



Shelter-in-Place Functional Annex Development Toolkit

For Long-term Health Care Facilities in Colorado

This toolkit is designed to help Long-term Health Care Facilities in the State of Colorado develop the Shelter-in-Place procedures to include in an Emergency Operations Plan (EOP). It is intended for use in conjunction with the other planning resources available online from the Colorado Department of Public Health & Environment at www.healthfacilities.info under the Emergency Planning Resources link.

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INTRODUCTION:

This Toolkit helps a facility create a Shelter-in-Place Functional Annex. It is designed for use in conjunction with the other emergency planning toolkits provided by the Colorado Department of Health and Environment (available online at www.healthfacilities.info under the Emergency Planning Resources link) but it may also be used independently. However, the Hazard-Specific Appendices Toolkit and the other Functional Annex Toolkits will greatly compliment this toolkit and facilities are strongly encouraged to use them together.

A Shelter-in-Place Annex is a critical component to a facility's EOP. Emergency operation plans are required under federal CMS regulations 42 CFR 483.75, Colorado regulations 6 CCR 1011.1 Chapter V, Section 2.3, and the U.S. Department of Labor Occupational Safety and Health Administration (OSHA) 29 CFR 1910.38. Completion of this toolkit helps a facility fulfill the requirements outlined in these regulations.

This toolkit uses the standards in the Interim Comprehensive Planning Guide (CPG 101) and the Interim Emergency Management Planning Guide for Special Needs Populations (CPG 301). More information about the CPG including the full text of CPG 101 can be found at the Federal Emergency Management Agency (FEMA) website at <http://www.fema.gov/about/divisions/cpg/shtem>). Some of the guidelines offered in this toolkit also draw on Attachment F of the Guide for All-Hazards Emergency Operations Planning (SLG 101), Mass Care Annex, which the CPG standard guidelines are replacing. Text drawn directly from any of these documents appears in *italics* with parenthetical citations at the end of the selection indicating the source. All other informational text appears as normal print. Where applicable, sample text is also provided. Sample text appears **[bracketed and bolded]** and is suitable for use in the facility's **Shelter-in-Place Functional Annex**. Other examples are available to download from the **electronic Shelter-in-Place Functional Annex Development Toolkit** at www.healthfacilities.info under the Emergency Planning Resources link.

DEFINING A FUNCTIONAL ANNEX

The following information appears in the CPG 101 (pages 4-7) and clarifies the definition of a Functional Annex: *Functional, Support, Emergency Phase, or Agency-Focused Annexes add specific information and direction to the EOP. They all focus on critical operational functions and who is responsible for carrying them out. These Annexes clearly describe the policies, processes, roles, and responsibilities that agencies and departments carry out before, during, and after any emergency. While the Basic Plan provides broad, overarching information relevant to the EOP as a whole, these Annexes focus on specific responsibilities, tasks, and operational actions that pertain to the performance of a particular emergency operations function. These Annexes also establish preparedness targets (e.g., training, exercises, equipment checks, and maintenance) that facilitate achieving function-related goals and objectives during emergencies and disasters.*

Since an Annex is a stand-alone addition to an EOP only the most overarching and critical response tools for the facility are categorized as Annexes. Realistically, a long-term care facility must make one of the three decisions in the face of a disaster: **evacuate** away from the danger, **shelter in place** through the disaster, or provide **mass care** because of the disaster. Functional Annex toolkits for each of these options are available on the Health Facilities resources page at www.healthfacilities.info, under the Emergency Planning Resources link.

CONTENT

A Functional Annex should mimic the layout of the Basic Plan as closely as possible. When complete, the **Shelter-in-Place Functional Annex** should be applicable to any disaster that

requires sheltering at the facility for any length of time. Therefore, the contents of the Annex should be simultaneously clear, concise and flexible. Supporting documents such as maps, facility floor plans, diagrams of utility boxes, HVAC units, or back-up generators, checklists for facility staff, responsibility assignments and diagrams, and incident command forms may all be used to provide clarity for the Annex. These documents are included at the end of the Annex as **Tabs (Section 9)**. The **Shelter-in-Place Functional Annex Development Toolkit** lists materials in the order recommended by the CPG 101 (refer to pages 3-6, 4-10, and 4-11 in CPG 101.)

INSTRUCTIONS

1. Assemble the Collaborative Planning Team (CPT) and distribute this toolkit to each member for review.
2. Collect the following information:
 - The facility's **Hazard Analysis Toolkit** or similar documentation
 - The facility's **Basic Plan** document (see the **Basic Plan Toolkit** online for more help)
 - The existing sheltering-in-place procedures for the facility
 - A copy of the facility's floor plan
 - Other relevant documents
3. Read the entire toolkit and use the information collected here to develop a **Shelter-in-Place Functional Annex** for the facility's EOP.
4. Work each section in the toolkit in order. As with the other toolkits, each section of the plan draws on the section previous for clarification and focus.
5. Complete the entire toolkit.
6. Stop to check work often with facility, local, state and federal guidelines. The checkmark in the margins will help identify good stopping points.
7. Remember:
 - Most of the italicized text is drawn directly from the federal guidelines, CPG 101, CPG 301, or the SLG 101.
 - **[Bolded, bracketed text]** indicates sample text suitable for use in a facility's Annex.
 - Be sure to address all of the suggestions under each section before moving on.

