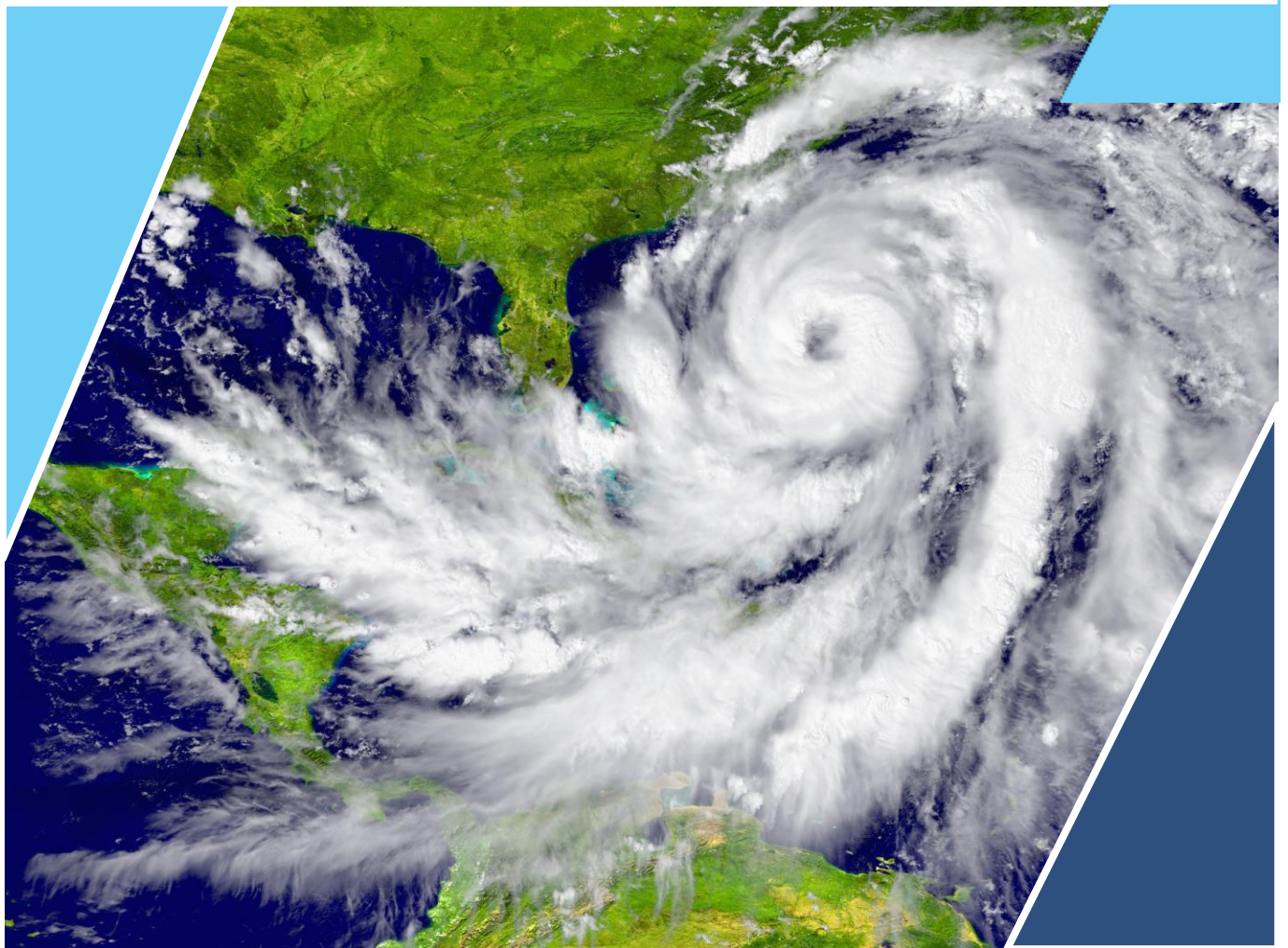




**KINGS POINT**

SUN CITY CENTER, FLORIDA

# Disaster Planning Guide 2023



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## Dear Residents,

Hurricane season runs from June 1st through November 30th. The National Hurricane Center usually issues a watch 36 hours before landfall and a warning 24 hours before landfall. Hurricanes and tropical storms are unpredictable, and residents should pay close attention as they develop.

Sun City Center is *not* located in a mandatory hurricane evacuation zone. Residents are responsible for making their own emergency plans and preparations well in advance of any storm, including plans to evacuate if their homes are no longer safe to stay in.

### **FirstService Residential Responsibilities**

It is the intention of FirstService Residential to assist the residents of Kings Point during an emergency. Our role is to coordinate vendors and contractors, enabling them to respond as quickly as possible in an emergency.

FirstService Residential employees will mobilize as soon as it is safe, recognizing we might be stranded by bridge closings or flooding. Our employees live in areas that may be more affected by the storm and evacuation orders. We will be available as soon as it is possible.

Telephone and utilities might be out of service. Residents must understand that FirstService Residential is only able to respond after the utilities have been restored. FirstService Residential has no control of restoring water, telephone or electric service.

Contractors and vendors will not respond to roof leaks or other emergencies, such as fallen trees or blocked roads, until the storm has passed, and they can safely travel to Kings Point. Currently, we manage 5,525 units in this community. The number of emergency repairs can easily exceed thousands, ranging from minor to serious. FirstService Residential and the vendors will work together to prioritize needed repairs. Serious repairs will be given priority and minor repairs will be expedited as quickly as possible.

# FirstService Residential Emergency Plan

## **Purpose:**

Protect the lives and health of residents and the employees of Kings Point and protect and minimize damage to residents' property in the event of an emergency.

## **Priorities:**

1. To evacuate and account for all employees.
2. To assemble the company's Emergency Response Team for implementation of the response plan as soon as it is safe to do so.
3. Prevent further property damage through mobilizing vendors to begin repairs and estimates as soon as it is safe to do so.
4. File any applicable reports with the Federation of Kings Point.

## **Emergency response procedures:**

1. Assess the situation, number and types of hazards expected based on experience
2. Protect residents, employees, contractors, equipment, vital records and other assets.
3. Coordinate with the insurance company on any possible claims.
4. Get the community back up and running.

# Local Emergency Contacts

## Local County and Sun City Center Emergency Response Groups

The Hillsborough Emergency Operations Center (EOC) oversees any disaster countywide. After the storm, the Sun City Center Community Emergency Response Team (CERT) is the local operation center and coordinates all local activity by volunteer first responder groups (such as the Emergency Squad and Security Patrol) until such time that uniformed county responders become available. The Sun City Center and Kings Point amateur radio clubs will maintain communications between all local responder groups, the National Weather Service in Ruskin, Hillsborough County EOC, and state authorities.

After a storm, the Sun City Center Emergency Squad Public Information Officer (PIO) will man a local disaster desk at 813.633.1411 to receive and respond to all local and media information requests.

Currently there are no shelters available in Sun City Center. For additional information and disaster planning guides go to website: [www.HillsboroughCounty.org](http://www.HillsboroughCounty.org)

To register for a special needs shelter and/or transportation, visit the [Hillsborough County Website](http://www.HillsboroughCounty.org) and complete the form, call your healthcare provider, or call the Hillsborough county Health Department at 813.307.8063

## FirstService Residential non-medical emergency 813.642.8990

<b><u>When life and property are in immediate jeopardy dial 911</u></b>	
<b>SCC Emergency Squad Ambulance</b>	813.634.3800 Nonemergency 813.633.1411
<b>SCC Community Resource Deputy</b>	Deputy Jeff Merry 813.242.5515
<b>Kings Point Chief of Gate Security</b>	Pete Doxsee 813.387.3461
<b>Kings Point Front Gate</b>	813.634.2063 or 813.343.7588 or 813.918.3363
<b>Hillsborough County Emergency Management (for post-disaster assistance)</b>	813.272.6600
<b>Animal Control</b>	813.744.5660
<b>Water or wastewater emergency</b>	813.744.5600
<b>SCC Radio Room</b>	813.642.2071
<b>SCC Emergency VHF Amateur Radio</b>	147.225 MHz
<b>CB Channel #1</b>	26.965 MHz
<b>Sun City Center Emergency Squad Public Information Officer</b>	813.633.1411





**HCFL  
Alert**  
Hillsborough County

**Get Connected.  
Stay Alert.**

**Sign up today!**

**Visit [HCFLGov.net/HCFLAlert](http://HCFLGov.net/HCFLAlert)**

**Text StaySafe to 888-7777**



**Public  
Health/Safety  
Warnings**



**Evacuation  
Notices**



**Severe  
Weather**



**Major  
Road  
Closures**



**Major  
Service  
Interruptions**

- **Public Health/Safety Warnings**
- **Evacuation Notices**
- **Severe Weather**



- **Major Road Closures**
- **Major Utility Service Interruptions**

## Hurricane Preparation Checklist - Before the Storm

- ☐ Pack a Disaster Kit
  - ☐ Water for drinking (1 gallon per person, per day, for at least 7 days)
  - ☐ Non-perishable food for your family and pets for 7 days. Check expiration dates and replace as needed.
  - ☐ A 2-week supply of medications. Keep a list of medications with dosages and doctor and pharmacy phone numbers
  - ☐ Personal Hygiene Items
  - ☐ Important documents- Including HO6 insurance policy information
  - ☐ First-Aid kit
  - ☐ Battery powered radio, flashlight, and extra batteries
  - ☐ Back-up battery power bank to charge smart phones
- ☐ Stay Informed- Stay up-to-date through your trusted news source and sign up for Hillsborough County Alerts.
- ☐ Review your insurance policy or contact your agent to ensure you have active personal HO6 policies and special assessment coverage.
- ☐ Keep the Board of Directors informed of your plans and any relevant contact information.

# Hurricane Preparation Checklist - During the Storm

## When a storm is near

- ☐ Clean, sterilize, and fill containers with water for emergency drinking purposes
- ☐ Take photos or video of your property with date stamps as a baseline documentation
- ☐ Pack freezer contents tightly to conserve cold or freeze Ziplock bags full of water
- ☐ Fill cars with gas
- ☐ Store or secure outdoor furniture, potted plants, bird baths, and other unsecure items.
- ☐ Turn over objects that collect rainfall and can become breeding grounds for mosquitoes

## During the Storm

- ☐ Stay inside. Keep family and pets with you
- ☐ Close and lock doors and windows. Turn off fans, air conditioning, and heating systems
- ☐ Stay in an interior room with fewest windows
- ☐ Stay in place until advised it is safe to leave
- ☐ Monitor local news sources for updates.



## Hurricane Preparation Checklist - After the Storm

- ☐ As soon as it is safe to leave your home or re-enter your community, evaluate damage to your property. Place tarps over any damaged roofs, windows, or doors and remove debris that may cause further injury or damage.
- ☐ Be cautious of hidden dangers, such as downed power-lines and water covered holes.
- ☐ Only run generators in well-ventilated outdoor areas to prevent carbon monoxide poisoning.
- ☐ Discard of food that may have spoiled during any power outages. When it doubt, throw it out.
- ☐ Take photos and/or video of all damages to property to document for necessary repairs or replacement.
- ☐ Contact your claims team to report all damages.



# Hillsborough County Health Department Shelter Evaluation Form

## (PLEASE PRINT)

Failure to complete the entire form WILL delay your evaluation!

Last Name:		First Name:		Middle Initial:	Last 4 digit of SS: XXX-XX-
Sex: <input type="radio"/> Male <input type="radio"/> Female	Height:	Weight:	Date of Birth:	Telephone:	Primary Language:
Street Address:		Lot/Apt #	City:		Zip Code:
Living Arrangements: <input type="radio"/> Alone <input type="radio"/> With Relative <input type="radio"/> Other:					
Mailing Address(if different):		City:	Zip Code:	Mobile Home?: <input type="radio"/> Yes <input type="radio"/> No Mobile Home Park Name:	
<u>Local</u> Emergency Contact Name:		Relationship:		Telephone:	
<u>Out of Town</u> Emergency Contact Name		Relationship:		Telephone:	
Caregiver Name:		Relationship:		Telephone:	
<b>Only immediate family living in household can accompany you to the shelter.</b>					
Primary Doctor's Name: Telephone			Home Health Agency: Telephone		
Name Your Medical Problems: (Bring List of Medications with you to the Shelter)					
Are you under the care of HOSPICE? <input type="radio"/> Yes <input type="radio"/> No (HOSPICE patients do NOT need to complete this form. They should contact their HOSPICE caregiver to arrange for special needs shelter and/or transportation.)					
<b>TRANSPORTATION: Do you need a ride to the Shelter? <input type="radio"/> Yes <input type="radio"/> No</b>					
Mobility Assessment: (Check all that apply)			Electric Dependent (Check all that apply)		
<input type="checkbox"/> I can walk <input type="checkbox"/> Walker <input type="checkbox"/> Bedridden <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Blind			<input type="checkbox"/> Wheelchair/scooter <input type="checkbox"/> Cane <input type="checkbox"/> Uses lift to get out of bed <input type="checkbox"/> Deaf <input type="checkbox"/> Partially Blind		
Cognitive Assessment: (Check all that apply)			<input type="checkbox"/> Feeding Pump <input type="checkbox"/> Nebulizer <input type="checkbox"/> Apnea Monitor <input type="checkbox"/> Ventilator <input type="checkbox"/> Oxygen _____ No. of hrs. daily _____ Liter Flow      _____ Portable Tank <input type="checkbox"/> Dialysis <input type="checkbox"/> Other _____		
<input type="checkbox"/> Mental Health Problems <input type="checkbox"/> Alzheimer's <input type="checkbox"/> Autism <input type="checkbox"/> Conduct Disorder <input type="checkbox"/> Obsessive Compulsive <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Dementia			<input type="checkbox"/> Psychiatric <b>Special Care: (Check all that apply)</b> <input type="checkbox"/> Open Wound <input type="checkbox"/> Ostomy <input type="checkbox"/> Catheter <input type="checkbox"/> Incontinence/Adult Diapers Assistance required with medication? <input type="checkbox"/> I need a nurse or caregiver to administer medication		
I have Trained Service Animal: What kind? _____			What arrangements have you made for your pets? _____		
By signing this form I give my authorization for the medical information contained herein to be released to the county health department, emergency management, local fire districts, and receiving facilities for the purpose of evaluating my needs and providing emergency transportation and sheltering. Records relating to registration of disabled citizens are exempt for the provisions of F.S. 119.07(1), Public Records Law. The information contained here will be kept confidential.					
_____ <b>Signature of Patient / Guardian</b>			_____ <b>Date Signed</b>		
<b>Return form to: Hillsborough County Health Department PO Box 5135 Tampa, FL 33675-5135</b> <b>Or FAX to (813) 276-8689. For more information call (813) 307-8063</b>					
For Office Use Only (Check all that apply):					
Special Needs Shelter: _____ Red Cross Shelter: _____ Hospital: _____ Shriners: _____ Dialysis: _____ FAHA: _____ Aging Services: _____					

