Facility Logo Here

[Facility Name] Shelter-in-Place Plan

Version 3 – May 2017

***Note:*** Throughout this document you will find [Facility Name]. These are meant for you to use the find & replace feature of Word to easily replace all these words at once. For example, in “Replace” …

Find what: [Facility name] (include the [ ] or you will leave the replaced name in brackets)

Replace with: ABC facility

Then hit “replace all” and you will make all 29 replacements.

Other words are highlighted in blue. Each of these will need your attention to change, one by one.

When you have finished, delete this text box and remove the highlighting from the document.

**This Plan template was developed as part of the RI Department of Health Climate Change Program’s Senior Resiliency Project. For more information on how to complete this form and to access other project materials, see** [**http://health.ri.gov/programs/detail.php?pgm\_id=1105**](http://health.ri.gov/programs/detail.php?pgm_id=1105)**.**

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Handling Instructions

The title of this document is [Facility Name] Energy Resiliency Plan. This document is classified as For Official Use Only and may not be copied or distributed without the consent of [Facility Name].

# Section 1 – Plan Overview

## Purpose

This document describes the systems and processes by which [Facility Name] will maintain Shelter-in-Place (SIP) operations prior to, during and after a disaster. While [Facility Name] is well-positioned to provide a safe environment for its residents, visitors and staff, it acknowledges that a changing climate and subsequent increased frequency of severe weather events necessitates taking action to ensure continued operation throughout a disaster. To that end, this plan addresses the preparations and actions necessary to concurrently conduct SIP operations and uninterrupted situational awareness of the disaster which may lead to evacuation. In general, SIP operations include those activities the facility will take to ensure the safety of its occupants throughout the emergency without assistance from outside entities or organizations. The duration of SIP operations will vary depending on the event; however, the facility is prepared to shelter its occupants for up to [Number of hours, preferably 96]. While certain circumstances may ultimately warrant partial or complete evacuation of a facility during disasters, the facility prefers to SIP whenever possible to minimize the risk to safety of the facility’s residents.

## Policy

This plan will be referenced as applicable for situations affecting [Facility Name] during emergency or disaster situations. [Facility Name] leadership will review this plan at least annually. This plan will be updated regularly in response to changes at [Facility Name].

## Scope

This plan is designed to assist [Facility Name]’s staff in providing continued operations during emergencies and disasters. This plan does not replace any other emergency plans maintained by [Facility Name] but rather augments such plans as an annex. Details described in this plan pertain specifically to [Facility Name] and should not be applied elsewhere.

## Risks, Hazards, Threats and Vulnerabilities

As part of the overall emergency management program at [Facility Name], the various threats, hazards and vulnerabilities inherent to the area are evaluated based on probability, impact, preparedness levels and overall risk. Based on the facility’s hazard vulnerability analysis (HVA), the events that pose the greatest risk to the facility and would likely trigger SIP operations are as follows:

|  |  |
| --- | --- |
| Event | Description |
| Hurricane | Area has experienced power outages and minor flooding from prior events. Any hurricane carrying winds in excess of 90 mph and storm surge in excess of 10’ will cause severe disruption to the area based on prior occurrence |
|  |  |
|  |  |
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# Section 2 – Authorities and Responsibilities

## Plan Activation

The [Position] has the authority to activate this plan. The plan will be activated based on the most current information about the particular event necessitating SIP operations and the decision to do so will be made in conjunction with the Emergency Management Team. Should the [Position] be unavailable, the [Secondary] will be granted the authority to activate the plan.

## Emergency Management Team (EMT)

[Facility Name] has identified members of its staff to serve as the Emergency Management Team (EMT). The EMT will coordinate SIP operations at the facility and continually assess the situation to ensure a safe environment is provided for its staff, visitors and residents. Members of the EMT are as follows:

|  |  |  |
| --- | --- | --- |
| Name | Title | Position |
| J. Doe | CEO | Incident Commander |
|  |  |  |
|  |  |  |
|  |  |  |

## Convening the Emergency Management Team

As soon as information regarding an impending or eminent event that warrants SIP operations is received, the [Position] will alert members of the EMT via [Notification Method] and ask to convene a conference call to discuss activities. The conference call line will be dedicated to the event and will be (555) 555-5555 PIN 55555.

The EMT will discuss the situation and determine the necessary steps that will need to be taken prior to the event for SIP operations. Depending on the nature and timing of the event, the EMT may opt to continue to monitor the situation for a period of time before re-convening.

## Command and Control

### Chain of Command

The chain of command at [Facility Name] during SIP operations will consist of the Senior Leadership Team. This team will coordinate operations at the facility and make decisions as needed as the event develops. The team’s configuration is as follows:

INSERT ORG CHART OF COMMAND STRUCTURE HERE

### Emergency Operations Center

The Senior Leadership Team requires a single location in which to convene during the event to ensure effective decision-making and dedicated operations while sheltering-in-place. To this end [Facility Name] has identified the [Room/Floor] as the primary Emergency Operations Center (EOC). This area has sufficient space, supplies and back-up systems to accommodate the team. In the event that this primary EOC is unavailable, a secondary EOC may be established at [Secondary Room/Location]. Offsite members of the Senior Leadership Team may participate remotely during meetings via a dedicated conference line at (555) 555-5555 PIN 55555.

# Section 3 – Facility Information

## Facility Description

[Facility Name] characteristics pertinent to SIP operations are detailed below. This information guides preparedness and planning efforts at the facility and is subject to change based on the circumstances at the time of the event:

|  |  |
| --- | --- |
| Item | Description |
| Address |  |
| Number of buildings |  |
| Lowest elevation |  |
| Generator size |  |
| Hours of fuel |  |
| Number of residents (certified) |  |
| Number of residents (average) |  |
| Number of tenants (certified) |  |
| Number of tenants (average) |  |
| Number of oxygen-dependent residents/tenants/patients |  |
| Number of ventilator patients |  |
| Number of Staff (Total) |  |
| Number of Staff per shift |  |
| Anticipated number of staff requiring shelter |  |
| Anticipated number of staffs’ relatives requiring shelter |  |
| Number of staffs’ children requiring shelter |  |

## Other Considerations

[Facility Name] has entered into agreements with [Names of organizations, coalitions, etc.]. These agreements accommodate the following provisions and may serve to decompress the facility or likewise to increase the number of people requiring shelter during SIP operations, depending on the circumstances of the event:

|  |  |
| --- | --- |
|  |  |
| Name of Organization or Coalition | **Brief Description of Agreement** |
| Example: South Pole Health Care Coalition  Phone: BRR-ITS-COLD | When requested, SPHCC will provide access to unlimited supply of ice to aid in food preservation. Facility Name will need to arrange or provide transportation of the ice. (Erase this line once you add your own!) |
|  |  |
|  |  |
|  |  |
|  |  |

# Section 4 – Utilities and Resources

## Power Generation

[Facility Name]’s ability to safely conduct SIP operations relies heavily upon its ability to provide electricity throughout the campus when municipal systems are down. To accomplish this, [Facility Name] has installed an emergency generator and Emergency Power Supply System (EPSS) that supports multiple areas throughout the facility, including critical systems. These areas include:

|  |  |
| --- | --- |
| Department/Area | Coverage |
| Apartments Floor 3 | Emergency outlets in hallways adjacent to Apt 301 and 308 |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

[Facility Name] maintains a relationship with [Fuel Vendor] to provide an adequate supply of generator fuel throughout an emergency. This vendor can be reached at (555) 555-5555 during normal business hours and (555) 555-5555 during off-hours. The [Department] is responsible for verifying fuel levels and contacting the vendor for fuel delivery.

## Heating, Ventilation and Air Conditioning

The facility’s Heating, Ventilation and Air Conditioning System (HVAC) is integral to its ability to provide a safe and comfortable environment for its occupants during SIP operations. The heating system is [Type of System] and [is/is not] supported by the EPSS. The HVAC system consists of [Configuration] and [is/is not] supported by the EPSS. If either system becomes partially or fully inoperable, the following steps may be taken to maintain adequate ventilation and/or temperature control during SIP operations:

|  |  |
| --- | --- |
| Action | Description |
| Open windows | All windows on floors 1, 2 and 3 may be opened to increase ventilation |
|  |  |
|  |  |
|  |  |

