

Alberta Disaster Social Services (DSS) Forum 2011 Record of Discussions

Date: November 9, 2011

Location: Deerfoot Inn & Casino, Calgary, AB

Unconference Theme

What did we learn from the DSS response to the 2011 Alberta wildfires and where can we go from here?

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Disclaimer

The opinions and ideas collected here were those expressed by session participants in an open space format, and should not be confused with, or taken for, those of the facilitators, note takers or conference organizers. Further, these notes represent a rough, un-edited version of the discussions, and may not accurately reflect the intent or context of each of the discussions.

Thank you!

A big thank you goes out to the 100+ participants that attended the unconference. You stepped up to facilitate sessions, take notes, share your experiences, and ask thoughtful questions. Nothing could have been accomplished without you!

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Session 1A – Volunteers

1. Title - **Volunteers**

2. Facilitator (with email address) – **Marty, Canadian Red Cross**

- Marty has interest in volunteer management

3. List of participants

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4. Discussions & Recommendations

- Volunteer Management – is anyone here volunteers – ½ of rooms.
- Couple from Voluntary Background – thrown into, coordinator volunteer centre; some training, FCSS – volunteer coordinator/volunteer training.
- Note Questions:
- Specific questions
- **Small town rural AB – how to develop list and maintain**
- Biggest challenge it to maintain list in small town (hoping nothing ever happens; go on volunteer blitz; brief and train and nothing happens so volunteers go on to something else.
- **How to manage volunteers that walk up to a site?**
- **Risk Management around volunteers**
- **How do skilled volunteers get plugged/screened and placed**
- **1/3 of people involved in AB wildfires**
- **Challenges/issues around AB Wildfires**
- **How do we get the evacuees involved with volunteering and taking care of evacuation centre?**
- **How do you manage the volume of people wanting to come in and help?**

1. **How to make a Volunteer List and maintain it? (Rural Context)**

- Difficult to keep list, use your service leaders (i.e., snowmobile club/kids groups/sport teams/hockey teams)
- Most of the time it is the same people doing it time and time again – how do you avoid using the same volunteers
- Very hard to create a database in rural communities
- Ongoing engagement through newsletters/training
- If you put on list and don't hear from for a year they will not stay committed – need contact
- Have monthly meetings to encourage engagement
- Volunteer Management – How do we engage volunteers.
 - Talked about how to maintain volunteer emergency base – keep engaged by doing exercise/mock disasters/Community Emergency Response Training (CERT)
 -
 - Develop Database – skill set for volunteer base – find volunteers/skill base
 - Maintaining Volunteers List – ask how volunteers want to be communicate/managing volunteer expectations

- How do you engage people outside community – Risk Management is a huge part of maintaining volunteers – need to do a risk assessment.
- Volunteer Management – look at how we engage staff and treat volunteers the same.
- Annual Reviews – staff & volunteers
- Find Documents on How to Engage volunteers – search web/research (Marty can send out).
- How does FCSS fit into this? Confusion on how FCSS/if FCSS fits in.
- FCSS/Social Services – designated/default people. (FCSS can be delegated; sometimes it is Victim Services
- Coming from small town – get same 10 people all the time – KneeHill County – several small towns with out all resources – difficult to do – KneeHill has a Regional FCSS that takes care of the entire county. **Would be smart to have regional DSS teams** – pool of key volunteers would be more reliable.
- 45 municipalities Alberta Emergency Management Agency (Field Officer) – really important that a municipal agency establish a procedure were yearly meetings with stakeholders are held at least 1/year – that is where you need to bring in from volunteer perspective – are there procedures for volunteers?
- Create mechanisms to inform each other – local stakeholders need to meet.

2 How to manage volunteers who are walk-ins?

- Walk-ins – arrived in Edmonton from Slave Lake – outside Red Cross was a bus full of people and sent to Red Cross – no idea what to do with people/no security/no background
- Need to educate public can't show up with a group of people/individuals and be expected to volunteer right away – there is no screening.
- Need to educate community – can't take, thank you but no thank you.
- Never anything done until a disaster happens
- Now is a good time to educate community that we can't take volunteers.
- Create Volunteer Management Policy (written out), identify ½ page volunteer management policy – identify volunteers must be registered/training in order to fill Workers Compensation – refer to Municipal Management Program Guide – then make known through emergency plan
- Always have walk in volunteers – have a base to start with (10 volunteers) – they are your anchor to guide the walk-ins, there may be a simple role for the walk in volunteers. Need core base to start with.
- Athabasca – had 1000 people show up – may have volunteers without name even written down. Have volunteers register off site.
- FCSS was in charge – all volunteers had to sign up – and FCSS dictate where to go.
- Big think is having town accept volunteers – used band to identify evacuees.
- Digesting what walk in volunteers can be used for – think ahead how you can use walk-in volunteers – process for basic interviews/screening/training – have deployed within 12 hours (Hurricane e.g.,) Need a process in place.

3. Risk Management?

- **How do you keep track of them? (i.e., arm band)**
- Looking after the volunteers when out doing work.