# Hoja de Evaluación para Refugio Departamento de Salud del Condado de Hillsborough

## (FAVOR DE USAR LETRA DE MOLDE)

¡Si el formulario no está completo esto, atrasará la evaluación de su solicitud!

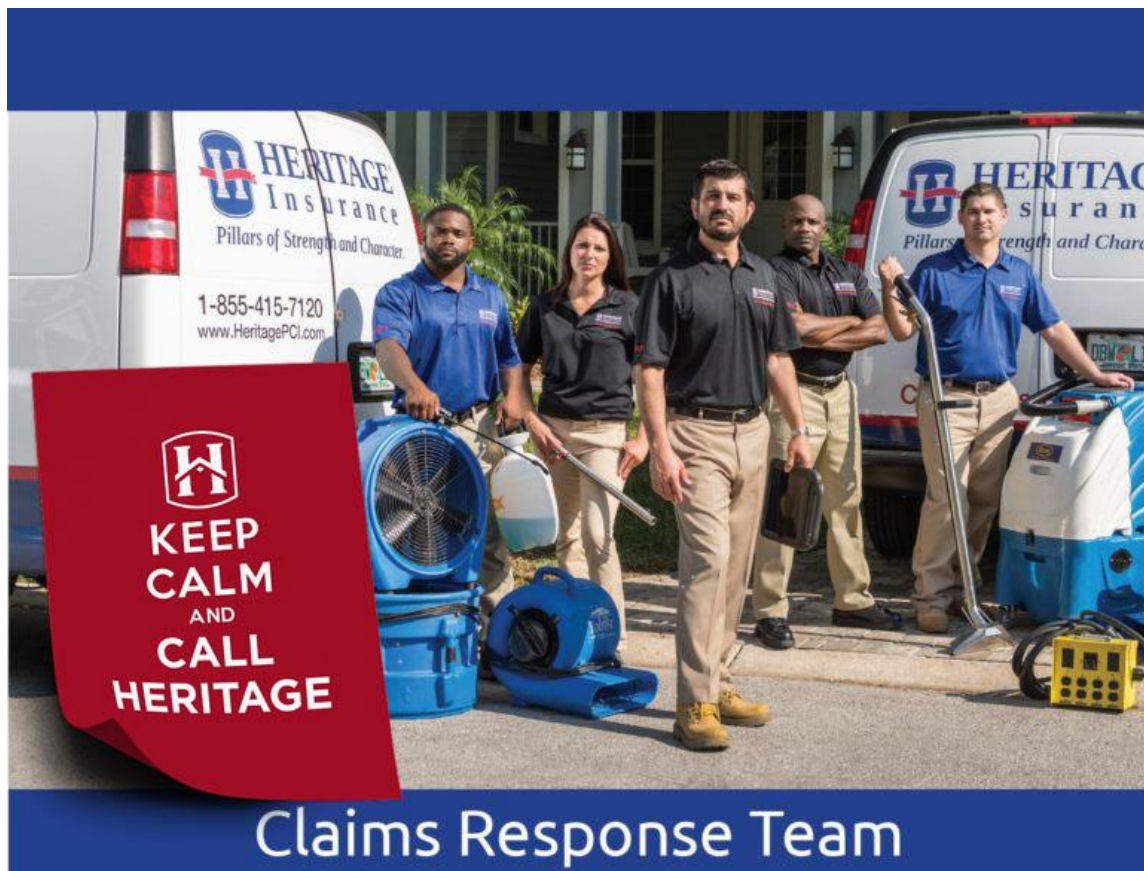
Apellido:		Nombre:		Initial:	Ultimos 4 dígitos del SS: XXX-XX-
Sexo: <input type="radio"/> Masculino <input type="radio"/> Femenino	Estatura:	Peso:	Fecha de Nacimiento:	Teléfono:	Lenguaje Principal: Selecione Uno
Dirección:		Lote/Apt #:	Ciudad:		Código Postal:
Usted vive: <input type="radio"/> Solo <input type="radio"/> Con familiares <input type="radio"/> Otro:					
Dirección Postal (si es diferente):		Ciudad:	Código Postal:	Casa Móvil?: <input type="radio"/> Sí <input type="radio"/> No Nombre de la Comunidad:	
Contacto de Emergencia <u>Local</u> :		Parentesco:		Teléfono:	
Contacto de Emergencia <u>Fuera del Condado</u> :		Parentesco:		Teléfono:	
<u>Nombre de la persona que lo cuidará en el refugio:</u>		Parentesco:		Teléfono:	
<b>Solo personas que viven en su casa pueden acompañarlo al refugio.</b>					
Nombre del doctor de cabecera: Teléfono:			Agencia de cuidado en la casa "Home Health"      Teléfono:		
Escriba sus Problemas Médicos: (Traiga su lista de medicamentos con usted al refugio.)					
¿Está bajo el cuidado de "HOSPICE"? <input type="radio"/> Sí <input type="radio"/> No (Pacientes de "HOSPICE" NO necesitan completar esta forma. Deben comunicarse con "HOSPICE" para hacer arreglos para el refugio de necesidad especial/y transportación.)					
<b>TRANSPORTACION: ¿Necesita que lo busquen para llevarlo al refugio? <input type="radio"/> Sí <input type="radio"/> No</b>					
Evaluación de Movilidad: (Selecione todas las que sean pertinentes.)			Depende de Electricidad: (Selecione todas las que sean pertinentes.)		
<input type="checkbox"/> Puedo caminar <input type="checkbox"/> Uso andador <input type="checkbox"/> Impedimento auditivo <input type="checkbox"/> Ciego(a) <input type="checkbox"/> Convalezco en Cama <input type="checkbox"/> Levantamiento para salir de la cama.			<input type="checkbox"/> Uso silla de ruedas <input type="checkbox"/> Uso un bastón <input type="checkbox"/> Mudo(a) <input type="checkbox"/> Parcialmente ciego(a) <input type="checkbox"/> Uso Sistema de		
Evaluación Cognitiva: (Selecione todas las que sean pertinentes.)			<input type="checkbox"/> Bomba de Alimentación <input type="checkbox"/> Nebulizador <input type="checkbox"/> Monitor de Apnea <input type="checkbox"/> Ventilador Respiratorio <input type="checkbox"/> Oxígeno ____ Num. de hrs. diarias ____ Fluído por Litro ____ Tanque Portable <input type="checkbox"/> Diálisis <input type="checkbox"/> Otro ____		
<input type="checkbox"/> Problemas Salud Mental <input type="checkbox"/> Alzheimer's <input type="checkbox"/> Autismo <input type="checkbox"/> Problema de Conducta <input type="checkbox"/> Obsesión Compulsiva <input type="checkbox"/> Ansiedad <input type="checkbox"/> Depresión <input type="checkbox"/> Demencia			<input type="checkbox"/> Problemas Siquiátricos <input type="checkbox"/> Bomba de Succión <input type="checkbox"/> Monitor Cardiaco <input type="checkbox"/> CPAP/BPAP <input type="checkbox"/> Concentrador <b>Cuidado Especial: (Selecione todas las que sean pertinentes)</b> <input type="checkbox"/> Herida abierta <input type="checkbox"/> Catéter (sonda) <input type="checkbox"/> Colostomía <input type="checkbox"/> Incontinencia/ Pañales de Adulto ¿Necesita ayuda con las medicinas? <input type="checkbox"/> Necesito una enfermera o asistente para que me de las medicinas		
Tengo un Animal de Servicio (ejemplo, Perro Guía): ¿Qué clase? _____			¿Qué arreglos ha hecho para sus mascotas (animales domésticos) ? _____		
Firmando esta forma doy mi autorización al Departamento de Salud del Condado de Hillsborough, departamento de manejo de emergencias, a los distritos locales de bomberos, y a facilidades del gobierno para usar la información médica contenida en esta forma con el fin de evaluar mis necesidades y de proporcionar el transporte de emergencia al refugio. Los expedientes relacionados con el registro de ciudadanos con necesidades especiales están exentos de las provisiones de F.S. 119.07(1), ley de los expedientes públicos. La información contenida aquí será mantenida confidencial.					
Firma del Paciente / Guardian			Fecha		
<b>Envíe esta forma al: Hillsborough County Health Department PO Box 5135 Tampa, FL 33675-5135</b> <b>O FAX a (813) 276-8689. Para más información llame al (813) 307-8063</b>					
For Office Use Only (Check all that apply):					
Special Needs Shelter: _____ Red Cross Shelter: _____ Hospital: _____ Shriners: _____ Dialysis: _____ FAHA: _____ Aging Services: _____					

