

Disaster Health Services Simulation

**Facilitator-Led Simulation Participant Guide
December 2018**



**American
Red Cross**

The American Red Cross Mission

The American Red Cross prevents and alleviates human suffering in the face of emergencies by mobilizing the power of volunteers and the generosity of donors.

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Introduction to the Simulation

Welcome to *Disaster Health Services Simulation*. This course is for Disaster Health Services workers who respond to local and national disasters. The Disaster Health Services simulation is a facilitated discussion by the group of increasingly complex disaster health service scenarios that the participants might experience during their volunteer experience.

Purpose

The purpose of the Disaster Health Services simulation is to increase the ability of Disaster Health Services volunteers to provide excellent service to meet the unmet disaster related health needs of Red Cross clients.

Learning Objectives

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

- Provide proficient and consistent health services to clients.
- Problem solve increasingly complex Disaster Health Services (DHS) client scenarios.
- Solve client scenarios successfully.

Course Design

The course is designed to be approximately 3 ½ hours in duration with completion of all scenarios. The agenda consists of the following topics:

- Introduction/Simulation Overview
- Disaster Action Team (DAT) Support Scenarios
- Disaster Relief Operations (DRO) Scenarios
- Increasingly Complex DRO Scenarios

Scenario Overview

Scenario Instructions

- Read and discuss the scenarios for each category to note the process, type of service delivery, and resources you think are needed for successfully meeting the client(s) needs for each scenario.
- Write down the **process, type of service delivery, and resources**. Use the notes section after each scenario for writing down your ideas.
- Select a scribe to take notes and a reporter to report out to the whole class on your table group's discussions and findings.

As you work through the scenarios, think about:

- Initial actions
- Resources needed
- Communication with internal partners (Logistics, Disability Integration, Disaster Mental Health, Disaster Spiritual Care, Government Operations, Community Partnerships, Disaster Relief Operations leadership)
- Communication with external partners (Public Health, Hospital Coalitions, Centers for Independent Living, Emergency Operations Centers through Red Cross Government Operations)
- Follow-up actions
- Document in CAS and on the *Client Health Record*
- Remain focused on the overall picture and not get “into the weeds” as the time to discuss these scenarios is short

Disaster Action Team Support Scenarios

DAT Scenario One

DAT member contacts you by phone at 5pm and states that the clients' house has been damaged by a kitchen fire and is unlivable until repaired. The clients have received Direct Client Assistance (DCA), but their medications were in the kitchen and they cannot be retrieved. One client has stated that the insulin and high blood pressure pills were in the kitchen and their son cannot find his inhaler.

NOTES:

DAT Scenario Two

DAT member calls you at 10 am stating: This client had a fire in her apartment and cannot return for two days. She states: “I lost my insulin and bandages for my legs. My recliner is ruined and that is where I sleep.” Her apartment will be safe to return to in two days. The DAT member tells you, the client has received DCA for lodging and food. She told me she has been out of insulin for a while and I have seen that her legs are bandaged, but the bandages look dirty and unraveled. She is also telling me “I don’t care what happens to me. I’m all alone. Just let me die.”

NOTES:

DAT Scenario Three

A DAT member calls you at 6:30pm and states that a family's home has been destroyed by fire. There is one fatality and one member of the family has been transported to the hospital for burns. Three members of the family have received DCA for food and lodging. One of the family members is stating he lost his medicines, one of which was a special cancer drug, and he doesn't know how the family is going to bury his uncle.

NOTES:

Disaster Response Operations Scenarios

DRO Scenario One

A shelter has been opened in a large convention center in response to a hurricane event. A 98-year-old man in a wheelchair arrives. He is accompanied by his son who lives with him. The son states that he is his father's caregiver.

You have been assigned to the shelter and the registration staff of the shelter have alerted you to these two clients.

NOTES:

DRO Scenario Two

A woman of about 25 years old enters the shelter. She will not speak. The registration staff requests that you help at the registration table with this client. She appears to carefully read the notes you write to her but will not respond in any way. Another client recognizes the woman and says that she has mental illness and lives with her mother. She has seen them frequently out walking together in the neighborhood, holding hands.

NOTES:

DRO Scenario Three

The shelter registration staff alert you that a couple registering for the shelter have shared that the woman is undergoing chemotherapy. The woman and her husband look scared when they are told at intake that they must speak to someone else. As you identify yourself as Disaster Health Services, the husband comes up to you and says in an angry voice, “Does this mean we can’t stay here? “

NOTES:

Increasingly Complex DRO Scenarios

Complex DRO Scenario One

As you make your cot-to cot rounds in the shelter you notice a very young pregnant woman sitting alone on her cot. She tells you she is within three days of her expected delivery date.

Additionally, you learned this morning that there were four people with a temperature >100 and vomiting during the night.

NOTES:

Complex DRO Scenario Two

As you make your cot-to cot rounds in the shelter, you meet Bob. He appears morbidly obese and tells you he has sleep apnea, but has never been able to get the machine his doctor wanted for him. He is sitting in a motorized wheelchair and asks you if you can help him find a bigger cot and some pillows to use, as he cannot sleep on a flat surface.

NOTES:

Complex DRO Scenario Three

A couple comes to the Disaster Health Services table with their 9-year-old child who appears very agitated. The mother tells you that their son has autism with severe sensory processing issues and will not do well in the shelter environment. She worries that you will turn her away from the shelter because of the child.

NOTES: