

TECHNICAL ASSISTANCE GUIDELINES GENERAL 12 Special Needs Shelter Planning

I. General

- A.** People with special needs are those individuals who need assistance during evacuation and sheltering because of physical, mental, cognitive impairment, or sensory disabilities that go beyond basic first aid available in general shelters (Chapters 252.355, 252.356, *Florida Statutes (F.S.)*). Special needs shelters are refuges of last resort intended to maintain the current health, safety, and well-being of medically dependant individuals who are not acutely ill. These shelters meet a multitude of human needs under adverse conditions and are generally intended to operate for one to four days.
- B.** In order to meet the special needs for vulnerable populations who would need assistance during evacuations and sheltering because of physical, mental, cognitive impairment, or sensory disabilities, each local Emergency Management (EM) Agency in the State of Florida shall maintain a registry of persons with special needs located within the jurisdiction of the local agency. The registration shall identify those persons in need of assistance and will provide a basis to plan for resource allocation to meet those identified needs.

II. Organization

- A.** The Department of Health (DOH), through its county health departments (CHDs), is the lead agency for the recruitment of health care providers, as defined in s. 381.0303(1), *F.S.*, to staff the special needs shelters in times of emergency or disaster and to provide staffing resources to carry out this responsibility.
- B.** Agencies and organizations in the community have responsibility to the special needs population and should have input into the design (addressing the four phases of EM - preparedness, response, recovery, and mitigation), activation, operation, and deactivation of the Special Needs Shelter (SpNS). These organizations and agencies include, but are not limited to the local EM Agency, the local Children's Medical Service (CMS) Office, Emergency Medical Services (EMS), American Red Cross (ARC), nurse registries (NR), home care agencies (HHA), hospice organizations, extended care living facilities, oxygen and home medical equipment (HME) providers, and others.

III. NIMS/ICS Compliance

- A.** This technical assistance guide (TAG) is designed to be compliant with all applicable National Incident Management System (NIMS), Incident Command System (ICS), and related asset typing requirements.
- B.** Special Needs Shelter should operate under the concept of the Incident Command System.

IV. Purpose

The purpose of this TAG is to provide a planning structure and support tools for the activation, operation and management of special needs shelters for those who require a higher level of health care than can be provided in general population shelters during emergency or disaster events.

V. Planning Assumptions

- A.** Individuals who qualify as having “special needs” shall attempt to make prior arrangements for their evacuation, sheltering, and care during emergencies, or disaster events.
- B.** Hospitals, skilled nursing facilities, assisted living facilities, and other related agencies shall develop contingency plans to care for their clients/patients during such events.
- C.** Hospitals may not be capable of managing the influx of additional special needs individuals, in the event of mass casualties and/or disruption of services.
- D.** The Florida Division of Emergency Management (DEM) will maintain a directory of approved special needs shelters statewide and provide such information to DOH.
- E.** Local EM Agencies will maintain a registry of persons with special needs and will coordinate with the local CHD to provide a basis to plan for resource allocation to meet their evacuation and sheltering needs.
- F.** CHD will develop SpNS plans, and coordinate with local EM as part of the local Comprehensive Emergency Management Plan (CEMP), to accommodate the needs of such individuals.
- G.** DOH will coordinate and support special needs sheltering activities at the state, multi-county (regional), and local levels, in conjunction with partner agencies and organizations.

VI. Definition of a Special Needs Shelter

- A.** Special Needs Shelters are locations that are, in whole or part, designated under Chapter 252, F.S., to provide shelter and services to persons with special needs who have no other option for sheltering. These shelters are designated to have back-up generator power and are capable of providing safe refuge for people who require assistance with the management of a health condition or supervision of that condition by a health care professional during the time of a disaster. Optimally, the auxiliary power should support heating, ventilation, and air conditioning (HVAC), and electrical power for necessary medical equipment. The structure must meet American Red Cross (ARC) 4496 and Enhanced Hurricane Protection Area (EHPA) standards. Special needs shelters are identified as facilities of last refuge for those persons in the community with health and medical conditions.
 - 1.** The shelters will:
 - a)** Comply with ARC 4496 and EHPA standards.
 - b)** Have continuous emergency power for at least 72 hours in all occupied areas.
 - c)** Conform to any other applicable state and local building codes.
 - 2.** Shelters will be equipped, supplied, and furnished as necessary, for example:
 - a)** Sleeping arrangements (e.g. cots) for clients.
 - b)** Medical equipment and supplies, as needed (see attached list).
 - c)** Food and water for the expected duration of operations.