- Risk Management – making sure have proper screening.
 - Where do you start?
 - Need to do hazardous assessments – need to have risk management in place – huge
 - Think about the risks of the volunteers – do a simple risk assessment – will they fall off a ladder
 - Think of 3 or 4 basics to review risk management – write down on piece of paper
 - Allergies/medical conditions/ - simple questions when screening volunteers
 - Have to be able to assess risk assessment – there are jobs that a volunteer can do (labor intensive – do we really need a clearance?) In small communities – are we going to turn volunteers away – it was people knowing people and we need them – Athabasca. If I need people immediately – (Slave Lake) immediately – not going to turn away.
 - When Disaster Happens – different discussion
 - Planning Risk Management – is it check lists/borrow stuff from Alberta Emergency Management Agency; some volunteers – vulnerability check – are we dealing with clients/planning with DSS community; when disaster hits – less opportunity to screen

4. How to plug-in and screen trained volunteers?

- Number of people in education centres around AB who have crisis/counseling background. But if something happened in Calgary (i.e.) – wouldn't know where to go.
- **Inform Alberta** – data base. Currently developing a Disaster Directory for Calgary – but would like provincially developed.
- **Inform Alberta** – started with Calgary – database with Health Link, now in Edmonton/Lethbridge / Cochran /Fort MacMurray/Grand Prairie – supports health link and 211
- Make contacts in advance
- Within Calgary – works closely with Distress Centre – have trained volunteers
- Faith Based Community developing database in Calgary – now exactly what each Church has to offer/man power – if people can't get through – go to Church

5. How do you involve evacuees as a volunteer?

- A lot of evacuees – were staff members that signed in as evacuees – didn't volunteer right away – would have been happy to help if they had been asked.
- A lot were staff sitting around, felt evacuees (Staff) should have been doing volunteer work-
- PA system – put call out – after a few days there were always 6 – wanting to help
- USA- 5 volunteers/400 people in shelter – what worked well was switch ownership – this is your shelter, but we need you to help – this is your shelter – use the evacuees to help – they will protect because it is their facility (Take option of evacuees – gives them ownership and something to do). **Something you need to plan for – involving evacuees.**
- Very important for evacuees to feel important and they are happy to help.
- Evacuees are not ready immediately – traumatized at first – actually see the wave go over them of the trauma. It can be different – sometimes evacuees will be upset and in the middle of a job start crying. They will want to help, but remember their emotions and recovery process.
- Edmonton – apartment fire – 20 families displaced – 1 family needed to be engaged – made them the point person during the daily meetings. It was the

family walking everyone through challenges/insurance, etc. Worked well – was not an organization – was a fellow evacuee. Does it work this way every time – not necessarily.

6. How to manage the volume

- Was about the walk-ins. How do you manage a great volume when not previously screened – do screening on site.
- How did the arm band work?
 - Wrist Bands More for the evacuees
 - Volunteers would have name tags – where they were to volunteer
 - Volunteer Leaders where identified differently so could always find a Volunteer Leader
 - City of Edmonton had to process a lot of people through shelters/reception centres – did a great job making sure everyone had proper identification
 - Good Training Available
 - Lots of different wrist bands can get
 - FCSS Staff all work in the different areas – so know families. (in small community – everyone knows everyone.)
 - First Nations – some confusion when kids are with someone other than mom, i.e, with grandmother – may be already registered – grandmother may not mother registered.
 - Always have scammers – hitting all the areas.

A lot of resources in the DSS World – don't reinvent the world – use strengths.

Session 1B – Stakeholders

- Role in shake
 - AHS – assisted with patient evacuation
 - Rebuild hospital capacity to bring staff and clients back in
- FCSS
 - Role with municipalities
 - Hard to unify stakeholders
 - * Have different plans that don't mesh
 - Not clear how to work together, especially with different plans
- Funding some disaster plans identify roles for stakeholders but have not involved stakeholders to review and confirm roles through input
 - Eg. Ems to provide 1st Aid (not realistic as they will be busy responding to the event)
- Assumption by FCSS was part of response plan for stage collapse at Big Valley Jamboree, but another agency took that role
- Red Cross in Lethbridge will take up to 50 people. Other than that City will come in. County and smaller communities are different dependant on capacity. Red Cross needs to know their role before responding as they need to bring all needed supplies with them.

- Support agencies may not know what is expected of them until they are asked to respond. Conversely there may be memos of understanding in place but the role documents may not have been passed on to new staff/management.
- Need provincial framework to provide structure but needs to be flexible to accommodate the variation in capacity that exists.
- Expectations for FCSS to respond to disasters but not funded to do it
- Need to think broadly about who your stakeholders are: eg. Aboriginal Friendship Centres
- Although plans exist, things may not go as planned but many stakeholders show up offering assistance
- Often find local expertise
- Had there been better relationships with First Nations before event it would have minimized the problems.

Summary Points:

1. Yearly meetings with stakeholders (traditional and non-traditional groups).
2. Community meetings with community groups and individuals to identify expertise/skilled individuals.
3. Provide direction and training for stakeholders/volunteers and think about how to keep them engaged until they are needed.
4. Need to review emergency response plans and review and confirm the role of stakeholders.