DEVELOPING THE ANNEX

The CPT is now ready to begin developing the **Shelter-in-Place Functional Annex**. The Annex is broken down into nine sections. Each section comes with a brief explanation, several best practices to help the CPT develop the content, and, where applicable, sample text or documents. Remember to work the entire toolkit.

In an event, this facility has two basic choices: Shelter-in-Place, or Evacuate to a Special Needs Mass Care Shelter at the direction of local or state authorities. It is reasonable to assume the facility will choose the Shelter-in-Place option, unless the State orders this facility to move.

Section 1: Purpose, Scope, Situations and Assumptions:

This section is the brain of the **Annex**. The material establishes the intent and usage of the **Annex** and provides direction, clarity and context for the response procedures outlined. The content here is more specific than the counterparts located in the **Basic Plan** because it focuses exclusively on shelter-in-place-driven scenarios. Consider this section as the implementation instructions. When complete, the section should provide the following information:

- What events or hazards can trigger the Annex

- What personnel in the facility have the authority to order the activation of the Annex
- How long the Annex can be in effect
- What other aspects of the EOP, if any, should be activated with the Annex
- List what scenarios or assumptions are included in the Annex.

1. Purpose:

This section defines what the facility does in the event that residents, staff and perhaps others must stay in the facility for an extended period of time (planning is recommended for a 96-hour time frame). Tailor this paragraph to your specific facility by supporting this section with information from the **Basic Plan**, other Annexes or Appendices that may be needed, and at the same time leaving this section general enough that it covers the scope and situation (below). This section may be changed as the plan is tested or revised, but it should be a fairly simple statement. Revisit it throughout the process of creating this annex.

Much like the thesis statement of a paper or article, this paragraph establishes the overarching theme and intent of the Annex. All other aspects of the Annex should flow logically from this statement. An example is listed below:

[Example: The purpose of this Annex is to provide guidance for this facility during a crisis or emergency that forces the residents, staff and others to stay in this facility for a 96-hour period in a self-sufficient way. The health and safety of the people here is the first priority of this facility. This facility is responsible for keeping residents healthy, property safe and medical equipment in good working order to sustain life during this emergency incident. The facility is also responsible for communicating the status of the facility to local authorities, responsible parties for residents, the department of health, and the local community. The facility manager will trigger this Annex in the event of the following hazards previously defined in the Hazard Analysis: Winter Storm, (fill in the hazards set by the CPT)]

2. **Scope:** This paragraph establishes how much the Annex is intended to do. In other words, this section must clarify at what point before or during a disaster the Annex goes into effect and how far into or past the event the Annex is intended to function. Include the title of who is responsible for what function and an assessment of the responsible area. Maps, facility floor plans, or other graphics may be helpful to include as **Tabs (Section 9)** for reference and clarification.

The CPT decides the length of time this Annex will remain in operation. The team discusses the facility's departments' needs, the possibility of staffing shortage, and anything that may affect Sheltering-in-Place at this facility. This paragraph changes as the plan evolves, as will the Situation and Assumptions below as this plan is tested and revised.

[Example: This Annex includes sheltering-in-place procedures for staying in this facility for a four-day period, an ordering plan for supplies and medicines, sheltering guidelines, and a demobilizing plan for returning to normal functions. It also includes facility floor plans and the locations of utility shut-off points, a generator operating plan, and any necessary maps or building schematics. The Annex is intended to function from the time a facility decides to initiate the sheltering-in-place procedures until the emergency is contained.]

3. **Situation and Assumptions:** This is a characterization of the situation. The CPT can refer to the Flee or Stay Chart in this toolkit online when developing this section. The CPG 101 recommends doing the following:

A. Hazard Analysis Summary: The CPT determines what hazards will trigger the Shelter-in-Place Annex. Discuss the relative probability and impact of the hazards, the geographic areas likely to be affected by particular hazards, the most vulnerable departments or buildings at this facility, characteristics of the special needs populations in this facility, and dependencies of this facility on other critical resources. An example of how to begin the process for this section is:

- a. Why would this facility shelter in place?
 1. Residents cannot be moved easily.
 2. There is danger outside the facility (e.g. tornado, acts of terrorism, community disaster---In some cases, a forest or grass fire, or a chemical explosion happens nearby, or a winter storm makes leaving impossible)

[Example: According to our Hazard Analysis, this facility may Shelter in Place because of _____, _____, and _____. Or, there is a community disaster or emergency event and the residents and staff have been ordered to remain in the building by local authorities. Therefore, in order to save lives and protect property it is safest to shelter in place.]

B. Capability Assessment The planning team determines the length of time the facility can function during the disaster. 96 hours is the new federal standard. This is a good place to include the assessment of the facility's storage capabilities and note any Mutual Aid Agreements (MAAs) the facility has in place to procure additional resources for sheltering and feeding of residents, staff and maintaining equipment. It could also include a timeline for the duration of the emergency, and a list of what resources already are on hand. Other important points to discuss include:

- Note how many employees are available at a given time
- Discuss any special training employees may have relating to sheltering procedures
- Include aid agreements for additional assistance during an extended period of isolation in the facility
- Describe plans to delay any unnecessary services
- Identify what resources or equipment are available to move residents between rooms and floors, including when the elevator is not useable
- Explain where this equipment is stored
- Clearly mark resource storage areas for staff access
- Ensure necessary equipment (including generator) can be accessed 24/7
- Explain the protocol for staff training on equipment use
- Establish inventory protocols for this equipment and other supplies
- Pre-identify which residents require special medical equipment
- Have a facility information sheet on hand

[Example: This facility will shelter in place for a period of 96 hours (four days) until the disaster concludes or local services are restored. With the food supplies this facility has on hand, a generator in place that will supply power for telephones, cooking, lights, heat and other critical medical equipment, adequate planning for staff shortages, and adequate housekeeping and infection control supplies, this facility should be self-sufficient baring unforeseen difficulties. A list of special protocols, inventories and other information follows.]

