



# Pre-Landfall Tropical Weather / COVID-19 Co-Response Guidance

Considerations for Florida Counties in  
Planning for Concurrent Responses

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# 1 Introduction

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The Florida State Emergency Response Team (SERT) is activated in response to the COVID-19 pandemic. The COVID-19 response is anticipated to continue in some form over a period of months; extending into and through Hurricane Season in Florida. Should a tropical system be forecasted to impact Florida, the Florida Division of Emergency Management would initiate co-response procedures. **A co-response is a scenario where the state will be required to respond to simultaneous events concurrently.** FDEM has the overall responsibility for coordinating the severe weather response actions of the SERT. The Florida Department of Health (FDOH) will continue to coordinate the protective actions related to safeguarding the health of the citizens and visitors of Florida from COVID-19. As Florida continues to respond to COVID-19 during the 2020 Hurricane Season, the typical protective actions that emergency managers use to respond to tropical systems must be modified to accommodate additional protective actions and physical distancing requirements.

The purpose of this Tropical Weather / COVID-19 Co-Response Guidance is to:

- Outline the conditions and planning assumptions at the Local, State, and Federal levels related to COVID-19.
- Describe the potential impacts to standard operational procedures (SOPs) due to COVID-19.
- Identify preparedness activities and timeline for implementing these preparedness recommendations and operational strategies.
- Provide suggestions and guidance to help counties and municipalities within Florida prepare for a modified hurricane pre-landfall response during COVID-19.
- Identify novel planning considerations that counties may choose to utilize during a co-response.
- Make clear the State's prioritized sheltering approaches during a co-response:
  1. Shelter-in-place/stay at home, if safe to do so.
  2. Use of non-congregate sheltering.
  3. Use of congregate sheltering.
  4. Use of refuges of last resort.

## 1.1 Scope

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This guidance addresses the policies, procedures, and strategies by which FDEM and the SERT intends to support county emergency management operations in the unique realities that exist due to the on-going COVID-19 pandemic. This guidance is intended to highlight only the differences or changes in typical hurricane response pre-landfall due to COVID-19. The primary objective is to assist counties in establishing expectations regarding state support of their preparation and response to a tropical weather event during COVID-19.

Nothing in this document supersedes State or County Comprehensive Emergency Management Plans (CEMPs), emergency operation plans, or other authorities. Counties have the primary responsibility for coordinating protective actions and emergency response measures with support from the State for tropical cyclones. Nonetheless, there may be some response actions that the SERT

will implement to ensure impacts to lives and property are mitigated for both hazards (e.g. support mission requests). Counties and Emergency Support Function (ESF) organizations should use this guidance to develop additional SOPs and checklists.

## **1.2 Situation**

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The dual response of a weather event and COVID-19 requires the SEOC to modify staffing and organizational structure to ensure proper span of control. The SEOC's overall course of action for maintaining this span of control is detailed in the following sections.

### **1.2.1 Organization During a Co-Response**

If a hurricane should threaten Florida, the SERT will consider establishing **two response teams** (Hurricane Response Team and COVID-19 Response Team) under the command of **one State Coordinating Officer (SCO)**. During a co-response, the State Emergency Operations Center (SEOC) would shift focus to the hurricane response, while the COVID-19 response would relocate to the FDOH campus. The SCO and Unified Command will continue to oversee the strategic priorities of both operations, but each team would consist of its own General Staff positions.

The splitting of the SERT into a Hurricane Team and a COVID-19 Team will only occur if Command Staff feels the complexity of the operations necessitates two separate General Staff structures for command and control purposes. Possible reasons for creating a second response team includes span of control, geographic, continuity, and complexity concerns.

The SCO has the sole discretion to initiate two response teams. However, the general assumption is that the SERT will be split for a forecasted Major Hurricane, while a Category 2 Hurricane or below will be managed in a unified SEOC. The primary factor for this decision is space requirements of partners. The SEOC is at near maximum capacity for COVID-19, and a hurricane response may require additional activation of the Infrastructure Branch and Air Operations Branch. The decision should be initiated 96 hours pre-landfall and the transition should occur no later than 72 hours pre-landfall.

#### **Hurricane Response Team**

The Hurricane Response Team will include all SERT functions and capabilities to address all Florida Lifelines and will include the following:

- Command and General Staff
- Representatives from all 18 ESFs

The Hurricane Response Team will be located at the SEOC. The number of team members will reflect the size and magnitude of the storm, in accordance with SOPs. This team will respond to all issues related to hurricane response, including any protective actions that must be modified to support the minimization of COVID-19 risks; for example, issues such as implementing social/physical distancing for COVID-19 during evacuation or in shelters and the use of non-congregate shelters (NCS). All

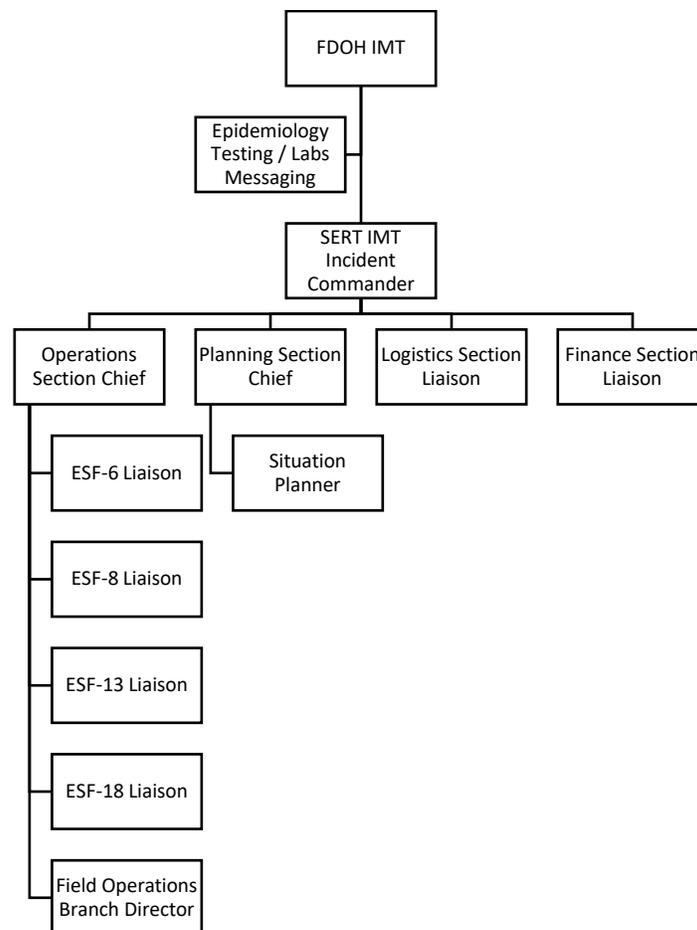
incoming staff not previously activated for COVID-19 in the SEOC will need to be tested. FDEM will deploy rapid testing to the SEOC to test staff.

*The Hurricane Response Organizational Chart will follow the command structure as identified in the State Comprehensive Emergency Management Plan.*

**COVID-19 Response Team**

The COVID-19 Response Team will be formed from the larger SERT team. These representatives will be located at the FDOH campus. A FDEM SERT Incident Management Team (IMT) will also be co-located at the campus.

COVID-19 Response Team staffing shall include personnel as indicated below. Each ESF will be responsible for assigning individuals to the team. For each ESF, it is the intent that either the ESF lead or alternate Emergency Coordinating Officer (ECO) of each applicable ESF should be assigned in the COVID-19 response team to ensure adequate leadership and decision making at the secondary site. Final staffing will be dependent upon magnitude and pace of the spread of COVID-19 within the State. Staffing should be scalable to increase or decrease as needed.



### **Unified Logistics Section**

All requests for logistical support will be routed through the Unified Logistics Section at the SEOC. The Unified Logistics Section will be responsible for tracking all resources deployed by the SERT, whether it related to the hurricane response or the COVID-19 response. A Logistics Section Liaison will deploy with the SERT COVID-19 IMT to ensure proper resource management, deconfliction and efficient distribution management. The Logistics Support Desk will need to establish procedures for the adjudication of missions.

## **1.2.2 WebEOC and State Information**

### **Mission Management**

The SERT will open a WebEOC database specific to the hurricane response. The SERT will simultaneously monitor both WebEOC databases for new mission requests. The Hurricane Response Team in the SEOC will monitor hurricane missions and the COVID-19 Response Team will monitor COVID-19 missions. Missions related to protective actions, congregate sheltering, and other hurricane specific actions will be in the Hurricane WebEOC Database, while non-congregate sheltering, testing, and testing site demobilization will be in the COVID-19 Database.

Counties will need to determine the best way to separate or handle their mission management between the dual events.

### **Essential Elements of Information**

In a dual event, counties will need to enter comments into the Essential Elements of Information (EEI) Board in WebEOC, signifying which event instigated the input. The Planning Section in the SEOC will be responsible for providing situational awareness of the EEI board for both the COVID-19 and tropical weather responses to the SEOC and counties.

### **Planning Process and Products**

In the event of a co-response, the SERT will operate separate planning processes for each event. The SERT COVID-19 IMT Planning Section will continue to produce the *SEOC COVID-19 Situation Report*, the COVID-19 Response Incident Action Plan (IAP) and coordinate the battle rhythm for the COVID response. The Planning Section at the SEOC will activate their Integrated Planners to produce a separate Situation Report, IAP, and Battle Rhythm for the hurricane response, as well as initiate the Lifeline Report. The Planning Section will be responsible for maintaining situational awareness of both Battle Rhythms across both responses.

## **1.3 Assumptions**

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The State of Florida and all Florida counties have advanced operational plans to respond to hurricanes and all mass care, response, and recovery functions. However, with the addition of COVID-19, planning assumptions must be altered to account for the spread of the disease and other restrictions (e.g. social/physical distancing).

### **1.3.1 Anticipated State Resource Limitations**

Due to COVID-19, certain resources that are relied upon during hurricanes may be less readily obtainable during a co-response due to the lack of out-of-state mutual aid and Emergency Management Assistance Compact (EMAC) resources. This includes resources that counties routinely request from the SEOC. The state is exploring staff augmentation options and many needs can be met through private contractor support (e.g. issue an RFP for shelter staff support). Nonetheless, counties should incorporate potential delays and/or shortages into their planning efforts.

#### **All-Hazard Incident Management Teams**

During the past three storms, the SEOC requested 42 All-Hazard IMTs to support EOC, Logistics Staging Area (LSA), Base Camp and other operations. The State will need to rely heavily on in-state capabilities to augment the loss of out-of-state IMT assistance.

#### **Debris and Emergency Road Clearance**

The State received over 1500 out-of-state debris clearance and cut-and-toss crews following Hurricane Irma. Counties should prepare contingencies for in-county resources that can be used, as well as the potential for delayed access to secluded communities and other areas that may suffer large debris impacts. Counties should review their pre-disaster contracts and establish the expectations for the 2020 Hurricane Season.

#### **Feeding Distribution**

It should be anticipated that COVID-19 feeding operations will continue nationwide. The USDA is boosting national programs starting in June and will directly supply products to select feeding partners. As such, there is uncertainty on the ability of food manufacturers to ramp up production, especially for shelf-stable meals. Counties should prepare for a potential delay in the establishment of an emergency feeding supply chain. Counties should explore partnerships with local restaurant and grocery chains for possible augmentation of the traditional emergency feeding operations. This helps prioritize the reopening of local businesses and reduces the reliance on the emergency supply chain.

#### **Utility Restoration**

Utility companies rely heavily on mutual aid from out-of-state utility companies to assist in restoring power. With unknown capability of partners due to reduced work forces nationally, counties should prepare for the possibility of prolonged utility outages.

#### **Urban Search and Rescue**

During the past three storms, 27 EMAC / Federal Urban Search and Rescue (USAR) teams and an additional eight swift water rescue teams were requested. The State will have to heavily prioritize USAR teams due to the scarcity of resources. Not all potentially impacted counties will be able to have a dedicated USAR Team pre-landfall.

In the event of COVID-19 related losses to local search and rescue assets, additional resources from outside the impacted area may be requested.

## **Volunteers**

The State has seen a decrease in the available pool of volunteers across all volunteer organizations, including limitations in providing volunteer managers. During the last three storms, 87 volunteer managers were provided via EMAC. Counties should explore how their Community Emergency Response Team (CERT) program, other government offices not traditionally used in a response, or temporarily rehired retirees can augment their volunteer management capabilities. Likewise, counties not impacted may be asked for mutual aid assistance.

### **1.3.2 General Assumptions for Counties**

- All disasters and emergencies are local, but counties will require State and Federal assistance.
- Counties will develop COVID-19 and Hurricane Response Plans specific to their jurisdiction.
- Counties will coordinate with local County Health Departments to review current hurricane plans for COVID-19 contingencies.
- The economic impact of COVID-19 on the public will increase the dependence on social services.
- Evacuation and sheltering efforts will require regional coordination and longer lead times to:
  - Accommodate physical/social distancing requirements.
  - Alert and warn the impacted public.
  - Prepare for potentially greater transportation needs to support those unable to evacuate due to medical or financial limitations.
  - Mobilize populations in isolation or other COVID-19 constraints.
  - Demobilize and redirect assets supporting COVID-19 operations to hurricane efforts.
  - Open shelters and screen and admit shelter residents.
  - Prepare for the possibility of fewer staff members available to enact community protective actions.
- The State of Florida Executive Order will include information such as:
  - No intra-state movement will be restricted.
  - County shelters will accept evacuees from other jurisdictions.
  - All counties will be included in the State of Emergency.
  - Authorizing and Directing Host Sheltering.
- Given the national threat of COVID-19 and the on-going demands for response resources, traditional mutual aid systems, such as EMAC, federal assets, or volunteer assets, will not be as readily available.
- The necessity of the SEOC initiating two separate response structures with a unified command will be determined as the forecasted complexity and scale of responses increase.

## 2 Considerations for Operations

The concepts of operations outlined in the *State of Florida Comprehensive Emergency Management Plan (CEMP) 2020* serve as guiding operational strategies and outlines the roles and responsibilities of the State and political subdivisions. This guidance provides potential modifications that may be necessary due to COVID-19 but does not supersede the State and county CEMPs.

### 2.1 Preparedness / Pre-Event Activities

All partners should be reviewing their all-hazard plans and preparedness initiatives for how actions should be adapted to meet the needs of COVID-19. Pre-disaster messaging and assessments should be prioritized, especially regarding the new policies and resource limitations that the state and counties may face during the 2020 Hurricane Season.

#### 2.1.1 Messaging

Each year, FDEM makes efforts to minimize unnecessary evacuations and the number of people accessing public shelters due to a hurricane. It is especially important this year that these messages are emphasized while COVID-19 is still prevalent in our communities.

*Know Your Zone, Know Your Home* is a public awareness campaign to empower Floridians to better understand their risks, their evacuation zones, how to secure their homes and safely shelter-in-place if not under an evacuation order. However, it must be emphasized that life-safety is the highest priority. This messaging campaign must not discourage those that should evacuate from doing so. If someone is in a mandatory evacuation zone, or they do not feel safe, they should evacuate.

FDEM has developed a toolkit for the campaign that counties can utilize to craft customized outreach messaging. Counties that wish to utilize this toolkit can contact FDEM for more information.

#### Shelter At Home Key Messaging

- Encourage residents to shelter at home, or with a relative/friend, if safe to do so.
- Stress the importance of knowing the home, including key factors such as the year built, type of structure, type of roof, etc.
- Residents should be encouraged to strengthen and reinforce their homes pre-storm (learn more at <https://flash.org/hurricanestrong/>).
- Make a plan for pets.
- Make a plan for persons with special needs.

#### Sheltering Expectations Messaging

- Encourage residents to evacuate to safe shelter as close to their home as possible.
- Public awareness as to sheltering options, including special needs shelters. Include information about shelter locations that may have changed due to COVID-19.
- Public understanding of the differences between congregate and non-congregate shelters, the requirements to access each type and reimbursement procedures.

- Public awareness as to what to expect within public shelters, such as use of PPE, social distancing, isolation of COVID positive residents and COVID-19 testing (if applicable).
- Public awareness of the use of hotel rooms for NCS and how this may impact residents (not included in mandatory evacuation orders) that typically shelter in a hotel during a hurricane.

### **2.1.2 Capabilities Assessment**

Counties will need to assess their current sheltering capabilities and how capacities are changed due to COVID-19. Special considerations include:

1. NCS operations that require the use of facilities from private entities will require additional procedures to lessen the possibility of fraud and simplify the process for obtaining reimbursement as a Category B expense under a potential Federal Emergency Management Agency (FEMA) Public Assistance (PA) declaration.
2. Shelter assessments will need to factor in COVID-19 social distancing recommendations in determining shelter capacities. A key principle to maintaining safety in the COVID-19 environment is “social distancing,” which is deliberately increasing the physical space between people to avoid spreading illness. Clients should be allocated 60 square feet each to ensure proper social distancing.
3. Increased reliance on NCS for accepting special needs evacuees and other potentially impacted or vulnerable populations, may limit or completely negate the ability to use hotel and motels as post-storm housing, especially in the short term. This may require specialized, pre-disaster contracts and agreements with private vendors regarding the conversion of those facilities from shelters to post-disaster housing for survivors.
4. The reduced availability of volunteers and out-of-state assistance may require counties to look to alternative staffing solutions for emergency management activities.
5. Counties should review their pre-disaster contracts for anticipated capabilities.
6. Private-sector partners, utilities, and other critical infrastructure should be engaged at all levels of planning to ensure their capabilities are included in the county assessment.
7. State limitations discussed in Section 1.3.1 will result in less capacity for the State to meet county gaps. Counties should emphasize assessing which of these shortfalls may impact the ability of the county to respond and recover.

### **2.1.3 Resource Needs Assessment**

The State will continue to stockpile critical hurricane response supplies at the SLRC and other warehouses. This includes items that support mission essential functions in a COVID-19 environment, such as increased amounts of personal protective equipment (PPE), sanitization mechanisms, meals ready to eat, water, and other commodities. In planning for the acquisition of the emergency supply, counties should strive for 96 hours of self-sufficiency post-landfall.

#### **PPE Burn Rates**

Counties undertaking a Resource Needs Assessment should review their burn rates for all PPE. Calculating these burn rates follows the same process as other burn rate calculations and should simply quantify the need for each item. Counties should have enough PPE on-hand to support operations 72 hours pre-landfall and 96 hours post-landfall.

Centers for Disease Control has released a PPE Burn Rate Calculator. It can be accessed on their website:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html>

With a total need of 168 hours, counties should ensure that they are conserving PPE stock and clearly assessing their essential functions. Counties will need to prioritize which services receive PPE, such as:

- Law Enforcement
- Fire Rescue
- Shelter Staff
- Urban Search and Rescue
- Ambulatory Services and EMTs
- High-Vulnerability Shelter Clients
- Healthcare Workers

The SEOC will release targeted quantities of PPE pre-landfall to fill gaps, but counties should not plan to rely on this supply.. The demobilization of resources, movement of life-safety assets and other response logistical needs will take precedent. In addition, the SEOC will need to keep a PPE reserve for State Operations.

## **2.2 Continuity of COVID-19 Operations**

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All phases and operations of a co-response must be linked to appropriate activation and demobilization triggers, in conjunction with county and state leadership.

### **2.2.1 State Demobilization Sites**

The SERT Logistics Section will identify at least one Demobilization Staging Area per region to support the demobilization of COVID-19 resources. While the priority of these sites will be to safely store demobilized state resources, the state anticipates being able to support limited county staging resources as well. However, the state recommends counties identify internal procedures for safely storing their assets.

### **2.2.2 Demobilization of Testing Sites**

There are over 100 state, local, and private testing sites located throughout the State of Florida, including drive-through and walk-up testing sites. These sites have equipment and staff that must be safeguarded during a tropical system.

Counties will need to identify a pre-storm trigger point to cease COVID-19 testing operations and demobilize drive-through and walk-up Community Based Testing Sites (CBTS). The State utilizes the guidance below for deciding to demobilize state-managed sites. The demobilization should take place no later than 24 hours before the onset of conditions.

*State Trigger Points for Levels of Demobilization*

Forecasted Condition	Demobilization Action
Severe Weather	Demobilize staff from testing site, either nearby indoors if safe to do-so, or entirely out of the impact area. The site should be identified in the safety plan.
Winds over 20 mph	Take down and secure tents, cones, and other lightweight items.
Winds over 30 mph	Tie down and secure heavy equipment.
Winds over 40 mph	Secure equipment in onsite storage container.
Winds over 70 mph / Storm Surge Concerns	Remove equipment from site to a demobilization staging area.

**2.2.3 Repurposing of COVID-19 Staff**

As counties demobilize testing sites and other COVID-19 specific assets, counties should identify and reassign staff that can be temporarily shifted to support hurricane response operations. For example, testing sites have nurses, clerical staff, and non-medical managers that could successfully assist with risk sheltering operations. The State will identify staff within state-managed sites that could be utilized in other roles. FDOH and Local Health Departments must be involved in this planning to ensure that the reassignments are applicable to the staff type and qualifications.

**2.2.4 Remobilization of COVID-19 Operations**

Testing and other COVID-19 operations should resume as soon as it is safe to do so. With the movement of evacuees, sheltering operations, and other response activities, testing capabilities will be a crucial resource for assessing the COVID-19 impact of the hurricane. If potential hurricane emergency sites, such as points of distributions, share the same location as a testing site or other COVID-19 sites, counties should explore alternate locations or formalizing a transition plan between COVID-19 activities and hurricane response.

**2.3 Evacuation**

Counties will continue to initiate their own protective measures (e.g. ordering evacuations and activating shelters) and should plan for potential evacuees from other counties.

To support county evacuation efforts, the SERT will:

- Promote regional planning and coordination of evacuation activities, in concert with local emergency management, law enforcement, sheltering organizations, public information officers, and adjacent states.
- Support local emergency management actions to direct evacuees to shelters.
- Amplify local messaging strategies and remind citizens to follow local officials’ protective actions, including evacuation orders.

A regional evacuation process will be used by state and county governments to manage and coordinate a multi-county evacuation. This includes:

- Coordinated and time-phased public messaging.
- Implementation of state guidelines for lifting tolls on state toll facilities, use of emergency shoulder strategies, and locking down drawbridges.
- Mobilizing, staging, and deploying personnel and resources.
- Designating host counties for sheltering.
- Ensuring the availability of reasonably priced fuel.
- Addressing any emergency medical issues.
- If there are areas in the state that have higher community-based transmission of COVID-19, special messaging may include discouraging residents from evacuating to that area.

### **2.3.1 Evacuation Orders**

As described in Florida Statutes and the State CEMP, counties will continue to manage their evacuation operations. However, as counties adapt their risk sheltering operations, they should assess their clearance times to determine how COVID-19 may affect evacuation order trigger points.

For example, counties undertaking NCS should inform residents of shelter location changes, especially if they would normally go to a public school shelter. Possible delays in the check-in process should be considered when planning NCS operations. Additionally, counties should consider additional timing requirements for the evacuation of long-term care facilities and other medical facilities.

#### **Evacuation Clearance Times**

Regional Evacuation Studies, HURREVAC, and other data sources were used to estimate the evacuation clearance times for counties under a traditional hurricane response. This assessment is attached, as Attachment E, and can serve as a reference for emergency managers in their planning.

#### **Recommendation Against Voluntary Evacuation Orders**

The SERT recommends counties consider not utilizing voluntary evacuation orders for the 2020 Hurricane Season. Rather, the messaging should be targeted toward individuals under Mandatory Evacuation Orders or *individuals that feel threatened in their homes*.

#### **Recommendation for Strong Stay-at-Home Messaging**

FDEM is pushing messaging statewide regarding “Know Your Zone, Know Your Home” as described in other sections of this guidance. The goal of this messaging is to empower residents, **located outside of mandatory evacuation zones**, to make safe and informed decisions about whether or not they should evacuate. However, as an overall standard, any resident that feels threatened in their home should be able and encouraged to evacuate.

#### **Caution Against Stay-at-Home Orders**

Counties that decide to utilize Emergency Stay-at-Home Orders or “Do Not Evacuate” Orders must be prepared to accept liability for any harm that befalls their residents due to the storm, especially if

the order does not include a clause allowing residents to evacuate if they feel unsafe. While well-intentioned, a stay-at-home order specifically targeting non-mandatory evacuees can be dangerous. The SERT does not recommend utilizing these types of orders.

### **2.3.2 Transportation Assistance**

Counties that offer transportation assistance during evacuations should continue to offer this assistance to their residents. However, the realities of COVID-19 may require counties to adapt their operations to ensure the safety of evacuees and staff. Counties should also be prepared for an increase in demand of transportation assistance, as the economic impact of COVID-19 may have reduced the capability of the population to self-evacuate.

#### **Utilizing Mass Transportation During an Evacuation**

Mass transit, including motor coaches and buses, can continue to be used to move individuals that need transportation assistance. The U.S. Centers for Disease Control and Prevention (CDC) released guidance on how to mitigate the risk of COVID-19 on buses and should be considered when planning mass transit operations. These steps include:

- Not allowing evacuees within 6 feet of the bus driver.
- Spacing evacuees to be 6 feet apart (staggered rows).
- If the bus has two doors, making one door an evacuee door and one a staff door.
- Routine decontamination and/or cleaning of the bus after each trip.

These guidelines likely impact the capabilities of pre-disaster contracts or commitments with vendors. The State encourages counties to contact these vendors to review capabilities.

#### **Utilization of Rideshare Infrastructure for Evacuations**

Rideshare programs (e.g. Uber and Lyft) can be utilized for evacuations. The two most outwardly beneficial methods of utilization include, but are not limited to:

1. Using the rideshare technology platform for dispatching local assets (vehicles and drivers).

Leveraging the rideshare platform as a dispatch option for use with county vehicles and staff during an evacuation. This option helps counties efficiently match transportation resources with residents located in a mandatory evacuation zone. It also offers more capability for paratransit, if the county has an available stock of paratransit vehicles. This option does require much longer planning and coordination than alternative options.

