



Hospital Shelter In Place Planning Checklist

Hospitals are required to incorporate Shelter in Place (SIP) planning into their Emergency Management Program (EMP). Sheltering in place is a rapid and effective means of protecting facility occupants from an external or internal threat. In some circumstances, the external environment could pose a significant danger to patients, staff and visitors (for example, chemical, biological or nuclear event). In others, community infrastructure damage and/or limitations and a lack of timely evacuation support resources may make immediate evacuation impossible (for example, earthquake, wildfire, flood). It is not the intent of this document to address every aspect of SIP planning, but to prompt the development and documentation of criteria, critical decision-making factors, and SIP plans. SIP planning should be addressed in mitigation strategies, preparedness activities, and response and recovery plans.

Plan Component	Reference/Location	Status
Overview	Reference/Location	Status
A. Document Shelter in Place (SIP) Policy and Purpose		
B. Define Scope and Applicability		
C. Identify Activation Authority (immediate)		
D. Define Activation Criteria and Decision-Making ⁽¹⁾		
1. Mitigation	Reference/Location	Status
A. As appropriate, reference SIP as potential response to hazard (for example, wildfire, chemical spill or release)		
B. Reference mitigation activities that may support SIP plans (for example, CO2 scrubbers, expand fuel for generator, expand water storage)		
2. Preparedness	Reference/Location	Status
A. Response plans incorporate Shelter-In-Place option, as appropriate		
B. Communication Plans <ul style="list-style-type: none"> • Risk Communication (Pre-event) • Internal alert/notification (staff, patients and visitors) • External communications plan 		
C. SIP Training records (such as, new employee orientation, contractors, volunteers, SIP codes, SIP plans)		
D. Drills/Exercises Incorporate SIP Decision-Making and Plans		
3. Response (SIP)	Reference/Location	Status
A. Initiation and Termination of Shelter-In-Place activities/plan <ul style="list-style-type: none"> • Criteria and Decision Making Process • Assessment/Reassessment of External Factors • Assessment/Reassessment of Internal Capabilities • Assessment/Reassessment of Needs 		
B. Issuance of Alert for Hospital SIP Activation(s)		
C. Activation of the Hospital Command Center (HCC) for SIP		
D. Initiate/Maintain communication and coordination with community response partners, such as, Medical and Health Operational Area Coordinator, Licensing and Certification, Joint Information Center, Emergency Medical Services (EMS), Emergency Operations Center (EOC), Fire, Safety, other healthcare facilities, media, etc).		

Note: There is no requirement for hospitals to reorganize their plans to coincide with the checklist; the checklist assumes a complete Emergency Management Program.

Plan Component			
E. Identify relevant HICS Forms and Documentation <ul style="list-style-type: none"> • Job Action Sheets • Incident Planning Guides (specific to SIP scenario) ⁽²⁾ • Incident Response Guides (specific to SIP scenario) ⁽²⁾ 			
3. Response	(SIP)	Reference/Location	Status
F. Initiate and Maintain Internal Communication (all facilities on grounds) <ul style="list-style-type: none"> • Staff/Medical Staff/Volunteer Alerts and Notifications • Patients and Visitors • Signage and Other Means 			
G. Event-Specific Planning Guides and Response Plans clearly identify SIP activities, as appropriate to event (for example, chemical or biological release, internal disaster, wildfires) ⁽²⁾			
H. Identification of SIP Patient Care and Non-Patient Care Locations to provide best protection from threat (such as, interior hallways, rooms without windows, alternative treatment areas) with access to essential resources and patient care supplies.			
I. Document operational response procedures (what, who, where, how), such as <u>immediate</u> protocols for: <ul style="list-style-type: none"> • Shutting down HVAC, • Sealing facilities (for example, sealing vents, doors and windows with tape and plastic) • Lock-down and access control • Movement of patients, staff and visitors to SIP/safe locations • Providing supplies, equipment, pharmaceuticals, water and food to SIP/safe location(s) 			
J. Assess Available Resources and Assets (Capabilities) <ul style="list-style-type: none"> • Identify hospital capabilities and establish response procedures when the hospital cannot be supported by the local community for estimated duration of the event (capabilities may include communication, resources, utilities, staff, food, water, safety and security) • Document response procedures (such as maintaining/expanding services, conservation of resources, curtailment of services, supplementing resources from outside disaster zone, partial/staged evacuation, or full evacuation, as necessary) 			
K. Management of Resources and Assets <ul style="list-style-type: none"> • Inventory/monitor/conservation or replenishment of assets and resources (such as, food/water, pharmaceuticals, medical supplies/equipment, linens, personal protective equipment) • Maintain Hospital Resource Directory (HICS 258) • Plan for staff support (such as food, water, respite, medical, mental health) 			
L. Monitor, conservation and alternatives for utilities (such as electricity, water, fuel, medical gasses and other essential utilities)			

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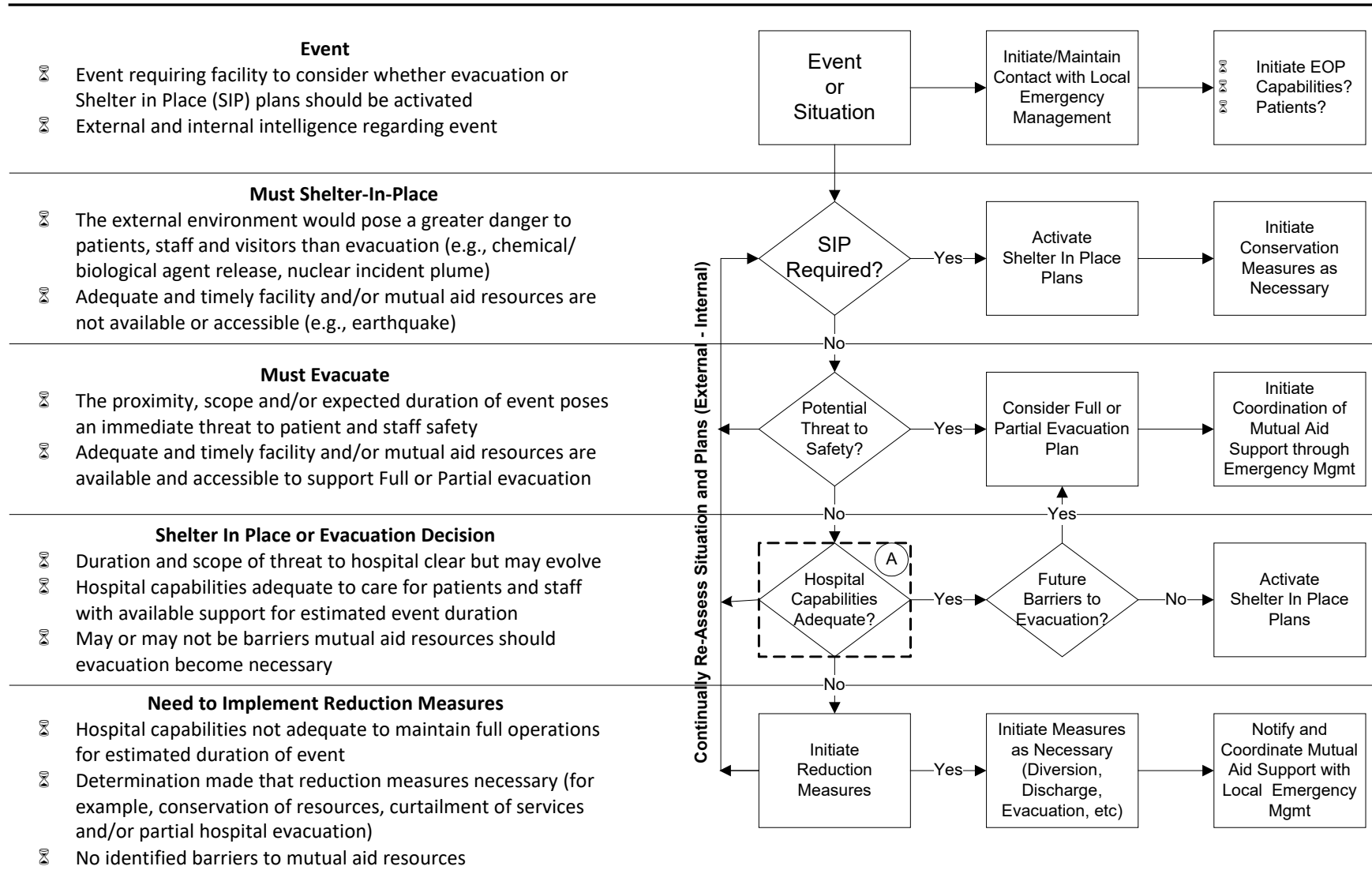
Plan Component		
M. Management of Safety and Security <ul style="list-style-type: none"> • Establish internal safety and security • Control access and movement in and between facilities • Coordinate security/safety with community agencies • Reference Radioactive/Biological/Chemical isolation and decontamination plans 		
3. Response (SIP)	Reference/Location	Status
N. Management of Clinical and Support Activities <ul style="list-style-type: none"> • Implement patient management plans in coordination with local emergency management (cancellations, diversion, emergency care, patient tracking) • Management of patient clinical activities (such as Decontamination, Triage, Treatment Areas) • Full or partial evacuation (see CHA Evacuation Checklist) • Documentation and tracking of patient clinical information • Specific responsibilities by department or identified need (such as HazMat, Labor Pool, Auxiliary/Volunteers, Emergency Department, Dietary, Environmental Services, Plant Operations, Pharmacy, Respiratory Therapy, Social Services) 		
4. Recovery	Reference/Location	Status
A. Initiation of recovery activities initiated during Response Phase <ul style="list-style-type: none"> • HICS 221 Demobilization Check-Out 		
B. Secure and initiate clean-up and decontamination of contaminated facilities and grounds in coordination with Fire and Safety		
C. Return to normal operations (phased, approvals, priorities, checklists)		
D. Event Evaluation <ul style="list-style-type: none"> • Multi-disciplinary Incident Debriefing • Evaluation of Response Plans (After Action Reports) • Improvement plans/EOP update (Corrective Action Plans) 		

Footnotes:

- (1) SIP Decision Tree (Exhibit 1)
- (2) HICS Incident Planning Guides (such as, Chemical, Biological, Severe Weather, Radiologic/Nuclear)
HICS Incident Response Guides (such as, Chemical, Biological, Severe Weather, Radiologic/Nuclear)

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Exhibit 1: Hospital Evacuation and Shelter In Place Decision Tree



(A) Hospital Capabilities may include communication, resources (medical/non-medical supplies and equipment), utilities, staff, food, water, safety and security (including safety of facilities).