# SHELTER-IN-PLACE

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| **MISSION** | |
| To provide a safe environment for residents, staff, and visitors within the nursing home following an incident which requires shelter-in-place. | |
| **DIRECTIONS** | |
| Read this entire response guide and use as a checklist to ensure tasks are addressed and completed. For each response period, all activated IMT positions should refer to their Job Action Sheet for additional actions. Each IRG is intended to be a starting point and not all inclusive. Customize to your facility.  *Note: Section duties and responsibilities remain the responsibility of the Incident Commander unless delegated.* | |
| **OBJECTIVES** | |
| 🞎 | Provide for the safety of residents, staff, visitors, and families/guardians. |
| 🞎 | Provide for resident care and management. |
| 🞎 | Conduct safe and rapid shelter-in-place of the nursing home. |
| 🞎 | Plan for service restoration. |

| **RAPID RESPONSE CHECKLIST** | |
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| 🞎 | Activate facility’s EOP and appoint a Facility Incident Commander (IC) if warranted. |
| 🞎 | Identify safe and unsafe areas of the facility relative to the specific threat. |
| 🞎 | Move residents from unsafe areas to safe areas. Be sure to include medications, important personal items, etc. |
| 🞎 | Increase the safety of “safe areas” by reducing hazards, e.g., close, lock and move away from windows (during extreme winds), exterior doors, and other openings that may create hazards. |
| 🞎 | Plan for the availability of food, water and other essential disaster supplies for residents and staff during the time period anticipated for sheltering in place. In addition to non-perishable food and water and critical medications, consider battery-powered radios, first aid supplies, extra blankets, flashlights, batteries, duct tape, plastic sheeting, garbage bags, and eating utensils. |
| 🞎 | Comfort and assess residents for signs of distress. |
| 🞎 | Notify appropriate state survey agency to report an unusual occurrence and activation of facility’s EOP. |
| 🞎 | Continually reassess the safety of sheltering in place and prepare to activate the facility evacuation procedures if at any time the risk of sheltering in place is greater than the risk to evacuate. Keep the appropriate state survey agency notified of any change in status. |
| 🞎 | *Add other response actions here consistent with the facility EOP.* |

| **Immediate Response (0 – 2 hours)** | | |
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| **IMT Position** | **Action** | **Initials** |
| **Incident Commander** | Determine the need for shelter-in-place. |  |
| Activate emergency operations plan, the Incident Management Team, and Nursing Home Command Center. Activate the shelter-in-procedures, and Medical/Director Specialist(s) as needed. |  |
| Establish operational periods, objectives, and regular briefing schedule. Consider the use of the NHICS 200: Incident Action Plan (IAP) Quick Start for initial documentation of the incident. |  |
| Notify nursing home Chief Executive Officer, Board of Directors, state survey agency, and other appropriate internal and external officials of situation status. |  |
| Determine timeline and criteria for discontinuation of nonessential services and procedures. |  |
| **Liaison/PIO** | Activate the communication plan and respond to media inquiries in coordination with law enforcement and the Incident Commander. |  |
| Develop resident, staff, and community response messages to convey nursing preparations, services, and response. |  |
| Inform residents, staff, visitors, and families of the situation status and provide regular updates. |  |
| Update internet and social media to disseminate information about nursing home status and alteration in services to residents, staff, families, and stakeholders. |  |
| Monitor media outlets for updates on the incident and possible impacts on the nursing home. Communicate information via regular briefings to Section Chiefs and Incident Commander. |  |
| Notify community partners in accordance with local policies and procedures (e.g., consider local emergency operations center, other area health care facilities, local emergency medical services, and healthcare coalition coordinator), including requesting supplies, equipment, or personnel not available in the nursing home. |  |
| Notify and regularly communicate with outside agencies about the nursing home’s status and organizational needs. |  |
| **Liaison/PIO** | Communicate with other health care facilities to determine their situation status, ability to accept residents if evacuation is ordered. |  |
| **Safety Officer** | Recommend immediate shelter in place areas based on hazard to life. |  |
| Oversee immediate stabilization of the nursing home |  |
| Assist with the movement of residents, staff, and visitors to safe areas of the nursing home. |  |
| Initiate NHICS 215A to assign, direct, and ensure safety actions are adhered to and completed. |  |
| Recommend assembly areas based on location and route safety and immediate access to transportation vehicles if needed. |  |
| Secure the nursing home, limit entry of nonessential personnel, and implement limited visitation policy. |  |
| **Operations Section Chief** | Ensure continuation of resident care and essential services. |  |
| Conduct a census of residents, identifying those who are appropriate for discharge, if applicable. Transfer or stabilize injured residents as appropriate and as resources are available. |  |
| Consider relocation of residents and services within the nursing home. |  |
| Coordinate with the Safety Officer to secure the nursing home and implement limited visitation policy as appropriate. |  |
| If shelter-in-place is required:   * Establish shelter locations in cooperation with Incident Commander and Safety Officer * Monitor that all residents, staff, and visitors are safely in shelter areas * Secure and seal shelter areas * Prepare to implement emergency plans and procedures as needed (e.g., loss of power, cooling, water, HVAC, communications). * Designate an area(s) to accommodate resident/staff family members/guardians seeking shelter including those who may be electrically dependent or have medical needs. |  |
| Activate Business Continuity Plans and procedures. |  |
| Implement tasks listed below if Branches are not activated. |  |