- a) State level shelters are a last resort, when local and multi-county shelters are insufficient to protect and care for large numbers of clients/caregivers; due to the extreme magnitude of the event or because of extended sheltering requirements after all other shelters have to be closed down. (Note: Such shelters could also be contemplated to serve dual duty as alternate treatment sites for extreme mass casualty incidents.)
- b) Requests for and coordination of the activation and operations of state level shelters should originate and be directly made from the State Emergency Operations Center (SEOC)/ESF8 through DHHS, NDMS, and FEMA/DHS. It is anticipated these agencies will provide operational control, staffing, equipping, and supplying of such shelters, with assistance from DOH/ESF8 as necessary.

VII. Eligibility Criteria for Special Needs Shelters

- A. A person shall be eligible for access to a special needs shelter if:
 - 1. they are a person with special needs;
 - 2. their care needs exceed basic first aid provided at General Population Shelters; and
 - 3. their impairments or disabilities:
 - a) are medically stable; and
 - b) do not exceed the capacity, staffing, and equipment of the special need shelter to minimize deterioration of their pre-event level of health.
- B. Special needs shelters may choose to accept persons with care needs that exceed the criteria stated above, based on capabilities of the shelter.
- C. Determination as to the capacity (either in skills or assets) of the special needs shelter is made by the local EM Agency and the CHD or their designees.

VIII. The Special Needs Shelter Plan

- A. The plan for special needs shelters is part of a larger community-wide CEMP as stipulated by Sections, 252.355 and 381.0303, *F.S.*. From a planning perspective, a floor space allowance of 60 square feet per client should be provided. Please note that the 60 square feet includes space for not only the client, but also provides an allowance for caregivers, medical staff, and equipment. The special needs shelter plan should include guidelines for the staffing, management, and operation of these shelters. It should be noted that in an emergency, on a short-term basis during hurricane conditions, emergency management and health department officials may temporarily reduce the occupancy floor area requirements. Efforts should be made as soon as possible to provide the optimal space per client, but evacuees should not be turned away in an emergency event to ensure the designated space allowances.
- B. The following agencies share responsibilities for staffing, management, and operation of a special needs shelter: DEM, local EM, county government, and also responsibilities may be shared with ARC staffing, management, and operation of a special needs shelter.
 - 1. Each agency must assure that their role is clearly defined in the local CEMP.
 - 2. Resources to support the operation of special needs shelters are the

responsibility of the local community and county government and will vary greatly between communities. It is recommended that Memorandums of Understanding (MOU) be established between participating agencies/organizations and that the Incident Command System is used in all aspects of shelter activation, operation, and deactivation.

3. When a CHD, in cooperation with the local community and county EM Agency, assumes the lead in providing staffing, management and/or operation of a SpNS, they must acknowledge with local emergency management that the resources are in place.
 4. When relief staffing, equipment, or supplies are needed, they may be formally requested from ESF8: Health & Medical through the local Emergency Operations Center (EOC). County or regional resource shortfalls may then be communicated from the local EOC to ESF8 in the SEOC. After the immediate emergency, these relief resources may be diverted to support other missions providing health and medical needs in collaboration with local and state EOC.
- C. The success of each community's comprehensive emergency management plan is dependent upon the collaboration and cooperation of a number of county and community departments and agencies.
1. One of those cooperative agencies is the local ARC chapter.
 - a) The local ARC chapter may agree to assume responsibility for management of shelters or provision of routine services provided to general or public shelter populations such as:
 - (1) The shelter facility
 - (2) Food service
 - (3) Social services
 - b) ARC does not usually assume responsibility for the health and medical care of special needs shelter clients, although they may be involved in management of the facility for a special needs shelter.
 2. Functions and responsibilities of other departments and agencies involved in the design and operation of a SpNS are listed in the following chart.

Special Needs Shelter Responsibility				
LEM – Local Emergency Management CHD – County Health Department ARC – American Red Cross Other – Hospitals, nursing homes, home health agencies, hospice etc. X – Provided by designated agency O – Determined locally				
Function / Responsibility	LEM*	CHD*	ARC*	Other
Procure SpNS sites	X			
Obtain general supplies	X			
Provide basic medical supplies	X	O		

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Function / Responsibility	LEM*	CHD*	ARC*	Other
Define SpNS operational design	X	O		
Manage SpNS operations	X	O		
Recruit health / medical volunteers	X	X	X	X
Assign / coordinate volunteers		O		O
Pre-register SpNS clients	X			
Transport SpNS clients	X			O
Develop medical care supervision standards and guidelines	O	O		O
Train medical volunteers in shelter operations	O	O	O	O
Train medical volunteers in shelter care	O	O	O	

- D.** A community wide Special Needs Shelter Plan should define the local community's approach to sheltering persons with special needs and should contain the following information:
1. The number and location of special needs shelter sites:
 - a) Based on the number of anticipated special needs shelter clients.
 2. The selection of appropriate shelter sites:
 - a) Local EM is primarily responsible but may collaborate with the local ARC chapter and the local CHD to select sites and determine:
 - (1) Maximum Capacity (capacity being the number of available client spaces based on the 60 square ft. per client allotment).
 - (2) ADA accessibility compliant (such as wheelchair or stretcher accessibility).
 3. A guideline for the orderly activation of shelters:
 - a) Local EM has the lead responsibility:
 - (1) To determine when shelters are opened.
 - (2) Confirm that staff, equipment, and supplies are available when shelters are opened and shelter clients begin to arrive.
 - (3) Ensure that the shelter is able to maintain contact with the LEOC at all times.

- E.** The responsibilities for pre-registration of special needs shelter clients are assigned to the local Emergency Management office. The following are considerations when developing pre-registration guidelines:
- 1.** As required by Section 252.355(6), *F.S.*, “All appropriate agencies and community-based service providers, including home health care providers, hospices, nurse registries, and home medical equipment providers, shall assist emergency management agencies by collecting registration information for persons with special needs as part of program intake processes, establishing programs to increase the awareness of the registration process, and educating clients about the guidelines that may be necessary for their safety during disasters. Clients of state or federally funded service programs with physical, mental, cognitive impairment, or sensory disabilities who need assistance in evacuating, or when in shelters, must register as persons with special needs.”
 - 2.** Pre-registration data for special needs shelter clients should include the following:
 - a)** Full name.
 - b)** Phone number and street address including the city and zip code.
 - c)** Height and weight.
 - d)** Primary language.
 - e)** Emergency contact information for a local and non-local emergency point of contact including the name, relationship, and phone number.
 - f)** Residence type and living situation, whether alone or with a relative or caregiver.
 - g)** Any type of medical dependence on electricity, such as oxygen concentrator, nebulizer, feeding pump, continuous positive airway pressure equipment, suction equipment, or medication requiring refrigeration.
 - h)** Any type of medical dependence on oxygen, including the type, rate, and mode of administration.
 - i)** Any assistance required with medications.
 - j)** Any cognitive impairment, mental health problems, psychiatric, or personality disorder such as Alzheimer’s disease, dementia, obsessive compulsive disorder, autism, conduct disorder, anxiety, or depression.
 - k)** Any sensory loss or impairment and any related assistive device.
 - l)** Any mobility impairment and any related assistive device.
 - m)** Any use of a trained service animal.
 - n)** Any type of incontinence.
 - o)** Any dependence on dialysis.
 - p)** Name and contact information for any other medical support providers, such as home health agency, hospice, nurse registry, home medical equipment provider, and dialysis center.

