



SHELTER IN PLACE PLAN GUIDANCE

2022

Table of Contents

- 1. Introduction.....2**
 - 1.1 Shelter-In-Place Planning.....2
 - 1.2 The Big Bend Healthcare Coalition.....2
 - 1.3 BBHCC 2022 HVA & JVA Findings.....3

- 2. Purpose and Scope.....4**
 - 2.1 Federal Guidance.....4
 - 2.2 Continuity of Operations.....4

- 3. Assumptions and Planning Considerations.....5**

- 4. Concept of Operations.....6**
 - 4.1 Decision Making Factors.....6
 - 4.2 Shelter-In-Place Guidelines.....6
 - 4.3 Special Considerations.....8

- Tables**
 - Table 1: 2022 BBHCC HVA and JRA Summary.....3
 - Table 2: Example Threats and Hazards by Category.....5

- Appendixes**
 - Appendix A: Shelter-In-Place Planning Support Resources.....8

- References.....9*

1. Introduction

1.1 Shelter-In-Place Planning

When an emergency or disaster occurs, whether with advanced warning or little to no warning at all, it may be more appropriate, safer, easier, and more resource-efficient to shelter in place instead of evacuating.¹ Whether in a small facility or the largest hospital in an area, evacuation and transportation is generally a final resort to protect life and insure safety, whereas sheltering in place is the more common approach in all except for the most dire threats or circumstances.

Sheltering in place generally presents a far smaller logistical challenge when compared to evacuation and transportation. It would follow that the planning process for sheltering in place is less involved, but certainly not less important. This document has been developed in tandem with Evacuation and Transportation guidance, and will include shelter-in-place guidance for the most common threats and hazards in the Big Bend Healthcare Coalition region. This plan was developed with input from BBHCC member plans, as well as State and Federal guiding documents and resources.

This document serves as guidance for the development and updating of Shelter-In-Place plans for BBHCC Members. This document does not supersede any applicable laws or statutes, or authorities, plans, or procedures of participating entities.

1.2 The Big Bend Healthcare Coalition

The Big Bend Healthcare Coalition (BBHCC) forms a broad collaborative network of healthcare and support organizations and their respective public and private sector response partners. The goal of the BBHCC is to facilitate integration, collaboration and coordination of healthcare organizations in the Big Bend region for emergency preparedness, response and recovery.

BBHCC has over 100 member organizations from eight counties: Taylor County, Jefferson County, Madison County, Leon County, Wakulla County, Gadsden County, Franklin County, and Gulf County. The BBHCC encompasses a region that is overwhelmingly rural, with Leon County having the largest municipality in the city of Tallahassee, largest population, and largest number of resources. The estimated population of the combined eight counties per the April 1, 2020 to July 1, 2021 census data is 452,814 residents.²

The types of healthcare facilities within the BBHCC include assisted living facilities, nursing homes, clinics, dialysis centers, community health centers, and hospitals. Facilities serve anywhere from less than a dozen patients/residents up to several thousand patients/residents annually. The two largest

¹ (Federal Emergency Management Agency, 2022)

² (United States Census Bureau, 2022)

hospitals in the region are Tallahassee Memorial Hospital and Hospital Corporation of America (HCA) Florida Capital Hospital, and are both based in Tallahassee in Leon County. Both hospitals regularly treat patients from surrounding counties, including those in Southern Georgia.

1.3 BBHCC 2022 HVA and JVA Findings

Florida is susceptible to a wide variety of hazards that could potentially disrupt the day-to-day operations of the critical healthcare infrastructure and system. Acute events or targeted attacks could threaten individual or small groups of facilities; hurricanes, severe storms, or wildfires may render sections of entire counties or regions inoperable for extended periods of time.

Two recent major hurricanes – Hurricane Irma in 2017 and Hurricane Michael in 2018 – have dealt devastating blows to the state of Florida, and their widespread effects did not spare the healthcare system. Their implications for sound decision making resulting in either sheltering in place or evacuation and transportation for the full range of healthcare facilities are far-reaching and help inform the need for these guidelines.

Shelter-In-Place plans should consider a Hazard Vulnerability Analysis as a key facet of planning.³ The 2022 BBHCC Hazard Vulnerability Assessment (HVA) and Jurisdictional Risk Assessment (JVA) posit several important findings that may be used when developing Sheltering-In-Place Plans for members within the region. These findings were synthesized from the Public Health Risk Assessment Tool (PHRAT) of each member county, and are summarized in the following table:

Top Risks	Top County Capability Gaps	Top Resource Readiness Gaps
Tropical Cyclones	Volunteer Management	Storm Surge
Storm Surge	Fatality Management	Nuclear Attack
Extreme Heat	Mass Care Coordination	Mass Casualty Incidents
Extreme Cold	Community Preparedness	Wildfires
Flood	Responder Health and Safety	Radiological Incidents – Fixed Facility
	Public Health Lab Testing	
	Emergency Public Information and Warning	
	Medical Surge Capability	

Table 1: 2022 BBHCC HVA & JRA Summary

³ (Florida Department of Health, 2011)

BBHCC members have been affected in recent years by hazards such as Hurricane Hermine (2016), Hurricane Irma, Hurricane Michael, severe storms, wildfires, tornados, extreme heat, and the COVID-19 pandemic.

2. Purpose and Scope

2.1 Federal Guidance

The U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR) leads the country in preparing for, responding to, and recovering from the adverse health effects of emergencies and disasters. This is accomplished by supporting the nation’s ability to withstand adversity, strengthening health and emergency response systems, and enhancing national health security.⁴

ASPR’s Hospital Preparedness Program (HPP) enables the health care delivery system to save lives during emergencies and disaster events that exceed the day-to-day capacity and capability of existing health and emergency response systems. HPP is the only source of federal funding for health care delivery system readiness, intended to improve patient outcomes, minimize the need for federal and supplemental state resources during emergencies, and enable rapid recovery. HPP prepares the health care delivery system to save lives through the development of health care coalitions (HCCs) that incentivize diverse, and often competitive, health care organizations (HCOs), which have differing priorities and objectives, to work together.⁵

Capability 3 set forth by ASPR in the 2017-2022 Health Care Preparedness and Response Capabilities is as follows:

Capability 3: Continuity of Health Care Service Delivery

Health care organizations, with support from the HCC and the state’s/jurisdiction’s ESF-8 lead agency, provide uninterrupted, optimal medical care to all populations in the face of damaged or disabled health care infrastructure. Health care workers are well-trained, well-educated, and well-equipped to care for patients during emergencies. Simultaneous response and recovery operations result in a return to normal or, ideally, improved operations.

2.2 Continuity of Operations

Continuity of Operations (COOP) is the “internal effort of an organization to assure that the capability exists to continue essential functions and services in response to a comprehensive array of potential emergencies or disasters...[it] is an effort to ensure that Primary Mission-Essential Functions (PMEF) continue to be performed during a wide range of emergencies, including localized acts of nature, accidents, and technological or attack-related emergencies.”⁶

A summary of hazard examples for acts of nature, technological, and human-caused are shown in the following table:

⁴ (U.S. Department of Health and Human Services, 2020)

⁵ Ibid.

⁶ (Federal Emergency Management Agency)

Natural	Technological	Human-Caused
Hurricane	Dam Failure	Active Shooter Incident
Tornado	Hazmat Release	Cyber attacks
Epidemic	Pipeline Explosion	Chemical Attack
Flood	Train Derailment	Explosive Attack
Drought	Radiological Release	Biological Attack
Wildfire	Industrial Accident	Radiological Attack

Table 2: Example Threats and Hazards by Category (Department of Homeland Security, 2018)

COOP plans may very well need to be activated following events caused by some of the above hazards, even when the decision made is to shelter in place instead of evacuation and transportation. The decision to shelter-in-place does not inherently mean the threat was one that is incapable of causing the level of damage or disruption that warrants the activation of COOP plans.