Session 1C – ICS in ESS

1. Title - Incident Command System (ICS) in Emergency Social Services (ESS)

2. Ian Fox, AEMA Field Officer – ian.fox@gov.ab.ca

3. List of Participants

- Ian Fox, AEMA Field Officer
- Rebecca Wade, Manager of Emergency Management, Regional Municipality of Wood Buffalo
- Judy Parker, Deputy Director of Disaster Social Services, Town Of Irricana
- Brian Ballard, Regional Fire Services and Disaster Manager, Saddle Hills County
- Anne Erickson, Projects Coordinator, Vulcan County
- Anita Polturak, FCSS Coordinator, Lac La Biche
- Diana Rowe, Community Services Director, Starland County
- Teresa Beets, Councillor of Summer Village of Sunbreaker Cove
- Lorrenda Southern, Canadian Red Cross
- Robby Shearer, Disaster Social Services Administrator, City of Edmonton
- Linda O'Toole, ESS Administrative Coordinator, City of Calgary
- Bill Johnston, DEM, Olds/Sundre
- Matt Pretto, Canadian Red Cross
- Heather MacKay, Clothing Team, City of Calgary

- Christine Thomson-Hunter, Reception Centre Manager, City of Calgary
- Cheryl Humphrey, Planner, City of Calgary
- Debbie Mah, Transportation, City of Calgary
- Amanda Herbert, ESS Coordinator, Regional Municipality of Wood Buffalo

4.

- Wood Buffalo is currently working toward integrating ICS into ESS.
- Handout provided on ESS Reception Centre Organization Chart Org Chart
- Handout provided on ESS Group Lodging Organization Chart Org Chart
- ICS Structure, History in 5 mins
- Is the province going to adopt ICS in ESS provincially?
 - Province has strongly recommended ICS within the EOC and Site Management and would assume that their ESS would follow.
- At a provincial level discussions need to take place regarding ESS at a provincial level.
- If we start to do it and go ahead and promote it then smaller places will follow.
- Disaster Preparedness Conference is a good place for information
- Justice Institute of British Columbia has formal ICS training in Emergency Social Services
- Best Practices can be found in the industry in British Columbia
- Recognition that it is not ok that ESS is part of the structure that it is an important part of the larger picture.
- Grassroot is a large part of creating and implementing best practices and if you wish to start today the roles and responsibilities, reception center and group lodging operations manuals, etc are already created and can be adopted.
- DSS provincial meeting needs to be rekindled and more people needs to be invited to the table to have these discussions. How do you keep the meetings going and involve more municipalities.
- Should ESS be moved under AEMA portfolio?
- ICS is scalable and can be expanded and detracted as required.
- City of Calgary moved from a Red Cross Structure and is transitioning to ICS
- Are subject matter experts put into certain roles?
 - General Section Chiefs are municipal staff
 - Operations are largely NGO's
 - Logistics – volunteer NGO
 - Walk in Volunteers – are easily incorporated into ICS
- City of Edmonton – lesson learned during slave lake, directors are in section chief positions and they relayed solely on staff to complete the structure. They ended up shutting down an entire branch of the municipality.
- Business continuity is important to municipalities during an ESS response, it is important to go outside the municipality to gain a larger response.
- How do you use volunteers that are not security cleared?
- Can ESS using ICS activate without the presence of an EOC
- Where do the Section chiefs sit the EOC or the ESS site?

Session 2A – Communications

DSS Communication Notes

- Communication during the event

- Role of the Red Cross/ NGO Council in Supporting DSS/ESS
- Discussion for the Faith Emergency Preparedness Initiative
- Co-ordinating with different agencies and departments
- Connectivity/ Interoperability
- What could college/university people with counselling training best be utilized? How do they get connected?

Stakeholders:

- Mental Health
 - Hard to access without significant strain within the municipal health system
 - Psychological first aid (a need) is better than having an actual psychology area
 - Outreach good mental health worker just listening, hand holding, not always a mental health professional
 - Other health services
 - Important in reception centres
 - Alberta Health and Wellness did legislation to change perception
 - Issues concerning health in reception centres
- No point of contact for ESS in province
 - Hopefully AEMA will do something with FESTI
 - No DSS head in province
 - AEMA used to have the head, but not anymore
- Only me informal group for DSS in AB, 7 largest municipalities, NGO want to address DSS. Where does the NGOs fit into the government system?
- Ontario is the closest to us in systems, CESSD is the director of ESS in each province.
- No formal Slave Lake debrief, deliberate.
- Medicine Hat has a DSS plan, available online, [cityofmedhat](#), community development page.
- Talk about how we register people, Red Cross registered people so they could tell the GOA who to provide assistance to.
- Some municipalities working with Red Cross to provide ESS
 - Red Cross came to AHS to get communications manual during Slave Lake
 - Red Cross needs to communicate how they are using the 4 million they got in donations
 - The actual people who are displaced; what are the human impacts>
 - Also, we should look at how these people are resilient
 - Everyone has different abilities going into disaster and are able to deal with stuff differently