C. Mitigation Overview Provide the steps the facility takes to prevent or mitigate the necessity of a shelter-in-place scenario. Think creatively and address the variety of ways a facility keeps

residents and staff safe in the building. These include life-safety measures, training and exercise, building construction types, and temporary preventative measures. Specific things to include might be:

- Fire alarms
- Fire inspections
- Sandbags or drainage ditches
- Safe storage of chemicals, cleaning supplies, and biohazards
- Personnel training in safety procedures
- Proper maintenance of the facility
- Appropriate landscaping to handle climate-related hazards
- Construction considerations of the building
- Rules governing the use of flammable materials (candles, wall hangings, etc.)
- Facility security (locked doors, restricted access, security guards, etc.)

What can this facility do now, in advance, of such an emergency? How can it prepare to be self-sufficient for the length of time set by the CPT?

[Example : This facility needs to better prepare for medical supply delivery during the disaster. There are currently only two-day supplies of life-sustaining drugs, and better storage is needed for refrigerated drug supplies for the 96-hour time frame.] The team adds whatever the department supervisors see as problems, trouble spots or areas that could use improvement.

Use the 96-hour Resource Kit, the department checklists, and other tools available online to see some examples of what may be needed, how departments interact, and how personal and family emergency planning may change the scope, situation and assumptions for this facility. If members of the local community are NOT part of the CPT, make sure they are aware of this plan. ICS forms 201 and 202 may help the CPT team in planning. They may also be adapted to the facility's specific needs, or the team may make their own forms to suit this section.

D. Planning Assumptions

These identify what the planning team assumed to be facts for planning purposes in order to make it possible to execute the EOP. During operations, the assumptions indicate areas where adjustments to the plan have to be made as the facts of the event become known. "Obvious" assumptions should be included but limited to those that need to be explicitly stated (e.g., do not state as an assumption that the hazard will occur; it is reasonable for the reader to believe that if the hazard was not possible., the plan would not address it.) (CPG 101)

Use the **Hazard Analysis Toolkit** to determine which hazards may apply, then make assumptions based on the scenarios. Sample assumptions may include:

- **Assume that the power goes out.**
- **Assume that the roads are impassable to medical teams, vendors, and families.**
- **Assume that half of the staff (or whatever percentage of staff the CPT decides) will not be at work, and will not be able to get to work.**

What does that scenario look like for this facility? Put those assumptions here. **Example:** if one of the assumptions is that all the refrigerators will be operable, for both food and medical supplies, but during the testing or exercising of this Annex the facility finds that the facility's back-up generator will only power half of them, this part of the Annex should reflect those assumptions, but may also have to be revised when this Annex is exercised and tested.

[Example: This facility has a small back-up generator that will be used for heat and lights. The second generator will power refrigerators, phones and other kitchen equipment. With only _____% of staff in the facility, daily operations will be limited to _____, _____, and other emergency functions.]



SECTION COMPLETE!

Take a few moments to review the work so far. Examine any questions, comments, or sections requiring follow up. Note that much of this material will change before the development process is done, so be sure to check back often.

Section Two: Concept of Operations:

(General Plan of Action) This part of the plan explains WHO will do WHAT to accomplish the safe sheltering of residents, staff, staff families and visitors during the emergency. WHEN they will do it and HOW they will do it is also included in this section. Determine what staff is critical to the operation of this Annex and their roles. There could be Standard Operating Procedures for the departments, checklists for the staff, or Job Action Sheets for volunteers. (Check the documents available online at www.healthfacilities.info, under Emergency Planning Resources) The object of this Annex is to keep the facility functioning during this emergency. 'How To' information goes in this section.

1. General Response

Craft a general overview of how a facility should shelter-in-place. Discuss, in broad terms, the goals of the facility. When drafting the general section of the CONOPS, the CPT should consider the target accomplishments of sheltering-in-place as outlined in the *SLG 101*:

- *Identifies the scope of authority granted to an IC to act under standing orders from the "CEO". (See Roles and Responsibilities in Section 3)*
- *Describes the local community's provisions to assist the facility with sheltering-in-place.*
- *Describes the means the facility will use to obtain public information on sheltering activities, specific actions they should take, and the overall hazard assessment.*
- *Describes provisions made to control access to the facility during and after sheltering.*
- *Describes the provisions made to provide security for the protection of the facility while sheltering-in-place. (A pandemic could trigger this Annex.)*
- *Describes the provisions made for the return of staff to the facility*
- *This section describes the framework for all direction, control, and coordination activities. It identifies who has tactical and operational control of response assets. Specifically, this section discusses how facilities coordinate efforts across jurisdictions while allowing each facility to remain its own "command center." This section also provides information on how department and agency plans nest into the EOP (horizontal coordination) and how higher-level plans are expected to layer on the EOP (vertical integration). (CPG 101)*

Additional general requirements that specifically target facilities include:

- Describe the means the facility will use to disseminate public information on sheltering activities, specific actions family members or caregivers should take, and an overall assessment of the situation.
- Describe the provisions made to provide security at the shelter for residents and staff.

The CPT may also include specific Sheltering plans at the end of the Annex as **Tabs (Section 9)**. Be sure to include the concept of this plan in the general section, and work the detailed components into the functional response section. More information about these specific procedural plans is available at the end of the toolkit. ICS forms online may help the CPT with this section. Forms 202, 206 and 215 may be adapted to specific facility needs.

2. Functional Response

The CPT can now develop the actual procedures or guidelines that allow the facility initiate a sheltering plan. The CPT may find it useful to develop a series of checklists or forms to include at the end of the Annex in the form of **Tabs (Section 9)**. Depending on the disaster, some of these actions may occur out of order or be re-evaluated as the event progresses and additional or new decisions might change earlier actions. Facilities must remain flexible during a response. Practicing the Annex will increase familiarity with the procedures, increasing their usefulness and decreasing the amount of time each task takes.



Hint: The material here can be presented in many ways. Job action sheets, procedures, checklists, organizational charts, or other simplified instructions that can be removed from the plan and distributed during a hazard may be particularly helpful. Be creative!

1. Step One: Assess the Hazard.

These tasks normally take place at the scene of an emergency or disaster. For a facility, the scene of the disaster may be twofold: the actual disaster's scene, and that of the facility. Much of this information is also included under Disaster Intelligence (Section 4) and Communications (Section 5). Construct the procedures to accomplish the following actions:

a. Examine the situation

- What time of day is it?
- What are current weather conditions?
- What is the weather report for the next two days?
- How full is the facility?
- How many staff members are currently on-hand?

b. Assess and analyze the hazard

- What is the hazard?
- Has the hazard already happened or is it imminent?
- How big is the hazard?
- How long is the event expected to last?
- How much of the community will be impacted?
- How much of the facility has been damaged or is at risk?
- Can the hazard be isolated?
- Is it possible to safely control the spread of the hazard at this point?
- Have emergency personnel been notified of the situation?

2. Step Two: Select and Implement Protective Actions.

The Incident Commander (IC), based on the information gathered from step one, must determine the protective actions the facility will take in response to the hazard. In short, the IC will determine whether the facility will evacuate or will shelter in place. A sample decision tree is included in the **Electronic Shelter-in-Place Functional Annex Toolkit**.

Construct the procedures to accomplish the following actions:

a. Determine the protective action

- Should the facility be locked down? Should shelter-in-place be triggered?
- If so, for immediate and short term sheltering or extended and long term?
- Have emergency personnel been notified of the situation?
- Are emergency personnel on scene to assist the facility?

b. Implement protective actions.

- After making the decision to shelter-in-place, the IC should begin directing the protective action procedures. This may include distributing pre-established procedures, check lists, or instructions to staff and assigning the incident command system. Indicate where the use ICS forms and other resources would be appropriate here. Include those forms as **Tabs (Section 9)**.

c. Control access and isolate danger area

- Establish who is allowed to stay in the facility
- Consider proximity to roads and transportation, secondary shelters, relative safety from the hazard, and the geography of the site.

d. Begin sheltering procedures

Note: The actual procedures for sheltering-in-place should be included at the end of the Annex as **Tabs (Section 9)**. They should also be posted at every nursing station in the facility, as well as in logical references places such as the kitchen, the maintenance director's office, and with the facility administrator. [LSC 18.7.1.1 (existing) or LSC 19.7.1.1 (new)]

e. Communicate decontamination needs to emergency personnel

- Does the hazard require the decontamination of residents or staff?
- Will the hazard cause decontamination needs for emergency responders?

f. Provide immediate medical treatment to residents or allow emergency medical personnel to assume responsibility for the patient

- What kind of injuries might a sheltering-in-place scenario create for residents and staff?
- What injuries can the staff immediately treat?
- Establish how residents are prioritized

g. Communicate search and rescue needs to emergency personnel

- Account for all residents and staff
 - o What is the attendance-accountability method for staff?
 - o Is the facility staff aware of these procedures?
- Communicate with emergency personnel if anyone is missing
 - o Include name, title, last known location, ambulatory restrictions, and critical health conditions
- Consider the following:
 - o What protocol is in place to verify rooms are occupied?
 - o What is the protocol for staff training and conducting drills on sheltering-in-place? Is all facility staff aware of this protocol?
 - o Are local emergency responders aware of this protocol?

3. Step Three: Conduct public warning or information communication.

The facility will rarely communicate with the public directly, but there are always audiences a facility must address during a disaster. They may include local emergency personnel, residents, staff, families of residents and staff, and local and state health officials. The type of disaster will impact who the facility must notify. Have several employees trained in public information officer (PIO) skills to reduce the stress of this step on the facility.

a. Determine the content and scope of a public warning or information communication

- Does the public need to know about the hazard?
- Do family members or caregivers need to be notified at this time?
- Do health officials or emergency personnel need information from the facility?
- Is the media aware of the hazard?

b. Disseminate internal warning or information communication

- Determine how the facility will alert residents and staff members of the situation

c. Disseminate information

- Activate call-lists
- Utilize volunteers to make phone calls using a pre-scripted message



- Communicate information to employees not currently in the facility, family members of residents, local emergency managers or response personnel, and situation updates to employees still in the facility.
- Outline the procedure for notification of a resident emergency contact about the situation
- Determine who, by title, is responsible for this notification
- Create a process for tracking family/emergency contact notification
- Outline the procedure for notifying CDPHE of the sheltering-in-place situation

4. **Step Four: Implement short-term stabilization.**

The situation is reassessed frequently, and the facility administrator or IC determines whether to activate sheltering plans. Many factors influence this decision, so the most important action is to ensure the safety of all residents and facility staff while the situation is evaluated.

a. **Evaluate the situation**

- Decide whether residents and staff stay at the facility or are evacuated to a shelter
- Determine whether residents can temporarily return to their families for care. If so, outline the procedures for discharging these residents

b. **Provide security** for residents before, during, and after the emergency.

- Determine how to secure the facility for resident and staff safety
- Partner with local emergency personnel about securing the facility during the disaster

c. **Continue to monitor** the situation and communicate with emergency personnel.

5. **Step Five: Implement recovery**

Once the emergency is over, the incident commander or facility administrator activates the demobilization portion of the Annex.

a. **Implement demobilization plan**

- Partner with local emergency personnel to establish when the facility returns to normal operation and who will make that determination
- Include demobilization procedures in the job action description under Organization and Assignment of Responsibility (Section 3)
- Create procedures to notify staff, family members of residents, and residents temporarily placed with alternate care locations of the end of the disaster and the return to normal procedures and functions.



SECTION COMPLETE!

Take a few moments to review the work so far. Examine any questions, comments, or sections requiring follow up. The material developed in the last section is critical to the Annex, so be sure it makes sense. Revisit the procedures drafted here frequently and re-work them as required.

Section Three: Organization and Assignment (Delegation) of Responsibilities:

This section spells out who is responsible for what part of the **Sheltering-in-Place Annex**.

It includes a list of the kinds of tasks to be performed, by position and organization, and it provides a quick overview of who does what, without all of the procedural details. For the sake of clarity, a matrix of departments and areas of responsibility (including functions) should be included to summarize the primary and supporting roles. Organization charts, especially those depicting how the facility is implementing the Incident Command System are helpful. (CPG 101)

Although this Annex is presented as a pull-out document, complete unto itself, it is also a functioning part of the facility's EOP. Perhaps a charge nurse is the incident commander for a

Shelter-in-Place Annex, but the Safety, Security or Maintenance department head is the incident commander for the **Evacuation Annex**. This section of the Annex will describe how the control of the situation will be delegated. If the incident commander will need a liaison or a deputy that department heads will report to, this is where those details can be spelled out.

Facilities identified ten departments directly involved with the daily operation of Long Term Care Facilities. These departments are convenient ways to divide up and assign the responsibilities of the mass care procedures in an organized manner. The department titles will vary from one facility to the next, and some may have more or less. Remember the CPT should tailor this section to reflect the unique capabilities of the facility.

This is the section that focuses who will do what, and when. It describes who has tactical and operational control of response assets. It discusses how this facility could coordinate with outside agencies and the processes to do that. It describes how this facility will run its “command center.”

- It also shows horizontal coordination with departments in the facility, which means how departments will relate to each other during the disaster.
- It should be broad enough to be flexible. If more details are necessary for departments, they should be addressed in separate Standard Operating Procedures (SOPs). **Example:** It may show how administration will give extra buying authority to the department head to purchase additional food for the extra people in the facility, or how Security will control ingress and egress, parking, or added staff for the duration of the disaster.
- It could also show vertical integration with the local authorities, other agencies, and the state. **Example:** If the CPT is part of the local emergency planning team, and the emergency manager is aware that this facility will be sheltering-in-place, add a paragraph about the Memorandum of Understanding (MOU) that this facility has with local agencies (a church, for instance, that could be providing extra meals). It is important to write these plans and MOUs down.
- The CPT should discuss what the facility needs to get done during this Sheltering-in-Place Annex, and how to control this situation. That information goes here. Also, it should be noted that as this process develops, the Scope and Organization and Assignment of Responsibilities may change or may need to be revisited and revised. After exercising this annex, the team may find other parts that should be changed, dropped, added to, or that worked well.
- Begin by reviewing the corresponding Organization and Assignment of Responsibilities section developed in the Basic Plan.
- Identify which duties between the **Basic Plan** and the **Sheltering-in-Place Functional Annex** are the same and, if possible, assign the same department to those responsibilities.
- Fill in the rest of the responsibilities using the titles or department names. DO NOT use names of individuals.
- When determining what role to assign each department, consider the specific needs of a sheltering-in-place event. Recognize that while some duties will be the same between the **Basic Plan** and the **Sheltering-in-Place Functional Annex**, some of them will be very different.
- Pick the best fit for the job.
- List at least two alternates, by title, for each responsibility
- Remember the span of control --- no one person should oversee more than seven people, and everyone should report to only one person.



Hint: Print out a blank Incident Command System chart available online and fill it in as the CPT completes this section. ICS forms 203, 204, 207 and 215a may help the CPT with this section. Don't forget they can be changed to fit what the facility needs. Put that chart or forms in the **Tabs section (Section 9)**. A clear understanding of the Incident Command System (ICS) will assist a facility in successfully implementing disaster organizational requirements, including the appropriate assignment of responsibilities. As emphasized in both the **Hazard Analysis Toolkit** and the **Basic Plan Toolkit**, the critical staff must complete basic ICS training. This training is available from the State (www.dola.state.co.us/dem/index.html) as classroom training, or as online training from FEMA (<http://www.training/fema.gov/IS/>) After completing the ICS training, this section should be much clearer for both the CPT and the facility staff.

SECTION COMPLETE!



Take a few moments to review the work so far. Examine any questions, comments, or sections requiring follow up. Remember that the organization of responsibilities is indicated by title, not by name, and should be flexible. Note that much of this material will change before the development process is done, so be sure to check back often.

Section Four: Disaster Intelligence

This section describes the required critical or essential information common to all emergencies identified during the planning process. In general terms, it identifies the type of information needed, where it is expected to come from, who uses the information, how the information is shared, the format for providing the information, and any specific times the information is needed. The contents of this section are best provided in a tabular format. (CPG 101)

For this section, the planning team must determine what kind of information they need from the outside in order to shelter-in-place successfully. This may include situation briefs, weather reports, staff and volunteer rosters, and status reports. This section also indicates where the critical information is expected to come from. Facilities should partner with local emergency management to ensure notification and inclusion in information dissemination operations. Remember to collect both the GENERAL information for the **Basic Plan** and the SPECIFIC information for the **Shelter-in-Place Functional Annex**. Further specific information requirements may also appear in the **Hazard-Specific Appendices**.

- Outline types of information critical during a shelter-in-place situation.
- Ensure information resources are accurate and easily available.
- Familiarize staff with proactive information collection.
- Create standards for information dissemination in the facility.
- Have procedures for sharing critical information with the emergency community during a disaster.
- Practice sharing information internally and with other partners.
- Identify information resources required by state, local, or corporate agencies.

Information may come from and need to go to:

- the mayor
- the emergency manager
- county roads supervisor
- electric company or other utilities supplier
- the department of health
- the state
- vendors scheduled to make deliveries to the facility
- the public

- staff/families of staff
- other local agencies

Who on the staff will collect and perhaps disseminate information for this event? Who should the facility information be going to? Compile a list of sources of information, and also one for respondents of information. Put that information here.

SECTION COMPLETE!



Take a few moments to review the work so far. Compare the **Sheltering-in-Place Functional Annex** to the **Basic Plan** and see if the two plans compliment one another. Examine any questions, comments, or sections requiring follow up.

Section Five: Communications

This section describes the response organization (this facility) to other response organizations communication protocols and coordination procedures used during emergencies and disasters. It discusses the framework for delivering communications support and how the facility's communications integrate into the local or regional disaster communications network. It does not describe communications hardware or specific procedures found in departmental SOPs. Separate interoperable communications plans should be identified and summarized. (CPG 101)

- How will this facility communicate with outside agencies during a sheltering-in-place emergency situation? Is there a call-out list?
- Who will handle communications? This may or may not be a public information officer (PIO).
- Consider all the methods of communication available to the facility (example: cell phones, landline telephones, radios, email, web pages, television, radio, written communications, local media, weather radio, community resources) and decide which are likely to be impacted and therefore unavailable during the disaster.
- Select a method of communication that is portable or flexible enough for use with a mass care event. Also select a backup method of communication.
- Establish communication protocols for the facility both during and after a disaster. Establish alternative points of contact if the primary facility staff is out of communication during a disaster.
Partner with local emergency personnel to ensure relevant communication about the disaster is passed onto the facility.
- Train staff on the use of communication equipment. Use the equipment in all exercises.
- Radios may not work well in very large buildings or around lots of concrete.
- Cell phones are generally unreliable during disasters.
- Land-line, corded telephones work during power outages.
- Walkie-talkies have limited range.
- ICS forms 216 and 217 may give the CPT ideas for this section.

SECTION COMPLETE!



Partner with local emergency personnel to ensure relevant communication about the disaster is passed onto the facility. Some material might have changed over the development process so re-read the Annex and make any adjustments necessary to the document. Revisit any unanswered questions or comments before moving on.

Section Six: Administration, Finance and Logistics:

This section covers general support requirements and the availability of services and support for all types of emergencies, as well as general policies for managing resources. The following should be addressed in this section of the plan:

- *References to Mutual Aid Agreements, including the Emergency Management Assistance Compact (EMAC) (this is more important for facilities who are in urban areas, or perhaps close to state borders; check with local emergency manager)*
- *Authorities for and policies on augmenting staff by reassigning public employees and soliciting volunteers, along with relevant liability provision*
- *General policies on keeping financial records, reporting, tracking resource needs, tracking the source and use of resources, acquiring ownership of resources, and compensating the owners of private property used by the facility (CPG 101)*

This section addresses the administrative and general support requirements associated with completing sheltering-in-place tasking. As explained in the **Organization and Assignment of Responsibilities (Section 3)**, these functions are already used in the facility for day-to-day operations. This section will look similar to the same section in the **Basic Plan**. Overall, this section will include specific policies for managing sheltering-in-place related resources, list sheltering-in-place specific Mutual Aid Agreements (MAAs) or other pre-determined sources of assistance, and re-list the policies for keeping financial records, tracking, reporting, using, and compensating the use of resources, and other policies detailing what records must be kept.