| **Immediate Response (0 – 2 hours)** | | |
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| **IMT Position** | **Action** | **Initials** |
| **Resident Services Branch Director** | Conduct a nursing home census and identify which residents may require immediate transfer. |  |
| Implement manual documentation procedures for resident care and incident management documentation, as required. |  |
| Oversee resident family/guardian notifications of shelter-in-place, transfer, or early discharge. |  |
| **Infrastructure Branch Director** | Discontinue nonessential services and initiate utility shutdowns. |  |
| **Planning Section Chief** | Establish operational periods, incident objectives, and an Incident Action Plan in collaboration with the Incident Commander |  |
| Prepare for potential evacuation by researching available evacuation sites. |  |
| Gather internal situation status including supply and equipment status, current staff and nursing home census. |  |
| Initiate the gathering and validation of external situational status (weather, impact to roads, utilities) and infrastructure status for inclusion in the IAP. |  |
| Maintain and update the situational status boards and other documentation tools for timeliness and accuracy of information received. |  |
| Monitor the complete documentation of activities, decisions, and actions. |  |
| **Logistics Section Chief** | Implement emergency support procedures to sustain critical services (e.g., power, water, communications). |  |
| Distribute appropriate equipment throughout the nursing home (e.g., portable lights, flashlights, blankets, etc.). |  |
| Obtain supplies, equipment, medications, food, and water to sustain operations. |  |
| Relocate hazardous materials and other materials requiring increased security, as time allows. |  |
| Activate the labor pool to obtain personnel resources as needed. |  |
| **Finance/ Administration Section Chief** | Implement established pay codes for personnel to track hours associated with the response. |  |
| Refer to Job Action Sheet for additional tasks. |  |
| **All Activated Positions – Refer to Job Action Sheets** | | |

| **Intermediate Response (2 - 12 hours)** | | |
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| **IMT Position** | **Action** | **Initials** |
| **Incident Commander** | Continue to implement operational periods, update incident objectives and Incident Action Plan. |  |
| Evaluate the nursing home’s capability to provide safe resident care and the need for potential evacuation. |  |
| **Liaison/PIO** | Conduct briefings to media and residents, to update them on nursing home status. |  |
| Coordinate risk communication messages with the Joint Information Center, if able. |  |
| Maintain contact with local emergency operations center, other area health care facilities, local emergency medical services and regional medical health coordinator to relay status and critical needs and to receive community updates. |  |
| Assist with and facilitate procurement activities from outside agencies for supplies, equipment, medications, and personnel. |  |
| **Safety Officer** | Maintain safety of residents, staff, and visitors to best possible extent. |  |
| Monitor, report, and follow up on staff or resident injuries. |  |
| Ensure staff food, water and rest periods. |  |
| Continue nursing home security, crowd, and traffic control. |  |
| Conduct regular assessments and update NHICS 215A. |  |
| **Operations Section Chief** | Continue or implement the Business Continuity Plan, shelter-in-place and/or evacuation procedures, as appropriate. |  |
| Ensure continuation of resident care and essential services. |  |
| Prepare for demobilization and system recovery. |  |
| Implement tasks listed below if Branches are not activated. |  |
| **Resident Services Branch Director** | Monitor residents, families, and visitors for adverse effects on health and for psychological stress. |  |
| Continue to assess residents for change in condition. |  |
| Continue, in cooperation with Liaison/PIO, family/guardian notification of resident location and status. |  |
| **Infrastructure Branch Director** | Conduct regular nursing home and infrastructure evaluations and assessments and respond immediately to damage or problems. |  |
| Monitor nursing home damage and initiate repairs, as long as it does not hinder shelter-in-place of the nursing home. Complete a NHICS 251 – Facility System Status Report (if time permits). |  |
| **Infrastructure Branch Director** | Initiate salvage operations of damaged areas and relocated equipment from evacuated areas to secure areas or other health care facilities. |  |
| **Planning Section Chief** | Continue operational periods and incident objectives, and modify the Incident Action Plan in collaboration with the Incident Commander. |  |
| Continue resident, bed, material, and personnel tracking. |  |
| Plan for the next operational period and shift change, including staff patterns, location of labor pool, nursing and campus entry and exit in view of curtailed services, etc. |  |
| Continue to monitor the complete documentation of activities, decisions, and actions. |  |
| **Logistics Section Chief** | Continue or implement the shelter-in-place procedures. |  |
| Provide continuing communications system support and information technology. |  |
| Ensure ongoing communications are available at the nursing home. |  |
| Establish sheltering and feeding services for staff, family/guardians, and if necessary, people seeking shelter. |  |
| Obtain supplemental staffing as needed. Provide staff for resident care. |  |
| Conduct equipment, supply, medication, and personnel inventories, and obtain additional supplies to sustain nursing home. Route requests for additional resources not available in the nursing home through the Liaison/PIO to outside agencies. |  |
| Continue to reach out to the labor pool to provide supplemental staffing. |  |
| Continue to provide transportation services for internal operations. |  |
| **Finance/ Administration Section Chief** | Continue to track hours associated with the emergency response. |  |
| Initiate screening and tracking of incoming volunteers and/or new personnel. |  |
| Facilitate the procurement of supplies and resources in cooperation with the Logistics Section Chief. |  |
| Begin to collect, when safe, documentation of structural and infrastructure damage, and initiate reimbursement and claims procedures. |  |
| Track the costs and expenditures of response and evacuation. |  |
| Refer to Job Action Sheet for additional tasks. |  |
| **All Activated Positions – Refer to Job Action Sheets** | | |

