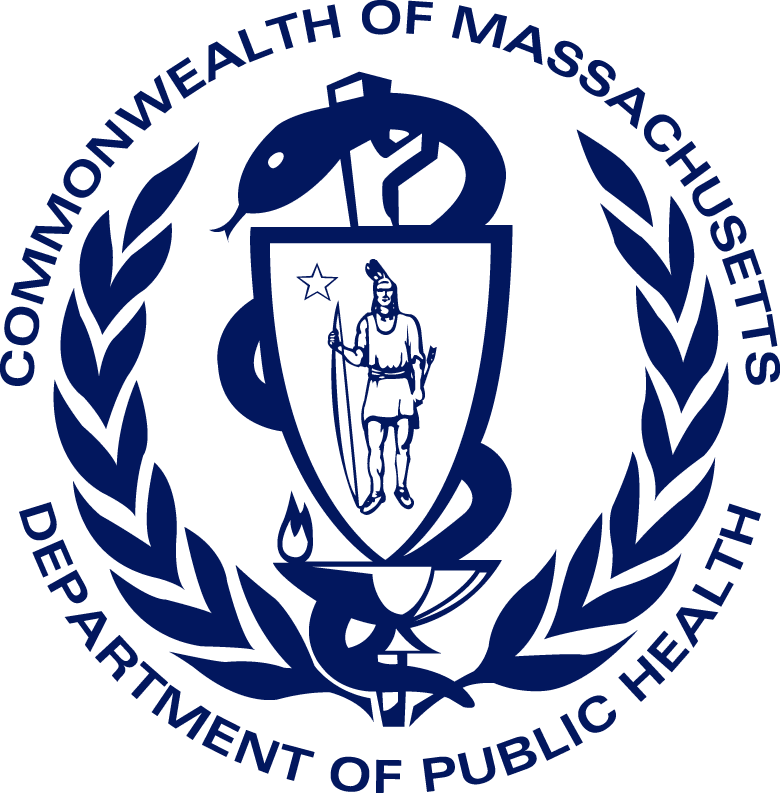


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|  | **2014** |



**MDPH HOSPITAL EVACUATION TOOLKIT**

**VIII. Hospital shelter-in-place plan checklist**

**Hospital Shelter-In-Place Plan Checklist**

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|  | Initial Decision Making and Incident Management |
|  | **Assessment of Initial Priorities**  Following notification of a threat and/or disaster event, does your plan specify: |
|  | How a structured threat assessment is being performed with respect to the facility’s ability to successfully shelter-in-place? |
|  | Who is assessing critical infrastructure and key resources? How is that information being reported? |
|  | How the unit-level situation reporting is being aggregated and communicated to hospital leadership? |
|  | How long it will take to perform a full assessment of the hospital’s operational capabilities prior to and following the threat? |
| Establishment of Incident Command Structure  Does your plan specify: | |
|  | How do you rapidly compile, verify and share information/reports? |
|  | When do you need your first Incident Action Plan (IAP) to be completed? |
|  | Who is responsible for the development of a staffing plan for HICS leadership when sheltering? When will this be performed? |
| Determination of Shelter-in-Place Trigger Points  Does your plan specify: | |
|  | What are the specific triggers that you will use to decide whether to shelter-in-place? |
|  | Is there a decision tree or matrix that would help with the decision either to activate the shelter-in-place or evacuation plans? |
|  | What are the critical pieces of infrastructure that are required to safely shelter-in-place? |
|  | What is needed to maintain these operations for essential infrastructure? |
| Authority to Make Shelter-In-Place Decisions  Does your plan specify: | |

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| * Who has authority to order shelter-in-place? |
| * How do personnel begin to shelter-in-place or evacuate without instruction from leadership or incident management if they perceive an impending life threat? |
| * Is there someone on-site 24/7 who has the authority to order a partial or full evacuation? |
| * Does the CEO/Board of Directors reserve the right to overrule operational decisions regarding evacuation or sheltering? |
| * What input/influence outside agencies will have on decisions to shelter-in-place (i.e. state or local public health, fire department leadership, emergency management, etc.)? |

