During a disaster, clients may have support needs when they come to a shelter. To make sure they get the help they need, the Federal Emergency Management Agency (FEMA) published its recommendations in 2010 for the care of clients with disabilities and access and functional needs while in a shelter setting. The FEMA document is titled "Guidance on Planning for Functional Needs Support Services in General Populations Shelters" (FNSS) (FEMA, 2010). The American Red Cross participated in the development and review of this document. The document emphasizes the need for clients who come to a congregate shelter to be assessed for access and functional needs, including mental health and health needs, and to continue to be monitored for their needs, including provision of supplies, equipment and personnel, to help them throughout their shelter stay and discharge.

In step with these guidelines, Red Cross Disaster Health Services (DHS), including Mary Casey Lockyer, MHS, BSN, RN, CCRN, Disaster Health Services Senior Associate and Janice Springer, DNP, RN, PHN, Division Disaster Health Services Advisor, focused on Red Cross processes for identification and care of clients in the shelter setting. For the Red Cross to meet the FNSS guidance in its shelters, a good assessment tool is necessary for use during client registration, as well as a method of determining whether all necessary supplies and equipment have been ordered. Another important element of this process is awareness of institutions, businesses and other community resources and services that have the capacity to help address identified needs.

In 2010, after the FNSS guidance was released, a multi-agency team from the American Red Cross, the FEMA Office of Disability Integration and Coordination, and members from the U.S. Department of Health and Human Services, Division for At-Risk, Behavioral Health and Community Resilience began meeting to review the “initial intake” tool in use at the time. This intake tool had not been meeting expectations in the field (Springer, 2010) – it assumed that the full range of functional and mental health needs could be identified on admission to a shelter. Through a two-year process that was ultimately integrated into a research process, the assessment tool utilized during the Red Cross’ shelter admission process was evaluated, tested and changed.

Between 2009 and 2012, Springer tested three different intake tools in shelters at three disaster events and found:
1. People are often not able to state all their needs when they arrive at a shelter
2. A client’s needs may not become apparent for three to four days
3. The old intake tool designed for use on arrival to the shelter was more of a medical model which assumes people have a specific “chief complaint”
4. Individuals need multiple opportunities to communicate their needs
5. Clients will give information to trusted individuals, which is what shelter health and support staff become for clients over a several day evacuation/shelter stay.

In the portion of the study done during Hurricane Irene (2011), in two out of three shelters the population with functional support needs was double the estimated number of clients with disabilities reported by the county. In a study at a tornado shelter in 2011, 80% of those interviewed for the study had health needs three days post-arrival that had not either been identified by shelter staff or reported by the client prior to that day. This study data also identified the ideal way to find client functional and access needs is by using a multiphase process of initial assessment.
and client to client (cot-to-cot) interviews at least on days one and three. This recommendation has since been revised to use Cot-to-Cot© as a strategy to complement daily surveillance operations.

From this study, a complete revision of the intake system to include content and process/methodology was recommended and adopted by the American Red Cross, including the Initial Intake form with two observations and two questions (2+2), CMIST worksheet and Cot-to-Cot© assessment process. They were pilot tested and refined during several disaster events, including Hurricanes Irene (2011), Isaac (2012) and Sandy (2012). Shelter staff and volunteers were educated about the process, tested the tools and the results have been reviewed and analyzed.

The initial intake system was changed from nine questions to two, and two observations were added (“2 + 2”). If the client answers affirmatively to either question, he or she is referred to Health or Mental Health Services. The two questions inquire if the client or family has needs at the present time that require immediate help to stay healthy in the shelter and whether the client or family has a health or mental health disability or other condition about which they are concerned. The interview is continued by either of these two services with appropriate support planned or services obtained.