| **Extended Response (greater than 12 hours)** | | |
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| **IMT Position** | **Action** | **Initials** |
| **Incident Commander** | Continue regular briefings and action planning meetings, and modify incident objectives as needed to meet current situation. |  |
| Update the nursing home Chief Executive Officer, Board of Directors, state survey agency, and other appropriate internal and external officials of situation status. |  |
| **Liaison/PIO** | Continue regularly scheduled briefings to media, residents, staff, and families. |  |
| Communicate regularly with Joint Information Center (if activated) to update nursing home status and coordinate public information messages. |  |
| Address social media issues as warranted; use social media for messaging as situation dictates. |  |
| Maintain contact with local emergency operations center, other area health care facilities, local emergency medical services, and regional medical health coordinator to relay status and critical needs and to receive incident and community updates. |  |
| **Safety Officer** | Maintain safety of residents, staff, and families to best possible extent. |  |
| Secure all evacuated areas, equipment, supplies, and medications. |  |
| **Operations Section Chief** | Continue business continuity actions. |  |
| Recommend when to resume normal activities and services. |  |
| Implement tasks listed below if Branches are not activated. |  |
| **Resident Services Branch Director** | Continue resident care and management activities for residents. |  |
| Provide behavioral health support to residents and families as needed. |  |
| Continue to provide family/guardian notifications of shelter-in-place, transfer, or early discharge. |  |
| **Infrastructure Branch Director** | Assess and secure utility systems (power, water, gases, and medical gases). |  |
| Conduct frequent nursing home reassessment and initiate nursing home repairs and restoration plans. |  |

| **Extended Response (greater than 12 hours)** | | |
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| **IMT Position** | **Action** | **Initials** |
| **Planning Section Chief** | Ensure that updated information and intelligence is incorporated into the Incident Action Plan. |  |
| Continue personnel and equipment tracking, including resources transferred to other health care facilities, as appropriate. |  |
| Finalize and distribute steps for demobilization in the Incident Action Plan. |  |
| Discuss staff utilization and salary practices during the shelter-in-place with Human Resources. |  |
| Collate and report actions, decisions, and activities of the response. |  |
| Continue resident and bed tracking, including those transferred to other health care facilities. |  |
| Plan for the next operational period and shift change, including staff patterns, location of labor pool, nursing home and campus entry and exit in view of curtailed services, and the impact on canceled procedures and appointments, etc. |  |
| Collect documentation of the activities, decisions, and actions. |  |
| **Logistics Section Chief** | Recommend, in collaboration with Operations Section, when to resume normal activities and services. |  |
| Maintain information technology security measures. |  |
| Support the return of supplies, equipment, medications, food, and water. |  |
| **Finance/ Administration Section Chief** | Continue operational periods and incident objectives, and modify the Incident Action Plan in collaboration with the Incident Commander. |  |
| Continue to track the hours associated with the emergency response. |  |
| Facilitate the procurement of supplies and resources in cooperation with the Logistics Section Chief. |  |
| Contact insurance carriers to assist in the documentation of structural and infrastructure damage, and initiate reimbursement and claims procedures. |  |
| Continue to track and monitor response and nursing home repair costs and expenditures. |  |
| **All Activated Positions – Refer to Job Action Sheets** | | |