# Insurance Disaster Response Team

## USI and Heritage Insurance Disaster Response

The Heritage Insurance Claims Team will be on site in the event of a catastrophe when the local authorities provide guidance it is safe to do so. Depending on the scope and the location of the damage sustained, the claims examiner will be stationed at one of our recreation facilities.

USI's Emergency Response team will be onsite working in tandem with Heritage to help facilitate communication with the management, residents, and vendors.



## Restoration Contacts- *Emergency Plan*

The Federation has partnered with the following home restoration experts.

Company	
<p>Expert Water Removal</p> 	<ul style="list-style-type: none"> <li>• Acadia I II</li> <li>• Bedford A B C D E F G H J</li> <li>• Fairfield A B C D E F G H</li> <li>• Inverness</li> <li>• Jameson</li> <li>• Portsmouth</li> <li>• Princeton</li> <li>• Lancaster I II III IV</li> <li>• Lyndhurst</li> </ul>
<p>Restoration 1</p> 	<ul style="list-style-type: none"> <li>• Brookfield</li> <li>• Corinth</li> <li>• Devonshire</li> <li>• Highgate A B C D E F II III IV</li> <li>• Nantucket II III IV</li> <li>• Radison I II</li> <li>• Oxford I II</li> <li>• Idlewood</li> <li>• Worthington</li> </ul>
<p>ServiceMaster</p> 	<ul style="list-style-type: none"> <li>• Andover A B C D E F G H I</li> <li>• Cambridge A B C E F H I J K L M</li> <li>• Canton Court D</li> <li>• Kensington</li> <li>• Maplewood</li> <li>• Oakley Green</li> <li>• Manchester I II III IV</li> <li>• Southampton I II</li> <li>• Tremont I II</li> </ul>
<p>Paul Davis</p> 	<ul style="list-style-type: none"> <li>• Dorchester A B C D</li> <li>• Edinburgh</li> <li>• Fairbourne</li> <li>• Grantham</li> <li>• Huntington</li> <li>• Gloucester A B C D E F G H J K L M N P</li> <li>• The Knolls I II III</li> <li>• Villeroy</li> </ul>

# Tree and Landscape Debris Removal

The Federation has partnered with Brown's Tree Service LLC to handle the tree and landscape debris removal and restoration. The below list shows the priority of which the services will be performed.

Master Association- Responsible for roadway cleanup	The Federation- Responsible for community tree removal
	

## Priority 1

- Clearing vehicle access to allow emergency personnel ability to service needs and access to your property.

## Priority 2

- Clearing debris from structural dwellings that may pose immediate risk or danger

## Priority 3

- Re-planting plant material that may have chance of surviving if root balls are intact. Plants that can be salvaged and re-staked safely will be. Trees and/or plants that could create a liability will be removed

## Priority 4

- Trim and remove hazardous damaged limbs that still remain in trees versus on the ground.

## Final phase

- Restorations of damages or losses resulting from storm and associated clean-up



[illegible]