2. Using the rideshare platform and driver services to replace existing public transportation.

Leveraging the rideshare platform and driver services has been used in Miami-Dade to replace existing overnight bus routes to allow for suspension of the buses for sanitation. In this case, the partnership utilized geofencing around existing bus routes for riders with the app and a call center to serve riders without a smart device. The cost to riders was fully subsidized by the county, but there is flexibility for partial or complete subsidy. Vouchers can also be utilized to provide transportation to emergency shelters. The vouchers can be distributed using a variety of methods e.g. email, in-app, and social media. Potential concerns with this option include driver availability (especially in counties

with limited transportation infrastructure), paratransit capability, and safety concerns as the storm timeline advances.

## **2.4 Reception and Shelter Allocation**

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The table below provides sample guidance for Florida counties utilizing NCS in addition to congregate shelters for **risk (pre-storm) sheltering**. To support shelter placement, counties can consider several options to screen and place individuals in an appropriate setting:

- A call center
- Along transportation routes (e.g. a shelter placement coordinator on bus)
- Physical reception centers (e.g. at a community center or other centralized location)
- Care4Covid Application

The table assigns evacuees to four categories of shelters:

- Non-Congregate Shelters
- Non-Congregate Special-Needs Shelters
- Congregate Shelters
- Congregate Special-Needs Shelters

Sample Congregate and Non-Congregate Shelter (NCS) Placement

Client Description	COVID-19 Care Considerations*	Placement Recommendation
<b>General Population</b>		
No functional or medical needs, under 65 years, and no pre-existing conditions.	COVID-19 Negative	Congregate shelter.
	COVID-19 Positive	Non-congregate shelter.
<b>Special Needs/Medical Needs Population</b>		
Able to meet daily needs and may require assistance from volunteers for personal care.	COVID-19 Negative	Congregate special needs shelter (medical support and redundant power)
	COVID-19 Positive	Non-congregate special needs shelter (medical support and redundant power)
Has a medical condition (controlled through a personal caregiver, medication, and/or complex medical equipment) and will shelter with a care provider.	COVID-19 Negative	Congregate special needs shelter (medical support and redundant power)
	COVID-19 Positive	Non-congregate special needs shelter (medical support and redundant power)
Requires active monitoring and medical management and will not shelter with a care provider.	COVID-19 Negative	Congregate special needs shelter (medical support and redundant power)
	COVID-19 Positive	Non-congregate special needs shelter (medical support and redundant power)
Requires active monitoring and medical management and will shelter with a care provider.	COVID-19 Negative	Congregate special needs shelter (medical support and redundant power)
	COVID-19 Positive	Non-congregate special needs shelter (medical support and redundant power)
Requires emergency care.	COVID-19 Negative	Call 911 Service and take to <b>Hospital Emergency Department.</b>
	COVID-19 Positive	Call 911 Service and take to <b>Hospital Emergency Department.</b> (Shelter Placement Personnel: Make 9-1-1 dispatch aware of COVID-19 consideration. Implement isolation protocols, e.g. masks, gloves, gowns)

## 2.5 General Population Considerations

Risk sheltering will be impacted by the physical distancing requirements associated with COVID-19 infection control. Florida intends to utilize all sheltering options to address life safety concerns from a hurricane. The sheltering options are listed below in order of preference:

1. Shelter-in-place/stay at home, if safe to do so.
2. Use of non-congregate sheltering.
3. Use of congregate sheltering.
4. Use of refuges of last resort.

The following considerations will apply to shelters:

- Congregate and non-congregate shelters will adhere to requirements outlined in the *Americans with Disabilities Act (ADA)* and *Florida Accessibility Codes*.
- All individuals seeking shelter will be subject to infection prevention and control measures, including physical/social distancing, usage of PPE, screening, and isolation protocols.
- Congregate shelters will require additional feeding, sanitation, and environmental controls during COVID-19.
- As hazardous hurricane conditions become imminent, screening protocols may be expedited or altered to prioritize the life safety of shelter-seeking evacuees.
- All counties that open shelters for evacuees will be covered under the Governor's Executive Order declaring a state of emergency and will be included in all requests for federal emergency or major disaster declaration assistance.
- If shelter support is needed, counties should submit a mission request for assistance.
  - The SERT will attempt to source shelter staffing through intra-state mutual aid.
  - Alternatively, the State may also identify private sector vendor options to provide staffing, resources, and wrap-around services.
- Counties will still need to provide pet-friendly sheltering options.

## 2.6 Sheltering At Home

The SERT will be placing an emphasis on messaging that individuals not in evacuation zones and in appropriately safe homes should consider sheltering at home. This reduces the demand on limited shelter space. To help leverage this messaging, the State will be initiating its *Know your Zone, Know Your Home* campaign. This is a robust public education initiative intended to significantly reduce unnecessary evacuation and inform the public about how they might safely shelter at home.

- Throughout hurricane season, the State and the Counties will message Floridians on how to be better prepared to respond to a hurricane.
- Immediately pre-storm (and depending on storm severity), State and County Emergency Managers will be clear in their messages on limiting evacuation to only those households in storm surge, low-lying/flood-prone areas, or housing that does not meet sufficient buildings codes and wind rating (e.g. older housing, manufactured housing, etc.).

- State and County Emergency Managers will also consider storm severity and clearly describe who should consider not evacuating and instead shelter in-place.

### **Tracking Shelter at Home Clients**

The SERT has developed an online and app-enabled shelter client database for COVID-19 that is currently being utilized by counties with non-congregate shelters. The SERT is working to adapt this application so that it can be used by residents sheltering at home. With this application, residents will be able to provide the county information, such as:

- Their home address
- The number of people sheltering at their home
- If they have enough food and water

This information can help the county better understand where their residents are, and target feeding and other mass care operations post-landfall.

## **2.7 Non-Congregate Sheltering (NCS)**

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The SERT recommends that counties prioritize the use of NCS as the primary mode of sheltering for hurricanes during a COVID-19 co-response. Establishments, such as hotels and motels, allow individuals to social distance more efficiently than at a congregate shelter. FDEM will enter into agreements with lodging facilities to serve as non-congregate shelters and will cover the cost of sheltering (rooms and feeding) for seven days. Counties are responsible for general management, staffing, and wrap-around services.

The State recognizes that the number of hotel rooms are limited; therefore, counties should prioritize and potentially pre-register vulnerable residents for NCS (e.g. 65 and older and those with pre-existing conditions). Additionally, if counties undergo a pre-registration initiative, they should focus on residents located in evacuation zones and in unsecure residences, such as mobile homes.

State and County Emergency Managers should identify locations that can serve as NCS:

- These facilities must be outside of the forecasted evacuation zones and low-lying flood prone areas and meet or exceed Florida Building Code 2002 Standards.
- To the extent possible, NCS buildings should have redundant power.
- The State will pre-identify potential NCS facilities and establish agreements.
- Utilizing non-congregate facility personnel (e.g. hotel staff) and services can help augment shelter staffing constraints.
- Reserving rooms for non-congregate sheltering reduces the availability of hotel rooms for the general public and responders.
- Due to limited local capacities, it can be anticipated that most NCS operations will be host shelters. Section 2.10 discusses host sheltering.

### **2.7.1 Non-Congregate Shelter Staffing**

Counties are responsible for providing staffing for non-congregate shelters. NCS staffing levels can vary depending on the level of support provided by the facility and the amount of emergency services being offered. Each non-congregate shelter should have at least one representative from the county, and counties may consider having one representative per floor. If possible, counties apply the same staffing criteria as congregate sheltering, with a minimum of 2 supervisors and 4 staff at every shelter. Counties should work with their NCS provider to determine the level of service that is appropriate. Counties are still responsible for providing security at non-congregate shelters.

### **2.7.2 Identifying Potential Sites**

The State has identified sites that can be used for NCS. FDEM considered the following when identifying sites:

- NCS should not be in Evacuation Zone A or B, as they are unlikely to be safe shelters during an evacuation.
- NCS should either have a generator or transfer switch.
- NCS should agree to provide staffing and services from their workforce. This can reduce the strain on the county.
- Some hotels have preexisting arrangements with long-term care facilities or responders for providing sheltering. Existing commitments should be discussed when selecting a site.

The SERT can provide a list of hotels that have expressed an interest in taking part in a non-congregate shelter program. This list includes considerations such as their capacity, generator capabilities, and year built.

### **2.7.3 Pre-Registration of Shelter Clients**

The SERT recommends that priority for NCS be given to residents most vulnerable to COVID-19 (e.g. 65 and older and those with pre-existing conditions). The SERT will provide a platform that Counties can use to have residents pre-register for NCS. The SERT recommends that counties use this statewide platform, in order to allow better coordination. Individuals that register will be asked to provide information similar to the Special Needs Registry. Registration should include:

- Individual's Name
- Age
- Address
- Medical Considerations
- Transportation Needs
- Caretaker Information
- Emergency Contact
- Number and ages of people in their household
- Number and types of service animals
- Number and types of pets

The collection of this information can better assist the county and the SERT in prioritizing the limited hotel and motel capacity pre-landfall. The State will augment county messaging urging individuals to pre-register.

## **2.7.4 Non-Congregate Sheltering Operations**

Counties utilizing NCS are **responsible for creating their own operational plan** that meets the needs of their jurisdiction. General guidance is included below for planning purposes.

Counties utilizing NCS are encouraged to initiate evacuations earlier than normal to allow residents ample time to prepare and check in to their destination. Depending on the NCS agreement, hotel/motel staff may be the personnel checking in the residents. If this is the case, Counties should work with the providers to ensure proper documentation and record keeping is completed to assist with potential reimbursement. The State will ensure that documentation and record keeping is part of the NCS agreement with each facility. NCS operations can be divided into four main parts:

1. Activation
2. Intake
3. Risk Sheltering
4. Departure or Transition

The American Red Cross released NCS Guidance, but it is not specific to risk sheltering. Counties are encouraged to use that guidance as a base and adapt it to the operational realities of risk sheltering.

### **Activation**

Counties should activate NCS early in the evacuation process. Hotels and motels are utilized during evacuations by individuals avoiding a public shelter, so hotel staff may be overwhelmed with the volume of guests. The State will continue discussing an appropriate timeline for opening NCS pre-landfall with FEMA. For NCS to be covered by state funding, the counties will enter a resource request into WebEOC. Counties should enter this mission into WebEOC no later than 48 hours before the shelter should open.

### **Intake**

1. Notify pre-registered clients of the NCS they have been assigned to.
2. Counties may consider providing transportation assistance. If so, see Section 2.3.2 for additional information.
3. Ensure that assignments are shared with the NCS.
4. Counties should ensure that information about sheltering considerations is disseminated at each shelter. It is highly encouraged that these shelters have at least one County representative or “shelter manager” to assist with questions from residents. If counties provide a shelter manager, they can consider “checking in” and receiving room keys on-behalf of the assigned residents. This may allow quicker check-in.
5. Counties shall register all shelter clients using the Care4Covid App.

### **Unregistered Clients**

Counties should develop a plan to determine how to intake and triage residents that are not pre-registered for NCS. The plan should include a method for determining available space and the method for registering onsite.

### **Risk Sheltering**

1. Residents should be encouraged to stay in their rooms during the risk operations.
2. In the event of a tornado warning, clients will be expected to follow the guidance of NCS staff regarding safe locations. County staff should ensure accountability for shelter clients.

### **Departure or Transition**

As a risk shelter, the expectation should be that residents will transition from the shelter as soon as feasible. The county should develop a plan for the case work of NCS clients to confirm if continued sheltering is required. This case work will also assist in justifying Transitional Sheltering Assistance, should the state qualify.

### **2.7.5 Cost Tracking**

The State will enter into NCS agreements with providers prior to an event to coordinate payment. FDEM will cover the cost of rooms and feeding for up to seven days at a non-congregate shelter. FDEM will seek reimbursement from FEMA for NCS operations. Counties are encouraged to coordinate with FDEM on reimbursement options for other management costs, staffing, and wrap-around services. More guidance will be released as available.

### **FEMA Approval of Non-Congregate Sheltering Plan**

Discussion from the Public Assistance Program and Policy Guide (PAPPG) (V3.1):

*In limited circumstances, such as when congregate shelters are not available or sufficient, FEMA may reimburse costs related to emergency sheltering provided in non-congregate environments. The Applicant must submit a request for PA funding for costs related to emergency, non-congregate sheltering and obtain FEMA approval prior to sheltering survivors in non-congregate facilities. At a minimum, the Applicant should include the following information in its request:*

- *Justification for the necessity of non-congregate sheltering;*
- *Whether the State, Territorial, or Tribal government has requested Transitional Sheltering Assistance;*
- *The type of non-congregate sheltering available and which type the Applicant intends to utilize;*
- *An analysis of the available options with the associated costs of each option; and*
- *The timeframe requested (i.e., date of activation and length of time).*

### **FEMA's 2020 Hurricane Season Pandemic Plan**

*In an emergency or major disaster declaration that authorizes Public Assistance (PA), Category B, Emergency Protective Measures, FEMA will adjust policies to allow SLTTs to execute non-congregate sheltering in the initial days of an incident. Non-congregate shelters include, but are not limited to, hotels, motels, and dormitories. FEMA Regional Administrators will have delegated authority to approve requests for non-congregate sheltering for hurricane-specific disasters for the 2020 season.*

While not a single solution, this funding will assist with sheltering operations in the short-term. SLTTs will need to work with FEMA and NGO partners to determine how non-congregate options can be incorporated into larger sheltering plans.

