

We use a concept called Essential Elements of Information. I always tease about a disaster is not the time to do an epidemiology study because we are interested in taking care of something today. Of course, I am a big fan of Epi studies, but it's about timing and when do we do it, and when is it right.

ESF 8 Situation Unit Skills Training

Essential Elements of Information (EIs)

- EIs are a starting point for acquiring Situational Awareness at the beginning of the first operational period.
- The Situation Unit has pre-identified nine hazard categories for collecting EIs:
 - Storms (Hurricanes and Tropical)
 - Tornadoes and Severe Weather
 - Wildfires
 - Mass Trauma/Terrorism
 - Biological Outbreaks/Bioterrorism
 - Widespread Influenza Outbreaks or Pandemic
 - Impacts to School and Education System
 - Chemical Releases/Chemical Terrorism
 - Radiological Releases/Radiological Dispersal Devices

For us, in the Situation Unit, we have to try to pair down what information do we need that's really going to be able to let the decision-makers make a decision. There are a lot of people that would say, "I want to know this." Our question is, why? Not that we won't get it, but what value is that adding?

We use a pre-scripted information, Essential Elements of Information to kind of help us. Every disaster has its own personality and its own characteristics and its own information needs. None of this is set and granted if you will, but it gives us a starting place.

We've predefined for a number of events that we're likely to see in Florida, what's some of those essential elements of information are, what you need to know about the people, what you need to know about the systems, and what you need to know about the responders, so what are those key pieces of information that you might want to know.

Not all of our Essential Elements of Information would be appropriate or accurate for a particular event. We had one of them where we needed to know where all the chicken farms were, we don't usually need to know that. But, there was flooding, and they were floating around, and it was causing a health problem. That was new information that we didn't normally collect, then we had to go out and get a map of all the chicken farms in Florida, and that was very interesting.

EEIs -- Continued

- Not all EEIs will be relevant to a particular hazard or event.
- EEIs will evolve and change based on operational events and decisions.
- Situation Unit evaluates EEI data sources and the timing of data input, update, and refresh periods.
- Situation Unit will provide an analysis of EEI data as input into *ad hoc* reports, the Situation Report, and interim briefing requirements.
- EEI data analyses is designed to support ESF 8 Command decisions and inform IAP Objectives.

One time, we had to have cemeteries. Again, the water table was rising and the caskets were coming up because the water table in Florida is very low, and the caskets were coming up above ground, and so we needed to know where those cemeteries were that were in floodplains. Not something we need in every event, so that's just some, you know, as the event unfolds, you start thinking, well, what do I need to know, what's going on and what kinds of information.

The Essential Elements of Information will change overtime. In the very beginning, we want to know about shelters that are open. After the event passes, we want to know about how many people are in there. We might want to know how many are oxygen dependent. As the event progresses, we want to begin to get information on discharge planning. Where are they going? Are they able to go home? Even in that one stream of information flow, that essential element changes overtime.

We have several standard deliverables that we produce in the Situation Unit. We try to have structure, but flexibility and so that's the balancing act sometimes. We create on every planning cycle a situation report that then is sort of the documentation of situation that point X in the event.

We provide incident displays or visual information about the incident that's useful to the people that are making decisions, so again depending on the event, that display may look very differently, but we include maps so that they can do a very quick scan of a lot of information and pull out the piece of information that they need to whatever decision they are having to make.

We use a lot of GIS mapping that's very intuitive to people. They feel comfortable working with maps. We have some great tools that let the individual user sort of drill down to the various levels of the event, so we think that's helpful.

Situation Unit Deliverables

The Situation Unit is responsible for developing and disseminating the following deliverables during each operational period:

- Situation Report.
- Incident Displays.
- Incident Map(s) and other graphics for IAP response operations, and Command decisions.
- Forecasts for 2-3 operational periods into the future.
- Ad hoc Reports as requested.

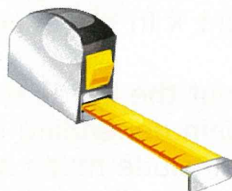
The Situation Unit may also be requested to prepare a Planning Section AAR when the emergency response has ended.

We do the forecast for the next couple of operational periods and then, of course, if anybody calls and wants any kind of data or information, we process those ad hoc requests.

We feel like we are successful if people see us as the go-to place for current information. One of our philosophies is to make sure we validate event information so that if you get a piece of information from the Sit Unit, you can feel comfortable that you don't have to go around behind and say, "Is that true, is there something different?"