Roles of the Salvation Army

- Conversation about rural partnership vs. urban
- Roles of NGO and what they can provide? Asked about if rural DSS teams know what the Salvation Army provides
- SA is responsible for food and emotional care
- Each municipality will decide which services they will provide – Red Cross or Salvation Army

- SA funding comes from donations
- SA Canteen can feed between 1000-1500 people per day
- Red Cross requires M.O.U.
- NGO Council: Samaritan's Purse, Northern Baptist, SA, Red Cross, Mennonite Disaster Services
- Some of the members of the NGO Council do recovery and clean-up
- SA does spiritual care, they will coordinate someone to come in from their faith to speak with them
- Many churches have volunteered to use their churches as a reception centre
- SA staff must be approached to discuss "faith" – they cannot initiate the process
- DSS should have a provincial plan and outreach to other communities made easier
- Rural communities are using schools as reception centers, for use of rooms for accommodation
- Slave Lake reception centres 9 of them opened – not sure how they knew to open in Edmonton or Westlock
- Smith was filled with trailers that came out of Slave Lake
- Lots of questions asked about Slave Lake disaster: How it was organized, how they kept track of people
- Social Centre (recovery centre) set up in slave lake to find out what else was available to assist them after the disaster
- Comments about individuals fleeing from disaster – their first response is to leave not register with R+I
- Who are the key stakeholders:
 - Municipality
 - Fire Department
 - Police/RCMP
 - Provincial government
 - SEMA
 - Red Cross
 - NGOs
- Recovery Centre is still open today
- SA normal protocol to spend 2 weeks maximum in a disaster site. Must take some days off after 14 days.
- Province needs to COORDINATE services with NGOs, municipal services and provincial services

Stakeholder 3

- Interagency Response: Cooperation and Communication
- What is the role of the Red Cross?
 - Registration and Inquiry
 - Shelter expertise offered to communities
 - Services offered at no cost to community members/affected people
 - Enters into Memorandums of Agreement: contact person is martin.pollard@redcross.ca (Edmonton)
- Debriefing with High Prairie (Big Lakes MD) – FCSS
 - Free entertainment and meals/security went well

- Problems with communication between Towns/MDs
- Some levels of government have more training than others, affected cooperation
- Not enough volunteers/coordination
- Chain of command challenges
- Too many responsibilities for FCSS
- Town and MD need an agreement for who does what: better volunteer coordination
- Unclear roles in rural communities: multiple responsibilities, would love additional training
- Red Cross hoping to offer training to help fill gaps: Registration Inquiry, Shelter Management and Reception Centres
- Red Cross mandated to operate Registration and Inquiry services in Canada
- Red Cross tries to do everything possible to build up affected communities, spends money locally
- Red Cross funds are available to build capacity in areas affected by Alberta Wildfires
 - * Displaced people/communities
 - * Communities affected by displaced people (reception communities, etc.)
- Incident Command Structure
 - Introduced in the United States as a result of the California Wildfires
 - Available agencies
 - Clearly defines who is responsible for what
 - Makes clear distinctions
 - Might be good to apply in Canada/Alberta
 - ESS – more flexible
 - ICS – more strict
- Should have a shelter/reception centre manager (one)
- Could be good to have an impartial 3rd party come in to establish command structure
- NGO Council (Non-Governmental Organization)
- Recommend partnering with local faith communities
 - Add them to emergency plan
 - Great resource and volunteer base

Inter-operability

- Setup Regional
- 2-4hrs AEMA, industry, CAOs, schools, AHS
- Quarterly Review Plans often ID key players before a disaster and develop relationships
- Hold mock exercises that involve all community responders – MOUs
- Review and ensure command centre is clearly ICS structure – practice this!
- Any community may be a resource to support and needs to be prepared to respond. This becomes “our event”
- Mentorship and transition plan to pass “grey” wisdom to younger/new staff
- ? is there an advantage of having each community hold an MOU with Red Cross?

- Set up finance early
- ID chain of command beforehand to cover back up plans
- Issues with Registration – need to ensure enough of the right forms
- Registration was done twice due to confusion/lack of forms

Session 2B – Provincial ESS Plan

1. Title – Provincial ESS Plan

2. Facilitator (with email address) - Debi Anderson, City of Edmonton

3. List of participants – Amanda Herbert (note taker), Cathy O’Dibighue, Sharon Tibeau, Cheryl Humphrey, Robby Shearer, Lorrenda Strithern, Tom Watts, Karoline Phillip, Rebecca Wade, Jack McKendry, Carley Weisman, Donelda Laing, Derian Rosario, Donald Bourne, Rebecca Stewart, Sandi Misselbrook, Frank Symonds, Dieter Lander

4. Discussions & Recommendations

- Stickies...Provincial DSS Plan, create a prov framework structure, roles / responsibilities, alerts / communication, where should DSS be? Sharing DSS plans / Who is in charge? What about regional / provincial responses? How do we create a Provincial DSS response. Should an official ESS arm be created in the provincial response
- What are we talking about? Usually the DSS outlines the mandate, roles & responsibilities of different ministries, outlines support functions (dollars), how communication flows. The framework and line of authority, funding and support.
- The municipalities have incorporated DSS into their Municipal Emergency Plans...but if we have a provincial response...is there a provincial emergency response plan that talks about DSS?
- The Province has an Emergency Management Plan, but not DSS plan
- Could mirror Emergency Management Plan
- Scope – priorities...people, property, environment. But the DSS part hasn’t been address
- The lines are blurred...Yes, the municipalities have a responsibility for ESS, but the provinces have the responsibility for welfare in the longer term... when does that transition happen? What happens after the 3-5 days DSS/ESS response? DSS/ESS is just basic needs / short-term basis / transition
- It used to be that recovery...Province has expected us to move into the recovery phase
- Municipalities can’t sustain a long response
- Municipal plans should link to provincial plan...Municipal plans are unique & tailored to each municipality...so how do they link?
- DSS provincial group meets...they can bring it to the
- Municipal DSS plans escalate to the province, but there is a gap because there is not a formal plan (but there is an informal, ad hoc response from the province when the call comes in)
- There are problems with interoperability between municipal systems
- ESS needs funding
- Need an overarching framework for knowing, at a provincial level, who is in charge, mandate, what are the roles & responsibilities, clarity about supports coming to municipality, and how is it going to be funded?

- Formalizing a set of benchmarks for scaling up...but number will change depending on municipality
- Also, what about people that aren't in the municipalities? I.e staff in oil project accommodations, first nations, whose authority do they fall in?...project accommodations do depend on the municipality when they are over capacity
- What are the elements we would like to see in a provincial DSS plan? Speaks to funding, speaks to roles, speaks to mandates, clear about supports coming to municipalities
- Alberta Human Services does have a simplistic framework already...the roles & responsibilities
- Slave Lake was an extreme event...so the simplistic approach had some weaknesses...
- Consider standards such as ICS
- Municipalities responsibilities around DSS are clear...but don't see the support from the province to make plan effect...resources are a big aspect of that...i.e. there is no provincial databank of municipal plans
- FESTI (Fire Emergency Services Training Initiative) ...says very clearly in FESTI that DSS is a pillar...how we take it from training? Now what? We need a framework, a strategy, a provincial plan, that links
- Sources of funding...Fire Training Grants? Can they fund DSS training? Are there grants that we could use for DSS? JEPP funding?
- FESTI discovery...that there is not a DSS system in the province...the issues are much deeper than just training. Need a DSS plan in order to train on it.
- AEMA does not outright have the DSS responsibility
- Even though usually its municipalities declare a state of local emergency, the province will have the responsibility for DSS when they declare a province state of emergency so what is their plan for that? Can't just keep saying that it is the responsibility of the municipality.
- Recovery is another thing that there hasn't been a lot of investment of planning time on. Broader planning needs to encompass what needs to be done in each of those phases
- There always needs to funding...municipalities may not need personnel, they need funding.
- Learned from Slave Lake...it crosses all ministries too...Health has done a lot of thinking since then about how they fit in
- Need someone to carry it on proactively...instead of just being reactive
- Funding...needs to be clearly addressed...with accountability
- Recommendations? for framework or plan...Need a program. Should be in AEMA? Because that's where it gets implemented. It is the emergency management...not the emergency management of fire...If it was in AEMA then there would be that accountability.
- Recommendation?...that you have a centre of DSS/ESS expertise within the AEMA...and they would work on developing a provincial framework
- Recommendation – needs to be addressed systemically, creation of a program -> framework -> plan in AEMA including a Centre of Expertise re: DSS/ESS...be proactive, create resources...municipal roles remains the same.
- Be clear in the province that municipalities are going to be called on for mutual aid,
- Need to include municipalities to be included in the development of a framework or there is going to be bigger problems
- Next steps – the notes and all the flip charts need to go to the next Provincial Committee Meeting to clarify recommendation and advocate up to AEMA...additional, people pass it up through should go through their Emergency Management people...how about a 2 page white paper with details to follow

- There is really a window of opportunity here to push this forward and it will diminish over time.

Session 2C – Reception Centres

1. Reception Centres

2. Facilitator (with email address)

- Ian Fox – AEMA
 - Reception Centres – Athabasca ...

3. List of participants

- Everyone

4. Discussions & Recommendations

- Can a reception centre operate without being activated by the EOC?
- Issues?
- Not a lot of assistance provided from the higher levels
 - Re: regional organization for reception centres
 - Communication problems:
 - Who do I talk to to get assistance?
 - Perhaps had to do with training, inexperience
 - Interactions had not yet been tested
 - Who is accountable?
 - Which council is my local authority?
 - DSS Director trying to run the whole show
 - So much going on
- Smith shelter went up with no formal structure at all
- 3 to 6 months to make a change in the plan while things are still fresh for everyone
- Athabasca personnel:
 - Amazing how community can come together
 - Just FCSS staff setting up reception centre
 - Very overwhelming
 - Lacking upper organization and dividing up roles
 - Appreciation from Slave Lake overwhelming
- The emergency you might deal with may not be yours
- Notion that it is “just” a reception centre and that it doesn’t need to be managed
 - There will be people with issues, pets, RVs, displaced livestock ... everything short of someone arriving with a loaded weapon happened in Athabasca
- Clientele that was attracted to Smith perhaps had the common denominator of “people who didn’t want to be around the others”, hiding, etc.
 - Perhaps ran out of gas before they got to Athabasca
- Amazing what human capacity can do when needed
- Smith also vulnerable – a simple wind shift could have caused them to evacuate as well
- Consider when setting up a shelter:
 - Katrina – first rape in first few hours of setting up the reception centre
- DO NOT PLAN ON VOLUNTEERS DOING SECURITY:

