

SPECIAL NEEDS SHELTER STAFF SHORTAGES: CONTINGENCY PLAN

Version 2.0 – February 26, 2013

1. **PURPOSE:** The purpose of this plan is to establish contingency strategies to staff and operate Special Needs Shelters (SpNS) within the statutory requirements of FDOH in lieu of staffing shortages at the County Health Department level.
2. **SITUATION:** FDOH County Health Departments are required to establish and operate SpNS during disaster situations. Due to recent budget reductions, County Health Departments have reduced staffing, which impacts the ability to establish and operate SpNS.
3. **CONSIDERATIONS:** This plan factors in the following considerations which were used in the development of the contingency options.
 - a. Data provided by the counties through self-reporting assessments as a part of the 2012 County Health Department Response System Profiles (May 2012) shows that a majority of counties have capacity to establish and operate SpNS for the first 72 hours.
 - b. In a hurricane scenario, augmentation of shelter staffing needs within the first 72 hours would require pre-landfall deployment of additional personnel into the impact area which goes against current policy and responder safety guidelines.
 - c. Due to the variability in hurricane tracking predictions, other regions/counties in Florida would be ill-served to deploy personnel to another region pre-landfall and leave their county vulnerable and short staffed should the storm track change or impact multiple parts of the state.
 - d. 72 hours is the generally accepted planning timeframe in which shelter operations are underway before and immediately following the landfall of a hurricane. In most cases after 72 hours, additional resources can be deployed as necessary for staff augmentation.

4. AUTHORITY

- a. F.S. 381.0303 requirements for FDOH to establish and operate SpNS
- b. F.S. 154.04 recognizes all County Health Department personnel as employees of the Department of Health and applies personnel rules established by the Department of Management Services.
- c. F.S. 252 authorizes the Governor to delegate emergency responsibilities to the officers and agencies of the state and of the political subdivisions thereof prior to an emergency or threat of an emergency and shall utilize the services and facilities of existing officers and agencies of the state and of the political subdivisions thereof, including their personnel and other resources, as the primary emergency management forces of the state, and all such officers and agencies shall cooperate with and extend their services and facilities to the division, as it may require.
- d. Governors Executive Order (standard language utilized in emergency situations) directs all state, regional and local agencies to utilize their personnel “to assist in meeting the needs of the emergency and to place personnel under control of the State Coordinating Officer to meet the needs of the emergency” and authorizes state agencies to deviate from statutory requirements in order to meet the needs of the emergency.

5. **CONTINGENCIES:** Based on the considerations above, the following tiered contingency options are recommended for implementation at the local level in order to increase local capability to staff and operate special needs shelters utilizing local personnel for the establishment and the first 72 hours post incident.

Contingency 1: Sequence SpNS staffing models to align with the shelter population and expand the nurse to patient ratio to utilize less nurses and more non-clinical personnel. This can be done through implementing a minimum 1:20 ratio of nurses to SpNS clients and utilizing non-clinical personnel for ancillary services. Therefore, one nurse per shift should be utilized with extenders as the minimum component until the population dictates additional personnel. This option allows counties to cover more operational periods with fewer nurses and encourages the use of other county government personnel to assist the CHDs with nonmedical staffing and the operation of special needs shelters as directed in F.S. 381.0303 Section 2(b). See Technical Assistance Guidance: General 12, dated June 14, 2012.

Contingency 2: Collaborate with neighboring counties within a 25 mile radius to implement multi-county SpNS shelters. This option allows counties to pool personnel, equipment and supplies to provide services to a larger area and reduces the number of personnel needed for some aspects of shelter operations. Counties would have to identify transportation options to move clients to the shelters when necessary. Existing models for this option already exist and are being successfully implemented for SpNS operations within Florida.

Contingency 3: Augment local SpNS staffing with Medical Reserve Corps volunteers or other pre-identified healthcare personnel through community partnerships. This option may support the continuation of SpNS beyond 72 hours. This option provides for additional personnel to work under the leadership of CHD nurses at the shelter. Staffing resources can include other non-obligated community resources such as hospitals, private physician offices and hospice agencies.

Contingency 4: Augment local SpNS staffing with contract nursing staff from a local area vendor. This option utilizes other local healthcare providers without deploying other staff into the track of the storm.

Contingency 5: Activate CHD Continuity of Operations plans to temporarily discontinue some day-to-day services within the CHD in order to free up staff for sheltering operations. This is authorized through the language included in a Governors executive order.

Contingency 6: Co-locate SpNS (or portions of) in established health care facilities in the community. This can be done through agreements with hospitals, nursing homes or other health care facilities to shelter portions of the special needs populations during incidents (i.e. oxygen dependant). This allows the facility to use their personnel and reduces number of nursing staff needed in shelters.

6. RECORD OF CHANGES AND APPROVAL

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