We feel like we are successful if people consider us to be the go-to place and if that information that we are providing is helping the decision-makers. That's the sole reason that we exist, and so if they are not using our information or they are having to get information in another way, then we feel like we haven't done our job.

Measurement of Success



The Situation Unit should be recognized by all as the "go to" place for current information. The successful Situation Unit provides information that supports decision-making by the ESF 8 Command Section, the Planning Section Coordinator, and Operations Section Coordinator.

Information provided by the Situation Unit must be available in a timeframe and format that facilitates decision-making.

Satisfaction should be measured by timeliness and quality of information gathered, analyzed, and disseminated, and by the utility of this information.

Here is kind of our process, our cycle if you will in the Situation Unit, and it is a cycle. Each period goes around in a loop. You are going to assess the current situation, so if you have a no-notice event and they call you and they ask you to come in and you are the Situation Unit leader, probably within 30 minutes, they are going to want you to tell what's going on. You have to have a very quick little, okay, here is what I know right now, boom, boom, boom.

1. Assess Current Situation
2. Characterize the event
3. Determine Essential Elements of Information
4. Establish Reporting Schedule
5. Respond to Ad Hoc Requests
6. Forecast Next Operational Period Concerns
7. Report Current Situation

Then, you want to characterize the event. What kind of an event is this? That helps you start to define your Essential Elements of Information. Is this a hurricane, is this a fire, it can be that simple. Then, okay, is it a category 3 hurricane kind of start talking about what the event, the characteristics of the event, and what phase we are in, in an event?

Determine those Essential Elements of Information to the best of your ability. Establish reporting schedules from the people that have that information that you need, make those connections. Sometimes, there's a brand new connection that you didn't have before. We try to work those connections when we are not responding so that people know who we are when we call and say, "Okay, we want to start getting your patient counts for this or your bed counts for that or whatever."

Respond, of course, to any ad hoc requests, forecast the next period, do the situation report and start the cycle again. Every day is a continued process because each of these elements is evolving, as you go through the event.

We have developed quite a few tools that we use. In every event, we find a new tool that we didn't know we had access to. In preparedness area, we have the Department of Health creates CHARTS program, which is their community health assessment data system. It provides population demographic data and GIS maps and a lot of other data down to the

county level. It provides us that snapshot real quick if we need to know about county X, we can get a quick little kind of demographic profile of that county, we know what their population is, how many hospitals, those kinds of things.

Susan is going to talk tomorrow about our vulnerable populations toolkit that they developed that helps us begin to focus on that people part for that particular geographic area, have lots of GIS internet tools.

We've developed what we call a Considerations Matrix, so you take a particular type of an event, hurricanes of course is our favorite topic, and you talk about the phases of the event and then what are you going to be concerned about across those phases. We do that in advance as a planning exercise so that when you are in the event, you have something to start the dialog with the group, so okay this is the Considerations Matrix, and these five don't apply to this event, but these five do. It gives you a beginning place for your work during the event, and then we predefine, as I said, our Essential Elements of Information for certain hazards.

During response, we use a state-wide emergency management software tool called the EMConstellation, and all of the requests for resources from the state come in through that system from the 67 counties. We have a single go-to place that all of the ESFs have access to, so they can see what Health and Medical is doing, we can see what transportation is doing, and we have situation reports posted there, so it's a very important tool for us, particularly, as we are trying to get that common view.

Our geographic assessment tool called GATOR is again all of the ESFs are able to port through a web service, data into that tool that they have geocoded, so we can see where certain facilities are set up, if we set up temporary care facilities, or if we have forward operating base, we can see where that is, if in deep-water horizon, we pushed in the test results from the water screening, so everybody in the whole community can see visually what that information is.

In Health, we have an Emergency Status System, which is for our licensed facilities, hospitals, nursing home, dialysis centers. In Florida, they report during disasters on bed status, sort of their facility status, are they on generator power, are they evacuating kind of what's going on with them. That system allows us to have state-wide visibility on those healthcare facilities. Then, we have a Shelter Status Database where all the shelters; General Population and Special Needs put their current census data and sort of their profile data. We have a number of tools that we use to help us and that's it.

Any questions about that? It's fun. It's the fun work.

Female Participant

I actually want to know more about the Emergency Status System that you told about the hospital.