1. **Administration:** Detail the scope of duties and information the administration coordinator will be accountable for during and after the disaster. This section will look similar to the one in the **Basic Plan**. Attach a listing that includes the following:
 - Facility's location
 - People capacity
 - Quantity and type of kitchen
 - Beds available
 - Stock levels of medical and sanitation supplies,
 - Food and water supplies
 - Sleeping bags, bedding
 - Restroom facilities
 - Vehicle parking capacity
 - Communication systems available
 - List of telephone numbers
 - List the type of emergency power available to the facility and how long it will be operational

Duties also could include:

 - a. Records and reports associated with tracking the status of sheltering-in-place events
 - b. Lists of patients and staff and their relative locations before, during, and after the event
 - c. Oversee assignment of staff and volunteers for specific duties
 - d. ICS forms for this section could include 201, 202, 203, 204, 206, 207, 208, 221
2. **Finance:** Establish the method of tracking all financial expenditures, including resource procurement and expenditure, personnel hours, and patient insurance billing requirements. Assign accountability for the maintenance and safekeeping of these records during and after the mass care event. Include corporate, public, staff, utility providers, vendors, and other sources this facility may need or use. ICS forms for this section could include 214, 215, 216, and 218.
3. **Logistics:** Outline the responsibilities and procedures for all physical resource allocation, implementation, overview or movement of supplies during the sheltering-in-place event. This includes the coordination of resources at a different shelter point should the facility be told to evacuate to a different site. For these types of events, logistics gains the

complication of establishing the portability of resources. Account for all resources currently available to the facility and those borrowed, loaned, rented, purchased or otherwise acquired during and after the mass care event. ICS forms that could be used for this section include 210, 211, 214, 216, 217, and 218. They may be modified.

Paying bills, keeping track of people resources (timekeeping) and physical resources is a big job during a disaster. This is an important function, and is required for re-imbursement from the state or federal governments when disasters are declared by the governor. Online ICS forms 210, 211, 214 and 218 may help the CPT stay organized.

SECTION COMPLETE!

Evaluate the progress so far by comparing the Annex to other emergency planning documents, including the Basic Plan. Think carefully about the facility's organizational structure and make sure the Annex compliments it. Work to emphasize the strengths of the facility staff.

Section Seven: Plan Development and Maintenance

The overall approach to planning and the assignment of plan development and maintenance responsibilities are discussed in this section. This section should:

- Describe the planning process, participants in that process, and how development and revision of different "levels" of the EOP (Basic Plan, annexes, appendices, and SOPs) are coordinated during the preparedness phase;
- Assign responsibility for the overall planning and coordination to a specific person; and
- Provide for a regular cycle of testing, reviewing, and updating the EOP (CPG 101)

An emergency plan, at any level of development, is a living document. Changes will be needed. This is the section that will explain how and when the Annex will be tested, updated, changed and reviewed. With staff changes, training, and exercises of the plan, it is only natural that it will need revision. There are samples of the pages used to denote revisions to the plan. Surveyors may reference revision pages as well. The facility also needs a schedule for exercising this Annex. Keep track of changes made after the exercises. A sample Exercise Calendar is available in the **Hazard Analysis Toolkit**. ICS form 221 online may help the CPT with this section as well.

- Coordinate this section the Basic Plan.
- Identify and describe the reference manuals used to develop the plan including software, toolkits, contractors, interview, planning tools and development guides.
- Coordinate with local or state emergency management resources for review and commentary on the plan.
- Include an exercising and review schedule, with a method for tracking progress.
- Describe how this plan was coordinated with EOPs from other facilities in the county and region, local emergency plans, and mutual aid partners.

Hint: This is not the time to actually plan an exercise. Instead, make plans for when the facility will practice evacuations. The actual development of exercises is discussed in the **Adult Care Facilities Tabletop Exercise Toolkit**.

SECTION COMPLETE!

The facility can minimize workload by planning to review the entire plan, including the Annex, at the same time. Take a moment now to review this section and ensure compatibility between the maintenance schedules for each part of the plan.

Section Eight: Authorities and References

This section provides the legal basis for emergency operations and activities. This section of the plan includes the following:

- *Lists of laws, statutes, ordinances, executive orders, regulations, and formal agreements relevant to emergencies;*
- *Specification of the extent and limits of the emergency authorities granted to the person in charge, including the conditions under which these authorities become effective, and when they would be terminated;*
- *Pre-delegation of emergency authorities (i.e., enabling measures sufficient to ensure that specific emergency-related authorities can be exercised by the elected or appointed leadership or their designated successors); and*
- *Provisions for the continuity of operations (e.g., the succession of decision-making authority and operational control) to ensure that critical emergency functions can be performed. (CPG 101)*

It is important during an emergency that whoever is in charge has the authority to make decisions on behalf of the facility. Having this authority in writing BEFORE the emergency lends credibility to the plan, and members of the planning team and staff know that it is a real, useable document and format for emergency response. It also gives authority and responsibility to staff. If outside agencies or authorities need to be involved in the execution of the plan, they will see at a glance why and how they will be following the plan. If the incident commander goes off shift, and another takes his/her place, it is also important for them to have the same authority. That authority, and any applicable law, is listed here.