## Supplies

[Facility Name] typically maintains emergency supplies that can accommodate SIP operations for up to [Number of Hours]. These supplies may be augmented to increase SIP hours of operation. The decision to obtain additional supplies will be based on the nature of the event and will be made in advance of the impending or eminent event, when possible. The types of supplies, typical stockpile and overstock capability are listed below:

|  |  |  |  |
| --- | --- | --- | --- |
| Supply | Hours on hand | Additional stock | Overstock Location |
| Linen | 36 | 24 | Storage Rm B |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## Waste Management

[Facility Name] uses [Vendor Name] to remove waste and recycling from the facility. These services ensure that waste is removed from the facility every [X] days and recycling is removed every [X] days. Current refuse containers consist of [Dumpster(s), etc.] located at [location]. Current estimates indicate that the facility can self-sustain and store waste for [X] days without removal. However, if the waste removal schedule exceeds this threshold, the following methods can be employed to increase waste storage without compromising the safety/health of the facility’s occupants.

|  |  |
| --- | --- |
| Method | Description |
| Alternate Storage | Additional waste may be staged at the loading dock, which should accommodate approximately one days’ worth of waste accumulation. |
|  |  |
|  |  |
|  |  |

# Section 5 – Food and Nutrition

## Food Preparation and Supply

[Facility Name] provides its [residents, tenants, staff and/or visitors] with food services via the following methods:

* [Enter details here – e.g., pre-cooked meals, prepared meals, external vendor, etc.]

Food supplies are procured through the following vendors:

|  |  |  |
| --- | --- | --- |
| Vendor Name | Type of Supply | Contact Information |
| ABC Foods | All food types | (555) 333-3333 |
| Organic Grocery | Local produce | (555) 333-3333 |
| Bessy’s Dairy | Milk, eggs, ice cream | (555) 333-3333 |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |

The facility maintains sufficient food supply for [Hours] of operation without delivery. Food is primarily stored in the following locations:

* [Enter locations, such as walk-in refrigerator, normal refrigerator, storage pantry, etc.]

Depending on the event, the facility is prepared to bolster food stockpiles to accommodate an additional [Hours] of operation without delivery. The areas where additional food can be stored are as follows:

|  |  |
| --- | --- |
| Area | Description (Type of Food, etc.) |
| Storage closet B | Canned goods and non-perishable items |
|  |  |
|  |  |

In advance of an anticipated event, the facility may elect to pre-cook meals and store them so that they may be reheated prior to serving. This will ensure that occupants will continue to receive meals in the absence of full cooking facilities due to municipal gas or power failure. In addition, the facility may implement a disaster-menu that will prioritize serving of perishable items prior to non-perishable goods. These decisions will be based on the anticipated impact of the event and the associated disruptions.

## Water Supply

[Facility Name] is provided water via [Municipal/Well] systems. If this system is compromised, the facility stores sufficient potable water to support continued operations for [Days] of operation. For hydration and basic hand hygiene, this estimate is based on 1 gallon per person per day in addition to [X] gallons per day usage for sanitation, dish washing, HVAC, and other systems. This estimate could be extended by reducing the number of occupants if early discharge, visitation with family, or other options become available. Additionally, the facility may employ one or more of the following methods to increase the volume of water stored for sanitation and drinking water and bolster the facility’s ability to self-sustain for an extended period of time:

|  |  |  |
| --- | --- | --- |
| Method | Description | Appx No. of Gallons |
| Fill Bathtubs | For use in sanitation in approximately 10 resident rooms | 80 |
| Water Tank Truck | Delivered pre-event, connected to domestic supply | 1000 |
|  |  |  |

## Other Considerations

In order to provide food and nutrition to the facility’s occupants, the facility must cache adequate eating ware. To this end, the facility maintains a stock of disposable eating ware to provide meals for [X] days without replenishment. These supplies are for use only when water is unavailable for dishwashing and sanitizing. In addition, a portion of the facility’s residents require enteral feedings. To maintain this service, the facility stocks [X] days of supply for emergencies.

# Section 6 – Clinical and Staffing Concerns

[Facility Name] provides care to its medically dependent residents as detailed below. The facility has identified a reduced staff to patient ratio that may be employed during emergencies when the full complement of staff are unable to come to the facility. This ratio is in compliance with staff to patient ratio regulation, assuming that reduction waivers have not been enacted.