Rhonda White

The Emergency Status System?

Female Participant

Yes.

Rhonda White

Yeah, our Agency for Health Care Administration, who you will meet tomorrow, licenses all of our healthcare facilities in Florida. They have by law as part of your licensure as a facility, you are required to report during disasters. They have a software tool that lets the facility to report. They turn it on. We don't use it all the time. It's only used during a disaster. They turn it on and they send a message out to their facilities to begin reporting, and they report their types of beds that they have available, what their capacity is, what their generator status is, their power status, so a number of elements that are critical for us to determine whether they might need support.

If they don't hear from a facility in an impacted area, they begin calling them. So, part of what they do during the response is, if they got a report, they go down the report every – I think it's twice – every 4 hours or twice a day, they have a schedule, every 12 hours. If someone is not reporting or we haven't heard from them, they will either try to contact them by phone if possible or they will contact through the State Emergency Response Team. They have someone, local law enforcement, somebody go over there and check on the facility and see what's going on with them.

Female Participant

Actually, who is coordinating all these information from hospitals?

Rhonda White

The Agency for Health Care Administration is one of our ESF 8 partners, so they would come into this group with us. They would be a part of this group, and they would be pulling the information in here and then we would be using that as a group for multiple needs, so that's their role and the response is to coordinate that facility information.

We have a number of facilities that are for persons with developmental disabilities, small group homes. We have another agency, The Agency for Persons with Disabilities that coordinates their information. They too sit with us during the response; they're in the room with us, so that information is coming in that way.

Female Participant

They will talk about this tomorrow, but this is like one of the reports we can pull out of the system, out of the Emergency Status System. This is about bed availability, and so we can go by the county name to all the facilities, and you can sort it by facility type.

Rhonda White

I think they are going to present on that tomorrow. They are going to talk about that some more tomorrow, so you kind of know what the context is for that discussion.

Female Participant

In ESF 8, Emergency Coordination Officer is top of DOH?

Female Participant

Mike McHargue, who was there earlier, is our Emergency Coordination Officer for ESF 8. He reports actually over to the Division of Emergency Management when we are activated.

Rhonda White

He has the same role as Dr. Lanza, but Dr. Lanza is the Incident Commander because he is managing the incident. Mike's job in a non-disaster is to make sure that we have response system networks, so he is preparing, if you will, the response system. Then, when we have a disaster, we get out of our regular organizational chain of command and we move into this structure, and he becomes our boss. Today, I am his boss and tomorrow if we have a disaster, I will actually be working for this person because what I do is this, but we try in the response to put people's skill sets in the right regardless of what they do in their routine job.

Female Participant

I don't understand the difference between Emergency Coordination Officer and Incident Commander.

Male Participant

The ESF 8 structure is not tactical. The Incident Commander is actually running the on-scene incident. For H1N1, this can be accounting for what John's actions were all around that local community with immunizing children in schools and setting up vaccination clinics for others, and actually he was the Incident Commander for that county, actually doing all the hands-on work. Then, you go up a level to a coordinating level and that's the ESF structure is a coordinating function and a guidance function and there is that kind of a distinction.

Rhonda White

The difference is in Dr. Lanza's case, he was implementing immunization vaccination clinics. We didn't vaccinate anybody up here at the state level. We pushed supplies and people and all that so that he could do it as the Incident Commander.

Female Participant

ESF is located above the county level, state level?

Rhonda White

Yes, state.

Female Participant

Also, federal level?

Rhonda White

Yes and at the county emergency management level, they also have ESF 8, just to confuse you a little more, in case you weren't confused.

Female Participant

In the slide, he showed us 10 regions...

Male Participant

Seven regions.

Female Participant

Sorry, seven regions, that's the ESF 8?

Rhonda White

No. Let me start, like in Florida, emergency management happens at the county level, so every county has an emergency manager. That person is responsible to coordinate all of the ESFs and their county, so all the different transportation, health and medical, all that stuff. If Dr. Lanza is at the emergency operations center in his county, he is not an Incident Commander; he is an ESF 8 liaison. He is responsible for what public health is doing, what the hospitals are doing. In that role, he is county ESF 8, the same way that Mike is state ESF 8 and then whoever...

Male Participant

Mike [Unclear] federal...

Rhonda White

...is federal ESF 8, kind of the lead. In an event that requires the Department of Health to implement a public health intervention like vaccinations, the Department of Health uses the same structure, but he is in that case the Incident Commander for public health because the operation that they are doing is public health.