SLTTs should coordinate with FEMA regions to:

- Ensure adequate sheltering plans are in place and coordinated, including consideration of contractual agreements and federal funds (if required) in accordance with federal procurement standards.
- Plan for appropriate scope and duration for sheltering resources based on anticipated needs.
- Ensure that data, documentation, and tracking mechanisms are in place.
- Plan appropriate accessibility considerations for people with disabilities, and those with functions and access needs, and ensure adequate availability of such resources.

As part of the sheltering plan, SLTTs should outline a transition from non-congregate sheltering to alternate options, including Transitional Sheltering Assistance (TSA) for eligible applicants if a major disaster declaration is approved, or for a timely termination when non-congregate sheltering is no longer needed.

## **2.8 Congregate Sheltering**

Congregate sheltering may be needed to meet shelter demand if sufficient non-congregate sheltering options are not available or timely. These shelters can serve as both shelters and as refuges of last resort.

The CDC encourages utilizing smaller shelters as possible, such as those with less than 50 individuals. Regardless of total population, the CDC and American Red Cross recommend 60 square feet be allocated per person for risk sheltering. Volunteer shelter staff may not be available if counties plan for less than 60 square feet per individual. Guidance prioritizes the 60 square foot allocation above the limitation of 50 individuals per site.

*FDEM conducted a review of all congregate shelter capacities updated to at 60 square feet. This can be found in Attachment D.*

### **2.8.1 Staffing Needs for Congregate Shelters**

Based on American Red Cross guidance, the SERT recommends the following minimum shelter staffing levels:

Shelter Size	Staffing Recommendations
Base Staffing	2 Supervisors, 4 Staff
250 Clients	2 Supervisors, 7 Staff
500 Clients	2 Supervisors, 9 Staff
1000 Clients (Not Recommended)	4 Supervisors, 18 Staff

## 2.8.2 Considerations for Congregate Shelters

The SERT recommends that counties review the Red Cross Guidance on Congregate Shelters during COVID-19. This document details the overall considerations that shelter managers should have when overseeing shelter operations. In short, counties should consider the following added procedures:

- Screen all clients upon entry.
- Try to keep total client population below 50 in any given area. If multiple rooms are utilized, total population can surpass 50, but goal should be no more than 50 in any given room.
- Provide residents 60 square feet of space. Individuals within families may be closer, but there should still be 6 feet between each family.
- Having separate rooms for individuals that screen as high-risk for having COVID-19 and those that screen as low-risk.
- Have an isolation area for those that self-identify as having COVID-19.
- The county should provide all clients with masks. Counties without enough masks should enter a resource request into WebEOC.
- Shelter workers should routinely clean door handles, water fountains, and other common use areas.
- If snacks are provided, they should be passed out by staff wearing gloves.
- Counties are encouraged to review guidance on other congregate facilities such as cruise ships and correctional facilities for additional considerations.

### Sample Screening Questions

Take the client's temperature using a temporal thermometer (100 degrees or higher should be isolated)

At the minimum, ask the following questions:

- Have you been in contact with anyone diagnosed with COVID-19 in the last 14 days?
- Have you felt like you had a fever in the past day?
- Are you or anyone in your household experiencing the following newly developed symptoms?
  - Fever
  - Cough
  - Shortness of breath
  - Difficulty breathing

Counties should make sure that they accurately record the names, contact information, and addresses of all shelter clients. This information can be used for contact tracing in the event a shelter client later tests positive for COVID-19.

### Shelter Transition

Additional guidance will be developed on the transition of residents to recovery sheltering and the continued tracking of suspected or confirmed COVID-19 residents from shelters. Congregate sheltering may be unavoidable for risk sheltering; however, counties should strive for rapid transition of individuals out of congregate shelters and into non-congregate, assuming the client qualified for NCS. Once the threat passes and it is safe to travel, only those whose residence has been damaged or are without utilities should be permitted to stay in a shelter, with the preference being that all recovery shelterees be placed in non-congregate shelters.

## 2.9 Refuges of Last Resort

While the SERT does not normally recommend the planned use of refuges of last resort, the increased uncertainty and decreased shelter capacity due to COVID-19 may require an increased visibility of

this shelter option. Refuges of Last Resort are utilized as contingency options for evacuating residents to brace for the hurricane conditions. These are temporary facilities that offer no services, may or may not be staffed by the county, and are not required to meet hurricane shelter guidelines.

### **State Refuges of Last Resort**

The State has identified refuges of last resort at state owned facilities in each FDEM Region. While the SERT encourages counties to identify facilities within their own jurisdiction, the state-owned facilities can be utilized if needed. The SERT will monitor evacuation and sheltering concerns during an event when determining whether to activate these refuges.

## **2.10 Host Sheltering**

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Due to social distancing and the limited number of hotels and motel rooms, counties should consider the potential for host-sheltering operations. The SERT asks counties with capacity to consider opening and operating host shelters for residents evacuating from other counties. Under this request, the SERT commits to the following:

- All host shelter operations documented in WebEOC and coordinated with the SEOC will be considered part of local counties' responsibility under Florida Statute, Chapter 252.
  - FDEM will reimburse costs incurred by the Host County for up to seven days post impact
  - The Host County will need to develop a case management plan to depopulate the shelter by day three, post impact
  - Shelters should strive to open 48 hours prior to impact to allow for the additional screening required

The SERT recommends that counties with Non-Congregate Sheltering Plans utilize their NCS capacity for host shelters as well. Counties operating host shelters should use the same guidance as they do for risk shelters. However, note that shelters not in the impact area do not need to follow the Red Cross Shelter Standards for Hurricane Shelters, as long they are not at risk from the tropical system. All shelters should follow social distancing and CDC guidance.

## **2.11 Special Needs Sheltering**

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DOH, through its County Health Departments, are required to staff Special Needs Sheltering Staffing during disaster situations. Due to the recent threat of COVID-19 typical congregate sheltering situations present a heightened threat to Florida's most vulnerable populations contracting the virus.

### **Considerations**

The DOH Special Needs Non-congregate contingency plan factors in the following considerations, which were used in the development of the contingency options:

- Implement strategies that reduce sheltering capacity while ensuring the safe sheltering of people.

- Implement strategies that ensure the health and safety of shelter clients while Covid-19 is circulating.
- The rapid spread of the virus where social distancing cannot occur in shared spaces
- PPE supply shortages.
- Multiple public health responses will increase staffing shortages and decrease sheltering capabilities.
- Increased demand for licensed healthcare staff and support staff.
- Shelter surveillance and monitoring.
- Messaging inconsistencies.
- Discharge Planning efforts should begin prior to the opening of the shelter for those registered and begin upon intake at the shelter. The multi-agency discharge planning team should have members or contracted staff available at every shelter to minimize clients.

**Contingencies**

Based on the considerations above the following contingency options are recommended for implementation at the local level in order to provide safe shelters as well as decrease the spread of COVID-19.

All contingencies below are solely based on the capabilities and capacities at the local level.

Sheltering Contingency	Strategy	Concept
1. Know Your Zone Know Your Home	<ul style="list-style-type: none"> <li>• Use of messaging through the Special Needs Registry, County Health Departments, and Local Emergency Management offices</li> </ul>	Decrease the amount of evacuations to shelters by ensuring they have access to safe alternatives
2. Non-Congregate Hotel Model	<ul style="list-style-type: none"> <li>• Use of hotel rooms and hotel conference centers. Clients would be separated based on their medical needs. Self-sufficient people, or people who have caregivers would be placed in hotel rooms.</li> <li>• Individuals who may not be self-sufficient or need more care from shelter staff will be placed in the social distance congregate area.</li> <li>• Client and cot areas would meet the 110 square foot requirement guidance <i>(for Special Needs)</i>.</li> <li>• Shelter staff would be separated in congregate and non-congregate teams for infection prevention.</li> <li>• Congregate team members would consist of both medical and non-medical personnel.</li> <li>• Non-congregate teams would consist of one medical personnel to assist with medical needs and non-medical personnel.</li> </ul>	This plan allows for social distancing, and infection control in special needs shelters

	<ul style="list-style-type: none"> <li>• Temporary walls or pipe and drape should be considered to provide barriers between clients.</li> <li>• Consistent messaging from local and state entities.</li> <li>• Ensure generator space is adequate for the demand.</li> </ul>	
<p><b>3. Social Distancing Congregate</b></p>	<ul style="list-style-type: none"> <li>• This would use the shelter sites that have already been approved for sheltering by the local EM. These locations are typically in school buildings and gymnasiums.</li> <li>• Gymnasiums would use the social distancing guidelines set forth by the red cross and provide spacing of 110 (<i>for Special Needs</i>) square feet per client</li> <li>• All clients, caregivers and team members will be required to wear a cloth face covering</li> <li>• This would significantly reduce the capacity capabilities. Classrooms and other sections of the school campus would need to be utilized to meet capacity needs for the county.</li> <li>• Those with a caregiver and/or only requiring minimal needs would be considered level one and placed in the congregate area while applying social distancing measures.</li> <li>• Clients without a care giver and/or client requiring a higher level of care would be placed in separated areas.</li> <li>• Temporary walls or pipe and drape should be considered to provide barriers between clients</li> <li>• Consistent messaging from local and state entities.</li> </ul>	<p>This model allows for social distancing, and infection control in special needs shelters consistent with sites previously approved through county coordinated efforts as well as generator capacity for the space approved.</p>
<p><b>4. Congregate Sheltering</b></p>	<ul style="list-style-type: none"> <li>• All clients, caregivers and team members will be required to wear a cloth face covering</li> <li>• Heightened hygiene and cleaning efforts</li> <li>• Temporary walls or pipe and drape should be considered to provide barriers between clients</li> <li>• Evacuate shelter to a non-congregate setting immediately post storm</li> <li>• Monitoring every 12 hours during storm</li> <li>• Consistent messaging from local and state entities.</li> </ul>	<p>This model is consistent with pre-COVID sheltering efforts and upon shelter closing residents would immediately return to pre-event living situations. Those unable to return to pre-event living would be provided assistance from the Department of Elder Affairs through discharge planning.</p>

## **2.12 Long-Term Care Facilities**

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Emergency Support Function 8 will provide coordination assistance for the support of patient transfer operations related to a hurricane evacuation. Specific procedures do not greatly deviate from the standard operating procedures already in place. Nonetheless, counties are encouraged to initiate discussions with Nursing Homes and Assisted Living Facilities (ALFs) in their jurisdictions and ensure that their evacuation plans and destinations are confirmed for the upcoming season.

### **Patient Transfer**

Nursing homes and ALFs are responsible for coordinating their evacuation plans, as listed in their CEMPs. ESF-8 may be able to support the facility evacuation plans if the plans fail, through the use of ESF-8 Patient Transfer Plans. These all-hazard plans assume a variety of medical concerns when transporting individuals and are applicable to the COVID-19 environment. ESF-8 has conducted a capabilities assessment to ensure that transportation contractors remain committed to support potential needs in a COVID-19 environment.

### **Long-Term Care Facility Sheltering Plans**

All nursing homes and ALFs are required to identify their evacuation destination in their CEMPs. The Agency for Health Care Administration (AHCA) will release guidance to all long-term care facilities directing them to do the following:

- Contact alternate sites to ensure that commitments for sheltering are still valid, to include the sheltering of COVID-19 positive patients.
- Confirm with alternate sites that there are isolation capabilities for COVID-19 positive patients.
- Confirm the status of facility generators.
- For facilities whose plan involves congregating residents, ensure that social distancing can be maintained and that COVID-19 positive patients can be isolated in an area with air conditioning and power.
- If the facility utilizes a hotel for sheltering, ensure the name and agreement details are provided to the county and AHCA to prevent conflicts with non-congregate sheltering activities.
- Report any gaps or concerns to county emergency management in the preparedness phase for contingency planning.

ESF-8 and AHCA will be releasing additional guidance to both long-term care facilities and county emergency management agencies.

## **2.13 Staffing Considerations**

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The co-response presents several special considerations for responders and support personnel. Counties and the SERT will need to identify additional staffing needs and increased precautions to ensure the safety of all staff.

### **2.13.1 Staff Augmentation**

The State and counties will need to explore additional opportunities for staff augmentation due to the reduced availability of out-of-state assistance and the potential for increased shelter locations. The State anticipates that there will be mission requests for staffing support during a co-response, however, counties should recognize the state will also be looking for staffing augmentation for state functions.

Should the SERT receive a mission request for staffing from a county, the state will use the following sources, in order of preference:

1. **County Staff and Local Volunteers**
  - a. The State will ensure that counties have utilized all available local staff before filling a mission with external resources. This includes local Volunteer Organizations Active in Disasters, if the mission is appropriate for volunteers.
2. **County Mutual Aid**
  - a. The State requests that all counties identify what resources and staff could be deployed to assist other counties through Statewide Mutual Aid. This includes missions for EOC Support, Shelter Staffing, Law Enforcement, and other emergency functions.
3. **Private Sector Augmentation**
  - a. The State is exploring the use of private contractors and vendors to provide staffing augmentation, to include risk-sheltering. Should private staff be available, the state will consider utilization for appropriate missions. Counties are likewise encouraged to explore pre-disaster contracts for staffing.
4. **State Worker Augmentation**
  - a. In the event there are no local or private alternatives, the SERT will explore meeting the mission need with State Workers. Again, there is anticipated to be shortages of SEOC staff, so the availability of deployable state workers may be limited.
  - b. When utilizing NCSs located at hotels and motels, counties should consider partnering with hotel and motel for staffing assistance. This can reduce the sheltering staff needs for the counties.
5. **Florida National Guard**
  - a. If no other staff are available, the Florida National Guard may be utilized for urgent and mission critical requests. However, the primary missions of the National Guard will continue to take precedence over ad-hoc requests from counties.

### **2.13.2 Precautions and Protection for Staff**

Counties should continue to monitor the Florida Department of Health and Centers for Disease Control Guidance on the latest recommendations on safeguarding staff during COVID-19. While guidance is subject to change, there are some basic practices that counties can follow.

1. Staff that are ill should stay home.
2. Staff should be screened before the start of each shift.
3. As possible, staff should adhere to social distancing guidelines and attempt to keep six feet distancing from other workers.

4. Staff should avoid all physical contact with other workers as possible.
5. Staff in large groups should be provided with masks. As supplies allow, these should be changed out every day.
6. Staff interacting with the public should be provided additional PPE, to include gloves. Full PPE should be reserved for those staff that have to have close contact with the public.
7. Staff providing healthcare or other medical support should be prioritized in the allocation of PPE.
8. Counties should prioritize accountability by keeping rosters and sign-in sheets for staff. This can assist with contact tracing should a staff member be found to be affected by COVID-19.

### **2.13.3 Demobilization of Personnel**

Due to the unique conditions of COVID-19, the SERT recommends that all staff, including both permanent and deployed, undergo a demobilization process. This demobilization process should include the following steps:

1. Staff follow the normal demobilization process (e.g. returning of equipment, handover of documentation, debriefing, contact information, etc.).
2. Demobilizing staff should be tested for COVID-19 before final release. Staff declining to be tested should sign a release removing the county from all liability for COVID-19 related illness.
3. While awaiting test results, demobilizing staff should be isolated into a non-congregate shelter. This shelter will be arranged by the county.
4. Once the test results are received, the county should follow appropriate procedures regarding isolation or release.
5. The county or requesting entity will be responsible for the lodging, per diem, salary, and other costs related to deployed personnel that are being isolated or quarantined during the demobilization process.
6. The SERT will follow these guidelines for deployed personnel, to include EMAC and other mutual aid assistance.
7. The SERT encourages counties to develop COVID-19 demobilization plans pre-storm to meet the needs of the local jurisdiction.

## 3 Roles and Responsibilities

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The most effective disaster response efforts are locally developed and executed, state managed, and federally supported. Responding to a tropical system during an ongoing pandemic response is unprecedented, but the emergency management roles and responsibilities from the Local, State, and Federal government will largely remain unchanged.

### 3.1 Counties

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Florida Statute designates the county as lead on all disaster responses. The role of counties is described broadly in the State CEMP and further detailed in each county-specific CEMP. The roles and responsibilities discussed in these plans are fully applicable to a co-response and include:

- Ensuring the safety of residents and responders.
- Providing messaging to county residents.
- Reviewing and executing emergency response plans.
- Managing county shelter operations (in-county and host).
- Coordinating resource needs with the SERT.

#### 3.1.1 Counties – Preparedness Phase

During the Preparedness Phase, all counties shall:

- Review and adapt all sheltering, evacuation and other mass care plans based on the operational realities of COVID-19.
- Review resource capabilities, including staffing, and inform the SERT of any potential gaps.
- Identify potential mutual aid assets that can assist other counties in the event of a statewide resource shortfall, including first responders and shelter staffing.
- Coordinate with local lodging providers on the potential use of hotels and motels for NCS.
- Provide potential NCS facilities to the State so that FDEM can enter into agreements.
- Identify facilities in-county that can be utilized as refuges of last resort.
- Provide clear messaging to residents on sheltering expectations.
- Coordinate with FDEM on the *Know Your Zone, Know Your Home Campaign*.

#### 3.1.2 Counties – Response Phase

During the Response Phase, all counties shall:

- Coordinate with the SERT on storm monitoring and population protective action planning.
- Consider activating the County Emergency Operations Center (EOC) at 96- or 72-hours pre-landfall to assist with statewide planning needs as it relates to sheltering and mutual aid.
- Notify the SEOC of PPE needs no later than 96 hours before landfall. Ensure burn rates and current inventory is included in the request.

### **Counties in the Potential Impact Zone**

Counties in the Potential Impact Zone Should:

- Begin the demobilization and planned remobilization of COVID-19 testing and testing sites.
- Reconfirm availability with NCS providers.
- Report anticipated shelters 72 hours pre-landfall to the SEOC, including the following information:
  - If they are Non-Congregate or Congregate
  - If they are General Population or Special Needs
  - If they are Pet Friendly
  - Location
  - Shelter Capacity
  - Any anticipated shelter staffing needs
- Place all shelter staffing requests no later than 48 hours before landfall AND 24 hours before standing up the shelter.
- Consider issuing evacuation orders earlier than normal; at least 36 hours before landfall.
- Prioritize the safety of county residents by:
  - Attempting to place the most vulnerable residents into NCS.
  - Enforcing the 60 square foot space guidance, as possible.
  - Messaging the location of refuges of last resort for late evacuees and evacuees without a destination.
- As feasible, provide screening at congregate sheltering to separate those that are:
  - Self-Declared COVID-19 Positive.
  - Screened as “Higher Risk”.
  - Screened as “Lower Risk”.

### **Counties Not in the Potential Impact Zone**

Counties that are not located in the potential impact zone shall:

- Continue to monitor the storm.
- Coordinate with the SEOC on supporting impacted counties through:
  - Requests for Host Sheltering, to include non-congregate.
  - Requests for Shelter Staff Mutual Aid
  - Providing Refuge of Last Resort options for in-transit evacuees.
- Continue to review what county resources may be offered for mutual aid assistance.

## **3.2 State**

In line with the State CEMP, the State of Florida’s state agencies will continue to support county operations via the SERT. State agencies will need to evaluate how their support operations should be adapted to meet the operational realities of a co-response. The following roles and responsibilities are included as a planning assumption and are subject to change as the SERT adapts to a potential situation.

### **3.2.1 Florida Division of Emergency Management**

FDEM is the lead agency of the SERT and the manager of the SEOC. As such, FDEM will set the strategic priorities of the SERT, in consultation with the Executive Office of the Governor.

- Director of FDEM shall serve as the SCO for the SERT for both the COVID-19 and the hurricane response.
- Deputy Director shall serve as the SERT Chief for both the COVID-19 and the hurricane response.
- FDEM Executive Staff will serve in the SERT Unified Command for both the COVID-19 and the hurricane response.
- FDEM will set overall direction for SERT actions and operations.
- FDEM will deploy a mobile testing unit with Cepheid Tests to the SEOC to test all newly incoming SEOC staff responding to the tropical weather event.
- FDEM will provide funding for rooms and feeding at non-congregate shelters.

### **3.2.2 Florida Department of Health**

FDOH will remain lead of the COVID-19 response and will set strategic goals and priorities. Additional roles and responsibilities include:

- FDOH Surgeon General will remain the Incident Commander (IC) for the COVID-19 response.
- FDOH Executive Staff will serve in the Unified Command for the COVID-19 response.
- FDOH will provide command and control of the SERT COVID-19 IMT at FDOH facilities.
- FDOH will continue to provide leadership and staffing for ESF-8.

### **3.2.3 Florida Department of Military Affairs**

The Florida Department of Military Affairs and the Florida National Guard will continue to provide crucial support to the COVID-19 and hurricane responses.

- The Adjutant General of Florida will continue to serve in the Unified Command for both the COVID-19 and the hurricane response.
- The Florida Department of Military Affairs will continue to provide leadership and staffing for ESF-13.

### **3.2.4 State Emergency Response Team**

The SERT will oversee the operations for the hurricane response. Operating out of the State Emergency Operations Center, the SERT will provide command and control for all state operations and coordinate resources to support county needs. In addition to standard operations, ESFs work to develop new industry specific guidance and support their partners' increased logistical needs (e.g. PPE, staffing, sanitation measures, and testing).

#### **Emergency Support Function 1/3 (Transportation and Public Works)**

- Shall assist in identifying potential refuges of last resort located along interstates.
- Shall assist in identifying debris management teams and resources to augment the anticipated gap in out-of-state resources.

- Shall coordinate with counties on potential requests for mass transportation assistance.
- Shall coordinate with transportation and public works providers on continued PPE and re-entry concerns.
- Shall follow other procedures as outlined in the State CEMP.

### **Emergency Support Function 2 (Communications)**

- Shall follow procedures as outlined in the State CEMP.

### **Emergency Support Function 4/9 (Fire Rescue and Urban Search and Rescue)**

- Shall identify contingencies for USAR and swift water rescue teams to augment the anticipated gap in out-of-state resources.
- Shall coordinate messaging on PPE to ambulatory and fire-rescue partners.
- Shall coordinate with ESF-8 on the availability of ambulatory resources to augment the anticipated gap in out of state resources.
- Shall follow other procedures as outlined in the State CEMP.

### **Emergency Support Function 5 (Planning)**

- Shall provide and coordinate situational awareness for both the COVID-19 and the hurricane response.
- Shall maintain this guidance and coordinate additional contingency planning products.
- Shall provide staffing support to the SERT COVID-19 IMT.
- Shall follow other procedures as outlined in the State CEMP.

### **Emergency Support Function 6 (Mass Care)**

- Shall assist counties in the coordination of sheltering and feeding operations.
- Shall assist in coordinating Shelter Staffing Mutual Aid Teams from counties.
- Shall assist in coordinating Volunteer Shelter Staffing Teams from outside the impacted area.
- Shall develop a hurricane feeding distribution plan that accommodates COVID-19 specific operational realities.
- Shall provide staffing support for the SERT COVID-19 IMT.
- Shall follow other procedures as outlined in the State CEMP.

### **Emergency Support Function 7 (Resource Management)**

- Shall assist in providing staffing for the Unified Logistics Section.
- Shall assist in sourcing additional warehousing capabilities for the state to stockpile PPE and hurricane emergency supplies.
- Shall assist in sourcing staff augmentation assistance for hurricane operations.
- Shall follow other procedures as outlined in the State CEMP.

### **Emergency Support Function 8 (Health and Medical)**

- Shall continue to support county special need sheltering operations.
- Shall provide guidance to other ESFs regarding COVID-19 medical concerns.
- Shall identify potential sources for nurses and other medical professionals to augment the anticipated gap in out-of-state resources.

- Shall identify what nurses and other medical staff working in COVID-19 testing sites can be reallocated to a hurricane response, if needed.
- Shall follow other procedures as outlined in the State CEMP.

**Emergency Support Function 10 (Environmental Protection)**

- Shall follow procedures as outlined in the State CEMP.

**Emergency Support Function 11 (Food, Water, and Ice)**

- Shall follow procedures as outlined in the State CEMP.

**Emergency Support Function 12 (Energy and Fuels)**

- Shall coordinate with private sector utility and fuel companies on the availability of PPE and other COVID-19 concerns during a hurricane response.
- Shall coordinate with ESF-18 on contingencies for transportation assistance to residents involving fuel for evacuees.
- Shall follow other procedures as outlined in the State CEMP.

**Emergency Support Function 13 (Florida National Guard)**

- Shall provide staffing support to the SERT COVID-19 IMT.
- Shall follow other procedures as outlined in the State CEMP.

**Emergency Support Function 14 (External Affairs)**

- Shall assist counties with enhanced *Know Your Zone, Know Your Home* messaging.
- Shall follow other procedures as outlined in the State CEMP.

**Emergency Support Function 15 (Volunteers and Donations)**

- Shall provide guidance to volunteer organizations on COVID-19 concerns.
- Shall follow other procedures as outlined in the State CEMP.

**Emergency Support Function 16 (Law Enforcement)**

- Shall provide guidance to Florida Sheriff Departments and Police Departments regarding PPE use during a hurricane response.
- Shall follow other procedures as outlined in the State CEMP.

**Emergency Support Function 17 (Animals and Agriculture)**

- Shall assist counties with COVID-19 concerns at pet-friendly shelters.
- Shall follow other procedures as outlined in the State CEMP.

**Emergency Support Function 18 (Business, Industry, and Economic Stabilization)**

- Shall assist in coordinating with hotels and motels for NCS guidance and onboarding.
- Shall assist in providing guidance to private sector partners, regarding PPE and other COVID-19 related issues during a hurricane response.
- Shall provide staffing support to the SERT COVID-19 IMT.
- Shall follow other procedures as outlined but the State CEMP.

## **3.3 Federal**

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### **IMAT/ National IMAT**

Incident Management Assistance Teams (IMAT) are made up of dedicated and experienced senior-level emergency management professionals that can deploy upon a moment's notice when requested by the state.

Teams provide a forward federal presence to facilitate the management of the national response to catastrophic incidents. The primary mission is three-fold:

- Rapidly deploy to an incident or potentially threatened venue
- Identify ways federal assistance could be used to best support the response and recovery efforts, should it become available
- Work with partners across jurisdictions to support the affected State or territory

### **FEMA Integration Team**

The FEMA Integration Team (FIT) will continue to staff the SEOC to enhance intergovernmental coordination. Through the FIT program, FEMA will provide technical assistance and coordination.

### **Region IV RRCC**

FEMA's Regional Response Coordination Centers (RRCC) operate within each of the ten FEMA regional offices around the nation. These facilities provide response and recovery support to each of the states and tribal governments within the regional jurisdictions. The RRCC functions as the regional interface between the states and tribal governments and the FEMA National Response Coordination Center (NRCC), maintaining situational awareness and executing mission objectives until a Joint Field Office opens. The center provides federal support for activities responding to federally declared disaster response. Additionally, it coordinates personnel and resource deployments to support disaster operations and prioritizes interagency allocation of resources.

# Authority and Definitions

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## Authority

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“State Emergency Management Act,” *Chapter 252, Florida Statutes*

“Public Health,” Chapter 381, *Florida Statutes*

“2020 State Comprehensive Emergency Management Plan,” Rule 27P-2, F.A.C.

“COVID-19 State of Emergency,” *Executive Order 20-52*

“Executive Order 20-52 Extension,” *Executive Order 20-114*

Section 381.0303, Florida Statutes, requirements for DOH to establish and operate SpNS.

## References

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All guidance in this document is the product of a review of guidance released by subject matter experts, and in coordination with SERT Emergency Support Functions. A full list of resources and references can be found in Attachment A. The primary sources of information that counties should review are listed below. All links are active as of publishing of this guidance.

### American Red Cross

- COVID-19 Non-Congregate Sheltering Framework (May 2020)  
<https://nationalmasscarestrategy.org/wp-content/uploads/2020/05/COVID19Non-CongregateShelteringFramework.pdf>
- Feeding in COVID-19 Congregate Shelters (April 2020)  
<https://nationalmasscarestrategy.org/wp-content/uploads/2020/04/FeedingInCOVID-19CongregateShelters.pdf>
- Pre-Landfall Congregate Shelter Operations in a COVID-19 Pandemic (May 2020)  
<https://nationalmasscarestrategy.org/wp-content/uploads/2020/05/Pre-LandfallShelterOperationsCOVID-19Pandemic.pdf>

### Centers for Disease Control

- Communities, Schools, and Workplaces Guidance for COVID-19  
<https://www.cdc.gov/coronavirus/2019-ncov/community/index.html>

### Federal Emergency Management Agency

- COVID-19 Pandemic Operational Guidance for the 2020 Hurricane Season (May 2020)  
[https://www.fema.gov/media-library-data/1589997234798-adb5ce5cb98a7a89e3e1800becf0eb65/2020\\_Hurricane\\_Pandemic\\_Plan.pdf](https://www.fema.gov/media-library-data/1589997234798-adb5ce5cb98a7a89e3e1800becf0eb65/2020_Hurricane_Pandemic_Plan.pdf)

## Definitions

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**AHCA:** Agency for Health Care Administration

**ALF:** Assisted Living Facilities

**CDC:** Centers for Disease Control and Prevention

**CEMP:** Comprehensive Emergency Management Plan

**Community Lifelines:** The public facilities and systems that provide the basic life support services and enable the continuous operation of critical business and government functions that are essential to human health, safety and economic security. These general systems are classified by the subcategories: safety and security; food water and shelter; health and medical; energy; communications; transportation; and hazardous materials.

**Community Based Test Sites (CBTS):** A walk up or drive through operation implemented and managed by the SERT in communities to obtain samples from individuals to ascertain or verify their COVID-19 infection status.

**Co-Response:** A scenario where the state will be required to respond to two simultaneous events concurrently

**DOH:** Florida Department of Health

**Emergency Management Assistance Compact (EMAC):** A national Governors interstate mutual aid agreement, formalized into law, that facilitates the sharing of resources, personnel and equipment across state lines during times of disasters and emergency.

**Evacuation Shelter:** A safe congregate care facility that provides services and is utilized for populations displaced by an emergency or disaster incident. An evacuation shelter may be located either inside (risk shelter) or outside (host shelter) of the disaster impact area and are typically operational for a period to not normally exceed 72 hours.

**Risk Shelter:** Facilities designated as risk shelters may be located within the hazard risk zone (i.e. lie in the forecast path and associated error cone of an approaching hurricane or severe storm). Construction of these facilities meets established minimum safety requirements for wind load and projectile protection.

**Host Shelter:** A facility that is safe and provides services, and is located outside of a hazard risk zone.

**Congregate Sheltering:** A protective facility intended to provide a safe destination for evacuees and other at-risk populations from the hazards of tropical cyclones where the occupants are kept in groupings that include three or more unrelated individuals.

**Non-Congregate Sheltering:** A protective facility intended to provide a safe destination for evacuees and other at-risk populations from the hazards of tropical cyclones where the

occupants are kept in separate units that may accommodate one person or a small group of related individuals.

**Evacuation Zone (Hurricane):** Area(s) designated by a jurisdiction's emergency management agency requiring evacuation from particular hurricane scenarios to protect populations vulnerable to storm surge inundation. Evacuation zones are developed taking into consideration all populated areas having a risk of storm surge inundation, and areas not subject to inundation but may be isolated as a result.

**EMT:** Emergency Medical Technician

**EOC:** Emergency Operations Center

**ESF:** Emergency Support Function

**FDEM:** Florida Division of Emergency Management

**FIT:** FEMA Integration Team

**Incident Action Plan (IAP):** A written or verbal plan, or combination of both, that is updated throughout the incident and reflects the overall incident strategy, tactics, risk management, and member safety that are developed by the entire command team and the SERT.

**Incident Management Teams (IMT):** Teams of trained personnel from different departments, organizations, agencies, and jurisdictions within the state that are deployed to other jurisdictions to manage or support operations at incidents that extend beyond one operational period.

**Mass-Care:** Emergency provision of life sustaining services to ensure the health, safety and well-being of a congregate population, to include shelter, food and water, sanitation, first aid, security, etc.

**NCS:** Non-Congregate Shelter

**NGO:** Non-Governmental Organizations

**NRCC:** National Response Coordination Center (FEMA)

**Paratransit:** Transportation services that supplement fixed-route mass transit by providing individualized rides without fixed routes or timetables. Especially utilized for transportation vulnerable.

**Person(s) with Special Needs:** Someone who during periods of evacuation or emergency require sheltering assistance due to physical impairment, mental impairment, cognitive impairment, or sensory disabilities. See Rule 64-3.010(1), Florida Administrative Code.

**Personal Protective Equipment (PPE):** For COVID-19, medical protective measures used by individuals to reduce the likelihood of infection or spread of the virus in common areas. Examples include surgical masks, gloves, face shields, etc.

**Refuges of Last Resort (ROLR):** Sites that are opened as a life safety measure when an evacuation cannot be completed and evacuees are seeking any structure that provides more relative safety than remaining outside in the elements. These are not shelters and will not provide the same resources or services to the occupants using them.

**RRCC:** Regional Response Coordination Centers (FEMA)

**SEOC:** State Emergency Operations Center

**SERT:** State Emergency Response Team

**State Coordinating Officer (SCO):** An individual appointed by the Governor that serves as the state's primary representative during a disaster, sets priorities for employment of state and federal resources and works with the Federal Coordinating Officer to formulate state requirements, including those that are beyond State capability.

**SLTT:** State, Local, Tribal and Territorial

**Social/Physical Distancing:** A protective measure for COVID-19 that requires each individual when outside the home to maintain at least 6 feet of separation from other people; to not gather in large groups; and to avoid mass gatherings.

**Support Mission Requests:** A formal tasking from a county or other state agency to provide assistance in the form of resources or services to address any unmet needs or shortfalls or in their own capabilities.

**TSA:** Transitional Sheltering Assistance

# Attachments

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Attachment A: Additional Resources

Attachment B: Phase Checklists

Attachment C: PPE Recommendations

Attachment D: Congregate Sheltering Capacity

Attachment E: Estimated Coastal Clearance Times

# Attachment A

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## Additional Resources

- “#HurricaneStrong - Home.” FLASH, <https://www.flash.org/hurricanestrong/>.
- “Addressing PPE Needs in Non-Health Care Setting.” FEMA Advisory, April 23, 2020.
- AlertFlorida. Statewide Notification Initiative, Florida Division of Emergency Management, <https://apps.floridadisaster.org/alertflorida/>.
- “CDC Interim Guidance for General Population Disaster Shelters During the COVID-19 Pandemic”. Centers for Disease Control and Prevention. [https://www.cdc.gov/coronavirus/2019-ncov/downloads/Guidance-for-Gen-Pop-Disaster-Shelters-a-Pandemic\\_cleared\\_JIC\\_ADS\\_final.pdf](https://www.cdc.gov/coronavirus/2019-ncov/downloads/Guidance-for-Gen-Pop-Disaster-Shelters-a-Pandemic_cleared_JIC_ADS_final.pdf).
- “Comprehensive Emergency Management Plan.” FloridaDisaster, Florida Division of Emergency Management, <https://www.floridadisaster.org/dem/preparedness/natural-hazards/comprehensive-emergency-management-plan/>.
- “Coronavirus (COVID-19) Pandemic: Addressing PPE Needs in Non-Healthcare Setting.” FEMA Fact Sheet, April 21, 2020.
- “Coronavirus (COVID-19) Pandemic: Purchase and Distribution of Food Eligible for Public Assistance.” FEMA Policy FP 104-010-03, April 11, 2020.
- “COVID-19 Pandemic Operational Guidance for the 2020 Hurricane Season”, Federal Emergency Management Agency, May 2020, [https://www.fema.gov/media-library-data/1589997234798-adb5ce5cb98a7a89e3e1800becf0eb65/2020\\_Hurricane\\_Pandemic\\_Plan.pdf](https://www.fema.gov/media-library-data/1589997234798-adb5ce5cb98a7a89e3e1800becf0eb65/2020_Hurricane_Pandemic_Plan.pdf)
- DCS Respond/Sheltering. “Pre-Landfall Congregate Shelter Operations in a COVID-19 Pandemic”. American Red Cross, vol 2.0, 14 May 2020.
- Enterprise-wide Policy for Entrance Screening at Red Cross Facilities. American Red Cross, April 9, 2020.
- Enterprise-wide Policy on Face Coverings Inside Red Cross Facilities. American Red Cross, April 22, 2020.
- “Guidance on the Essential Critical Infrastructure Workforce.” Cybersecurity and Infrastructure Security Agency CISA, <https://www.cisa.gov/publication/guidance-essential-critical-infrastructure-workforce>.
- “Hand Hygiene Recommendations.” Coronavirus Disease 2019 (COVID-19), Centers for Disease Control and Prevention, 17 May 2020, <https://www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene.html>.
- “Hurricane Survival Guide: What to Do During and After the Storm.” Travelers Insurance, <https://www.travelers.com/resources/weather/hurricanes/hurricane-survival-guide>.

- “Hurricanes and Other Tropical Storms.” Natural Disasters and Severe Weather, Centers for Disease Control and Prevention, 7 May 2020, [www.cdc.gov/disasters/hurricanes/](http://www.cdc.gov/disasters/hurricanes/).
- “Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons for Coronavirus Disease 2019 (COVID-19)” Coronavirus Disease 2019 (COVID 19), Centers for Disease Control and Prevention, 14 May 2020, <https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html>.
- “Interim Laboratory Biosafety Guidelines for Handling and Processing Specimens Associated with Coronavirus Disease 2019 (COVID-19).” Coronavirus Disease 2019 (COVID-19), Centers for Disease Control and Prevention, 11 May 2020, <https://www.cdc.gov/coronavirus/2019-nCoV/lab/lab-biosafety-guidelines.html>.
- “Isolation and Quarantine.” Colorado COVID-19 Updates, <https://covid19.colorado.gov/covid-19-in-colorado/about-covid-19/isolation-and-quarantine>.
- “Operational Decision-Making / Shelter Facility Opening Checklist.” NationalMassCareStrategy.org, April 8, 2020.
- “OPS COVID Concept of Operations.” American Red Cross V.1.0 2020.04.01. “Plan and Prepare”, <https://www.floridadisaster.org/>
- Rebmann, Terri. “Infection Prevention and Control for Shelters during Disasters”, 2007/2008 APIC Emergency Preparedness Committee.
- “Residential.” Insurance Institute for Business & Home Safety, 10 Dec. 2019, [ibhs.org/residential/](http://ibhs.org/residential/).
- “Shelter Health Screening Using Personal Protective Equipment.” American Red Cross V.1.0 2020.04.10.
- “Staying Home Saves Lives.” Plan Ahead for Disasters, Ready.gov, [www.ready.gov/](http://www.ready.gov/).
- “Stay Safe After a Hurricane or Other Tropical Storm.” <https://www.cdc.gov/disasters/hurricanes/be-safe-after.html>.
- “Steps to Help Protect Against Coronavirus COVID-19”, American Red Cross, March 6, 2020.
- “Strategies to Optimize the Supply of PPE and Equipment.” Coronavirus Disease 2019 (COVID 19), Centers for Disease Control and Prevention, 18 May 2020, <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>
- “What Bus Transit Operators Need to Know About COVID-19.” Coronavirus Disease 2019 (COVID 19), Centers for Disease Control and Prevention, 14 April 2020, <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/bus-transit-operator.html>.

