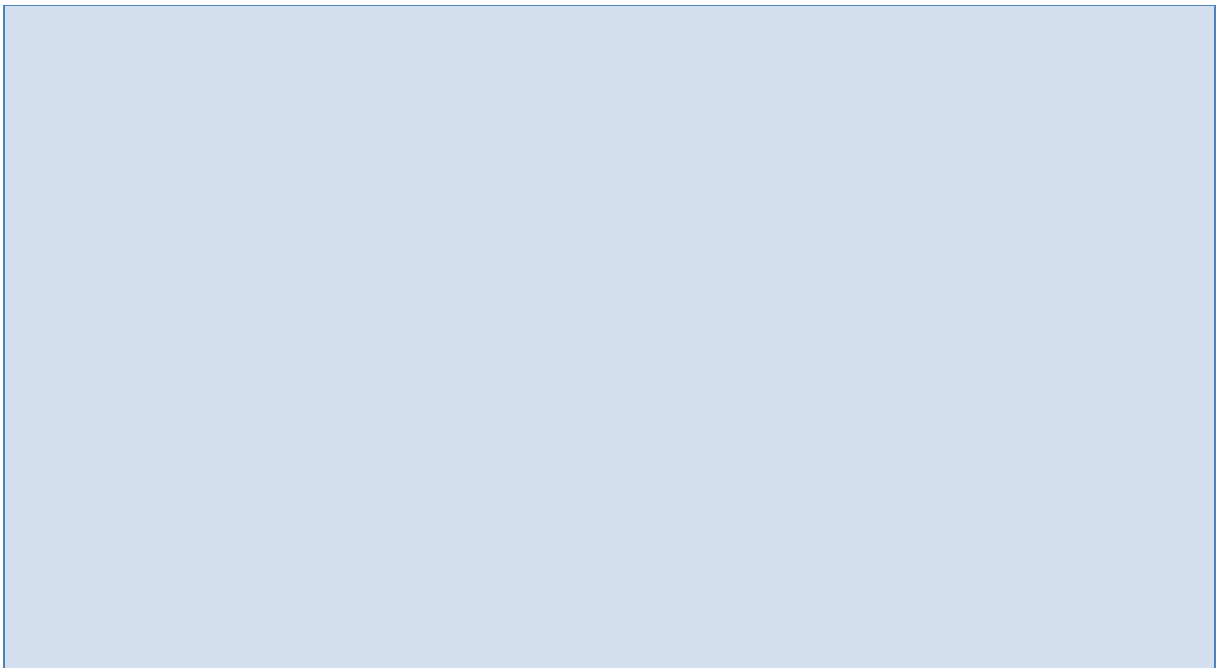
After Action Report		Page __ of __
Name:		
Dates of Deployment:	Location (s)	
Phone- Work:	Cell:	
E-mail		
Number served:		
Issues Addressed:		
Physical access		
Communication access		
Maintaining Health		

Independence (DME, CMS, Medications, etc)

Safety & Support

Transportation

What Worked?



What didn't work?

A large, empty rectangular box with a white background and a thin blue border, occupying the bottom half of the page, intended for a response to the question above.

What needs work?

Tab K- Medical/Functional Needs Discharge Assessment

Name of Shelter Guest:		DOB / Age: Gender: Male / Female	
Residence Address (street,county,state):			
Current Location: <input type="checkbox"/> Shelter <input type="checkbox"/> Nursing Home <input type="checkbox"/> Hospital <input type="checkbox"/> Hotel <input type="checkbox"/> Other:	Current Location: Name, Address (include county, city and state) & Phone		
Do you have any chronic/acute health care conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe health care condition:		
Were you receiving any of the following services/support in your home prior to evacuation or will you need any of the following when you return?			
Care/Item	Services Needed	Name and location of pre-hurricane services	
<input type="checkbox"/> Home Health			
<input type="checkbox"/> Hospice Care			
<input type="checkbox"/> Durable Medical Equipment			
<input type="checkbox"/> Physical Therapy			
<input type="checkbox"/> Oxygen			
<input type="checkbox"/> Dialysis			
<input type="checkbox"/> Psychiatric/Psychological			
<input type="checkbox"/> Other			
Local Jurisdiction Ready For Return? <input type="checkbox"/> Yes <input type="checkbox"/> No	TYPE OF TRANSPORTATION NEEDED: <input type="checkbox"/> Wheelchair accessible <input type="checkbox"/> Ambulance <input type="checkbox"/> Bariatric capable Ambulance <input type="checkbox"/> Bus <input type="checkbox"/> Other	Is wheelchair: <input type="checkbox"/> Powered <input type="checkbox"/> Oversized <input type="checkbox"/> Manual Able to fold up: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Needs immediate follow up for medical care? <input type="checkbox"/> Yes <input type="checkbox"/> No	Needs immediate case management? <input type="checkbox"/> Yes <input type="checkbox"/> No	Flu shot given? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Destination availability confirmed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNKNOWN	Do you need assistance to get to destination? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Return Location: <input type="checkbox"/> Home <input type="checkbox"/> Assisted Living <input type="checkbox"/> Other <input type="checkbox"/> Need Shelter	Address (include county, city & state):	Contact Name and Phone:	
Do you use oxygen? <input type="checkbox"/> Yes <input type="checkbox"/> No AMOUNT (flow) ____ Do you have enough oxygen to return home? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a pet in shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No Type Pet Name			
Have arrangements been made to reunite with pet? <input type="checkbox"/> Yes <input type="checkbox"/> No			
COMMENTS:			
Name of Assessor/Data Collector:			Date of Assessment:



Relocation Checklist

- ☐ Is this a relocation to another shelter OR to a more permanent living situation?
- ☐ What kind of preparatory work/extra measures can you take to mitigate adverse effects on the person?
- ☐ Are there family members that can be contacted to assist in the move?
- ☐ What mode of transportation will be used and is it adequate?
- ☐ Were there services that the person had pre-disaster that can be reestablished post-disaster?
- ☐ What are those services and how can they be obtained?
- ☐ Are there local assistance centers/disaster recovery centers in the area that the person can obtain information/services from?
- ☐ Are there environmental conditions that exist because of the disaster that need additional mitigation for the person that you are working with?
- ☐ If the person is returning to a facility, are there adequate beds and services available at the facility.
- ☐ Who do you need to coordinate with to carry out the relocation/transition?
- ☐ How can they be involved in the process?



Local Resources – Local Assistance Center



Planning, Zoning and Building Departments	Provides information regarding civil engineering services, site conditions, easements, land stability, right-of-ways, parcel maps, permits for sidewalks, sewers, safety assessments, etc.
Finance Department	Business license information and services; assist LAC with finance/administrative processes.
Fire Department	Coordinates with local law enforcement and health department for access/re-entry into restricted areas.
Office on Aging	Transportation and outreach services for senior citizens.
Office of Community Development	Short-term housing referrals.
Office of Economic Development and Employment	Referrals for small businesses or workers displaced by the event.
Police Department	Assist with security issues; signage (e.g., "This Property Not Abandoned").
Public Information Officer	Dissemination of information to the media and the general public.
Public Works Department	Assists with debris removal, road clearing, and the community's tree removal plan.
Chamber of Commerce	Provides information regarding consumer fraud awareness, legal assistance, insurance, and financial institutions.
Community Development Council	Provides information regarding planned construction, rebuilding, clean-up and selection of design professionals.
Apartment Associations	Provide listings of available apartments.
Information and Referral Service Agencies	Provide information regarding housing, replacement of personal property, financial assistance for rental expenses, and listings of short- and long-term rentals.
Board of Realtors	Provides listings of available rentals and other housing resources.
Housing Authority	Provides assistance to low-income families, referrals for students and apartment dwellers.
Utilities: Water, Waste, Power (gas and electric), Telephone	Provides assistance closing accounts, billing, transferring service, establishing new service, and referrals.
Mental Health Office	Referral services and crisis counseling.

State Resources – Local Assistance Center

Department of Social Services (DSS)	Administers the State Supplemental Grant Program (SSGP), which may provide grant funds for eligible unmet recovery needs for individuals and households.
Department of Mental Health (DMH)	Coordinates the implementation of federal crisis counseling programs through the local mental health offices.
Employment Development Department (EDD)	Administers the federal Disaster Unemployment Assistance Program when implemented and regular unemployment assistance.
Department of Insurance (CDI)	Provides information regarding insurance issues, such as policy retrieval, claims filing, expediting claim settlements, etc.
Department of Consumer Affairs (DCA)	Provides counseling and referral services to the State Contractor's Licensing Board to provide licensing information to help protect disaster victims against fraudulent contractor practices, etc.
Contractors State License Board	Provides guidance in obtaining licensed contractors and provides information to help protect against fraudulent contractor practices, etc.
Franchise Tax Board (FTB)	Provides advice for claiming losses when filing state income tax returns.
California Emergency Management Agency - CalEMA (State OES)	Coordinates and provides mitigation and planning efforts, as well as coordinates the implementation of state and federal assistance programs throughout the state.
California Veterans Affairs (CALVET)	Provides guidance for obtaining CALVET loan assistance.

Post Disaster Service Providers

CalEMA guide to Local Assistance Center (LACs):

[http://www.oes.ca.gov/WebPage/oeswebsite.nsf/Cli entOESFileLibrary/Plans%20and%20Publications/\\$file/LACGuide.pdf](http://www.oes.ca.gov/WebPage/oeswebsite.nsf/Cli entOESFileLibrary/Plans%20and%20Publications/$file/LACGuide.pdf)

More info about LACs than you will ever need

CDSS website for the State Supplemental Grant Program (SSGP)

<http://www.dss.cahwnet.gov/dis/PG238.htm>

Good source of information about the grant program CDSS administers for disaster victims.

Gateway to FEMA's DRC and IHP websites. Has FAQs explains the disaster assistance process, etc.

<http://www.fema.gov/assistance/opendrcs.shtml>

This is only the beginning.....

Northern California VOAD
(No Web address at this time)

Voluntary Organization Active in Disaster for Northern California – good source for non-government relief services.

Southern California VOAD
(No Web address at this time)

Voluntary Organization Active in Disaster for Southern California (outside of LA) – good source for non-government relief services.

Emergency Network Los Angeles
<http://www.enla.org/>

Great source of info and a gateway to non-government relief services in the Los Angeles area

Coordinated Assistance Network
<http://www.can.org/>

CAN is a web-based portal where disaster victims can register and get assistance from other non-profits.

211
<http://www.cairs.org/211.htm>

211 is a portal. It is an information referral service. It is available in many but not all areas of California. 211 will connect you to who they think can provide assistance for your client, based on information that you give them.

CADRE
<http://www.vcsv.us/cadre.shtml>

Collaborative Agencies Disaster Relief Effort (CADRE) is a program that unites community-based, non-profit organizations in disaster preparedness, response and recovery activities within the County of Santa Clara.



SUGGESTED TRAVELLER'S CHECKLIST



Work Equipment/Info

- ☐ FAST manual needed sections
- ☐ Pager
- ☐ Spare cell phone battery
- ☐ Cell phone/charger
- ☐ Phone calling card
- ☐ Support contact numbers

Clothing

- ☐ Blouses
- ☐ Shirts
- ☐ Pants (cargo style-pockets)
- ☐ Underwear
- ☐ Jacket
- ☐ Light raincoat
- ☐ Sweater
- ☐ Socks
- ☐ Walking shoes
- ☐ Shower shoes
- ☐ FAST vest

Accessories

- ☐ Day pack or fanny pack

Seasonal Gear

- ☐ Sunglasses
- ☐ Sunscreen
- ☐ Bug repellent
- ☐ Beanie/head cover
- ☐ Umbrella
- ☐ Boots

Notions

- ☐ Tooth brush
- ☐ Tooth paste
- ☐ Dental floss
- ☐ Skin cleanser
- ☐ Bar soap
- ☐ Moisturizer
- ☐ Compact mirror
- ☐ Deodorant
- ☐ Shampoo
- ☐ Hair brush/comb

Miscellaneous

- ☐ Writing pad/pens/pencils
- ☐ First aid kit
- ☐ Prescription medications
- ☐ List of generic names for prescription drugs
- ☐ OTC medications
- ☐ Chapstick
- ☐ Baby wipes or moist towelettes
- ☐ Washcloth
- ☐ Laundry soap
- ☐ Sewing kit
- ☐ Travel alarm
- ☐ Mini flashlight
- ☐ Battery operated radio
- ☐ Food*
- ☐ Water**

Documents

- ☐ Travel documents
- ☐ Identification
- ☐ Guidebooks
- ☐ Maps
- ☐ FAST ID

Other Needs

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

* Easy to carry quick energy foods, such as fruit snacks, beef sticks, jerky.

** In some cases, it may be difficult to obtain water once deployed.

NOTE: Carry-on flight bag should contain at least change of clothes, medicines, and documents.



Pre-Deployment Checklist

- ☐ Where am I going to work?
- ☐ What do I need to take?
- ☐ Who will I be working with?
- ☐ How do I get there?
- ☐ How long will I be there?
- ☐ Is there food there, water, can I come home at night? Showers?
- ☐ Email, phone, computers?
- ☐ Who are you going to be working for?
- ☐ What if I get sick while I am there?
- ☐ What am I going to do?
- ☐ How much am I going to be paid?
- ☐ Who am I representing?
- ☐ Deployment length
- ☐ Report to?
- ☐ Work with whom?
- ☐ What are your duties?
- ☐ Who is in charge?
- ☐ Where am I staying?
- ☐ What are the conditions: electricity, sleeping, access, weather, methods of communication?



Deployment Checklist



In preparation for deployment, FAST members should:

1. Pack personal items needed while on assignment (see attachment for suggested items) for a 10-15 day deployment.
2. Check on what the capacity is for your FAST coordinator (or supervisor) to get cash advances, hotel/car/flight arrangements.
3. Get a hard copy list of important/key telephone numbers and program them into your cell phones. It's very useful to have them loaded into a cell phone, as well as a copy to keep with you.
4. Pack FAST-related materials needed while on assignment, including FAST ID badge and any other administrative forms needed from the FAST website.

Before deployment, be sure to have the following:

1. The Point of Contact (POC) at the site and contact info, the address, phone number.
2. Ask the person who is deploying you if there is any other information that is available about where you will be working (lodging, power, internet access, area-roads, law enforcement barriers.)
3. Names and contact info, including pager, cell phone number, email address and land line number if available, of other FAST members that will be assigned to the same site.
4. Get maps of the vicinity and location of deployment work site and hotel before deploying and carry hard copy maps because computer generated maps are not always reliable. Thomas Guides are still a good resource unless roads are closed or no longer exist.
5. Resource or mission tasking number and information. No FAST should self-deploy. The FAST coordinator or your supervisor should have the mission tasking information for your assignment.
6. FAST member should stay in regular contact with your supervisor or FAST coordinator while deployed. For example, the FAST member should provide your Department Point of Contact (DPOC) with the phone numbers of their deployment work site, mobile phones, and hotel.



BEFORE YOU GO....

Be sure to have:

- ☐ Directions/address
- ☐ Money – cash
- ☐ Contact name numbers
- ☐ Laptop/charger
- ☐ Air card
- ☐ Cell phone battery extra charger
- ☐ Maps/GPS
- ☐ Personal items – personal (see Suggested Traveler's Checklist)
- ☐ Clothes for 10 days – personal
- ☐ Medication – personal
- ☐ Picture ID
- ☐ FAST ID
- ☐ Business cards
- ☐ Seasonal clothes
- ☐ FAST vest



FAST WEEKLY TIME REPORT

☐ CHECK IF COPY NEEDED

To be completed by all emergency volunteers. SEE REVERSE SIDE FOR INSTRUCTIONS

NAME	DEPT.	NORMAL WORKWEEK (M-F, 8-5)	TIME BASE
WORK WEEK DATES	WORK SITE	DOC <input type="checkbox"/>	OTHER:

DAY	DATE	START	LUNCH	END	TOTAL HRS	LEAVE HRS	+ REG HRS		OT HRS	COMMENT
SUN										
MON										
TUE										
WED										
THUR										
FRI										
SAT										
TOTAL WEEKLY HOURS										

VOLUNTEER SIGNATURE	DATE	APPROVING AUTHORITY	DATE
---------------------	------	---------------------	------

FAST WEEKLY TIME REPORT

INSTRUCTIONS:

- The “workweek” begins on Sunday and ends on Saturday. A “*Weekly Time Report*” is completed for the entire week if any time was worked as an emergency volunteer. If you deploy on a Wednesday, you must enter all hours worked for the entire week, both in your regular job and as a FAST member. This applies to all volunteers, including those who cannot be paid premium pay (OT).
- For each date, **enter** the time you arrived at the work site under “*START*,” the actual time (if any) spent at lunch (i.e., .25, .5, .75) and the time you departed the work site (under “*END*”). Include all hours worked that date, whether at your permanent job or as a volunteer. **Use the “*COMMENT*” section to note the time you departed from your regular job to deploy as an emergency volunteer.**
- At the end of each day, **add up** the total hours from the time you started to the time you ended. **Deduct any lunchtime** you have recorded. **Enter** the remainder as the “*TOTAL HRS*” you worked that day.
- **Enter** any “*LEAVE HOURS*” you took during any day. Use the “*COMMENT*” section to note the time and type of leave used.
- Total “*LEAVE HOURS*”(if any) plus Regular Hours worked should equal (=) your regular set schedule. **The “*LEAVE HOURS*” plus the “*REGULAR HOURS*” are the hours that will be paid from your permanent position, BY YOUR DEPARTMENT. Those hours must total your regular set work hours (i.e., 5/40, 4/10 or 9/80.)**
- **Leave the overtime hours column blank.** The OT column will be calculated by _____.
- On Saturday, Sunday or legal Holidays, your “*START*” time begins when you leave your home to deploy, or hotel to travel to your assigned site. The “*END*” time is the time you return to your hotel or home, if you have deactivated. All hours worked are recorded as “*OT HOURS*.” On all regular workdays, your time begins when you arrive at the job site, and ends when you leave the job site.
- **Sign and date** the “*Weekly Time Report*.” Turn the completed document in to the _____ on Sundays, or as instructed. If you want a copy of the completed and signed form, check the box on the upper right of the front of this form.



Hardship Code Definitions



C1. Water Disruption. The regular water system of the area may be affected by the disaster. This may result in the lack of public water service in shelters, hotels and work sites. The water may be unsafe to drink, requiring special precautions or use of bottled water. Other inconveniences could include: Inoperable restroom facilities, limited shower/bathing facilities and the need to carry water supplies for personal use.

C2. Power Outage. Power outages may be widespread, sporadic and of an undetermined duration during a disaster. This may affect electric and/or gas utilities. The result may be no lights and no use of electrical appliances, including office machines, computers and cooking facilities. The power outage could also affect the use of elevators, heating, air conditioning, water pumps, traffic signals, communication sources and equipment with rechargeable batteries, as well as required health care equipment (e.g., CPAP machine — assists with sleep apnea).

C3. Limited Food Availability. The relief operation may not be able to accommodate special dietary needs, and the food choices may be limited. Military rations may be the only source of food. Working and living locations may be isolated from nearby food sources. The demanding work schedules may not allow for regularly scheduled meals.

C4. Extreme Heat and/or Humidity. Temperatures may average over 90 degrees Fahrenheit, and/or high humidity may be present. Air conditioning may not be available in housing or at work sites. Heat and humidity could affect those with a variety of conditions including asthma, chronic obstructive pulmonary disease (COPD), skin disorders and photosensitivity reactions from certain medications. Humid climates can increase bacterial or fungal growth, making a healthy immune system essential.

C5. Extreme Cold. Disasters in a cold climate could include average temperatures below freezing and adverse conditions such as snow, sleet, ice, and so on. This could cause various health issues and may make some medical conditions worse. Adequate heating may not be available in housing or at work sites. Travel and driving will be affected.

C6. Housing Shortages. Staff may have to share rooms with other workers, which may provide little or no privacy. The housing may be dormitory style with shared bathroom and shower facilities. There may be occasions when staff will be housed in a shelter for relief workers or, depending on the damage to the infrastructure; workers may be placed in shelters housing disaster clients.

C7. Working Conditions. In some situations, the working environment can cause hardships. Work areas that are tight, noisy and/or perceived to be unsafe can be stressful for members. Field assignments may include walking on uneven or slippery terrain, walking long distances, getting in and out of vehicles multiple times, accessing homes, using stairs without handrails and working in tents. The conditions may require endurance and stamina, and the assignment may include long work hours.

C8. Limited Health Care Access. Following a disaster, particularly in remote locations, the community infrastructure can be affected so that normal health care systems, including emergency medical services, are not in place or are difficult to access. In some medically underserved areas advanced cardiac life support, specialized procedures and medications are not available. This can cause a hardship for people with chronic medical conditions who might need a hospital or a doctor's attention. In some rural or island locations there may already be a shortage of specialized medical assistance that members may need on an ongoing basis due to certain disease processes. This hardship code includes members who have medical conditions that require frequent monitoring or have recurrent exacerbations.

C9. Extreme Emotional Stress. Many stressors can occur during a disaster. Members may witness sickness, serious injury, distressed victims, death or mass casualties and destruction. Members may also be exposed to victims expressing grief, anger and frustration. There may be personal safety issues and possible recurrence of the disaster. Absence from personal support systems may contribute to these stressors.

C10. Travel Conditions. Travel on the relief operation may be difficult. Roads may be congested, partially impassible or single lane. The relief operation covers a wide area and staff may routinely spend hours in transit while on the relief operation and then spend additional time commuting from their assigned work location to their housing. Due to the disaster, street signs may be missing and locations may be difficult to determine.

C11. Transportation Limitations. Transportation to the relief operation may be complicated and difficult. The travel arrangements may require use of alternate routes, unusual or multiple connections, noncommercial/military carriers or assignment through a staging area. On the relief operation, transportation may be scarce, with options limited to walking, mass transit, van pool or car pool with three or more people. Transportation may also involve watercraft or small commuter planes that require physical agility to board.

C12. Air Quality. Certain disasters may involve elements such as smoke, dust, ash and poor air quality. These have the potential of aggravating respiratory conditions such as COPD, emphysema and chronic asthma. Additionally, operations that include flooding increase the potential for mold and mildew, which may trigger allergic reactions, reactive airway disease (RAD) and asthma.

C13. Lifting Limitation. Various disaster work assignments require members to lift and carry heavy items. If members attempt to lift and carry more than they are physically able, they may injure themselves or worsen already existing conditions. This code should be used when a member is not physically able to lift or carry the amount required by a specific activity. Occasionally, a member may be asked to lift and carry when it is not a normal part of his or her activity. In these cases, each member is responsible for knowing his or her lifting limitations and avoiding harmful situations on disasters, regardless of the work assignment.



Demobilization Guidelines



- ☐ Be clear from the beginning if this is a release or could you be eligible for reassignment.
- ☐ Who has the ability and/or responsibility for releasing or reassigning you?
- ☐ Have you spoken to your supervisor or the person that assigned you about the release?
- ☐ What is the expectation for the check out process of the shelter manager or the person that you have been working with on the shelter management staff?
- ☐ Are all the documents that you need to complete before your departure done?
- ☐ Have you briefed the person that is taking your place or assuming your responsibilities?
- ☐ Are your travel arrangements in order?
- ☐ Have you returned any equipment/supplies that belong to the incident/shelter?
- ☐ Is your vehicle road-worthy and safe?
- ☐ Is your route home and ETA known by someone?
- ☐ Is it safe to travel given the disaster conditions?
- ☐ Are you sufficiently rested to travel the distance that you need to?

DEMOBILIZATION CHECKOUT

ICS-221

1. INCIDENT NAME/NUMBER	2. DATE/TIME	3. DEMOB NO.
4. UNIT/PERSONNEL RELEASED		
5. TRANSPORTATION TYPE/NO.		
6. ACTUAL RELEASE DATE/TIME	7. MANIFEST YES NO NUMBER _____	
8. DESTINATION _____	9. AREA/AGENCY/REGION NOTIFIED NAME _____ DATE _____	
10. UNIT LEADER RESPONSIBLE FOR COLLECTING PERFORMANCE RATING		
11. UNIT/PERSONNEL YOU AND YOUR RESOURCES HAVE BEEN RELEASED SUBJECT TO SIGNOFF FROM THE FOLLOWING: (DEMOB. UNIT LEADER CHECK <input checked="" type="checkbox"/> APPROPRIATE BOX)		
<u>LOGISTICS SECTION</u>		
<input type="checkbox"/> SUPPLY UNIT _____		
<input type="checkbox"/> COMMUNICATIONS UNIT _____		
<input type="checkbox"/> FACILITIES UNIT _____		
<input type="checkbox"/> GROUND SUPPORT UNIT LEADER _____		
<u>PLANNING SECTION</u>		
<input type="checkbox"/> DOCUMENTATION UNIT _____		
<u>FINANCE/ADMINISTRATION SECTION</u>		
<input type="checkbox"/> TIME UNIT _____		
<u>OTHER</u>		
<input type="checkbox"/> _____		
<input type="checkbox"/> _____		
12. REMARKS _____ _____ _____		
221 ICS 1/83		

INSTRUCTIONS FOR COMPLETING THE DEMOBILIZATION CHECKOUT
(ICS FORM 221)

Prior to actual demobilization, Planning Section (Demobilization Unit) should check with the Command Staff (Liaison Officer) to determine any agency specific needs related to demobilization and release. If any, add to line Number 11.

Item Number	Item Title	Instructions
1.	Incident Name/No.	Print Name and/or Number of incident.
2.	Date/Time	Enter Date and Time prepared.
3.	Demob No.	Enter Agency Request Number, Order Number, or Agency Demobilization Number if applicable.
4.	Unit/Personnel Released	Enter appropriate vehicle or Strike Team/Task Force I.D. Number(s) and Leader's name or individual over-head or staff personnel being released.
5.	Transportation Type/No.	Method and vehicle I.D. Number for transportation back to home unit. Enter N/A if own transportation is provided. *Additional specific details should be included in Remarks, block #12.
6.	Actual Release Date/time	To be completed at conclusion of demobilization at time of actual release from incident. Would normally be last item of form to be completed.
7.	Manifest	Mark appropriate box. If yes, enter manifest number. Some agencies require a manifest for air travel.
8.	Destination	Location to which Unit or personnel have been released, i.e., Area, Region, Home base, Airport, Mobilization Center, etc.
9.	Area/Agency/Region Notified	Identify Area, Agency, or Region notified and enter date & time of notification.
10.	Unit Leader Responsible for Collecting Performance Ratings	Self-explanatory. Note, not all agencies require these ratings.
11.	Unit/Personnel	Demobilization Unit Leader will identify with a check in the box to the left of those units requiring check-out. Identified Unit Leaders are to initial to the right to indicate release. Blank boxes are provided for any additional check (unit requirements as needed), i.e., Safety Officer, Agency Representative, etc.
12.	Remarks	Any additional information pertaining to demobilization or release.

GENERAL MESSAGE (ICS 213)

1. Incident Name (Optional):		
2. To (Name and Position):		
3. From (Name and Position):		
4. Subject:	5. Date:	6. Time
7. Message:		
8. Approved by: Name: _____ Signature: _____ Position/Title: _____		
9. Reply:		
10. Replied by: Name: _____ Position/Title: _____ Signature: _____		
ICS 213	Date/Time: _____	

ICS 213

General Message

Purpose. The General Message (ICS 213) is used by the incident dispatchers to record incoming messages that cannot be orally transmitted to the intended recipients. The ICS 213 is also used by the Incident Command Post and other incident personnel to transmit messages (e.g., resource order, incident name change, other ICS coordination issues, etc.) to the Incident Communications Center for transmission via radio or telephone to the addressee. This form is used to send any message or notification to incident personnel that requires hard-copy delivery.

Preparation. The ICS 213 may be initiated by incident dispatchers and any other personnel on an incident.

Distribution. Upon completion, the ICS 213 may be delivered to the addressee and/or delivered to the Incident Communication Center for transmission.

Notes:

- The ICS 213 is a three-part form, typically using carbon paper. The sender will complete Part 1 of the form and send Parts 2 and 3 to the recipient. The recipient will complete Part 2 and return Part 3 to the sender.
- A copy of the ICS 213 should be sent to and maintained within the Documentation Unit.
- Contact information for the sender and receiver can be added for communications purposes to confirm resource orders. Refer to 213RR example (Appendix B)

Block Number	Block Title	Instructions
1	Incident Name (Optional)	Enter the name assigned to the incident. This block is optional.
2	To (Name and Position)	Enter the name and position the General Message is intended for. For all individuals, use at least the first initial and last name. For Unified Command, include agency names.
3	From (Name and Position)	Enter the name and position of the individual sending the General Message. For all individuals, use at least the first initial and last name. For Unified Command, include agency names.
4	Subject	Enter the subject of the message.
5	Date	Enter the date (month/day/year) of the message.
6	Time	Enter the time (using the 24-hour clock) of the message.
7	Message	Enter the content of the message. Try to be as concise as possible.
8	Approved by <ul style="list-style-type: none">• Name• Signature• Position/Title	Enter the name, signature, and ICS position/title of the person approving the message.
9	Reply	The intended recipient will enter a reply to the message and return it to the originator.
10	Replied by <ul style="list-style-type: none">• Name• Position/Title• Signature• Date/Time	Enter the name, ICS position/title, and signature of the person replying to the message. Enter date (month/day/year) and time prepared (24-hour clock).

ON-SCENE INTERVENTIONS WITH DISASTER SURVIVORS

**REMEMBER LESS IS MORE – THERE IS NOTHING YOU CAN SAY OR
DO THAT WILL QUICKLY END THE PAIN & SHOCK OR MAKE
SURVIVORS FEEL BETTER.**

- 1. OBSERVE**
 - WHAT HAPPENED?**
 - WHO IS INVOLVED?**
 - WHAT IS THE CAUSE?**
 - HOW SERIOUS?**
 - IS IT SAFE?**
 - SIZE UP PROBLEM**
- 2. DIRECT - BE BRIEF, CLEAR, REPETITIVE**
 - PROVIDE STRUCTURE, DIRECTION, TAKE CONTROL**
 - WHERE TO GO AND WHAT TO DO**
 - TO SAFE AND SECURE AREAS**
 - TO MEDICAL CARE**
 - TO FOOD AND SHELTER**
 - DON'T ASK – "HOW DO YOU FEEL"**
- 3. PROTECT – QUIET, PRIVATE, NEUTRAL**
 - FROM DANGER**
 - FROM THE ELEMENTS**
 - FROM TRAUMATIC STIMULI**
 - FROM EMOTIONALLY DISTRAUGHT VICTIMS**
 - FROM ONLOOKERS**
 - FROM MEDIA**
- 4. CONNECT**
 - TO FAMILY AND LOVED ONES**
 - TO ACCURATE INFORMATION**
 - TO RESOURCES – SUPPORT GROUP**
 - TO EACH OTHER**
 - TO COMFORT**
 - TO REALISTIC REASSURANCE**
 - TO PHASE-APPROPRIATE FEELINGS**
 - ENCOURAGE CONSTRUCTIVE CHANNELING OF ANGER**
 - ENCOURAGE INDIVIDUALS TO USE PAST WAYS OF COPING &
OWN PERSONAL STRENGTHS**

<p style="text-align: center;">MENU FOR SELF-CARE WAYS TO HELP MANAGE YOUR STRESS</p>

BASIC CONCEPTS AND SUGGESTIONS:

- Maintain contact and connection with primary social supports.
- Talk about your thoughts and feelings that keep returning with someone who is a good listener. Discuss the difficult parts. This helps you "let the steam out", integrate, and move on from the experience. Be gentle with yourself. There will always be things you could have done differently. Also remember to discuss the positive contribution you made and the good that will come from your participation.
- Nurture and pamper yourself. Get plenty of rest. Allow yourself downtime and don't push yourself. Spend time with your support system of family and friends and dog or cat. Take a leisurely hot bath, get a massage. Plan extra time to do usual tasks; you may not be able to function as efficiently as usual. Allow others to help with your tasks; you're not the only one who can do it.
- Eat well and take your time. Avoid caffeine, fast foods, and sugar. Drink sufficient water. Avoid overeating.
- Accept whatever feeling you are having and recognize that others who were involved in the same incident may be on a different timetable of emotions. Be patient with yourself and others.
- Turn off your radio and television when the news is being broadcast. Too much trauma exposure just increases the unease, promotes feeling overwhelmed and slows returning to normal. This is also good advice if you have children. The younger they are the less they should watch of the news.
- Find some release for what is inside. Write down your thoughts and feelings in journal, paint, draw, make music, or dance.
- Do some mild exercise -walking is great- be present, watch your breath, breathe deeply with long, slow exhalations. Let go and release tension and discomfort

with each exhalation. See each inhalation as restoring yourself.

- If you are having trouble sleeping don't stay in bed for too long trying to fall asleep as this may just increase restlessness, anxiety and rumination. Instead get up, read a book, listen to some soothing music or watch an old favorite movie until you are sleepy.
- See a funny movie or play. Go to the theater. It is okay to laugh and enjoy yourself. Affirm life.
- Read an inspiring quote or religious passage. Maintain your spiritual practice.
- Don't immediately make major changes in your life - give yourself some time first.
- Don't try to self medicate, numb out with ETOH or other agents. You will recover more quickly without them.
- Gradually resume your normal routine.
- Remember no one who responds to a mass casualty event is untouched by it.
- Profound sadness, grief, and anger are normal reactions to an abnormal event.
- Seek professional assistance if you feel you are getting stuck with repeated thoughts or emotions about the experience or are having difficulty returning to your normal routine. Ask for a debriefing or see someone through Employee Assistance. Don't feel bad about asking for help; it is not uncommon to have some reaction after this type of experience and remember it usually passes.

Supplemental Information: ICS, SEMS and NIMS

Introduction

The federal government recognizes the need for communication, coordination, and cooperation among emergency management stakeholders in States. Public Safety agencies across the country have well-established plans and agreements in place that help to better respond to emergencies.

As a result of the East Bay Hills Fire of 1991, California State Senator Nicolas Petris introduced SB 1841. Subsequently, the Standardized Emergency Management System (SEMS) was adopted by California in 1993. On February 28, 2003, President George W. Bush released Homeland Security Presidential Directive-5 directing the Secretary to develop and administer a National Incident Management System (NIMS). NIMS/SEMS provides a clear and consistent organizational structure for agencies involved in responding to emergencies. Often, many different agencies must work together effectively to protect lives, property and the environment, during disasters. SEMS facilitates priority setting, interagency cooperation, and the efficient flow of resources and information.

SEMS is organized into five levels including State, Regional, Operational Area, Local, and Field. Every incident begins at the field level. Some incidents can be managed by local agencies without needing additional resources. In situations where the local government resources have been exhausted, SEMS facilitates coordination between the local government, the operational area, the region, and finally the state to ensure that the local government is being properly supported with the resources it needs.

Under SEMS, each level of government operates an emergency operations center which serves as the central coordinating point for communications, resource requests, and information sharing among the five levels. At the state level, this is called the State Operations Center (SOC).

National Incident Management System (NIMS)

NIMS is intended to standardize response to emergencies involving multiple jurisdictions or multiple agencies. NIMS is intended to be flexible and adaptable to the needs of all emergency responders in California. NIMS requires emergency response agencies to use basic principles and components of emergency management including the Incident Command System (ICS), multi-agency or inter-agency coordination, the Operational Area Concept, and established mutual aid systems.

Incident Command System (ICS)

ICS is a field-level emergency response system that is designed to enable effective and efficient incident management by integrating facilities, equipment, personnel, procedures, and communications operating within a common organizational structure. ICS provides a foundation for NIMS. It was originally developed by the

California fire service for managing emergency response to wildland fires. Under NIMS, the State Operational Center (SOC) organizational structure reflects basic Incident Command System (ICS) functions. However, ICS is a field-based tactical communications system, whereas NIMS provides a system for managing the event at the local, operational area, region and state levels.

At the field level, ICS establishes a unified command under an incident commander who is chosen from the agency with primary functional and/or jurisdictional authority over response to the event. Often, more than one agency will have jurisdictional authority over the response to an event. Creating a Unified Command under one agency helps eliminate duplication of effort and promotes efficiency of response.

Multi-agency and Inter-agency Coordination

A primary aspect of NIMS regulation is the need to use multi-agency or inter-agency coordination at all NIMS levels. Its purpose is to cause diverse organizations to work together and communicate with each other in a coordinated effort to facilitate decisions for overall emergency response activities and sharing of critical resources and prioritization of incidents.

Multi-agency coordination implies multiple agencies within a single area of jurisdiction, or a discipline (such as between all agencies within a city or a county such as departments.)

Inter-agency coordination implies between disciplines, between different jurisdictions or between different political levels, such as between local police department, county sheriff, and state police.

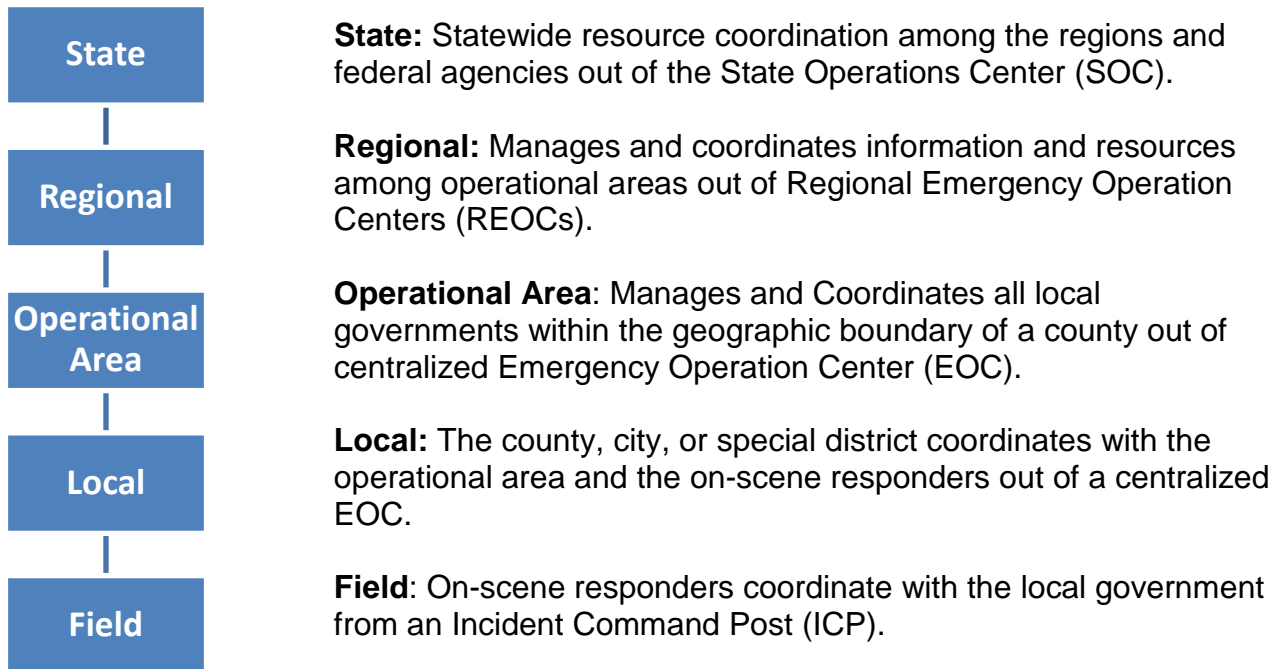
The Multi-Agency Coordination System or MACS is a part of the National Incident Management System (NIMS), Incident Command System (ICS). It is also an integral part of the MACS process, essential to integrating and coordinating multi-agency emergency response and management.

Mutual Aid

Mutual aid is the voluntary provision of services and facilities by agencies or organizations to assist each other when existing resources prove to be inadequate. It is neighbor (government to government) helping neighbor when there is a need for additional resources, people, equipment, etc. For fire fighting it includes fire responders and their equipment. For law enforcement it includes people and equipment for law enforcement. For the field of communications it includes people and equipment for most types of communications.

NIMS Organizational Structure

Consists of five organizational levels which are activated as necessary:



NIMS Organizational Functions

At each organizational level, NIMS is organized into five primary functions: Management, Operations, Planning/Intelligence, Logistics, and Finance/Administration. Under NIMS, only those functional elements that are needed are activated at the SOC. Duties of functions not activated will be performed by the next highest level in the organization. Activation of functions will be determined by the SOC Director. Each of the four subordinate functions has a section chief who reports to the SOC Management.

The needs posed by the incident will define the organizational elements required to perform the functions needed. While it is desirable to have organizational consistency between the SOC, REOC and other NIMS levels, the primary organizational consideration should be centered on functional need. All functions must be capable of being represented in the SOC. However, there is no requirement that all functional positions be activated.

The SOC is responsible for serving as the central command point for any statewide emergency response. It also serves as the coordination point for initiating requests for federal assistance. Actions of the SOC may include:

- Establishing communication links and networks with the Regional Emergency Operations Center (REOC), Federal Regional Operations Center (ROC), Joint Information Center (JIC) and Local Assistance Center (LAC);
- Coordinating information with the REOCs, Governor's Office, key State/Federal Agencies, local government(s), other states (if applicable) and private sector and non-governmental organization partners;
- Direct efforts toward preservation of life, property, environment, animals and minimization of human suffering;
- Assisting with the identification of immediate mitigation efforts in order to reduce the impacts of the occurring incident;
- Assuring the continuation of essential governmental services;
- Coordinating state mutual aid and facilitating federal aid and financial assistance;
- Preparing and coordinating public information and press releases; and
- Providing disaster situation assessments.

State Operations Center (SOC) Coordination with the Regional Emergency Operations Center REOC

The level of coordination required with the REOC is determined by various factors including: the type of emergency, the ability of the REOC to perform assigned functions, and the level of required interaction between the REOC and the SOC.

SOC Coordination with the Federal Government

The ESFs provide the structure for coordinating Federal interagency support for a Federal response to an incident. They are mechanisms for grouping functions most frequently used to provide Federal support to States and Federal-to-Federal support, both for declared disasters and emergencies under the Stafford Act and for non-Stafford Act incidents.

The Incident Command System provides for the flexibility to assign ESF and other stakeholder resources according to their capabilities, tasking, and requirements to augment and support the other sections of the Joint Field Office (JFO)/Regional Response Coordination Center (RRCC) or National Response Coordination Center (NRCC) in order to respond to incidents in a more collaborative and cross-cutting manner.

While ESFs are typically assigned to a specific section at the NRCC or in the JFO/RRCC for management purposes, resources may be assigned anywhere within the Unified Coordination structure. Regardless of the section in which an ESF may reside, that entity works in conjunction with other JFO sections to ensure that appropriate planning and execution of missions occur. Additional information on ESF's can be found at www.fema.gov.

ESF #1 – Transportation
ESF #2 – Communications
ESF #3 – Public Works and Engineering
ESF #4 – Firefighting
ESF #5 – Emergency Management
ESF #6 – Mass Care, Emergency Assistance, Housing, and Human Services
ESF #7 – Logistics Management and Resource Support
ESF #8 – Public Health and Medical Services
ESF #9 – Search and Rescue
ESF #10 – Oil and Hazardous Materials Response
ESF #11 – Agriculture and Natural Resources
ESF #12 – Energy
ESF #13 – Public Safety and Security
ESF #14 – Long-Term Community Recovery
ESF #15 – External Affairs

If federal resources are determined to be necessary, the SOC will request that FEMA provide a Federal Coordinating Officer (FCO) or other federal representative with the authority to approve requests for federal assistance. The FCO or other representative will respond to the SOC.

FEMA and the ESFs will provide assistance in accordance with the National Response Framework, the Catastrophic Incident Base Plan Concept of Operations and a Presidential Declaration of an emergency or major disaster.

The REOC functions as the central point of coordination for state and federal assistance within the region. The Regional Administrator or SOC Director will coordinate with the FEMA Region to request, through the SOC, ESF personnel in the REOC and requests for assistance. Once ESF representation is established at the REOC, the REOC will then act as a joint state-federal point of coordination for all response activities within the affected region. FEMA and State will conduct joint action planning meetings in accordance with the established operational periods. Federal ESF staff in the REOC(s) will operate as Federal Agency Representatives.

SOC Coordination with Other States

States use the Emergency Management Assistance Compact (EMAC) as its primary authority for requesting resources from other states. The EMAC provides a formal structure for sending resources to and receiving resources from other states. All 50 states, the District of Colombia, Puerto Rico and the U.S. Virgin Islands are EMAC members.

During an activation of the SOC, the SOC Director has the authority to request an Advance Team to coordinate all EMAC resources.