Female Participant

He means?

Rhonda White

Dr. Lanza.

Male Participant]

He has the statutory authority to serve [Unclear]

Rhonda White

The Incident Command System Structure that we use is flexible and scalable that's why it works. You can be at the local level within a wildfire, and there is an Incident Commander right there trying to put the fire out, but the County Emergency Management System is over here. These people are actually doing the work of the incident...

Female Participant

ESF is there?

Rhonda White

ESF 8 is here. All the ESFs are here. If the incident says we have got somebody that's injured and we need some health and medical support, then they would get it from there.

Male Participant

That continues to go up. This is one of the incident levels when you have your fire here, and they are trying to put this out, and you have your emergency management function or county ESFs. They are supporting this incident, and when they start to run out their capacity, they go to the state ESFs over there, and they are supporting this local and supporting this Incident Commander, and then it goes one more step, the federal side, that goes one up.

Female Participant

Dr. Lanza is Incident Commander, but he is also responsible for ESF 8 at county levels?

Rhonda White

Yes. He could be in either role depending on the event. It depends on what the event is.

Female Participant

That kind of gets back to the job when I talked about the Department of Health has two roles; at core, we have to ensure that our core public health services continue. He could be the Incident Commander over those cores making sure that public health, the critical infrastructure for public health is functioning during the event. He is serving as the Incident Commander. He's got to have a liaison over here to the emergency ESF 8 DASH [ph] that's helping, support the overall incident in the county. Does that make sense?

Female Participant

Yeah.

Rhonda White

It takes a little while to work through it.

Female Participant

ESF other than 8 also has Emergency Coordinating Officer?

Rhonda White

Yes.

Female Participant

Same structure?

Rhonda White

The other ESFs have – everyone has Emergency Coordinating Officer from the lead agencies, so everyone has that part. Public Health and Medical is pretty big, and so we have adopted that incident command structure

below our Emergency Coordinating Officer. Some of the other ones have, some have not. There are some ESFs where there is five or six people and that's all there is. They might not have this elaborated structure under them, but they could.

Female Participant

These people are all employee of DOH?

Rhonda White

Or partners.

Female Participant

Partners?

Rhonda White

Yes. The Agency for Health Care Administration comes over and helps with the hospital staff, our Florida hospital person comes over, our Agency for Persons with Disabilities come up. They all come together with us in that structure.

Female Participant

You are the chief of Bureau of Preparedness and Response?

Rhonda White

In a response, that role that I have as my day job, that day-to-day role, is invisible because now they take me out of the Department of Health, and they throw me in here and what my job is there, the Situation Unit.

Female Participant

Situation leader [ph].

Rhonda White

Yeah.

Male Participant

We have both a day-to-day job, and then we will have a response role, and our response job is determined by what our capabilities are, what our past experiences are, so Rhonda takes on the Situation Unit there because of what she had been able to do in the past, so Susan is one of the advanced planning, and they have a different role day-to-day and that's what their response role. Each of us has our own response roles that fit in different places.

Rhonda White

Based on what we know, what our skills are.

Female Participant

Everyone has two roles, day-to-day role and role of this chart?

Rhonda White

Yes.

Female Participant

What exactly you are going to do as Situation Unit leader?

Rhonda White

What I am going to do is try to develop situational awareness, do the reporting, gather the data, validate the data, and then give it back up here, so they can make a decision. Those black boxes are the decision-makers, so what I do is, I get the data in, and then I push it back up here, and then they share it across there.

When we began trying to learn in public health, the Incident Command System came from our fire partners in California. They developed it as a way to organize a wildfire response, a large wildfire response, and when the federal government and the states began to adopt it, we had a lot of learning to do. In early years, it was very hard for people to understand because it's very different than what we do every day, but as we have been able to respond in that structure, I think it's been clear that it can work because I can go now somewhere else when they're using an Incident Command Structure and work at the Situation Unit and have a pretty good idea of what to do, even if I don't know people, I don't know – I understand the language, I understand the role, that's the beauty of it. It's transferable.