| **Demobilization/System Recovery** | | |
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| **IMT Position** | **Action** | **Initials** |
| **Incident Commander** | In cooperation with local authorities, assess nursing home status and determine whether criteria are met for partial or complete reopening of the nursing home. |  |
| Oversee restoration of normal operations. |  |
| **Liaison/PIO** | Conduct a final media briefing and assist with updating residents, staff, families/guardians, and others of the termination of the incident. |  |
| Communicate the final nursing home status and termination of the incident to regional medical health coordinator, local emergency operations center, local emergency medical services, area health care facilities, and officials. |  |
| **Safety Officer** | Monitor and maintain a safe environment during the return to normal operations. |  |
| Complete documentation and follow up for personnel injuries as appropriate. |  |
| Monitor that entry and exit points are open and functioning. |  |
| Maintain nursing home security and traffic control. |  |
| Assist with the completion of nursing home repairs, in conjunction with the Operations Section. |  |
| Oversee the resolution of response actions that impacted normal operations; ensure fire doors and alarms are in working order. |  |
| Report staff injury and illness for follow up by Finance/ Administration Section Chief. |  |
| **Operations Section Chief** | Resume visitation and nonessential services in coordination with the Safety Officer. |  |
| Monitor and assist with the restoration of utilities and communications. |  |
| If record keeping included the use of paper based records, ensure all clinical information is entered into electronic medical records. |  |
| Ensure residents, staff, and visitors have access to behavioral health support as needed. |  |
| Implement tasks listed below if Branches are not activated. |  |
| **Resident Services Branch Director** | Restore resident care and management activities, including the normal staffing plan. |  |
| Reschedule canceled appointments. |  |
| Repatriate transferred residents, if applicable. |  |
| **Infrastructure Branch Director** | Complete the nursing home damage report, progress of repairs, and estimated timelines for restoration to pre-incident condition. |  |
| **Planning Section Chief** | Finalize and distribute steps for demobilization in the Incident Action Plan. |  |
| Collect, organize, secure, and file incident documentation. |  |
| Conduct debriefings or hotwash with:   * Command Staff and section personnel * Administrative personnel * All staff * All volunteers |  |
| Write an After Action Report, Corrective Action, and Improvement Plans for submission to the Incident Commander, and include:   * Summary of the incident * Summary of actions taken * Actions that went well * Actions that could be improved * Recommendations for future response actions |  |
| Prepare summary of the status and location of all incident residents, staff, and equipment. After approval by the Incident Commander, distribute as appropriate. |  |
| **Logistics Section Chief** | Inventory all Nursing Home Command Center and nursing home supplies and replenish as necessary, appropriate, and available. Restock supplies, equipment, medications, food, and water to pre event inventories. |  |
| Deactivate nontraditional areas used for sheltering and feeding and return to normal use. |  |
| Release temporary staff and other personnel to normal positions. |  |
| Submit all section documentation to Planning Section Chief for compilation in After Action Report. |  |
| **Finance/ Administration Section Chief** | Submit final cost and expenditure report to the Incident Commander for approval and inclusion in After Action Report. |  |
| Coordinate with Risk Management for additional insurance and documentation needs, including photographs of damages. |  |
| Compile a summary of the final response and recovery costs and expenditures and estimated lost revenues, and submit to Incident Commander. |  |
| **All Activated Positions – Refer to Job Action Sheets** | | |
| **Documents and Tools** | | |
| **Nursing Home Emergency Operations Plan, including:**   * Communication plan * Shelter-in-place procedures * Security procedures * Business Continuity Plan * Behavioral health support procedures * Emergency procurement policy | | |
| **Forms, including:**   * NHICS 200 – Incident Action Plan (IAP) Quick Start * NHICS 205 – Communications List * NHICS 214 – Activity Log * NHICS 215A – Incident Action Plan (IAP) Safety Analysis | | |
| Job Action Sheets | | |
| Paper forms for down-time documentation, data entry, etc. | | |
| Access to nursing home organization chart | | |
| Campus floor plans, maps, and evacuation routes | | |
| Television/radio/internet to monitor news | | |
| Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication | | |