Special Needs Shelter Operations Guide

I. Purpose:
To provide a planning structure and support tools for the activation, operations and deactivation of Special Needs Shelters (SpNS) during a disaster event.

II. Policy:
Refer to Internal Operating Policy: General 8

III. Scope:
Department of Health staff, volunteers and participating agencies.
The Special Needs Shelter Operations Guide is designed to be compliant with all applicable National Incident Management System (NIMS) requirements. The Special Needs Shelter Operations Guide may be modified and appended to fit the needs of your local County Health Department (CHD) emergency plan.

IV. Reference:
Ch. 252, F.S. – Emergency Management
Ch. 381, F.S. – Public Health General Provisions
Ch. 768, F.S. – Negligence (The Good Samaritan Act)
Ch. 110, F.S. – State Employment
United States Code Title 42, Chapter 139, Section 14503: Limitations on Liability
64-3, F.A.C. -   Special Needs Shelter Administrative Rule

V. Acronyms:

ARC	American Red Cross	**ICS**	Incident Command System
CHD	County Health Department	**LogM**	Logistics Manager
DOH	Department of Health	**MedM**	Medical Operations Manager
EM	Emergency Management	**NIMS**	National Incident Management System
EMS	Emergency Medical Services	**PIO**	Public Information Officer
EOC	Emergency Operations Center	**RSpNC**	Regional Special Needs Consultants
ESF	Emergency Support Function	**SpNS**	Special Needs Shelters
FEMA	Federal Emergency Management Agency	**SUL**	Shelter Unit Leader

VI. Concept of Operations:
A. Operational Partners

ESF-1: Transportation	ESF-10: Hazardous Materials
ESF-2: Communications	ESF-11: Food & Water
ESF-3: Public Works & Engineering	ESF-12: Energy
ESF-4: Fire Fighting	ESF-13: Military Support
ESF-5: Emergency Management (Information & Planning)	ESF-14: Public Information
	ESF-15: Volunteers & Donations
ESF-6: Mass Care	ESF-16: Law Enforcement & Security
ESF-7: Resource Support	ESF-17: Animal Protection
ESF-8: Health & Medical Services	ESF-18: Business and Industry
ESF-9: Search & Rescue	

B. Activation

1. Alert and Notification:
   Depending on the nature of the disaster, there may or may not be advanced warning of an event. In situations where warning is given, preparation for the event will begin with as much lead-time as possible. Local Emergency Management (EM) will notify the County Health Department (CHD) of the need to activate the Special Needs Shelters (SpNS). Notification of SpNS teams shall be made at the local level by designated CHD personnel as determined by local plans.

2. Command and Coordination:
   The SpNS operation is placed at the unit level of ESF-8 ICS operation. The management of SpNS will be accomplished by command teams consisting of a Shelter Unit Leader (SUL), Medical Operations Manager (MedM) and Logistics Manager (LogM); as in all incident command systems (ICS), positions may be combined.

3. Opening the SpNS:
   The designated person responsible for the facility and the SUL will open the SpNS.

4. Walk Through and Survey of Facility:
   Once the SpNS is opened, the command team and the Facility Representative (person designated as responsible for the facility) must walk through the shelter area and survey the facility and document any deficiencies. The surveyors should document the condition of the facility and any facility equipment that will be utilized during the SpNS activation. Problems that cannot be resolved at the facility should be reported by the SUL to the Local ESF-8 representative.

5. Securing the Facility:
   In order to maintain the flow of shelterees coming into and out of the SpNS, it is ideal to establish one main entranceway for clients and caregivers. The SUL along with security will ensure that any areas not to be used during the SpNS operation are secured and identified as "off limits". Problems that cannot be resolved at the facility should be reported by the SUL to the local ESF-8 representative.

6. Set-up of SpNS Stations and Signs:
   After the SpNS has been surveyed and properly secured; the command team will determine the set-up of the facility. The logistics support staff will set up to receive shelterees and supplies. They will post the exterior signs in pre-designated areas to guide traffic to the SpNS. They will also post the interior signs to identify the various stations and important locations within the SpNS. Any signs that are not listed but deemed necessary will be created and posted by the logistics support staff.

7. Shelter Operational Areas:
   When setting up a shelter, the SUL should be aware that the layout of the shelter may be dictated by the location of essential utilities, e.g. the nurse's station should be located in proximity to generator-supported electrical outlets. *Form should follow function*.

   a) Initial Assessment Area
      The initial assessment, when possible, should be completed while the client is still in the vehicle to evaluate appropriateness for placement in the SpNS.

b) Sign In/Out Area
The Sign In/Out Area will be manned by the logistical support staff and will be set up near the entranceway to ensure that all clients coming to the SpNS are screened and registered. A separate desk may be set up to provide a station for people who are pre-registered.

c) Nurses Station
The nurses' station must be staffed at all times. This area may include:
- A first aid station
- Client records and other pertinent information
- Reference materials which may include the following:
  - Lippincott Manual of Nursing Practice
  - Merck Manual
  - Red Book
  - Control of Communicable Diseases Manual
  - Local Emergency Contact Information (contact information for hospitals, emergency management, or other shelter sites, etc.)
  - Nursing Pharmacology Book or Physicians Desk Reference (PDR)
  - Local Special Needs Shelter Plan
  - Quick reference documents/checklists
  - Current version of Special Needs Shelter Operations Guide

d) Command Area
The Command Area serves as a meeting area for command staff. This area may be used for the following:
- Briefings
- Shelter log documentation (pertinent shelter information and activities)
- Staff scheduling
- Notifications/Updates to and from the Local Emergency Operation Center (EOC) – Any problems that arise in the SpNS that require additional assistance, or problems that cannot be resolved by the SpNS staff, should be reported to Local ESF-8. Updates to Local ESF-8 will occur frequently at the beginning of the SpNS opening. As the operation moves into maintenance, the updates will occur on a twice daily basis and as problems arise.

e) Logistics Area
All supplies will be delivered and maintained at the Logistics Area. The supplies will be received by the LogM or designee. The supplies should be stored in a secured area away from public access. An inventory will be maintained with recordings of supplies received, ordered, used, or returned.

Upon receipt of supplies, the LogM or designee will verify items and quantities, noting any discrepancies on the inventory sheets. When the SpNS deactivates, the LogM or designee will complete a final inventory of the remaining supplies with a calculation of the total quantity used. The inventory sheets and unopened, usable supplies will be sent to the agency responsible for SpNS supplies.

f) Morgue Area
The morgue area should be isolated and secured away from public areas. In case of a death, the SUL should notify a law enforcement officer and Local ESF-8 and follow local protocols for out of hospital death as directed. The personal

belongings of the deceased should be secured and relinquished to law enforcement upon their arrival.

g) Staff Only Areas
The sleeping area should be located in a quiet area of the SpNS, preferably away from the main traffic, with limited or no natural light to allow staff to sleep when off duty. If space permits, separate areas may be established for staff breaks and staff families.

h) SpNS Information Area
The information area should be centrally located, and updated information should be posted regularly. The SpNS rules and other pertinent information should be displayed in this area. Some SpNS rules may include:
- Everyone must sign in/out when entering/leaving the shelter (including clients, caregivers, family, visitors, staff and volunteers)
- List of issues that should be reported to the shelter staff, such as client symptoms of fever, diarrhea, rash, coughing or vomiting or assistance needed with medications or treatments
- Everyone should use good hand washing and do not share drinks to prevent the spread of disease
- Smoking is strictly prohibited inside the shelter and only permitted in designated area(s) located outside the shelter
- Clients and caregivers are responsible for personal belongings
- **No** firearms, alcohol, illegal drugs or illegal substances are allowed in the shelter or on the premises
- Designated meals times and quiet hours
- Service animals (dogs) are the only animals allowed in a special needs shelter

i) Food Service Area
SUL should consult with the facility representative and the food provider to determine the best location for food service, which may include dinning area. The SUL should also meet with the kitchen personnel to arrange meals and snack times.

j) Care Areas
Consideration should be made when making the designation of care areas to accommodate client needs such as electrical outlets, rest room proximity, exits, etc. Designated Care areas may include but are not limited to the following:
- Intake and medical interview
- Observation and holding
- Electrically dependent
- Oxygen
- Wound care
- Hospice
- Cognitively impaired
- Isolation – Standard precautions are used in the care of all clients and are designed to reduce the risk of transmission from both recognized and unrecognized sources of infection. All workers must wear gloves and other appropriate personal protective equipment when it is anticipated that the worker may have contact with blood, any body fluids, secretions, excretions (except sweat), regardless of whether or not they contain visible blood, non-

intact skin and mucous membranes. Some clients may have known or suspected conditions that need additional precautions beyond Standard Precautions in order to interrupt their transmission.
- Pediatrics – Pediatric clients may present to the shelter, both with and without their parents or guardians. The unique anatomy and physiology of the pediatric client requires a unique approach to assessment and treatment, including the use of pediatric specific equipment and medications, which must be dosed appropriately according to age and weight. The command team must follow local procedure(s) for communications, health care delivery, parent or legal guardian contact, reunification of children with families/guardians.

8. Arrival of Staff:
All staff reporting to the SpNS must report to the sign in area, and then report to the designated manager for shift assignment within the SpNS. All staff and volunteers will be posted on the Staff and Volunteer Line List. All staff should be easily identified by vests, shirts, caps or some other item which from a distance will clearly indicate that they are SpNS staff.

9. The Logistics staff will ensure that all staff members including physicians, nurses, respiratory therapists, law enforcement/security, Emergency Medical Service (EMS), support staff and others are added to the Staff and Volunteer Line List. They will also ensure that each staff logs hours worked in the Disaster Time Keeping section (DTKS) of People First. Completed time sheets should be maintained by the team leader, in accordance with local CHD policy.

10. Clients Arrival:
The initial assessment, when possible, should be completed while the client is still in the vehicle, to evaluate appropriateness for placement. People whose needs exceed the level of care that can be provided at a SpNS should be referred to a more appropriate facility. The SUL will contact Local ESF-8 with all pertinent information so assignment to an appropriate facility can be coordinated.

Due to the nature of the emergency and prevailing conditions it may not be possible to move people to an alternate location. In situations regarding people with medical conditions that exceed the level of care that is available, all attempts will be made to move these people to appropriate locations.   If conditions become dangerous for travel, people will not be turned away from the SpNS. If the patient is able to provide his/her own transportation then clear, concise directions should be given to the closest appropriate facility identified by Local ESF-8. Whenever possible the written address should be given. If a client is assessed as requiring an ambulance transport, this will be arranged by SUL through the Local ESF-8.

Required forms should be completed as follows:
- All SpNS clients will be posted on the Special Needs Shelter Individual Line List for Evacuees.
- All non-registered clients or clients with incomplete registration information will complete a Special Needs Shelter Intake Form. The Intake Form will be placed in the client's folder. The second page of the form may be utilized for additional notations as necessary. Charting will be done by the medical staff including documentation of medical procedures or significant changes in status.

- All pre-registration forms should be reviewed. Updates and any missing information should be recorded on an attached Special Needs Shelter Intake Form.

Medical information will be requested from the clients. Privacy should be considered when selecting a location to complete the Intake Form. It is not advisable to use the registration area, as traffic flow may be extremely heavy. All forms should be maintained at the shelter throughout activation. All medical records of clients are considered confidential information and will be maintained according to DOH information security policies and procedures as well as HIPAA guidelines.

Florida Law (Section 252.355(3), F.S.) requires that service animals be allowed to accompany a person with special needs into the SpNS in accordance with the Florida ADA Laws (Section 413.08, F.S.). It is not permissible to ask for the individual's proof of disability or any identification of the animal and its qualifications. You may ask the following questions to identify an individual's service animal:
- Is the dog a service animal required because of a disability?
- What work or task has the dog been trained to perform?

Do not segregate the individual with a service animal. If another client is allergic to the animal, it will be necessary to work out placement that is agreeable to both individuals.

The care of the service animal is the sole responsibility of its owner. Clients with service animals should be told to bring the service animal's food and any other necessary supplies with them to the shelter. If they arrive with no food and/or supplies, work with local partners to obtain. If local resources exhausted, a request mission should go to ESF-17. In the event of a service animal owner's death, the client's next of kin or emergency contact person should be notified. If unable to contact, work with local partners to address the issues. If local assets exhausted, complete the ESF-17 mission request. In the event of a service animal death while in the shelter, work with local resources to carry out request of client. If local resources exhausted, complete ESF-17 mission request.

11. Volunteers:
All volunteers must be approved by the SUL prior to beginning work. Each volunteer must sign in on the Staff and Volunteer Line List and complete the SpNS Volunteer Ch. 110 Application and Position Description Forms and log all hours they work. Volunteers should be assigned according to their skills level.

12. Ancillary Medical Provider:
Home Health Agency, Nurse Registry, Home Medical Equipment Provider and Hospice care staff must sign in/out on the SpNS Visitor Sign in Sheet and notify the SUL of their arrival, the intended services to be provided, and the identity of the client to receive the service.