We have three or four people that can do that role. I work 7 days, go out, somebody else comes in. There is a common understanding, common terminology, and that's why it works. But, it was difficult to try to understand it in the beginning. I remember those early years, trying to help Public Health learn because now you potentially work in alongside of people from other disciplines that have a different culture than you do. The fire departments have a very different culture than Public Health; Law Enforcement is still different. We can get in an ICS structure and work together and understand the chain of command. My boss is no longer my boss when I am responding. I am accountable to the person that's the planning coordinator.

Female Participant

Which in some cases is Aaron [ph].

Rhonda White

Yeah, mostly I work for Aaron or Samantha [ph].

Male Participant

It's developed to the point that if a piece of it is missing, you know. Now, you expect all of the pieces of the structure to be in place, so if one of the pieces is missing, you know very quickly that there is a gap, there is a void that must be filled. Whereas in the early days, you just didn't really know who was supposed to be at the table and who to work with and that kind of things, which is very mature in America now.

Rhonda White

They have been very interested in learning more about it. The Federal Emergency Management Agency has online training courses that provide

orientation so that we as a nation could begin to understand it together. I can give you those links if you want to see it. It's kind of interesting. That gives you a little background on it why it works, how it works, what the goals are of the system.

Male Participant

These courses are free. They are free to anyone who wants them to take.

Rhonda White

This is online free. Because the federal government has adopted this as part of our National Incident Management System, so of course they want everybody to be trained.

Female Participant

I have added that to the list of links to send you. Okay. All right, that's all we have for today. You have anymore questions? I hope this was helpful.

Female Participant

What ECO stands for?

Rhonda White

Emergency Coordinating Officer. That is...

END

(資料6) 米国フロリダ州保健局によるプレゼンテーションテープ起こし原稿③

Day 2

8:45 am – 9:30 am

Mass Care During Disasters – Local & State

Rhonda White

We have Karen Hagen, who is our State Disaster Officer with the American Red Cross for both Florida and Georgia, and talk to you a little bit about how we do mass care and sheltering. Remember, we said yesterday that mass care – ESF 6, that was American Red Cross at the national level has a big role with the FEMA in that. It's likewise at the state and at the local level. Karen is going to kind of give you that overview of how we go about mass care and sheltering and building.

Karen Hagen (State Disaster Officer Florida/Georgia American Red Cross)

This is just I put together very brief just slideshow kind of Red Cross one-on-one when it comes to mass care, but then thought we could talk about a little bit more in detail if you have any questions on obviously this is kind of the American Red Cross in general. I mean Disaster Services is our biggest program from a service delivery standpoint, of course, we supply nearly half of the nation's blood supply, and we teach CPR, first-aid, AED, a lot of public health type courses for the general public. But, we also teach people how to swim and teach people how to teach people how to swim. We work with military and their families and actually international communication with them and then we provide humanitarian aid worldwide. We are part of the International Society of Red Cross or Crescent as you know. The Red Cross is a little bit different in each country. I think I heard you say that some Red Crosses operate some of your hospitals, not so in the United States. But, we do support them, and we do provide disasters response at all levels.

We **shelter, feed and care** for disaster victims.

We **supply** nearly half the nation's blood.

We **teach** lifesaving skills.

We **help** the military and their families.

We **provide** humanitarian aid worldwide.

Next slide. It's probably our largest program. It's the program that encompasses the largest number of volunteers. We are very much a volunteer-led organization. In other words, about 95% of the people who are part of the Red Cross are volunteers. They are anybody from someone who would go out and feed off of an emergency response vehicle to doctors, and lawyers, and CEOs, and it's really everyone. I think it's important to say that being part of the American Red Cross means being

part of a humanitarian movement and that it takes everybody and it's not mutually exclusive to be a member of a faith-based organization or anybody can be a part of the American Red Cross.

Also, the Red Cross can be part of other teams like we are very much a part of the State Emergency Response Team like you talked about yesterday. We're very much in Florida support agency to ESF 6 mass care. We are support agency to ESF 8 health services. We work very closely with our government partners and our private sector partners. More and more, we are seeing work across sectors. The non-governmental organizations working with the governmental organizations, working with the corporate sector as well in order to accomplish goals, and we are seeing that being embraced more and more.