The Cot-to-Cot© process [Disaster Cycle Services Health Services Handbook, appendix D, page D-10] was developed and copyrighted by Springer as part of her study at the University of Minnesota and she has permitted the Red Cross to use it. Cot-to-Cot© sets a time frame and process for continuing client assessment following the initial registration interview. This assessment should occur for the entire shelter population within the first 24 hours. If functional and access needs were identified during the initial registration assessment, a cot-to-cot interview should be done by a health or mental health volunteer within six hours if possible. Cot-to-Cot© is recommended as a methodology for complementing daily surveillance.

CMIST (Communication, Maintaining Health, Independence, Services, Support & Self-Determination and Transportation) is an acronym to describe the scope of access and functional needs a person might need to support their independence (Kailles, J. & Enders, A. 2007).

DISSEMINATION
In April, 2014, Mary Casey Lockyer and Janice Springer were asked to present their findings at the National Conference for the National Association of City and County Health Officers. Their session covered how the Cot-to-Cot© and CMIST program can help prevent unnecessary hospital surge.

In May, 2014, they presented Cot-to-Cot© and CMIST strategy to the International Pacific Rim Conference on Disability and Diversity in Honolulu. The conference offered multiple break-out sessions exploring challenges facing the disability community in education, health care and potential new technology.

Most recently, Casey Lockyer and Springer presented at the 25th International Nursing Research Congress for Sigma Theta Tau in Hong Kong, China in July. Their presentation, “Translating practice into policy: nursing research and the American Red Cross,” explained how surveillance data is collected, interpreted and refined to support practice - including their work on the Initial Intake 2 + 2, Cot-to-Cot© and CMIST - and how mortality data is shared with the CDC to help inform post-disaster analysis and future pre-disaster messaging. Conference attendees and speakers came from all over the world to share ideas, study outcomes and practice considerations. While at the congress, Casey Lockyer renewed a Red Cross Nursing connection with the Hong Kong Polytechnic School of Nursing faculty.

Casey Lockyer and Springer have submitted an abstract for a panel presentation at the International Council of Nurses conference in June, 2015, in Seoul, South Korea. “Best practices in nursing education and service across the disaster cycle: preparedness, response and recovery” will share how a well-prepared nursing workforce can function across the disaster cycle,
contributing to individual survival and community resiliency. With partners in education and practice from Hawaii and the Philippines, Casey Lockyer and Springer aspire to enhance collaboration with nurses active in research and disaster-related practice and contribute knowledge from the service of the American Red Cross disaster health teams to the global knowledge base for care of persons affected by disaster.

We will continue to follow Mary Casey Lockyer’s and Janice Springer’s success in 2015.

**Ebola Response Update**

The American Red Cross is giving financial and technical support to the ongoing relief efforts of the global Red Cross network in Western Africa in response to the deadliest outbreak of Ebola Virus Disease in recorded history. The International Federation of Red Cross and Red Crescent Societies (IFRC) opened a 60-bed treatment center in Sierra Leone in September and the global Red Cross network has deployed more than 170 people to the region since the outbreak began. The American Red Cross has deployed four specialists to the affected region: two in November to provide leadership and planning expertise in Liberia and two IT/telecommunications specialists plus a satellite system to Sierra Leone in July to provide telecommunications support and internet access to the Red Cross emergency health team and partner organizations in a remote area of the country. Both the system and the IT volunteers returned to the U.S. after local communications capacities were established.

The American Red Cross is working with the Humanitarian OpenStreetMap Team, the British Red Cross, and other partner organizations to build maps of the affected area that can be used by health workers on the ground. Since the outbreak began, digital volunteers from more than 100 countries have contributed to the creation of maps of Ebola-affected regions. Anyone can join the Red Cross in building maps of previously un-mapped towns in West Africa by visiting [MissingMaps.org](http://MissingMaps.org).