# Attachment B

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## Phase Checklists

The checklist below are primarily taken from the FEMA COVID-19 Pandemic Operational Guidance for the 2020 Hurricane Season, with additional inputs added by the SERT. These checklists should be used for planning purposes only. The SERT will make these checklists available to any county in an editable format if requested.

## Preparedness Actions Checklists

### Review and Modify

- Have you reviewed and modified your emergency operations plan to align with COVID-19 guidance, to include social distancing limitations, travel restrictions, fiscal impacts, reduction of government services, and potential impacts to your supply chain?
- Have you reviewed your jurisdiction's orders concerning any potential shelter-in-place or stay-at-home orders? Do any legal considerations require you to adjust your law enforcement, fire, Emergency Medical Services (EMS), or emergency operations?
- Are you coordinating updates to plans with the whole-community planning partners supporting your jurisdiction?
- Have you reviewed and modified your plans to include special considerations for those with access and functional needs in a COVID-19 environment?
- Have you reviewed and updated your COOP plans to continue essential functions and tasks with little to no interruption?
- Have you updated your resource management inventory to make response personnel available to support non-COVID-19 response?
- Have you identified essential personnel, based on organizational essential functions, by reviewing your existing or conducting new business process/business impact analyses to understand potential shortfalls and limitations?
- Have you identified orders of succession for key personnel and leadership? Do critical tasks and decision-making have approved delegations of authority?
- Have you identified alternate sites and capabilities to ensure COOP to include telework?
- Have you reviewed and evaluated current mutual aid agreements and EMAC agreements if available resources and/or personnel may be limited due to COVID-19 operations and considered virtual support where possible?

- Have you re-assessed shelter capacity to account for physical/social distancing guidelines?

### Consider and Identify

- Do the constraints and impacts of COVID-19 within your, and neighboring, jurisdictions warrant the expansion of mutual agreements with new partners?
- Have COVID-19 response and recovery efforts identified new partners, resources, planning shortfalls, or solutions to include in emergency operations plans and annexes, including private sector partners in grocery, fuel, home mitigation supplies, and medical supplies?
- Have you considered resourcing secondary emergency management roles and responsibilities to support parallel disasters with extended timelines and limited resources?
- Have you assessed your increased personnel requirements and planned for contingency staffing?
- Have you determined if you can use alternate communications, information technology support, and remote operations to operate your EOC virtually?
- Have you explored virtual environment delivery platforms to exercise plans and overcome the challenges of limited face-to-face training, seminars, and workshops?
- Have you coordinated with public health officials to identify guidelines for workforce response? (NOTE: Local conditions will influence decisions that public health officials make regarding community-level strategies)
- Have you considered strategies to keep a disaster from overwhelming 9-1-1 centers, such as establishing alternative call lines for non-emergency queries from the public; increasing personnel capacity; and/or including the capacity to respond to calls from people who are deaf, hard of hearing, without speech, and/or have limited English proficiency?
- Have you developed a list of self-quarantine and self-isolation residences and facilities that are in the incident impact area?
- Have you identified non-congregate shelters for vulnerable and high-risk populations?
- Have you identified lead times to evacuate transportation-dependent individuals and open shelters?
- Have you developed guidance for how rapid tests (if available) can be used in a shelter setting?

## Message and Engage

- Have you developed and disseminated accessible, multilingual, and culturally appropriate messaging to inform the public of changes in expected services or procedures (e.g., changes to shelter locations, evacuation routes, available transportation methods) due to impacts from COVID-19 and ensured the messaging is accessible and available in alternative formats for people with disabilities?
- Have you updated pre-scripted messages to incorporate the current recommended PPE posture for disaster survivors (e.g., recommend wearing a cloth face covering) and provide deconflicting guidance regarding any stay-at-home orders or other guidance?
- Are you prepared to provide accessible multilingual and culturally appropriate messaging on increased personal preparedness measures and to encourage your community to evaluate personal emergency plans and familiarize themselves with guidance from their local jurisdictions related to COVID-19?
- Have you advised individuals and households to track their critical financial, medical, and household information by using the EFFAK tool as a guide?
- Have you translated relevant materials and messages in languages spoken in your community?
- Have you engaged with public health officials to identify guidelines for workforce response in a COVID-19 environment, and to plan for public health support for evacuations and sheltering?
- Have you identified the essential workforce necessary for continuing critical infrastructure viability by using the CISA advisory list as a guide?
- Have you engaged non-profits and small businesses in your jurisdiction to discuss how you would respond and recover from a natural hazard event in a COVID-19 environment?
- How will you use accessible, multilingual, and culturally appropriate messaging to communicate to employees and stakeholders that normal operations are being resumed?
- Have you worked with safe home organizations (e.g. FLASH, FL Building Commission, IBHS) to get people to learn how to assess their home and make it better prepared for a hurricane?

## Response Checklist

- Have you purchased and stockpiled appropriate PPE for personnel required to be in the field, including shelter management and shelter personnel?
- Have you considered updating your vendor contracts and agreements to procure and deliver supplies and equipment in case of a shortage?
- Have you confirmed your access to HURREVAC, FEMA's web-based storm tracking and decision support tool, to view data on National Hurricane Center and NWS forecasts,

including forecast tracking and arrival of tropical storm winds; storm surge modeling; and evacuation clearance times under various storm scenarios; to support operational decisions?

- Have you modified your evacuation plan to account for limited travel options and hotel availability, increased need for health and medical evacuations, financial limitations of the general public, and additional impacts from COVID-19?
- Have you considered the extra time it may take to evacuate given the need for social distancing for increased mass transit modes (e.g., buses) may require?
- Have you considered using geographic information system platform planning tools, to include FEMA's RAPT, to identify population characteristics and infrastructure locations that may be impacted to help with your evacuation and shelter-in-place planning?
- Have you considered increasing the membership of CERT, MRC, and associated volunteer training? If so, do you have a mechanism to conduct remote recruiting and training?
- Have you reviewed and modified your logistics contracts to ensure you have adequate PPE and necessary commodities during response operations, especially if available resources have been allocated to COVID-19 response?
- Do your continuity plans adequately address how to respond if your agency/department or your partner agency has reduced staffing or other capabilities, such as facilities and commodities, due to COVID-19?
- Do you have a plan to integrate FEMA personnel and/or other federal partners into your response operations?
- Have you reached out to your critical infrastructure and private sector partners to assess their ability to respond to an emergency in a COVID-19 environment?
- Do you have a designated point of contact and information exchange platform to continue coordination with critical infrastructure and private sector partners?
- Have you considered expanded use of aerial imagery and other remote sensing capabilities to gain and maintain situational awareness and conduct damage assessments?
- Are any resources needed for a potential response currently unavailable or in short supply? Have you reached out to your EMAC or private sector partners for assistance and to discuss resource availability based on existing contracts and mutual aid agreements?
- Does your EOC have enough information technology personnel to support increased numbers of remote emergency responders? Are they trained to work remotely and support remote work for extended periods on multiple disasters?
- Have you considered how your planning goals and objectives would be altered if resources are diverted for COVID-19?

- Have you established a Business Emergency Operations Center that can coordinate and collaborate with the private sector and the National Business Emergency Operations Center?

### **Safety and Security**

- With the potential of decreased law enforcement availability, have you reviewed your contingency plans for on-site security?
- Have you considered COOP plans and ways to deliver essential government functions in a COVID-19 environment if conditions are further degraded by another disaster event?
- Have you reviewed your evacuation and sheltering plans for correctional facilities?
- How will you manage re-occupancy procedures given the constraints and impacts of COVID-19 (e.g., social distancing)? What agencies will need to be involved?
- Have you coordinated with neighboring jurisdictions to discuss impacts on access and re-occupancy procedures due to COVID-19?
- Have you coordinated with pass-through, host, and sending jurisdictions to verify that agreements to support and execute potential evacuations to accommodate COVID-19 considerations (or made any necessary updates) are in place?
- Are your special operations teams (e.g., Urban Search and Rescue, HazMat) still mission capable, and have they adopted CDC guidelines for PPE and training?
- Have you identified potential sites for disaster facilities that are consistent with CDC guidance and social distancing requirements and coordinated leasing requirements if needed?

### **Food, Water, Shelter**

- Have you considered how personnel shortfalls may impact your shelter operations?
- How do social distancing considerations affect current shelter capacity?
- Have you coordinated with public health officials in your jurisdiction regarding evacuation and shelter safety, infection control, and planning?
- Do sheltering and feeding plans incorporate social distancing guidelines and PPE requirements outlined by the National Mass Care Strategy?
- Have you confirmed that public shelters you normally rely upon will be available in the aftermath of an incident (i.e., have schools been removed from use)?
- Have you considered identifying additional shelter locations, including in areas accessible to public transportation and/or in places accessible to low income communities, to reduce shelter density and promote social distancing?
- Have you explored options such as non-congregate sheltering (e.g., dormitories, hotels)? If so, have you developed a list of participating facilities, including in areas accessible to

public transportation and/or in places accessible to low income communities?

- Considering current sheltering options, do individuals with access and functional needs, including individuals with disabilities, require additional sheltering resources and assistance in a COVID-19 environment?
- Have you evaluated the abilities and willingness of whole-community partners to operate or support mass care/sheltering in a COVID-19 environment?
- Have you coordinated with non-governmental and volunteer organizations to discuss changes in receipt, distribution, and delivery of commodities and services (e.g., food, donations, muck out) to incorporate any social distancing limitations?
- Have you assessed your eligibility to apply for assistance for the purchase and distribution of food in response to COVID-19?
- Are issues and status updates in supply chain and logistics of food and water identified and regularly communicated to appropriate partners for action?
- Have cleaning, disinfection, and sanitizing schedules increased, and are they actively monitored by designated sheltering facility personnel?
- Do your registration, health screening, and isolation care areas provide adequate physical separation (e.g., areas for potential temperature screening)?
- Have you included temperature and health screening in your screening protocol for upon arrival at mass care shelters? Do you have adequate temperature screening equipment and PPE to support your health screening protocols?
- Have you included COVID-19 testing in your screening protocol for mass care shelters if an evacuee meets criteria (e.g., symptoms, known exposure)? Do you have adequate PPE and testing kits to support your screening protocols?
- Do you need to increase your supply of hand hygiene products (soap, paper towels, hand sanitizer, etc.) and disinfection and sanitizing products in shelters in a COVID-19 environment?

## Health and Medical

- Do you have an alternative staffing or recruitment strategy for healthcare professionals in the event of a reduction of personnel availability?
- Do your healthcare, alternate care, and long-term care facilities have adequate, functional, and fueled emergency generators and a plan to keep emergency power systems operational during an emergency to reduce patient movement?
- Do your triage protocols and procedures facilitate efficient patient processing to reduce person-to-person contact, increase social distancing, and reduce the amount of time patients are in the triage area?
- Have you identified additional in-patient locations in the event of patient overflow?

to accommodate the need for physical separation in a COVID-19 environment?

- Have you reviewed or updated as necessary personal, family, or staff care plans for sustained emergency response operations?
- Have you coordinated with multi-disciplinary psychosocial support teams (e.g., social workers, mental health professionals, counselors, interpreters, patient service coordinators, clergy) to provide virtual support to patients, families, and medical personnel?
- Do you have sufficient information technology infrastructure and support to accommodate virtual coordination and support?
- Does your community have an established, streamlined process for information delivery and exchange between hospital administration, personnel, and, if required, governmental officials to facilitate situational awareness?
- Can your mass casualty management plans accommodate an increased number of fatalities? Have you identified additional contingencies for mortuary affairs management in a COVID-19 environment?
- Have you encouraged hospitals and other health care facilities to develop and maintain an updated inventory of PPE and other equipment? Do these facilities have a shortage-alert system with identified and well socialized triggers and associated actions to mitigate potential issues?
- To ensure equal access to information and resources, are key messages presented to patients, personnel, and the public in a variety of accessible formats (e.g., audio, visual, sign language, braille, multiple languages, culturally appropriate)?
- Do you have coordinated plans in place to evacuate or shelter patients in place in Federal Medical Stations and Alternate Care Sites in your jurisdiction?

### Energy (Power and Fuel)

- Do energy sector partners have adequate staffing to generate, transmit, and distribute power and fuel to the community in the event of sick workers or family care needs? Have you identified surge support for emergency operations?
- How long would it take to restore power in a COVID-19 environment, considering the potential for reduced available staffing?
- Are damage assessments needed in this response? Can they be conducted virtually? How can your agency/jurisdiction limit personnel to allow for social distancing if damage assessments need to be done?
- Does your plan for potential emergency repairs for energy infrastructure account for COVID-19 social distancing or PPE needs?
- Has COVID-19 affected the supply of fuel in your jurisdiction (e.g., less people driving

disrupting gas demand)?

- Does your jurisdiction have plans for priority power restoration for individuals with disabilities and health conditions that require power for life sustainment?
- Have changes in commercial trucking procedures affected your fuel distribution plan? Are you coordinating with representatives of the commercial trucking industry to ensure your needs are met?

## Communications

- Have you and your response partners recently tested primary, alternate, contingency, and emergency communications capabilities?
- Have you evaluated your ability to send public announcements, and are the systems fully operational (e.g., mass notification systems, internet, radio, television, cable systems)?
- Have you verified the number of Integrated Public Alert & Warning System alerting authorities within your jurisdiction and worked to close any gaps in alerting authority coverage?
- Do you have a system to collect and share data to support decision-making and facilitate development of a common operating picture for multiple response operations?
- Have you considered converting town hall meetings and press conferences to accessible and multilingual virtual platforms, or requiring cloth face coverings (if appropriate) and social distancing if they are conducted in person, and made provisions for accessibility for either virtual or in person meetings?
- Are 9-1-1 dispatch and public safety answering points available to citizens in need? Have you provided information on accessing 3-1-1, 2-1-1, mental/behavioral health hotlines, animal control, and other 24-hour community service help lines to control the flow of incoming calls?
- Can you implement text to 9-1-1 to improve services for people who have hearing or speech disabilities?
- Do you have plans to increase your 9-1-1 call center's capacity, including to respond to people who are deaf, hard of hearing, and/or without speech, or persons with limited English proficiency, in the event of increased incoming emergency calls? Have you considered establishing a coordinated call center system to divert non-emergency calls from the 9-1-1 system?
- Is increased use of mobile or internet bandwidth disrupting emergency communications? Can responders receive prioritized access to dedicated bandwidth? Do responders have backup communications?
- Do you have accessible multilingual and culturally appropriate pre-scripted messages for

communicating evacuation and shelter-in-place updates that include social distancing measures due to COVID-19 considerations?

- Do you have accessible, multilingual, and culturally appropriate communication materials that address hurricane, flood, tornado, or other hazards preparedness for your communities while under the threat of COVID-19?
- Have you published guidance for non-essential businesses and unemployed workers on mitigating economic impacts due to COVID-19 (e.g., Small Business Administration support)?
- Are banking and financial services available? How long will it take to restore financial services? Is the disruption due to a lack of power/energy, overload of the system, or another factor? Is it possible to expand the bandwidth for financial service applications and technology temporarily?

### Transportation

- Do you have the resources necessary to re-establish critical mass transportation hubs (e.g., airports, train stations, local mass transit stations) under social distancing guidelines?
- How long after an incident can you begin maritime transportation while maintaining procedures to detect COVID-19 cases?
- Do you have access to the resources to repair pipelines that impact transportation services (understanding that PPE may be in short supply due to COVID-19)?
- Do you have accessible, multilingual, and culturally appropriate updated messaging to share with the public during an evacuation on social distancing to promote healthy behavior during COVID-19?
- Do you have a mechanism to increase public transportation, including accessible buses, vans, etc., if economic impacts preclude citizens from self-evacuating, to include paratransit for people with disabilities?
- Do your facilities and jurisdictions have adequate transportation agreements to accommodate medical evacuations within required timelines? Do they have patient tracking mechanisms to account for separations resulting from COVID-19 operations and evacuations?

### Hazardous Materials

- Have you engaged critical infrastructure and private sector partners to coordinate accessible, multilingual, and culturally appropriate messaging, either through your local emergency planning committee or directly, to confirm their hazardous materials storage facilities are secure and their response plans are updated to reflect the current COVID-19 environment?

- Are your hazardous or toxic materials plans and messaging consistent with your COVID-19 procedures and messaging? Have you reviewed your messaging for a chemical, biological, radiological, or nuclear incident?
- How are you ensuring meaningful involvement of minority communities and low-income populations in the development and implementation of policy decisions impacting the environment during response and recovery?
- Have you reached out to the Radiological Emergency Preparedness Program or any hazardous and radiological materials groups to determine constraints and limitations from COVID-19 on facilities?
- Do you have the materials and resources needed for a hazardous or toxic materials incident? Have you identified any supply chain issues with procurement?
- Have you considered how to conduct site assessments, especially in areas with hazardous or radiological material, given COVID-19 considerations (e.g., potential personnel limitations, social distancing)?

# Attachment C

## PPE Recommendations

The figures below describes when PPE should be changed and the type of PPE that should be worn during the evacuating and sheltering by both general public and responders. Please note this guidance does not apply for sterile environments. The guidance on how often to replace is based on CDC guidelines for optimizing PPE under crisis capacity.

### *PPE Replacement Protocols<sup>1</sup>*

Type of PPE	Replacement Protocols
Facemasks	Should be replaced daily or if soiled, damaged, or hard to breathe through.
Respirators	Replace N95 using proper doffing when the mask has lost it physical integrity, become wet, or daily. <sup>2</sup>
Eye Protection	Replace when visibly soiled, difficult to see through or damaged.
Gowns	Replace using proper doffing after contact with an individual with suspected or confirmed COVID-19 contact.
Gloves	Replace using proper doffing procedure after with an individual with suspected or confirmed COVID-19 contact.

<sup>1</sup> Proper handling/reuse/discarding of PPE including gloves, eye protection, facemasks, N95 respirators and isolation gowns should be done according to CDC guidance found on their website. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.htm> accessed on May 20, 2020

<sup>2</sup> The surfaces of a properly donned and functioning NIOSH-approved N95 respirator will become contaminated with pathogens while filtering the inhalation air of the wearer during exposures to pathogen laden aerosols. The pathogens on the filter materials of the respirator may be transferred to the wearer upon contact with the respirator during activities such as adjusting the respirator, improper doffing of the respirator, or when performing a user-seal check when redonning a previously worn respirator. One effective strategy to mitigate the contact transfer of pathogens from the respirator to the wearer could be to issue each HCP who may be exposed to COVID-19 patients a minimum of five respirators. Each respirator will be used on a particular day and stored in a breathable paper bag until the next week. This will result in each worker requiring a minimum of five N95 respirators if they put on, take off, care for them, and store them properly each day. This amount of time in between uses should exceed the 72 hour expected survival time for SARS-CoV2 (the virus that caused COVID-19).<sup>3</sup> HCP should still treat the respirator as though it is still contaminated and follow the precautions outlined in [CDC's re-use recommendations](#).

Guidelines from <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html> accessed on May 20, 2020

**PPE Recommendations**

<b>Population</b>	<b>PPE Needed</b>	<b>Notes/Exceptions</b>
First Responders	N95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and a gown	
General Shelter Staff	Face mask, gloves	
Staff in isolation areas with CLI or COVID-19 positive evacuees	Face mask, eye protection, gloves, and a gown	May wear a single gown between contacts, if there are no additional co-infectious diagnoses transmitted by contact. <sup>3</sup>
Testing personnel-providers collecting specimens or providers within 6 feet of patient or providers processing tests on POC machines	N95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and a gown	May wear a single gown between contacts, if there are no additional co-infectious diagnoses transmitted by contact.
Testing Personnel-providers only handling specimens (not collecting specimens and not standing within 6 feet of patient)	Face mask, eye protection, gloves, and a gown	May wear the same gown till end of shift if not soiled or damaged.
Individuals while evacuating	Face mask (surgical mask or cloth mask)	The mask is recommended to stay on during transport, registration, entrance screening to the shelter and upon entry to the shelter.

<sup>3</sup> Guidance taken from <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html>  
 Accessed on May 20, 2020.

Population	PPE Needed	Notes/Exceptions
Non-Congregate Shelter Individuals	Face mask	Not needed when in their non-congregate assigned location
Congregate shelter Individuals who do not have COVID-19 like symptoms	Face mask	
Congregate shelter Individuals with COVID-19 like symptoms	Face mask	
Congregate shelter Individuals diagnosed COVID-19 positive by diagnostic testing	Face mask	Strict PPE protocol guidance should be provided for when they need to access areas outside their designated room in the shelter (e.g. bathrooms, hallways)

# Attachment D

## Congregate Sheltering Capacity

Region / County	Number of Potential Shelters	Sum of Anticipated Use	Sum of Capacity at 60 sqft	Region / County	Number of Potential Shelters	Sum of Anticipated Use	Sum of Capacity at 60 sqft
Alachua	30	4,208	5,176	Lee	17	11,103	5,957
Baker	14	1,754	1,183	Leon	82	20,062	7,553
Bay	39	7,603	3,947	Levy	23	3,021	1,749
Bradford	8	1,184	542	Liberty	8	1,202	629
Brevard	112	45,116	19,542	Madison	12	6,705	1,250
Broward	43	38,637	24,677	Manatee	22	8,527	6,452
Calhoun	10		1,126	Marion	42	14,511	4,721
Charlotte	1			Martin	30	12,632	8,804
Citrus	16	6,855	2,135	Miami-Dade	161	79,018	28,135
Clay	30	10,921	3,773	Monroe	5	2,334	261
Collier	10	4,491	1,818	Nassau	21	4,160	1,349
Columbia	25	360	1,820	Okaloosa	22	11,544	3,428
DeSoto	17	3,197	1,188	Okeechobee	23	1,904	779
Dixie	14	780	1,497	Orange	103	32,973	13,061
Duval	80	33,457	14,029	Osceola	50	36,461	13,268
Escambia	61	13,120	10,114	Palm Beach	113	82,346	28,054
Flagler	41	7,755	5,411	Pasco	85	21,107	11,526
Gadsden	16		1,952	Pinellas	63	16,220	11,634
Gilchrist	9	3,182	1,064	Polk	100	44,249	14,148
Glades	9	1,158	815	Putnam	15	3,073	1,377
Gulf	2	460	139	Santa Rosa	17	4,855	5,163
Hamilton	7		694	Sarasota	33	10,074	5,741
Hardee	14	4,337	1,515	Seminole	48	12,014	11,361
Hendry	19	4,251	1,354	St. Johns	53	7,238	9,766
Hernando	25	5,749	1,653	St. Lucie	28	8,214	9,219
Highlands	19	4,843	2,539	Sumter	11	1,015	775
Hillsborough	7	4,100	3,647	Suwannee	7	1,142	1,650
Holmes	17	4,308	1,575	Taylor	11	2,510	2,218
Indian River	34	11,721	5,031	Union	13	1,110	694
Jackson	11	3,434	1,320	Volusia	119	6,842	7,986
Jefferson	1	689	230	Wakulla	5	336	141
Lafayette	4	287	485	Walton	17	8,432	3,366
Lake	60	27,013	8,351	Washington	23	2,655	2,213

\*Anticipated Use is derived from the Statewide Emergency Shelter Plan:

<https://www.floridadisaster.org/dem/response/infrastructure/statewide-emergency-shelter-plan/>

## Coastal Counties Surplus / Deficit at 60 sqft

County	Potential Shelters	Anticipated Use	Capacity at 60 sqft	Zone A Surplus	Zone B Surplus	Zone C Surplus	Zone D Surplus	Zone E Surplus
Bay	39	7603	3947	2743	2395	2201	1841	1502
Brevard	112	45,116	19,542	15,405	14,987	14,449	13,279	10,821
Broward	43	38,637	24,677	20,299	20,159	18,417	15,665	11,931
Charlotte	1		-	-1583	-2865	-3345	-3402	-3405
Citrus	16	6855	2135	910	798	686	435	263
Collier	10	4491	1818	-1415	-3935	-5315	-5452	-5495
DeSoto	17	3197	1188	953	930	897	857	839
Dixie	14	780	1497	1278	1274	1263	1232	1212
Duval	80	33,457	14,029	8425	7166	4654	3254	1851
Escambia	61	13,120	10,114	9205	8879	8515	7894	7345
Flagler	41	7755	5411	4898	4638	4516	4270	4100
Franklin	-	-	-	-155	-214	-214	-214	-215
Gulf	2	460	139	-5	-53	-85	-91	-92
Hernando	25	5749	1653	711	681	450	-213	-627
Hillsborough	7	4100	3647	-2100	-3629	-5610	-7160	-9487
Indian River	34	11,721	5031	4361	4017	3978	3734	3630
Jefferson	1	689	230	108	100	90	78	71
Lee	17	11,103	5957	-784	-4448	-7118	-7880	-8325
Levy	23	3021	1749	1274	1258	1229	1184	1119
Manatee	22	8527	6452	4227	3762	3063	1897	867
Martin	30	12,632	8804	8159	8035	7821	7598	7146
Miami-Dade	161	79,018	28,135	20,619	18,027	17,543	13,043	8933
Monroe	5	2334	261	-1122	-1211	-1122	-1122	-1122
Nassau	21	4160	1349	200	173	58	11	-37
Okaloosa	22	11,544	3428	2928	2698	2213	1527	1009
Palm Beach	113	82,346	28,054	25,401	24,392	21,989	20,327	18,490
Pasco	85	21,107	11,526	8717	8053	6600	6003	5509
Pinellas	63	16,220	11,634	5815	3876	1479	-76	-1335
Santa Rosa	17	4855	5163	4407	4297	3902	3527	3220
Sarasota	33	10,074	5741	3629	2692	687	-456	-1010
St. Johns	53	7238	9766	7693	6796	6664	6490	6336
St. Lucie	28	8214	9219	8198	7911	7878	7203	6939
Taylor	11	2510	2218	2030	2029	2002	1968	1940
Volusia	119	6842	7986	4808	4304	3228	2345	417
Wakulla	5	336	141	-254	-293	-375	-379	-382
Walton	17	8432	3366	2759	2320	2167	2110	2079

\*Anticipated Use is derived from the Statewide Emergency Shelter Plan:

<https://www.floridadisaster.org/dem/response/infrastructure/statewide-emergency-shelter-plan/>