Okay, the next. This is in the United States; the Red Cross responds to more than 70,000 disasters a year and when you consider a single family fire or a home fire or disaster, that's where you are going to get the largest number. About 60,000 of those disasters are home fires. But, if you lose your home, it's just devastating and catastrophic to you because you lost it in fire, as if you were in the middle of a big earthquake or hurricane. We have trained disaster action teams mostly volunteers who are 24x7 respond. They go and the Fire Department will call them and people are just placed in. They'll usually put them up in a hotel to kind of give them – it doesn't matter whether they are insured or not, but at least they get some place to stay, and they've lost their clothing. We'll give them like a little credit card so that they can go and purchase some clothing, and we'll provide food to them and that's just on a single family fire basis. As it gets larger, if we find lots of people, even sometimes if it's an apartment fire where are there, say, a dozen families, we may in that situation open up a shelter. Mass care could be putting them in a hotel or it could be opening up a shelter. That's the way we categories mass care.

Next. Of course, I am sure this is what you have been talking about in the last couple of days, but the ability to respond to disasters doesn't just happen. There is a lot of planning, preparedness, and readiness that goes in there. We work very closely with our government partners in planning for major disaster events in Florida. For example, we are looking at if we had a major hurricane in Florida, how many shelters would we need to open, how many people do we expect to be in the shelters, what are the vulnerable populations we are going to be to care for, and who are all the stakeholders and players in the game that have to kind of come together to take care of people. Then, readiness is so if we know what we need, what do we have, and if we know that there is a gap, how we're going to close that gap, and who do we need to work with to build capacity to be able to respond.



Next. As I said that the largest number of disasters America's biggest threat is home fires. We know that at different times of the year that we have more home fires, for example, as it gets colder in Florida since many, many folks living in Florida do not have heat in their homes, so they buy space heaters and they'll turn them on, and they are not very safety conscious, and we know that we're going to see an increase of single-family fires when the weather gets cold.



Female Participant

Excuse me. Local government gives you the information about the victims.

Karen Hagen

Usually, say, the Fire Department goes out to put out a fire, and in some communities, they will automatically call the Red Cross the minute they enroll, they're going to call the Red Cross. In some communities, they'll ask to the family and they'll say, "Do you need Red Cross assistance? Do you need a place to stay tonight?" Now, if there is a death, we'll definitely send somebody to help with mental health or health services person to send work with hospital if there is an injury. But, usually, it's by referral. They'll let us know.

Female Participant

How about in the situation of hurricane? You have many victims.

Karen Hagen

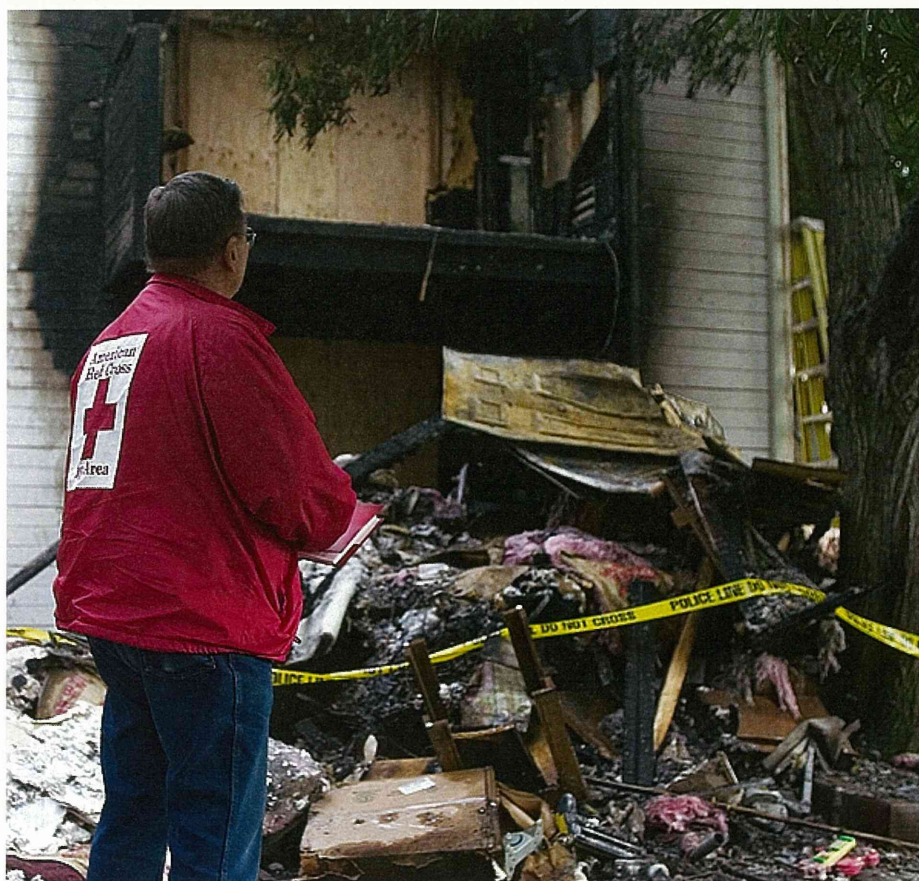
Well, in hurricane, it's a noticed event. In hurricanes, we're all going to be talking early on. We usually look at 120 hours pre-landfall. We follow as does government 120-hour timeline so that if we know 5 days before potentially a hurricane could threaten, we are all going to need to be leading forward, finding out how many shelters we can open, where are our people, how can we feed. Now, this is from a mass care perspective. That's just kind of specifically thinking ESF 6 right now, not the other ESFs, but that's what we will be doing. We would be talking with – at the local level; the Red Cross, local emergency management, the local health department, and other partners will be starting to talk. They may even at some point go into the local emergency operation center so that they can start coordinated action and then each agency like the Red Cross, we would be calling up our people to say, are you going to be able to manage this shelter, we would be calling up the nurses, are you going to be able to go in staff for shelter.