The national Red Cross societies in Sierra Leone, Liberia, and Guinea are leading disease prevention education efforts, providing emotional support, and performing safe and dignified burials. Red Cross activities to raise awareness of the disease and of what to do have included community drama, informational posters, leaflets, house-to-house visits, text message campaigns and weekly live radio talk show program participation. More than 7,700 volunteers have been mobilized in these countries and they plan to bring prevention information and education to millions of people at risk. Widespread public misconception in West Africa around Ebola and transmission are complicating the response; humanitarian workers have been attacked as they try to provide life-saving assistance.

As of November 4, 2014 the American Red Cross had raised nearly $3.7 million to support Ebola relief efforts in the affected West African countries. The Paul G. Allen Foundation made a $2.8 million dollar donation in August and these funds are helping manage the Ebola outbreak response and increase public awareness on virus prevention. In addition, the foundation provided support for a first aid app that will be released in West Africa. The app will have information on how to prevent the spread of Ebola, as well as other first aid guidance and information.

The American Red Cross continues to work with U.S. government agencies, health organizations, hospitals, and physicians to assist in the blood needs of Ebola patients being treated in the U.S. The Red Cross has participated in the collection of plasma from two Ebola survivors living in the U.S.

**REFERENCES**


for use in the treatment of other patients infected with Ebola. In these instances, Red Cross staff collected, tested and supplied the plasma needed to transfuse the patients. Only those individuals who have recovered fully from Ebola are eligible to donate therapeutic plasma, which means they have no detectable virus and are not infectious to others.

Domestically, the Red Cross has responded to requests to support individuals who have been quarantined and continues to work with local and federal agencies in planning and response. Richard Reed, Senior Vice President for Disaster Cycle Services, has accepted a 90-day assignment at the White House, effective Monday, November 17, 2014, to focus on the ongoing Ebola outbreak and interagency response.

Internally, I have been in consultation with Disaster Cycle Services leadership surrounding the Ebola concerns and involved in ongoing efforts to strategically plan for workforce health. Key information has been posted for American Red Cross Nursing and Health leaders to facilitate their maintenance of an up-to-date understanding of the Ebola disease and crisis.

As health professionals, we must be knowledgeable about infectious disease prevention, treatment, and potential impact, inform our communities, allay misconceptions, and work to ensure that all affected are treated with dignity and respect.

The Community, the Classroom and the Board Room: How Two Nurses are Leading Change in New Hampshire

Health underlies the work of the American Red Cross throughout its five business lines of service: Biomedical and Blood Services, Disaster Cycle Services, International Services, Preparedness Health & Safety Services and Service to the Armed Forces. Whether through lifesaving blood and blood products, preventing home fires, providing mental and physical health services, responding to the Ebola crisis in West Africa, teaching lifesaving CPR and water safety, or supporting military families in coping with deployment, mitigating suffering and saving lives is at the core of Red Cross work.

Two Red Cross nurses are sharing their health expertise with the Red Cross in New Hampshire: Thomas Connelly, PhD, RN is the NH state nurse leader and Georgette Shapiro, MSN, RN, is the regional nurse leader. Both Connelly and Shapiro also serve on the Red Cross NH Board of Directors.

The Red Cross of NH reached out to the Chamber of Commerce to recruit board members and Thomas Connelly responded saying, “it seems like a fit”. He is the founding chair and professor of nursing at Keene State College. His experience includes nursing, mental health and working with children with a focus on hope during end of life care.

Nurses bring assessment skills not only in physical/mental health, but also use these in assessing the environment and systems. In his board role, Connelly used his assessment skills to address transportation services in an effort to avoid duplication. He promoted blood drives in faith-based communities and on the Keene State College campus.

When asked what brings him the most satisfaction in his Red Cross board role, Connelly responded, “Bringing the nursing perspective, not only in health issues, but also finance, business and by demonstrating how nursing can contribute.” The strategic plan in New Hampshire originally had no reference to nursing and Connelly felt it was important to have nurses involved in planning and development in order to engage nurses in meeting the Red Cross goals and mission. In his role as state leader, he promotes volunteer opportunities across all business lines for nurses, nursing students and other health professionals.