1. **Authorities:** Collect the specific guidelines governing sheltering-in-place in the facility, as well as legal documents that apply only during scenarios that may alter Standard Operating Procedures (SOPs) regarding patient care, confidentiality, transportation, etc. One particularly important example of such an authority relates to the HIPAA laws. This example is included for facility use in the event part of the Sheltering-in-Place Annex results in evacuation to a Special Needs Shelter, but the CPT should also include additional resources suited to the needs of the facility. See the online link to the HIPAA example.
2. **References:** These resources may help the facility clarify portions of the mass care plan, serve as additional information points during a disaster, or provide citation for examples the facility chooses to include in their plan. Additional resources are widely available on the internet and through local, state and federal agencies. The CPT is encouraged to review each of these references, and include any other important references they identify.
 - a. The state Mass Care Plan, ESF #6, and other state plans
http://www.dola.state.co.us/dem/operations/seop2007/seop_2007.htm
 - b. The Colorado Disaster Act of 1992,
<http://dola.colorado.gov/dem/Publications/ANACT.pdf>
 - c. The national disability preparedness website
<http://www.disabilitypreparedness.gov/>
 - d. Supporting special needs and vulnerable populations in disaster
<http://www.preparenow.org/prepare.html>
 - e. FEMA has a wealth of information online at www.fema.gov
 - f. Colorado Department of Emergency Management has resources to help families with emergency planning at
<http://www.dola.state.co.us/dem/publications/family.pdf>





SECTION COMPLETE!

The majority of the Annex is now complete. Re-read for content, clarity and format and identify any sections that require specific informational additions such as maps, checklists, job action sheets, call lists or scripts or other developmental tools.

Section Nine: Tabs

Tabs are an excellent means of gathering important procedural information for the Annex where it can easily be accessed and distributed to staff, volunteers, or first responders during an emergency. Remember that Functional Annexes are stand-alone additions to the EOP; so much of the information collected here may also appear in other parts of the EOP. Including the information in multiple places reduces the time it takes to reference the plan during a disaster. Suggested tabs are included here, but the CPT should expand this section to suit the particular needs of the facility.

1. Maps and Diagrams
Any maps, diagrams, charts, floor plans, building schematics, or graphic forms of information should also be stored here. This allows for the fastest, easiest reference of the materials during a disaster. It is particularly important that maps of the facility, supply routes or evacuation routes be maintained and accurate. Possible types of materials to include here are:
 - a. Several different types of facility maps, including floor plans, evacuation routes, location of HVAC/electrical/gas/water systems, and the grounds
 - b. Charts depicting the organizational structure of the facility staff.
 - c. Step-by-step picture instructions for various tasks such a turning off utility switches
 - d. Job action sheets
 - e. Methods of communicating around language barriers, including those who are deaf or do not speak English
2. Transportation Plan (if necessary)
 - a. Types of vehicles
 - b. Support Staff for vehicles
 - c. Transport assistance
3. Shelter Plan
 - a. Facility Specifics
 - b. Resident Care Protocols
 - c. Medical Reports, Records, Policies
 - d. Feeding and Sheltering Protocols
 - e. Staff Support Protocols
4. Policies, Administration Documents
5. Demobilization Information



SECTION COMPLETE!

This Annex is complete. Take a few moments for the team to review the Annex in conjunction with the Basic Plan. Although some materials may be redundant, it is better to have information in several places during a disaster so it is easily accessible. ALL of these parts will change as they are exercised and reviewed. The important thing is to have a plan to follow, and for staff to understand it, know how to access it, and to know what their individual roles are during the disaster. Disasters are chaotic. It is better to follow the plan, and adapt it as you go, than to make all decisions on the fly.

Moving On

Now that the CPT has developed the **Sheltering-in-Place Functional Annex**, take a few moments to review what the facility has accomplished for emergency planning:

- A Hazard Analysis
 - Whether completed via the **Hazard Analysis Toolkit** offered by the Health Department or from another source, the facility should now have a clear idea of what hazards are most critical to plan for
- A Projected Exercise Schedule
 - If the facility completed the **Hazard Analysis Toolkit**, they now also have a projected plan for exercising the EOP
- A Collaborative Planning Team
 - The facility has identified a team designed to create the facility's EOP. This team draws on the expertise and insight from a variety of agencies in the community to create the most inclusive, flexible and scalable EOP possible
- Basic Orientation to Emergency Planning for Critical Facility Staff
 - The facility, having also identified the critical staff, should now also be training that staff on the basic of emergency planning. This includes completing the following courses available from the FEMA Emergency Management Institute:
 - IS 100.HC: Introduction to the Incident Command System for Healthcare/Hospitals
 - IS 197.SP: Special Needs Planning Considerations
 - IS 200.HC: Applying ICS to Healthcare Organizations
 - IS 700: National Incident Management System
 - The staff should also begin completing the additional training for their particular role during a disaster, based on the organization and responsibilities divisions of the staff
- A **Basic Plan**
 - The **Basic Plan** outlines the intended general response of the facility to disasters on a broad scale. It is a living document and will undergo many more changes and evaluations as the facility's emergency planning matures
- A **Sheltering-in-Place Functional Annex**
 - The Sheltering-in-Place Functional Annex can be used for a variety of sheltering-in-place scenarios that the facility should identify from the Hazard Analysis Toolkit. Online resources are available to help the facility build its capacity for a 96-hour timeframe.

From here, the facility and the CPT should select one of the following actions:

1. Finish developing the critical **Functional Annexes** (recommended).
2. Begin developing the **Hazard-Specific Appendices** (recommended).
3. Download and complete the **Adult Care Facility Tabletop Exercise Toolkit** www.healthfacilities.info, under Emergency Planning Resources.