We have designated things that we do as a guideline from 120 hours out to 76 hours past landfall. In Florida, one of our planning assumptions is that 120 hours out, and there is a hurricane out there, almost every community is at risk. Then, as the storm gets closer, we'll start narrowing it down to see then which parts of the state might be at risk. Because then as we narrow it down, if we know that just the panhandle, for example, in Florida is going to be affected, then we can start pulling resources from, say, the southeast part of the state, you know, we'll see. But, with the American Red Cross, we also don't have to worry about state boundary sort of local boundaries because we are a national organization. We can start pulling resources in from all over the country, but we need to designate what the types of resources are that we need. Do we need a shelter team from Georgia because we know we're going to be short in Orlando? Those are the kinds of conversations we're going to be having, and we are going to be speaking to our field units early on. Sometimes, at 120 hours out, we'll be setting up daily conference calls to make sure we are all communicating and are on the same page.

At the same time, we will make sure that we have folks designated to talk to our government partners. It's really important that we do that because not only do we have folks locally communicating with their partners, but

at the state level, we are communicating with our partners too, and we are communicating up and down. I mean it's real checks and balances and sometimes, we have to ground assessments because what we don't want to do is jump at the first sign and somebody says, "Oh, I heard a rumor that, you know, fill in the blank." We are talking a lot probably more so than most states, I think. I think we communicate with each other much more readily. Part of that is because we're together in non-disaster times. I mean I see Susan all the time. We sit on different committees or we'll call each other and that's the way it should be.

The reason I put this slide in is because we do damage assessment. We do disaster assessment, needs assessment. We assess the damage. We determine if we think something is minor, major, or destroyed, but it's a stewardship issue too. Because if we are going to give a family money or provide services to community, we want it to be based on the fact that we've gone out there and done some kind of a damage or needs assessment. We don't always do it by ourselves. Sometimes, we'll partner out with local emergency management. But, it's really important that the [Unclear] not just Red Cross but government and everyone else, if we are going to use either the donated dollar or the tax dollar, we better know that we are providing service based on what we have seen. I think that's important and sometimes we lose sight of the fact that one of the reasons we do damage assessment is from a stewardship standpoint.



Major activities for the Red Cross disaster services, it's mass care sheltering, and as I said, sheltering can be putting a family in a hotel or it

can be setting up a congregate shelter, mass care feeding obviously. Sheltering and feeding and all of these things look a little bit different in different phases of a disaster; disaster health and mental health; disaster assessment, which includes damage assessment; government and partner relations; client services; and public relations; and fund raising. We don't usually get government dollars to provide disaster services. Once in a while if it's beyond the scope of Red Cross, we make seek an appropriation from Congress, but it usually has to be fairly major or catastrophic for us to do that, and it's very much accounted for.

Major Activities in Disaster Services

- Mass Care Sheltering
- Mass Care Feeding
- Disaster Health and Mental Health
- Disaster Assessment
- Government and Partner Relations
- Client Services
- Public Relations / Fund Raising

But, we have individuals who train up in every one of those areas. We have training courses for people to take, many times multiple training courses in each one of those activities that you see out there. If we are going to be sending a team of people to go into a state that's just have a major disaster or from within the state, they are ranked in each of those. In other words, in mass care feeding, there are people that are ranked in human resource system that we have. The higher their ranking, the more training they've had and the more experiences that they've had. It's very militaristic actually. Some would say that, that going on a Red Cross disaster assignment is as close to a military assignment as you can get in military. It's very much rank and file on the big large events.