Georgette Shapiro has served on the Red Cross NH Board of Directors for more than four years. Her service began in the Seacoast Chapter and she has witnessed considerable changes in this time. Her first role was to support the Heroes Breakfast and
she identified local heroes from the community. For over 30 years, Shapiro was the director of the Emergency Department at Portsmouth Regional Hospital. She currently is the director of patient placement and administrative nursing supervisor.

Shapiro belongs to the New Hampshire Nurses Association and the American Nurses Association. She wrote an article “asking nurses to join us, retired or not, to reach out your hand to help the Red Cross” and nurses responded. They convened with the former Division Nurse Leader, Karen Rea, to learn about volunteer opportunities for nurses with the Red Cross. Shapiro says that “sometimes it’s a matter of baby steps to keep up enthusiasm.” She is working to increase collaboration between the Medical Reserve Corps and the Red Cross. Shapiro serves as the regional nurse leader in addition to her board role.

Connelly and Shapiro identified two things that will help sustain nurses in their Red Cross volunteer roles. The first is the ability to remain connected with other nurses and health professionals as well as local volunteers and staff. The second is to share best practices. One way to connect with Red Cross nurses is to access the Nursing & Health Leaders Roster. There are nurses in each division and consultants in each business line. Nurses can contact a leader to get connected with other nurses. The Chief Nurse Initiatives outline prioritized business line activities for engagement. There are a number of ways to share best practices: share your work with your State or Division Nurse Leader to present on a webinar, submit an article for Nursing Matters Past & Present, present at a local or national conference or contact Mary Kellam, Nursing & Health Associate at Mary.Kellam@redcross.org for further options.

The work that Thomas Connelly and Georgette Shapiro are doing demonstrates that nurses are leading and supporting the organization to promote health through sound business practices and volunteer engagement.

Nurses Empower Healthcare Consumers and Positively Impact Communities

Carmen Young, RN, MPH

Dr. Deidre Walton, JD, MSN, RN, and President of the National Black Nurses Association (NBNA), spoke at the Savannah Black Nurses Association Annual Health Education Luncheon on October 25, 2014 at the Marriott Savannah Riverfront. Dr. Walton’s presentation focused on “Wellness and Consumer Empowerment”.

Carmen Young, RN, MPH and American Red Cross Southeast and Caribbean Division Nurse Leader, attended the luncheon. She was very impressed by Dr. Walton’s speech to the African American nurses, which focused on areas of health with which they can help their communities, such as type II diabetes, mental health, illness prevention, obesity and dental health for children. These nurses have the understanding, knowledge, interest, expertise and influence/social capital to have a significant positive impact on the healthcare status of African American communities across the nation.

Dr. Walton encouraged members to help consumers understand their individual healthcare coverage options available through the health insurance marketplace under the 2010 Affordable Care Act. Nurses play a critical role in helping consumers navigate the process and their options. The NBNA advocates for the underserved and unserved.

In 2011 the NBNA entered into a partnership agreement with the American Red Cross to help communities prepare for, respond to, and recover from disaster events in the United States. “Community nurse leaders are extraordinary and creative nurses – they are advocates for the constituents they serve. Proponents for quality care, and with their commitment to service, they make a great difference in their communities and globally. I am excited about the collaborative partnership with the American Red Cross,” Dr. Walton said.
Volunteer work is now a way of life in America. We are constantly improving our image by the volunteer work we do. Career development programs provide volunteers with valuable experiences. People help people for a variety of reasons and today Red Cross has volunteers from all walks of life, including many retirees and youths, who find great satisfaction in their work. Volunteers play an important role with the paid staff in forming programs of the Red Cross.