- First item of business when setting up a shelter:
 - Consult professional security contractors who can intervene in volatile situations
 - Not a role for volunteers
 - Uniform means something
- DO NOT PLAN ON VOLUNTEERS HANDLING THE BATHROOM CLEANING
 - Needs to be a constant task to mitigate spread of disease, etc.
- HOW DO WE TACTFULLY SAY TO THE PUBLIC “WE DON’T NEED YOUR MATERIAL DONATION”?
 - Tell them to send cash so we can actually go and buy what we actually need
- Donations management is a huge issue that requires a well-laid out plan before the trailer loads arrive in town.
- Toys needed to be thrown out since there were no resources to clean them properly
- Public has a hard time understanding this
- Media complicates donations management issues
 - Need to send out key messages first thing:
 - “Send money – not items.”
- Intent of cheques was to get people out of the reception centres
 - People were told, “You can stay as long as you want.”
 - This message was not from those who were operating the reception centre
 - Some people held on to them worried that they would be evacuated longer than expected
- Have people encouraging affected people through the recovery process:
 - “Have you called your insurance?”
 - Perhaps have Human Services available to coach clients through the recovery process
 - Red Cross offers this in their Recovery Centre in Slave Lake (post return to Slave Lake)
- Red Cross provided Registration and Inquiry
 - Other aid depended on municipality
 - May or may not have been contacted by community – needs to be invited in
 - Not an entity that is automatically there
- Communication between reception centres
 - Initially handled municipality to municipality
 - Communication happened after the fact
 - Driven through cash
 - How do we get these funds to our people?
 - Red Cross provided R & I to ensure this happened
 - Province depends on municipalities to handle disaster services
- Not having ICS caused a lot of confusion:
 - Having to report to several different people
 - ICS would have been one person to one person
- Athabasca was given no initial numbers as to how many people would be expected
 - Ended up being near 1,000
- Pets an important issue not to overlook
 - Will have to do something about it
- Will receive all kinds of people in shelters – people/groups you may not expect
- Why weren’t the RCMP in charge of security until private security could arrive?
 - Minimal man power – also responsible for security of their property
 - Most went to Slave Lake
 - Protect property
 - Get people out
 - Stop people from going back in

- And where do we house the security, the volunteers, the cleaning people ... ?
 - Possible resource:
 - Former police/military/etc.
- 72 hour plans in place to help emergency responders
 - Buys them some time to get utilities together, medical services, etc.
- Have never declared a state of emergency in Alberta
 - Province doesn't want to come in and take over for municipalities
 - Will do whatever they can to assist
- Day 9/10 – down to manageable number of people in Athabasca shelter
 - It took at least that long for people to know if they were homeless or not
 - Open for about 10 days
 - Local kennels came in to help out (common in small community)
 - Lacking:
 - EOC should have been set up
 - Different municipalities involved
 - Not all personnel trained
 - Responsible to do so much on site that they should have sent up to a higher level of management
 - Volunteer recognition left out
- Never “just a reception centre”
- ICS responsible for one location
 - EOC for other items:
 - Logistics or procuring port-a-potties, etc.
- Lack of understanding of agencies, who they are, what they do, their mandate/jurisdiction ...
 - Needs to be better communication
- Every municipality should have an EOC
- Athabasca was also dealing with a separate fire when everyone came in from Slave Lake
- Strongly suggest everyone read the Emergency Management Act
 - Should also take Emergency Management training sessions offered by AEMA

Session 3A – Donations Management

Donations Management Discussion

- Experience with Donations Management:
 - Issues with volume
 - More than needed, not what was needed, etc.
 - Items not appropriate for stage of recovery
 - Washing machines for people with nowhere to live
 - Unofficial outcries for donations on Twitter/Facebook
 - Hard to hold back the wave of donations
 - No structure in place to filter everything/people just cleaning out their houses and bringing whatever
 - Social media has significant impact on donations
 - People want to give but no one told them how
 - Issues with storage, sorting, distribution (who gets what)
 - Health issues
 - Bed bugs
 - Donated used soap, underwear
 - Appropriateness of donations

- What to do with unwanted donations
 - Logistics
 - Transportation
 - Who pays for it
 - Resourcing issue in terms of personnel
 - From working with people to working with donations
 - Exhausting volunteer base
 - Impact on community
 - Things dropped off at front of church
 - Church said, "We can't accept it."
 - Negative reaction from donor.
 - Hotline set up for donations only to lift burden from other personnel
- Donation management plans:
 - Red Cross says no material donations, but recommend money so we can spend it in the community
 - City of Calgary says "Here is a list of places that manage donations."
 - However, donations come in to city anyway.
 - Perhaps caveat should be issued:
 - "This is what will happen to donations ... thrown out."
 - However, politicians would not allow the city to send out that message
 - Can't dump donations management on NGOs
 - 211 a great resource for managing donations:
 - Referring to other agencies
 - However, many agencies don't want the referral as their capacity to accept these donations can be stretched too thin
- People get an attachment to their donation and insist that it get to the people they intended it for
 - Interesting human phenomenon
 - Human element important and worth considering when creating a donation management plan
- Education and preparedness
- Consistency of messages:
 - "Here is where you can donate money."
 - NGOs
 - Dickey issue to receive monetary donations as city/public agency
- Donations often stuff people didn't want – garbage
- How do we deal with a Facebook group that rallies donations?
 - Instruct them on where to better direct charitable energies
 - Address unconfirmed messaging – correct information
 - BE THE FIRST TO LAUNCH A PAGE AFTER A DISASTER
 - Then the messaging can be controlled
 - Then you can prevent unwanted donations
- What happened to all the tractor trailers sent to Slave Lake?
 - POC had master list of 9-10 locations around the province to track all the stray trailers
- People present donations without consulting with those who need it or those who might be managing the donation on site:
 - Trailers delivered loads even before residents returned to Slave Lake
- Important to always have a connection with the EOC
- Conversations pre-disaster:
 - Memorandums of Understanding
 - Imply that no money will be paid to unauthorized deliveries

- Have messaging ready for media:
 - Pulling together pre-disaster – set messaging ahead of time
- Help people to understand what is really needed
 - People don't have basic knowledge to think through the donation
 - Skis are of no use to someone left homeless in June
- **Pre-Donations Management** so important
- Some donations are needed immediately:
 - Diapers, etc.
- Have donation location set ahead of time, people trained in warehousing, inventory
 - Manage expiry dates, etc.
- Documentary might be useful – pictures speak to people
- Worker safety when doing donations management
 - Gloves, bedbugs, etc.
- Volunteers willing first day, but hard to keep inspired
 - "not sexy"
- Logistics are incredible
 - Palettes, expertise and availability of forklifts, etc.
- Components important to donations management plan:
 - Share plans between municipalities
 - Identify what you will and will not take
 - Guide people to donations agencies
 - Ongoing education for responsible donating
 - Social media
 - Should be first step/response to disaster alert
 - Have pre-approved messaging ready
 - Worker safety
 - EOC communication around donations management
 - Not enough to say no
 - What to do in case of rogue donations
 - Security
 - To manage resources
 - To manage irate people, clients trying to access donations
 - Disposal of unused donations
 - Logistics
 - Health and Safety
 - How to manage financial donations:
 - Legal obligation when someone presents a donation to a particular project:
 - Who can legally accept this donation? (Agencies)
 - Red Cross, Salvation Army
 - How to manage service donations:
 - Counselors offering services ...
- Help at local level is often most in tune with community and should be accessed
 - This factors into donation management
 - Locals will know what to donate better than out-of-towners.
- Plans always need to be updated
- Useful to have call centres with key messages updated regularly, even if there aren't people to man the phone
 - In any disaster or simply emergency preparedness
 - Dedicated line just for donations
 - Can pre-create messages
 - Winter breakup, floods, fires, etc.
 - Careful in wording of messages

- Thongs in Haiti ☺

Session 3B – Health Services

1. Title – Health Services

2. Facilitator (with email address) – Martin Pollard, Canadian Red Cross

3. List of participants

4. Discussions & Recommendations

- AHS – is at this group to find out what is required from health services from the municipalities and take that back up
- AHS – Emergency management officer point of view...health care centers and hospitals are
- Code Orange – mass casualty...liaising with the municipalities on ...but they have human resources issues that make it difficult for them for them to attend...5 zones and a provincial ECC...and AHS would have a rep in the POC...20 emergency management staff for the whole province...sometimes it will be one the EMS counterparts liaising with the municipality
- What the role of AHS in reception centres? Public health will come out and do checks of facilities to approve sites to receive evacuees...Public health / public health nurses / EMS
- What is unique from the Slave Lake situation...make sure that people were evac'ed could get medications wherever they went to...required immediate changes in legislation
- AHS handles addictions, mental health, and a lot of other things
- For Slave Lake, there were needs around addictions and mental health and AHS was called out and also worked with FNIH...but that's not in any plan
- From a municipal perspective, who do we connect with?
- Requests for Health services during a disaster are handled centrally...they have 24 hour on-call and they decide whether or not to activate the ECC
- Municipalities need to make a connection with their Emergency Management Officer...knowing who is on the ground is key. Using the link to access
- It is the same for health events like a pandemic...still access with the same people.
- There are planning cells (i.e. Addictions / Mental health)
- Communication is always a challenge...even internally (i.e. between provincial level and zone levels)...what happens in the north zone may not be the same thing that happens in the south or central zone...capacities are different
- Looking at trying to standardize some provisions of standard. i.e. should psychological first aid be a core competency of a health worker being sent into a reception centre? There are shortages even when there is not a response.
- Despite it being 3 years of 1 AHS, there are still issues being worked out
- Slave Lake...knew right away when the call came in for addictions / mental health that those resources were stretched...those requests got bumped up to the provincial level so they could be problem solved.

- Health Service needs to know what the municipalities are expecting of AHS and vis versa
- In the planning stage, AHS has 5 zones – North Zone, Edmonton Zone, Central Zone, Calgary Zone, South Zone...can look at map on website and see who the contact is for the local municipalities
- Slave Lake hospital was evacuated
- AHS also maintains and coordinates the emergency planning for all of their own systems (hospitals, etc.) as well as municipal support
- AHS is still in the infancy stage of doing emergency management for their internal sites and doing community outreach
- Natural links between DSS and Health
- Check the AHS website and you will see Disaster/Emergency Management there and that's a great starting point

Session 3C – Worker Care

1. Worker Care
2. Facilitator (with email address) Roy, Salvation Army, passion for worker care, approach by province to assist @ Slave Lake, crisis intervention, 17 year exp in disaster management
3. List of participants: please forward to all delegate for information
4. Discussions & Recommendations

Priority to care for staff!

Reception centre environment requires high energy and can become overwhelming and responders may feel ownership of the situation causes burnout. Responders need to be careful and able to express themselves and not take it on personally. Need to know who can help and recognize who needs help! Has their personality changed?

Reception workers/volunteers experience constant hearing of evacuee experience and feeling helplessness. Workers are compelled to help but need to know when to stop.

Reduce stress with non-threaten situation and non-official:

- Walk and talk
- Need to express themselves
- Send them home
- Tools to express themselves

Questions:

1. Difference w diffusing and debriefing?

Debriefing: normally at the incident, end of work period discuss, everyone speaks, what is good for that day? What was bad? Allow and encourage worker to express. Do not go home without a debrief, EVERYONE needs to be debriefed!

Formal debriefing: usually conducted after critical incident within 2 days to 2 weeks, even up to 3 weeks, from CISM

Discuss:

Intro

Facts

Thoughts specifically cognitive to emotional expressions or anything bothersome.

Discuss symptom, and experience and provide education and info for worker and family.

Can be 45 min to an hour but depends on the group.

Diffusing: conducted immediately after an incident ie for workers experiencing a bad call, fatality, before leaving to go home

Has a three phases: introduction and conversation held in strict confidentiality. Discuss what facilitators are doing, worker explore experience and taking edge off before going home (home, family). It is not counseling. Recognize their intake such as caffeine, alcohol, (stimulant, anti depressant).

Conducted within 8-12 hours of incident.

Need to have support of the workers!

How do leaders do self-care?

Visit with counselor on regular basis.

2. who best to offer best to conduct worker care?
Facilitator should not be involved in the incident

3. how often after should conduct briefing ie worker care
end of incident before leaving, take thru process of expressing themselves, worker care gets people back due to a bad experience, process to provide support, people able to get worker care enable people to move forward, everyone reacts different to every situation, not what you perceive but what the worker perceived, the end result, allow them to come to conclusion and process. If not taken care of you could encounter Post Traumatic Stress Syndrome.

The incident/experience may relate specific sight, sound, smell, and touch may cause future stress.

Make a plan to take care of workers. Training is available or can be done on site ie walk aside. It is paramount to take care of each other. Everyone has been there.

As workers, workers have the perception, it is helpful to talking about it to help with talking about to be an incident and not a symptom. There is a need to release energy and not alone. If worker doesn't discuss, could be deep in their gut to express and become sick. If not a normal incident, CISM is critical. If people say ok, they are not ok days or weeks later. Need to follow up as day goes on. During the disaster time, the phase: HEROIC to ANGER. Might be too late to go on as it is after the fact, counselors might be needed and further. Physical health and just as more importantly the mental health need to be addressed. There is a need for process.

4. solutions to reduce stress:

- change environment
- buddy system
- when stressed one can become vulnerable
- don't take it for granted
- make sure cover self off
- protect self

5. what else is there besides worker care management:

- CISM
- Mitchell model
- Heard model
- Compassion fatigue
- Online lots of info
- Try to encourage not to bury the situation,
- Don't watch high stress
- Be aware who you are
- Your experience can be overwhelming, you need to a confidant
-

6. volunteer/staff management burnout in reception centre

7. how and what to monitor to break down stress ie PREVENTATIVE MEASURES

be proactive

take your break

have quiet time away from situation to process privately

Red Cross has worker care course

PACE Canada has CISM training

PLAN AHEAD OF TIME FOR PEOPLE TO COME IN IE MOU

Staff are dedicated esp while onsite. Leaders need others to be firm to take time off or take a meal. Look at yourself esp when you see others. Need to know how to do that with care and compassion. Find alternates and know there habits.

Could develop a check list and accountability for people when they get home?