Female Participant

Are they volunteers?

Karen Hagen

Yeah, most of them. I'd say 90% to 95% of them are volunteers.

Female Participant

They must have regular job. How do they participate in the training?

Karen Hagen

They may have to and sometimes they will take their vacation time and that's how they give back. Sometimes, we'll work with a corporation and

they'll give their employees administrative leave, where they still get their salary, but they can take time off not their vacation time, but they can take time off to deploy to a disaster assignment. From a government standpoint, the majority of states in the United States have what we call the State Leave Law, where state employees can take up to 15 days of administrative leave to deploy under the American Red Cross. I think one of the reasons that we have been successful in that is that a deployment with Red Cross means that someone has been ranked, they have taken the training, they know what they are going to go into a disaster area to do, and they are going to have an evaluation. It's not just go handout food. It's very organized actually. I think that's why most of the states have passed those laws to do that. That's changed...

Female Participant

Do you also offer the training on at nights and weekends so that people can go when they are not working?

Karen Hagen

Yes, thank you very much for that. We do. We offer disaster training courses all the time, all over the States.

Female Participant

Volunteers also do the evaluation of their service?

Karen Hagen

Yes. If I worked for my boss – I worked for a boss, okay? I have a boss over me, but we might deploy on a disaster assignment, and I might be in disaster response mode ranked higher than him, so out on that disaster, he might have to report to me or I might have to report to a volunteer who is ranked higher than me in a specific function in disaster services.

Female Participant

Who determines the rank?

Karen Hagen

Well, we have what's called the National Disaster Services Human Resource System. It starts as service associates. That's the very bottom rank. They go out on an assignment. If they have leadership skills, they can take some additional training, and they can be recommended by whoever evaluates them that this person is really good, they can supervise people, let's move them up, so we have an entire reassignment process. At the local level, the chapters can move them up from service associates to supervisors. But, then once they go to that next level, like I as a disaster officer have to be involved. I have to look at the evaluations. I have to make sure they've taken the necessary training, and then we have leadership folks at our national headquarters who are in those functions, who have to also agree. For someone to become what we call a manager, they've done some work, they have taken training, they have proven themselves, they have been evaluated, and other folks myself included will review that and support that.

Female Participant

It's fair to say that you have a very structured credentialing process for volunteers.

Karen Hagen

When you did go out on a disaster assignment, you really don't know who gets a paycheck and who doesn't. For that matter, day to day in any chapter, Red Cross chapter, if you walk in the door, you would know who gets paid and who doesn't because the work is the work. It's a culture. It's a cultural thing.

Female Participant

How much the volunteers devote their time to training and services?

Karen Hagen

It's all over the board. Some might only have a few hours a month to take training. Some, they might be retired or that's what they choose to spend their leisure time on. They may give up a lot of their time to do the training. It depends on what course they are on. It depends on what they want to do. We have a lot of folks where they actually will sign up for certain months of the year to go and deploy. We know that our national headquarters know who is available today all over the country to deploy, and they will go to them directly because they've signed on to say I am available and I am a manager in mass care feeding and they know. But, it's really up to the individuals how much time they want to give, the volunteers. To a degree, it's up to paid staff as well. Like for me, I don't have a huge desire to go and deploy out on operations. I have got a lot of other stuff that I want to do. But, if I was more interested in doing that, I could. It's really self what each individual feel like we can do.

Female Participant

They may probably would like to save their time. They have to participate as volunteer, so they don't want to use their time just for assessment or evaluation.

If I have only 3 days to participate in volunteer work, so it is difficult for me to participate in evaluation as well because I have only 3 days.

Karen Hagen

Right.

Karen Hagen

That's only when you are responding. Those evaluations only occur during a response.

Like if you have 3 days today and you wanted to come back with me over to the chapter, there wouldn't be any evaluation; only, if you went out on a disaster assignment. We had hurricane, someone is going to go out for a week or 2 weeks, only then when they provide those services would they be evaluated.

Female Participant

Evaluation is needed for to keep certain quality in their work.