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| Contact with Local Public Safety Incident Command System(s), Surrounding Communities, & Other Response Partners  Does your plan specify: | |
|  | What mechanisms are used to send and receive information regarding evacuation or sheltering decisions? |
|  | What types of information you need from local public safety and local public health representatives to make a sheltering decision? |
|  | Are there any permissions needed from external agencies or partners when deciding to shelter-in-place? |
|  | Have you identified all of the partners whom you need to notify after deciding to shelter-in-place? |
|  | How and when will you notify these partners after deciding to shelter-in-place? |
|  | How frequently will you update your partners with information regarding your sheltering operations and operational status? |

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| Shelter-In-Place Operations | |
| Primary Operational Objectives in Conducting a Hospital Shelter-In-Place | |
|  | Do you have pre-specified primary operational objectives after deciding to shelter-in-place? |
|  | Are these objectives planned to be communicated to staff? |
|  | Does your plan specify which section of your IC structure is primarily responsible for each objective? |
| Hospital Departments Involved in Sheltering Operations | |
|  | Does every department in the hospital know its respective role(s) during shelter-in-place operations? |
|  | Does the plan specify how the labor pool will operate differently during sheltering operations from other types of EOP activations? |
|  | Are there specific guidelines for which services and functions may be automatically suspended during sheltering operations? |
| Roles of Partner Agencies  Does your plan specify: | |
|  | The operational supports that partner agencies may be able offer that would be of assistance in sheltering operations? |
|  | The specific resources that may be available to you from your partner agencies if you choose to shelter? |
|  | How soon these external assets may be available? |
| Primary Methods of Communication  Does your plan specify: | |
|  | Your primary methods of internal and external communication? |
|  | How you will communicate the shelter-in-place decision to staff, patients, and families who are on the hospital premises during sheltering? |
|  | How you will communicate the shelter-in-place decision to staff, patients, and families who are not on the hospital premises during sheltering? |
|  | How you will communicate changes to the plan as they occur? |
|  | **Ongoing Threat Assessment**  Does your plan specify: |
|  | Specific trigger points/metrics that can be used to decide whether to evacuate as the event evolves? When reassessment is planned to occur? |
|  | Who is responsible for the ongoing threat assessment? |
|  | How frequently will this information be assessed? |
|  | What information is necessary to inform the decision? |

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| Strengthen Critical Infrastructure  Does your plan specify: |
| * How you will meet your immediate staffing needs? |
| * How you will meet your extended staffing needs (if needed)? |
| * How you will ensure the provision of water and food for patient care and consumption? |
| * How you will protect/maintain your generators? |
| * How you will obtain essential supplies (fuel, food, water) if the event is prolonged? |
| * How you will obtain/provide other supplies (linen, specialty items, etc.) if the event is prolonged? |
| * How you will support patient and staff toileting if plumbing systems are not functional during sheltering operations? |
| Altering Staff Plans  Does your plan specify: |
| * Your primary methods of external communication with staff? |
| * Considerations for changing staff schedules to meet needs (extended shifts, re-tasking)? |
| * How you will meet your staff’s personal needs (transport, sleeping, food, etc.)? |
| * Consideration for staffs’ family safety needs? |
| * Consideration for staffs’ pet care needs? |

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| Establishment of Appropriate Security  Does your plan specify: | |
|  | The priorities, in order, for hospital security at the outset of shelter-in-place operations? |
|  | If there are adequate resources to maintain security at all operational sites? |
|  | Additional options for internal and external security and crowd control other than local law enforcement? |
|  | How these resources be will accessed and who has authority over them? |
|  | How this will be coordinated and supervised? |
|  | How you will maintain security for special patient populations?  ❑ Infants ❑ Children ❑ Psychiatric patients ❑ Prisoners |
| Patient Assessment and/or Prioritization for Expedited Discharge  Does your plan specify: | |
|  | Uniform and specific standards for reverse triage within the institution? |
|  | If reverse triage standards are known to providers? |
|  | Who (specifically) will be tasked with making patient assessment and discharge decisions? |
|  | How staff oversee the process (centralized vs. decentralized) of discharge? |
|  | How will information on potentially dischargeable patients be compiled and incorporated into IAPs? |
|  | How care coordination will happen for shelter-in-place patients who may need services at home?  Who is responsible for this? |
|  | How patients are prepared for rapid and safe discharge in anticipation of, or after sheltering? |
|  | If patients will receive a supply of needed medications on discharge if it is likely that pharmacies will not be open in the community? |
|  | How to discharge patients who may elect to leave AMA during a shelter-in-place? What to do if patients cannot be located during sheltering and may have eloped? |
|  | A place for discharged patients and/or families of inpatients to be cared for if they are unable to safely leave the facility? |
| Resources Needed for Shelter-in-Place Operations  Does your plan specify: | |
|  | The additional resources you require that are unique to sheltering operations? |
|  | The contents of a specific cache of supplies that each unit would need to successfully shelter-in-place? |
|  | A mechanism for rapidly shutting down the HVAC? |
|  | A mechanism for rapidly sealing the facility (e.g. sealing vents, doors and windows with tape and plastic) |
|  | A mechanism to rapidly move patients to Shelter-in-place locations (i.e. for a tornado or other immediate threat)? |
|  | Specific safe refuge locations and routing options to those locations within the facility? |
|  | How patient and staff safety will be monitored and supported during operations? |
|  | Mechanisms to identify staff capable of performing heavy physical labor if needed? |
|  | Methods of patient transport that will be utilized to execute transfers to designated shelter-in locations? |
| Maintaining Patient Care  Does your plan specify: | |
|  | How to maintain continuity of care if the usual equipment is not available during the sheltering process? |
|  | Special measures for sheltering patients who are actively receiving or needing surgery during sheltering operations? |
|  | Special measures to provide care for acute or critically ill patients? |
|  | Procedures to document clinical information, particularly for long sheltering operations if routine information systems assets are not available? |
|  | Special measures for pediatric (including neonatal) patients while sheltering? |

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| Recovery | |
|  | **Recovery Objectives**  Does your plan specify: |
|  | Pre-scripted recovery objectives following sheltering operations? |
|  | How to terminate sheltering operations and return to normal operations? |
|  | **Process of Recovery**  Does your plan specify: |
|  | Who has the authority to initiate return to normal operations? |
|  | The procedure to return to normal operations? |
|  | Defined triggers for going back to normal operations? |
|  | Unique facility considerations that may be needed after sheltering in place? |
|  | The resources that are needed for full recovery after sheltering? |
|  | **Communication During Recovery**  Does your plan specify: |
|  | Who you are communicating with during recovery? |
|  | How hospital staff, patients, and visitors will be notified about the return to normal operations? |
|  | How you will notify the public that the hospital has returned to normal operations? |
|  | What role(s) partner agencies will play in the recovery process after sheltering? |

Appendix 1: Evacuations and Shelter-in-place decision paths

Event OR Notice of event

**For advanced warning event consider the following:**

Consider reducing Census: Discharge patients, Cancel electives etc.

Ongoing threat assessment

Start Evacuation

Wait and Assess

Open EOC/Notify Staff

Conduct Initial Threat Assessment

Shelter-in-Place

**For advanced warning event consider the following:**

1) Reduce Census: Discharge patients/ Cancel electives

2) Strengthen Critical Infrastructure

3) Altered Staffing Plans

etc.

Ongoing threat assessment

No

Is it safe to stay?

Yes

No Evacuation