- q)** A list of all medical conditions.
 - r)** A list of all medications.
 - s)** Any transportation needs.
- 3.** The registry application information collected above should be provided at least annually. The local EM Agency will provide the registry to the agency with the responsibility for the management of care in the SpNS to determine shelter client eligibility, shelter client acuity (i.e. individuals needing dialysis, oxygen therapy, complicated medical equipment, etc.), and staffing levels to best meet the needs of the largest number of anticipated SpNS clients.
- 4.** CHD or the agency with the responsibility for the management of care in the special needs shelter shall review the registry application information to determine if the applicant is appropriate to place in the special needs shelter during an evacuation or emergency. The county EM Agency will be notified of the determination by local CHD representative.
- 5.** The application information of all persons with special needs who are on the county EM Agency's special needs shelter list shall be provided to the agency with the responsibility for the management of care in the special needs shelter immediately prior to a sheltering event.
- 6.** Persons with special needs who are unregistered, but who arrive at the special needs shelter during a sheltering event, will be assessed at the activated special needs shelter point of intake, and assessed for appropriate shelter placement, consistent with pre-registration eligibility criteria.
- 7.** Home Health agencies are to forward an up-to-date list of their anticipated shelter clients to the local EOC when information is collected or on a periodic basis as determined by the home health agency's county Emergency Management office. (Chapter 59A-8, Florida Administrative Code)
- 8.** Hospices shall maintain a current list of patients who are special needs registrants and shall forward this list to the local EM agency upon imminent threat of disaster or emergency and in accordance with the local emergency management agency procedures. (Chapter 58A-2, Florida Administrative Code)
- 9.** Department of Community Affairs (DCA) is the established lead agency for the Public Education and Outreach regarding the Special Needs Shelters and the Special Needs Registry. However, DOH is often called to provide support to these efforts. It is recommended that public education campaigns to pre-register people for a SpNS include the following criteria:
 - a)** Who is eligible to be a special needs shelter client.
 - b)** How to register for the SpNS.
 - c)** Information concerning local management of pet issues:
 - (1)** Whether there is a SpNS facility that accepts pets.
 - (2)** Where pets may be housed, if not at a shelter.

- d)** What shelter clients should bring with them to the shelter, i.e.:
 - (1)** Medications.
 - (2)** Vital medical supplies and equipment.
 - (3)** Special dietary foods.
 - (4)** Water.
 - (5)** Personal items (glasses, hygiene articles, change of clothing, pillows, blankets, etc.).
 - (6)** If a client has a Do Not Resuscitate Order (DNRO) or a living will, they should bring this document with them along with their personal identification.
 - e)** It is strongly recommended that shelter clients be accompanied by a caregiver or another individual accustomed to caring for their special needs.
 - f)** Availability of local transportation to and from shelters.
- F.** The SpNS Plan should outline the following components:
- 1.** Emergency admissions agreements between special needs shelters and local hospitals.
 - a)** CHDs should be encouraged to consider that the shelter medical director, CHD director, or at least one physician affiliated with the SpNS Program should request hospital admission privileges to at least one local hospital to facilitate the emergency admission process. (This may not be necessary when the local EM Agency or CHD already have pre-existing contracts or established provisions with local hospitals to accept clients transferred from SpNS facilities.)
 - b)** Plans for the emergency transport of shelter clients from the shelter to a predetermined hospital.
 - 2.** Client and caregiver spaces.
 - 3.** Staff workspace.
 - 4.** Isolation space.
 - 5.** Secure medication storage.
 - 6.** Children's play area.
 - 7.** Oxygen delivery system and storage, common area for shelter clients on oxygen therapy with "No Smoking" signs or other appropriate safety signage.
 - 8.** Space for off-duty staff to rest.
 - 9.** Temporary morgue space.
 - 10.** Plans for the management of food and water should identify:
 - a)** Who will furnish and cook the food.
 - b)** Whether the food will be prepared on site or transported already prepared.

- c) Who will distribute the food to shelter clients.
- d) Whether there will be arrangements for special diets and who will decide.
- e) Who will provide paper products, plates, cups, utensils, coffee pot, and other food service items.
- f) Provisions for the supply and transport of water as needed.

(It is recommended that the CHD coordinate these responsibilities with LEOC and mass care personnel to prevent duplication of services and ensure that shelter unit leaders have access to Environmental Health technical specialists to address issues pertaining to food and water safe practices.)

11. A plan for sleeping arrangements and comfort supplies should identify
- a) Arrangements to supply cots, lounge chairs, bedding, and privacy screens when available. (In some instances sleeping cots and bedding may be supplied by ARC. Note: Care should be taken not to exceed the weight limit of the shelter cots to avoid cot failure and possible injury.)
 - b) Who supplies the items for the shelter.
 - c) Who delivers the items to the shelter.
 - d) Who sets up the equipment.
 - e) Whose responsibility it is to return the items post-disaster.

(It is recommended that the CHD coordinate these responsibilities with LEOC, ESF, and mass care personnel to prevent duplication of services.)

12. Depending on the medical supplies and equipment available at a particular site, shelter clients may need to be advised at registration on what to bring with them to the shelter (It is recommended that the CHD coordinate these educational responsibilities with LEOC, ESF, and mass care personnel to prevent duplication of services.)
13. Plans to supply stock pharmaceuticals, oxygen and medical equipment, and office supplies may need the following considerations:
- a) Contracts negotiated.
 - b) Delivery and transportation arrangements defined.
 - c) Inventory guidelines documented.
 - d) Re-supply guidelines developed.
 - e) Safety, security, and custody measures for equipment and supplies must be defined.

14. Pursuant to Chapter 252, *F.S.*, the following points must be addressed:
- a) When generator equipment is kept on site, provisions should be made to operate the equipment and perform periodic maintenance as required.
 - b) Contracts should be negotiated for portable generators when needed.
 - c) Arrangements should be made for transport of equipment when needed.

15. The following issues for the shelter facility should all be addressed:

- a) Janitorial services, including who will furnish cleaning supplies and paper products.
 - b) Arrangements for the delivery, maintenance, and retrieval of portable toilets when needed.
 - c) Trash pick-up, including precautions for handling biohazardous waste.
 - d) Shelter safety and security measures.
 - e) Local and reliable linen delivery and pick up service, including precautions for handling biohazardous contaminated linen.
16. CHD staff may visit the Office of Public Health Nursing website for tools to ensure that they have included key plan elements:
<http://doh/divisions/phnursing/SpNS>
- The local CHD will provide their plan to the Regional Special Needs Consultant for review.

IX. The Role of the County Health Department

- A. The local CHD assumes lead responsibility for public health and medical services (ESF8) and has a primary role in coordinating staffing for special needs shelters in conjunction with local medical and health care providers. Resources may include personnel from the CHD or other DOH resources, such as, Division of Disability Determination staff, Inspector General staff, Immunization staff, and other programs' staff who could potentially have staff available to serve in the shelter. Staffing resources should also include other community resources such as home health agencies, hospitals, private physician offices, and Hospice agencies. The Office of Emergency Operations provides CHDs with support and program guidance relating to their ESF8 responsibilities.
- B. Staffing strategies for special needs shelters are the responsibility of local health department and the local community.
 - 1. "The department shall assume lead responsibility for the coordination of local medical and health care providers, ARC, and other interested parties in developing a plan for the staffing and medical management of special needs shelters. The local Children's Medical Services offices shall assume lead responsibility for the coordination of local medical and health care providers, the American Red Cross, and other interested parties in developing a plan for the staffing and medical management of pediatric special needs shelters. Plans must conform to the local comprehensive emergency management plan." {Section 381.0303(a), F.S.}
 - 2. "County health departments shall, in conjunction with the local emergency management agencies, have the lead responsibility for the coordination of the recruitment of health care practitioners to staff local special needs shelters." {Section 381.0303(b), F. S.}
 - 3. "The appropriate county health department, Children's Medical Services office, and local emergency management agency shall jointly decide who has responsibility for medical supervision in each special needs shelter" {Section 381.0303(c), F.S.}
 - 4. "Local emergency management agencies shall be responsible for the designation and operation of special needs shelters during times of

emergency or disaster and the closure of the facilities following an emergency or disaster. The local health department and emergency management agency shall coordinate these efforts to ensure the appropriate designation and operation of special needs shelters. County health departments shall assist the local emergency management agency with regard to the management of medical services in special needs shelters” {Section 381.0303(d), F.S.}

- C.** General guidelines for staffing special needs shelters are described in Special Needs Shelter Teams Asset Typing. These guidelines represent requirements necessary to provide a minimal level of care. These staffing ratios are only recommendations for use as guidance in local planning and should not be construed as a mandatory requirement. Based upon the unique demographic characteristics of individual county populations within the State of Florida, the level of skill and number of personnel required to meet the special needs of a community can vary significantly by county, type of disaster, or duration of disaster. Communities can have large elderly populations, significant transient or seasonal populations, and the potential for large tourist populations and should develop their CEMPs with these factors in mind.
1. The following is a guideline for special needs shelter staffing:
 - a) Each special needs shelter should be staffed at a minimum with one registered nurse or advanced registered nurse practitioner on every shift during the sheltering event.
 - b) The special needs shelter may be additionally staffed with one or more licensed medical practitioners per 20 persons with special needs per shift during the sheltering event.
 - c) The special needs shelter may be additionally staffed with one or more persons, not included under section (a) or (b) above, per 20 persons with special needs per shift during the sheltering event.
 2. Staffing levels may require adjustment as the sheltering event progresses, the overall health status of persons with special needs changes, and/or the availability of caregivers and other volunteers change.
 3. Physician Services:
 - a) The medical director from the CHD or another licensed physician may be assigned to act as the medical consultant for shelter operations. It is preferable for the physician to be on the premises during an event; however, the physician should be available at least by phone throughout SpNS operations.
 - b) If a physician is assigned to the shelter, the physician should evaluate each client, as needed.
 - c) Prior arrangements for admitting clients to a local hospital should be in place.
 4. Medical Staff:
 - a) All nursing services and other health and medical services should be under the direction of the Medical Operations Manager.
 - b) Nurses providing professional care in a shelter should be expected to

perform only those duties consistent with their level of knowledge and skill in accordance with local protocols and consistent with provisions of the Florida Nurse Practice Act, Chapter 464, *Florida Statutes*

- c) Although staffing patterns may be influenced by the particular circumstances of a specific disaster, personnel should not be scheduled to work for longer than 12 consecutive hours in any 24-hour period. This is applicable to all staff in the shelter setting.
- d) Care assistants - certified nursing assistants, home health aides, companions, Emergency Medical Technicians (EMTs), CHD staff, health care professionals in training, personal care attendants, nursing aides and orderlies may all assist in providing care for special needs shelter clients while under the supervision of a Registered Nurse (RN).
- e) Volunteers may assist in providing care to the shelter clients; however, they must do so under the supervision of the Medical Operations Manager.

5. Other Health Care Staff Recommendations:

- a) Paramedics and EMTs may be assigned to both general shelters and special needs shelters as directed by local jurisdictions. Agreements should be made with local agencies to define on-site supervision of services provided in a special needs shelter by paramedics and emergency medical technicians.
- b) Individuals who are trained in CPR should be assigned to the shelter at all times.
- c) At least one behavioral health professional that is affiliated with the SpNS Program and may provide mental health counseling and intervention should be available to provide services to special needs shelters.
- d) At least one hospice liaison that is affiliated with the SpNS Program and that can advocate for hospice clients should be available to provide services to special needs shelters.
- e) Shelter Unit Leaders should have access to Environmental Health technical specialists to address issues pertaining to food and water safe practices.

D. When the CHD assumes responsibility for staffing and/or managing the special needs shelter, the CHD should:

1. Develop an internal CHD personnel policy that outlines conditions of employment, exemptions from emergency duty, and a review or grievance process for employees related to disaster responsibilities.
2. Design an internal CHD process to assure that all staff members are aware of their assignments and responsibilities.
3. Create an internal CHD process to address disciplinary actions for those staff members who abandon their employment responsibilities or willfully refuse to complete disaster related assignments.
4. Provide training for staff concerning disaster management, emergency response, basic first-aid/CPR, and special needs shelter assignments.

5. Develop a process to address staff assignments including:
 - a) Volunteer Management: Volunteers offering to provide assistance in the shelter will be considered occasional service volunteers, meaning that they will provide a one time or occasional voluntary service. The Shelter Unit Leader will coordinate preparedness, response and recovery efforts related to (pre assigned or convergent) volunteers in the SpNS. Volunteers can be utilized to:
 - 1) Support activities and established priorities;
 - 2) Assist in the deployment of resources to meet specific needs;
 - 3) Assist in the distribution of information to the occupants of the shelter if directed to do so; and
 - 4) Assist in the operation of staging or reception areas.
 - b) Security staff should be instructed to permit individuals identified as volunteers to activity areas within the shelter (as appropriate).
 - c) A communications plan to notify staff of an impending disaster and instructions outlining when, where, and to whom they should report and personal items to bring with them for their assignment.
 - d) Designation of a medical manager in charge for each shift.
 - e) Staffing ratios, patterns, levels, and assignments.
 - f) Shift rotations with a maximum 12 hours/shift and no more than 5 days continuous duty.
 - g) An outline of staff responsibilities.
 - h) A log in-out book to track hours of duty for staff.
 - i) Operational standards and guidelines.

See forms available on the website:
<http://dohwebdev/divisions/phnursing/SpNS/tools>
6. Design a shelter registration system to include a method of identification for shelter clients, caregivers and shelter staff. Also establish a process to obtain the list of pre-registered shelter clients from the local EM Agency. (utilize recommended forms)
7. Establish guidelines for initial assessment and intermittent evaluation of shelter clients.
8. Implement a process for collecting daily census information.
9. Establish guidelines and a process for reporting information to the LEOC.
10. Develop a plan to procure and transport equipment and supplies.
11. Develop guidelines to address required documentation, forms and format, confidentiality of information, and document storage and retention.
12. Develop guidelines to address medication and treatment administration, storage of equipment and supplies, and documentation (in compliance with

Health Insurance Portability and Accountability Act, HIPAA, requirements).

13. Develop guidelines and a process to procure and arrange transport for stock pharmaceuticals, oxygen and medical equipment, and supplies. Planning activities should include primary and back up vendors (especially for critical supplies like oxygen) in the event that some prearranged vendors may not be able to provide services post impact.
 14. Establish a communications network. Address the use of equipment such as cellular phones/backup battery, satellite communication, Ham radio, and handheld two-way shelter communicators.
 15. Create a system for the efficient and effective management of registration and records of shelter clients. Develop a database management system using desktop, laptop, or handheld computers, if resources permit.
 16. Assign a medical director for the special needs shelter.
 17. Document guidelines to close the shelter post-disaster including:
 - a) Disposition of records, files, and reports.
 - b) Release of shelter clients.
 - c) Cleaning and securing the shelter facility.
 - d) Arrangements for inventory and return of supplies and equipment.
 - e) Inspection of the facility, documentation, and reporting of damage.
 - f) A critique of shelter operations.
- E. CHDs should consider the following guidance with regard to managing their SpNS client records:
1. The SpNS Client record must be maintained and secured as a medical record in accordance with departmental policy, as well as, state and federal regulation. For guidance on maintaining medical records, please consult your local Records Management Liaison Officer (RMLO). (The record retentions schedule for Medical records can be found in FLORIDA DEPARTMENT OF STATE - GENERAL RECORDS SCHEDULE GS4 - PUBLIC HOSPITALS, HEALTH CARE FACILITIES AND MEDICAL PROVIDERS, item #80.) <http://dlis.dos.flstate.us/barm/>
 - 2, Retention Schedule:
 - a) Record copy. Seven years after last entry.
 - b) Duplicates. Retain until obsolete, superseded or administrative value is lost.
 3. The SpNS Client information should not be released without the consent of the local Emergency Manager.
 4. The SpNS Client record may be retained by the local CHD. It may be disposed of only by the local Emergency Manager.