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Care | Area of Facility | Staff:Resident Ratio | Emergency Staff:Resident Ratio |
| Rehabilitation | Rehab Area | 1:3 (Nursing) | 1:4 (Nursing) |
|  |  |  |  |
|  |  |  |  |

[Facility Name] is also prepared to implement alternative approaches to bolster staffing and care during SIP operations through extending/modifying shifts, reassigning non-traditional staff to unskilled care-giving roles and leveraging existing agreements with other organizations to support care. These agreements are detailed below:

|  |  |  |
| --- | --- | --- |
| Agreement | Partner Organization | Contact Information |
| Mutual Aid Agreement for Providers | ABC Healthcare | (555) 555-5555 |
|  |  |  |
|  |  |  |

[Facility Name] currently employs [Total number of clinicians], including [types of clinicians]. The number of clinicians scheduled for each shift is as follows:

|  |  |  |
| --- | --- | --- |
| Shift (D/E/N) | Type of Clinician | Number onsite |
| Day | Physician | 1 (Mon/Wed/Fri) |
|  |  |  |
|  |  |  |
|  |  |  |

With sufficient notice, the facility may call-in an additional shift that may alternate work hours while onsite. This decision will be based on the nature of the event and the anticipated disruption to the area, transit lines, etc. If this approach is chosen, the facility will increase staff (assuming the staffing above remains in place) as follows:

|  |  |
| --- | --- |
| Type of Clinician | Number onsite |
| Physician | 1 (Event duration) |
|  |  |
|  |  |

In addition, the facility anticipates that roughly [X] staff members will be available to assist with non-clinical duties including facilities management, environmental services, food and nutrition services. Everyone at the facility will be included in estimates for food and water requirements and will also need provisions for sleep and respite. In order to provide those staff with adequate space and supplies for rest, the facility maintains a stock of [Number and type of bed/cot] and [Number of linens] in [Storage location]. Additional cots/blankets may be obtained through [Vendor or other organization if agreement exists]. The following areas of the facility have been identified as emergency sleeping quarters for staff:

|  |  |  |
| --- | --- | --- |
| Area of the Facility | Description | Number of Staff Accommodated |
| Dining Area 1 | Reserved for dining for 1st floor occupants | Approximately 20 |
|  |  |  |
|  |  |  |
|  |  |  |

## Notification

Staff will be notified of the status of the facility and the need to report to work via [Notification method]. These notifications will be delivered at regular intervals by [Charge/Department Head, etc.]. Staff may also receive facility status information via:

* [Facility to complete – Website, hotlines, etc.]

## Other Considerations

[Facility Name] recognizes that its staff may have family obligations that could prevent them from reporting to the facility prior to, during or after a disaster. In order to accommodate their needs, the facility will allow certain staff members to bring [pets/children/elderly relatives] to the facility during emergencies. The facility will identify and arrange areas for the following personal/family needs:

|  |  |
| --- | --- |
| Area | Type of Accommodation |
| Child Daycare | Cafeteria A |
| Adult Daycare | Rehab Area B |
| Pet Care | Storage Area B |

# Section 5 – Evacuation and Patient Movement

## Evacuation Decision –Making

Although SIP operations are the preferred response to certain types of emergencies, the facility acknowledges that certain circumstances may necessitate a partial or complete evacuation of the facility. Ideally, the evacuation takes place prior to the event. However, systemic failures may indicate an urgent evacuation during or immediately after the event. As a result, the facility has identified the following points of failure that will escalate decision-making in the context of evacuation. The EOC will make/authorize all evacuation decisions and will coordinate with all appropriate authorities.

|  |  |  |
| --- | --- | --- |
| Failure | Implication | Evacuation Priority |
| Structural Damage to Patient Unit | Patients exposed to elements and further harm | High – If possible relocate to another area of the facility |
| Generator Failure | Level of care compromised | High – If generator system cannot be quickly repaired work with authorities to evacuate the facility |
| Water Failure | Adequate sanitation and hydration compromised | Moderate – Evacuation will be necessary once supplies are exhausted and not replenished |
|  |  |  |
|  |  |  |

In preparation of a partial or complete evacuation, the facility maintains [evacuation devices] to assist with movement. These devices are located at [Location(s)]. It may be necessary to deliver Just in Time staff training. However, the facility has already trained approximately [X] staff to assist in this effort.

# Appendix A – Tools and Resources