13. Arrival of Visitors:
All visitors must sign in/out and identify their visit purpose.

14. Food:
The SUL in consultation with the Facility Representative should:
- Coordinate with food service staff to arrange feeding schedules, ensuring all clients and staff receive adequate meals

- Establish meal times
- Ensure adequate serving times

15. Media Relations:
Staff should be informed of how media issues are to be addressed (i.e. by a member of the command staff, designated Public Information Officer (PIO) on site or off site, etc.). If media employees arrive at the shelter, notify SUL immediately and follow Media Relations Guidelines. Any non-staff choosing to speak to the media must complete the SpNS Media Permission and Release Form.

C. Shelter Operation Activities

1. Registration/Shelteree Count:
The LogM will assign logistics support staff to sign in all staff, volunteers, clients, and caregivers. The LogM will also assign staff to greet and assist the SpNS clients entering the SpNS. Once the major influx of people has ceased, the logistics support staff will update and file all records.

The LogM is responsible for maintaining the official number of shelterees . An accurate census assists in ensuring safety and ensures proper supplies/staff are available to continue operations.

The LogM will monitor the number of shelterees on a regular basis and report to the SUL the capacity of the SpNS; the SUL will report to Local ESF-8. When a SpNS reaches near capacity, consideration will be made to start re-routing clients to other SpNS. Regular census reports must be maintained to apprise agencies providing food and other resources.

2. SpNS Updates:
It is the responsibility of the SUL to keep Local ESF-8 informed of the events in the SpNS. The following items must be reported:

a) Resource Status
The MedM/LogM should assess the staffing, supply and equipment needs throughout the total length of the SpNS operations. The MedM/LogM must report this information to the SUL at shift change or sooner if significant shortages are identified. If any shortages occur, the SUL should request additional resources through Local ESF-8.

b) SpNS Data
SpNS information is to be reported at pre-determined times utilizing the SpNS Daily Census Report. The LogM must report this information to the SUL. The SUL or designee will report to Local ESF-8.

c) Relocation of Clients
The SUL will coordinate with Local ESF-8 to relocate clients not appropriate for the SpNS level of care to an appropriate facility.

d) Updates to Shelterees
It is the responsibility of the LogM, with approval of SUL, to provide updates and announcements on events occurring outside of the SpNS.

e) Updates to Staff
SpNS site briefings should be conducted at least twice daily to facilitate an exchange of information with all staff and volunteers. Briefings should be conducted at change of shifts to ensure that pertinent information is disseminated, discussed, coordinated and recorded in the shelter log. The command team members are responsible for maintaining the shelter log. These briefings can also be utilized to relay information issued from the Local EOC. Command team shall brief staff on their functional areas of activity.

3. Shift Changes:
It is the responsibility of the LogM and MedM to ensure that the staff they supervise are rotated, ideally working no more than a twelve-hour shift. A buddy system should be developed to ensure safety.

4. Arrival Of Staff Deployed from Outside the Impact Area:
The SpNS Orientation Process must be completed with all staff. When the deployment center at the logistical staging area is not operational, the Deployed Staff Check-in and Briefing Process must be completed at the shelter. When the deployed staff complete their assignment, just prior to their return home, they must be provided a debriefing. The Disaster Check Out and Debriefing Process form should be completed.

5. Monitoring Emotional Health – Psychological Response to a Traumatic Event:
Crisis events exceed the resources and coping mechanisms of people. A critical incident is any situation that causes emergency personnel to experience unusually strong emotional reactions that could interfere with the ability to function. As staff are working to meet physical needs, they may also have the opportunity to respond to psychological needs of not only the clients, but also the needs of co-workers.

All workers in disaster relief must be aware that overwork can result in "burn-out", a state of exhaustion, irritability, and fatigue, which decreases your effectiveness and capability. Denial of burnout may not be apparent to the individual, but may be obvious to others. Burnout symptoms include:
a) Cognitive: mental confusion, slowness of thought, inability to make judgments and decisions, loss of ability to conceptualize alternatives or to prioritize tasks, loss of objectivity in evaluating own functioning.
b) Psychological: depression, irritability, anxiety, hyper-excitability, and excess rage reactions.
c) Physical: exhaustion, loss of energy, gastrointestinal distress, change of appetite, hypochondria, sleep disorder, tremors.
d) Behavioral: hyperactivity, excessive fatigue, and inability to express self verbally or in writing.

Factors that decrease incident stress:
a) Rest, meals, sleep
b) Training prior to an event
c) Feeling of belonging
d) Using the buddy system
e) Appropriate humor

If a co-worker is noted to exhibit symptoms of "burn-out", follow local policy to assist.

6. Maintaining Security of the Facility:
During occupation of the SpNS it is the responsibility of the SUL, Facility Representative or designee, and Law Enforcement Officer/Security Guard to make certain that the facility is secure. During a hurricane it is important to ensure that doors and windows to the facility remain closed to protect the structural integrity and prevent collapse of the facility. Law Enforcement Officer/Security Guard should make regular rounds of the interior and exterior portions of the facility. Exterior areas should only be surveyed when conditions are safe. Emergency situations or situations which may escalate to an emergency should be reported to Local ESF-8 by the SUL.

7. Maintaining Health and Safety Conditions of the Facility:
Health and safety considerations shall always be paramount when operating a shelter. Safety is the responsibility of all team members. An impractical sense of urgency must <u>never </u>override safety considerations regardless of the nature of the mission. When identified, safety issues should be addressed quickly. If the challenge cannot be immediately resolved, the SUL should be notified without delay.

8. Medical Records:
All client medical records are considered confidential information and will be retained according to DOH information security policies and procedures as well as HIPAA guidelines. It is the responsibility of the SpNS staff to ensure the medical records of clients are safeguarded.

D. Deactivation
Deactivation of a SpNS will occur when authorization has been received from the local or state EOC for deactivation/closure.

1. Decision Making:
Local ESF-8 will notify the SUL when to deactivate (close). At no time will a shelter be deactivated prior to the issuance of this order. SpNS will not complete deactivation until the last client has been delivered safely to their home or other arranged location. If an area of the county receives damage, it may be necessary to retain some clients in the shelter for continuing care until further arrangements for long-term care can be made. In cases where clients are unable to return to their homes, attempts will be made to identify alternate facilities. Consolidation of SpNS population needing continuing care may reduce the number of shelters and necessary resources.

The decision to close the SpNS will include the following:
• Impact of the disaster
• Urgency of need to return the facility to normal conditions
• Availability of transportation resources
• Time of day

2. Discharge Planning:
When the SUL gives the "all clear" for clients to leave the SpNS the following must occur:
• Client interviews are conducted by the operations staff as needed to determine required assistance. The discharge planning portion of the intake form must be updated. Clients able to leave without assistance must check out at the Sign In/Out Area. Clients with unmet needs will be reported to the SUL.

- The SUL will ask Local ESF-8 to verify the client destination is safe and sufficient to meet his/her needs.
- Local ESF-8, working with other operational partners, will arrange for transportation, as needed.
- SpNS staff will determine the number of clients needing alternative housing.
- A multi-agency discharge planning team may be requested through Local ESF-8 after all local resources have been exhausted.

3. Final Walk-through:
Prior to closure, the command team and the facility's representative will walk through the shelter area and must document any identified deficiencies. The surveyor should document the condition of the facility and facility equipment utilized during the SpNS activation. Challenges that cannot be resolved at the facility should be reported by the SUL to the Local ESF-8 representative.

4. Closure:
The SUL will notify local ESF-8 when all clients have been discharged and the closure responsibilities have been completed. Shelter areas should be restored to an operational condition that will permit subsequent reactivation if necessary.

5. Debriefing:
The CHD Director/Administrator should schedule a debriefing with staff within seven days of closure.

6. After Action Report:
ESF-8 will prepare an after action report on the operation. The report should include the location of the SpNS, dates of operation, summary of services provided, problems and recommendations.

VII. Job Responsibilities

The Team Members will:
- Ensure that they are personally, physically and mentally prepared to operate in an austere environment for an extended period of time
- Ensure that they have the recommended personal items

A. ESF-8 staff
Local ESF-8 is the contact for the SUL of each SpNS at the EOC.
Duties include, but are not limited to:
- Provides advice and support to the SUL of each SpNS
- Receives requests and reports

B. Shelter Unit Leader (SUL)
The SUL is a member of the Command team and is responsible for:
- Directing staff assigned to the shelter.
- Establishing incident objectives and strategies
- Ensuring staff are familiar with communication procedures
- Ensuring team safety

C. Medical Operations Manager (MedM)
The MedM is a member of the SpNS Command team and is responsible for:
- Providing oversight of all medical staff and services

- Ensuring appropriate client triage coming in to the shelter
- Ensuring team safety

D. Logistics Manager (LogM)
The LogM is a member of the SpNS Command team and is responsible for:
- Providing oversight of logistics support staff and resources
- Ensuring team safety
- Assigning work locations and tasks to logistics support staff

E. Medical Staff
The medical staff are licensed medical personnel and are responsible for:
- Reporting to MedM
- Completing duties as assigned by MedM
- Performing only those duties consistent with their level of expertise and in accordance with their professional licensure

F. Logistics Support Staff
The Logistics Support Staff is responsible for:
- Reporting to LogM
- Completing duties as assigned by LogM

G. Medical Doctor (MD/DO/Advanced Registered Nurse Practitioner (ARNP); Physicians Assistant (PA); EMS
The medical disciplines may be available at the SpNS. They will assist with coordination of medical services provided in the SpNS. Ideally, the physician should have admitting privileges to at least one general hospital.

Duties may include, but are not limited to:
- Approving all extraordinary medical procedures performed at the SpNS
- Providing diagnosis and treatment orders for acute illnesses which occur among SpNS clients, when attempts by the nursing staff to contact the primary care physician are unsuccessful
- Consulting with the MedM in the SpNS on client care problems and attempts to provide resolution to these problems
- Reporting unresolved problems to the SUL, through the MedM (The SUL will report to Local ESF-8)

H. Respiratory Therapist
Respiratory therapists may be available at SpNS. Their duties include, but are not limited to:
- Assisting clients with oxygen equipment
- Adjusting oxygen flow rate, as prescribed
- Performing observation and evaluation of oxygen therapy in collaboration with nursing staff

I. Caregivers
Caregivers may be family members, and/or daily companions. Duties include, but are not limited to:
- Assisting the client with mobility impairments in ambulating, transfer and personal hygiene
- Keeping the client as calm as possible
- Monitoring client conditions for changes and immediately report to nursing staff

- Following direction of licensed medical support staff in charge of the area
- Assisting clients to get settled in their space and answer questions regarding location of bathroom, etc.
- Keeping clients aware of time and inquire if assistance is needed with self-administered medications and treatments
- Providing diversion activity such as card games or conversation
- Assisting in food acquisition and/or feeding as needed
- Assisting in keeping the area clean and free of trash
- Maintaining standard precautions and infection control

J. Volunteers

On-site recruitment of volunteers to assist with non-medical tasks in the SpNS is encouraged; however, they must be assigned by the SUL and supervised by the LogM, MedM or designee at all times. Security staff should be instructed to permit individuals, identified as volunteers, to operation areas within the shelter (as appropriate).
Volunteers can be utilized to:
- Support activities and established priorities
- Assist in resource distribution
- Assist in information dissemination
- Assist clients with activities of daily living

Prior to the shelter activation, all licensed volunteers must be identified and verified to have an active, unencumbered Florida license in the healthcare profession for which they are to practice in the shelter. If this prior verification is not completed, the volunteer may be assigned to assist with non-medical tasks.

K. Law Enforcement/Security

The Law Enforcement Officer/Security Guard coordinates with the SUL and the facility's representative. The Law Enforcement Officer/Security Guard is responsible to provide needed safeguards for protection of personnel and property.

FORMS

The following forms can be found on the Department of Health Website at
http://www.floridahealth.gov/preparedness-and-response/healthcare-system-preparedness/spns-healthcare/index.html

SpNS Walk Through Survey
SpNS Sample Supply and Equipment List
Oxygen Packs
Staff and Volunteer Line List Visitor and Family Sign in Sheet
Basic Infectious Control Guidelines
Guidance Respiratory
Guideline for SpNS Census Reporting
SpNS Data Collection SOG
      SpNS Daily Census Report
      SpNS Individual Line List for Evacuees
      Comprehensive SpNS Reporting Form
SpNS Intake Form
Media Permission and Release Form (English) (Spanish) (Creole)
Job Action Sheets
      Logistics Manager (LogM) Job Action Sheet
      Logistics Support Staff Job Action Sheet
      Medical Operations Manager (MedM) Job Action Sheet
      Medical Staff Job Action Sheet
      Shelter Unit Leader (SUL) Job Action Sheet