--Alice Sundberg, 1978

Although Jane Delano, Clara Noyes, Ida Butler, Mary Beard, Virginia Dunbar, Ruth Freeman, and Anne Magnussen cast long shadows as directors, two outstanding American Red Cross nurses, Lucy Johns and Alice Sundberg continued the tradition of innovative leadership in changing times.

There are few Red Cross records available that cite and honor the careers of Lucy Isabella Johns and Alice Mareen Sundberg. Research on the Internet provided documentation about their special time in Red Cross nursing history. Both leaders planned new approaches to respond to community health needs and support local programs. Both worked tirelessly as they visited chapters, schools and community agencies to encourage nurse enrollment and increased volunteer participation. The community-based programs continued to offer new opportunities for volunteer service.

Lucy Johns became National Director of Nursing Programs in March, 1964 and served until September 1974. She started her service as a Red Cross nursing representative for Maryland and Virginia in 1950, organizing home nursing and mother and baby care classes for chapters. At a Hagerstown, MD class in 1953, she included a 30-hour Civil Defense course for nursing instructors. The chapter group then taught Civil Defense recruits to work as nursing assistants in casualty clearing stations. By 1960, Miss Johns accepted the position of nursing director of the sixteen-state Red Cross Eastern Area. In her career, she supervised nurses in several disaster relief operations including the East Coast floods of 1955, the Michigan-Wisconsin tornadoes in 1956 and Hurricane Audrey in 1957. Two days after Hurricane Camille in 1969, Miss Johns provided over four hundred nurses and disaster specialists for many shelters in the south. Under her leadership, the Red Cross created two new courses for teenagers, Mothers Aides and Good Grooming.

A native of Ellwood City, PA, Miss Johns graduated from Jameson Memorial Hospital (New Castle, PA) in 1932. She worked as head nurse of a surgical unit at Cook County and an obstetrical supervisor at Henrotin Hospital (Chicago, IL) before joining Union Memorial Hospital (Baltimore, MD).

In April 1941, Miss Johns reported to Camp Lee, VA for Army Nurse Corps duty. During World War II, she served in the European Theater, including the Battle of the Bulge. She left the service with the rank of Captain and returned to Chicago as head nurse of an orthopedic ward at Wesley Memorial before deciding to continue her nursing education at University of Pittsburgh. She graduated magna cum laude in 1950 and joined the American Red Cross Nursing Service.

Miss Johns’s parents kept the New Castle, PA News informed about every highlight of their daughter’s career. Thanks to Mr. and Mrs. Johns, we know about an invitation from Mrs. Mamie Eisenhower to attend a Tea at the White House honoring Red Cross nurses in 1959.

Alice Sundberg accepted the position of Volunteer Director of American Red Cross Nursing and Health Programs in 1976. She began her volunteer service with the Red Cross National Nursing Committee in 1946 and continued to serve until her death in 1999. Raised in Cedar Rapids, Iowa, Miss Sundberg graduated from Coe College in 1932 and Peter Bent Brigham
Hospital in 1938. She received her MPH from Johns Hopkins School of Hygiene and Public Health in 1949.

She started her career with the Baltimore Health Department in 1946 as assistant director of community health nursing. Promoted to director in 1950, she led the department until 1976 when she retired. According to her friend Kay Wohlsen, she successfully encouraged all nurses to continue their education with the words, “Let’s upgrade.” At her retirement, three-quarters of her staff had bachelor’s degrees.

She was president of Maryland Public Health Association and the Maryland Nurses Association. For her work in advancing and promoting minorities in nursing, Miss Sundberg received the Mary Mahoney award with her assistant director Elizabeth Pickens in 1963. The American Journal of Nursing visited the two nurses to write an excellent article about the successful 1950 integration of the Bureau of Public Health Nursing. How did the two directors make the policies work? A Black nursing supervisor stated, “I first met Miss Sundberg back in the Eastern District. The first time I saw her I said to myself, this one is for real. What she says today, she will say tomorrow and the day after.”

Add a Gift Annuity to Your Year-End Plans

You do a wonderful thing when you make a year-end gift to the Red Cross, but what if you could also help yourself at the same time? You can, with a charitable gift annuity. Many friends of the Red Cross say they wish they could do more to support our important programs, but feel they can’t give up any income. A gift annuity, in which you retain payments for your life, may enable you to make a larger gift than you thought possible. A gift annuity, established by year’s end, also entitles you to an income tax charitable deduction, but more importantly, allows you to be part of our nationwide efforts to help those in need.

Her community work for the Red Cross included projects for the health and safety of homeless women. In her spare time she enjoyed knitting items for the needy.

With Caroline White and Mary Ellen Pendergrast, she authored Red Cross Family Health and Home Nursing. She received the Baltimore Chapter’s 1973 John T. Menzie Award for outstanding leadership in volunteer nurse programs and the Ann Magnussen Award in 1976. Under her guidance, Mother and Baby Care Classes became Preparation for Parenthood, followed by a Parenting Class with information for new parents on the child’s first two years of development. In a joint effort with the Red Cross, the National Multiple Sclerosis Society produced the MS Home Care course. As the only American recipient, Miss Sundberg accepted the Florence Nightingale Medal from the International Red Cross Committee in 1983- a fitting honor for her years of dedicated volunteer service.

The goals of these two leaders and their advisors from 50 years ago are very similar to some of the goals of our present leadership. Meeting the needs of underserved communities, the homeless and diverse volunteer involvement are just a few of the issues addressed in 1964 and 1976 by Lucy Johns, Alice Sundberg and the NNC.

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For more information about establishing a charitable gift annuity, please contact Candace Roosevelt, Gift Planning Officer, at 617-274-5247 or Candace.roosevelt@redcross.org.
2014 Susan Hassmiller Nursing Award

The 2014 Susan Hassmiller Nursing Award was awarded to the Mile High Chapter of the American Red Cross headquartered in Denver, Colorado. Among those accepting the award was Brianna Sheridan, volunteer Red Cross Nurse with the Mile High Chapter who spearheaded the program recognized by the award.

The Hassmiller Nursing Award is given to enhance the capacity of Red Cross local service delivery through the increased engagement of nurses in policy, leadership and service delivery positions.

Sharing the News: Awards & Honors

- **Ann Corbin**: Missouri Nurse of the Year Award
- **Nancy Brooks Edison**: 2014 Disaster Hero of Greater Chicago Region
- **Sherry Farra**: recipient of funding for a major grant studying emergent evacuation of neonatal ICU
- **Terri Arthur**: published a UK edition of her book “Fatal Decision: Edith Cavell WWI Nurse” and represented the American Red Cross at the 99th memorial ceremony of Edith Cavell’s death, laying a wreath at the foot of the statue

The Mile High Chapter will use the proceeds from the award to attract and retain recently graduated registered nurses to the Disaster Health Services (DHS) program. These trained registered nurses will boost the chapter’s ability to effectively help people impacted by disaster.

The chapter plans to pair newly graduated nurses with experienced DHS team members in a six-month internship during which the nurse intern will become a trained member of the DHS team, will respond to local disaster events, and be responsible for an individual health services project aimed at the current needs of the team, region and community. The intern will be mentored by an assigned DHS team member, meeting frequently to set goals, review progress and collaborate on current DHS casework. This close mentoring and training is believed to be the key to engaging nurse interns in the program, as well as sustaining their involvement once the internship has concluded. The intent is that this program can then be implemented in other Red Cross regions.

Help us get in touch with and recognize other current and former Red Cross Nurses!

Please send the email, phone, and address of your friends and colleagues to us at RedCrossNurse@redcross.org. Share this newsletter via email, Facebook, Twitter and your preferred social media. Link to http://www.redcross.org/support/get-involved/heritage-program and click on the “Nursing Matters – Past and Present” link.

Thank you!