

FLORIDA DEPARTMENT of HEALTH
Special Needs Shelters
STANDARD OPERATING GUIDELINES

DEPARTMENT: Office of Public Health Nursing	SUBJECT: Shelter Data Collection Requirements	POLICY #	PAGE 1 OF PAGE 2
ORIGINAL DATE 8/17/05:	REVISED DATE: 5/25/06	NEXT REVIEW DATE: 5/22/07	
SUBMITTED BY/ DATE: RSpNSC/5/23/06	REVIEWED BY/DATE: Ray Runo	APPROVED BY/DATE: Sandra Schoenfisch	

Purpose:

To provide accurate SpNS information from the impacted areas to the State to facilitate response, recovery, mitigation and planning.

Policy:

The local SpNS will communicate pertinent information to the local ESF 8 which in turn will communicate with the state ESF 8.

Scope:

Special Needs Shelter throughout Florida

Reference:

Florida Statutes Chapter 381

Acronyms/Definitions:

- A. SpNS: Special Needs Shelter
- B. ESF 8: Emergency Support Function 8; Health and Medical
- C. State ESF 8: State Emergency Support Function 8, Health and Medical
- D. RSpNSC: Regional Special Needs Shelter Coordinator
- E. EOC: Emergency Operations Center
- F. Shelter Capacity: Number of shelter spaces based on 60 sq. ft. per client and caregiver combined
- G. Peak Census: Highest total number people in the shelter, excluding staff, per 24-hour period.
- H. Total number of all Shelterees: Shelterees that are counted irregardless of length of stay.
- I. Pre-Registered Clients: Individuals who have registered with County EOC prior to an event.
- J. Generator-supported air-conditioning: The ability to run the air-conditioner during power outages.

Procedures:

- A. During times of Special Needs Shelter activation, the local ESF 8 will be required to provide pertinent information concerning their activated SpNS to the State ESF 8.
- B. **Special Needs Shelter (SpNS) Daily Census Report Attachment 1**: This information will be required to be submitted twice daily (10AM and 10PM) by the local ESF8 to the State ESF 8 until the shelter is closed.
- C. **Special Needs Shelter (SpNS) Individual Line List Attachment 2**: This form is recommended for use during the operation of the shelter. This form along with the Daily Census Report will have all the information needed to fill out the Comprehensive Report at the closing of the shelter.
- D. **Comprehensive Special Needs Shelter (SpNS) Reporting Form Attachment 3**: Once the shelter has been closed this form will be utilized and completed with the pertinent information to assist future planning.