3. Assumptions and Planning Considerations

The following assumptions and planning considerations serve as the basis for this document:

1. Most licensed health care facilities in Florida are required by statute or rule to have an approved Comprehensive Emergency Management Plan (CEMP) that must include evacuation and sheltering policies, procedures, responsibilities, and actions.⁷ These evacuation and sheltering policies, procedures, responsibilities, and actions within a facility’s CEMP are what facilities should adhere to in the event of evacuation.
2. A regional Hazard Vulnerability Analysis (HVA) and Jurisdictional Risk Assessment (JRA) has been conducted that identifies threats and gaps. The BBHCC HVA and JRA are summarized on page three; facilities are responsible for completing their own specific HVA and JRA.
3. The decision to shelter in place presents a smaller logistical challenge than evacuation, and should be considered depending on the threat or hazard type and expected impacts to the facility.
4. Sheltering in place actions may need to take place with advanced warning or very little/no warning at all.
5. The shelter-in-place locations within a facility should be determined well ahead of time, recorded in the appropriate planning documents, and ideally be visibly marked.
6. Different threats and hazards may warrant different approaches to sheltering in place

⁷ (Administration, Agency for Healthcare, 2022)

4. Concept of Operations

4.1 Decision Making Factors

Some of the factors that go into the shelter-in-place decision making process include the threat or hazard severity, the expected time until onset, the expected impacts, the resiliency of the facility or organization being impacted, and the recommendations of local warning agencies, such as the National Weather Service, Office of Emergency Management, and/or other local officials or public safety agencies.

The following guidelines are recommendations based on three of the top five HVA findings for the BBHCC region: Tropical Cycles, Storm Surge, and Flooding. The recommendations for multistory buildings in tropical cyclone scenarios are very similar to the recommendations for severe storm systems with damaging winds, tornados, hail, and other related severe weather secondary hazards. All guidelines coincide with advice from the Federal Emergency Management Agency's *Shelter-In-Place Guidance* published on March 15, 2022. This document will be linked at the end of this guidance plan for further use by BBHCC members.

4.2 Shelter-In-Place Guidelines

Tropical Cyclones (High Wind/Flooding/Storm Surge)

Manufactured or Mobile Home: It is not recommended to shelter-in-place, rather to leave when appropriate and go to the nearest shelter. Make every effort to not walk, swim, or drive through flood waters.

Multistory Buildings: For high winds, the recommendation is to shelter-in-place in the most interior room on the lowest level of the building; try to put as many walls between you and the outside as possible. For flooding or storm surge threats, move to the highest level in the building that isn't attic space. Remain inside until local authorities provide other instructions. If told to evacuate, make every effort to not drive around barricades, bridges, or through standing or moving water. See below for more instructions on flood events.

Flooding/Flash Flooding (High Water/Rapidly Rising Water)

Manufactured or Mobile Home: If safe, stay inside until local authorities provide other instructions. If told to evacuate, make every effort to not walk, swim, or drive through standing or moving water. If floodwaters get to a dangerous level, get on the roof, and call 911. Take your go-bag and critical documents with you.

Multistory Buildings: If safe, stay inside until local authorities provide other instructions. If told to evacuate, make every effort to not walk, swim, or drive through standing or moving water. If

inside, move to the highest level of the building that is not attic space. If still unsafe, call 911 and climb onto the roof. Take your go-bag with critical documents with you.

Appendix A

Shelter-In-Place Planning Support Resources

Agency for Healthcare Administration (ACHA) Emergency Preparedness Resources. Checklists for all current Comprehensive Emergency Management Planning Forms can be found towards the bottom of the page: https://ahca.myflorida.com/mchq/emergency_activities/index.shtml

Assistant Secretary for Preparedness and Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE). Plans, tools, and templates for Hazard Vulnerability Analysis: <https://asprtracie.hhs.gov/technical-resources/3/hazard-vulnerability-risk-assessment/1#plans-tools-and-templates>

ASPR TRACIE. Hospital Continuity Planning Toolkit:
<https://www.calhospitalprepare.org/continuity>

ASPR TRACIE. Topic Collection - Healthcare Facility Evacuation/Sheltering:
<https://asprtracie.hhs.gov/technical-resources/57/healthcare-facility-evacuation-sheltering/0>

FEMA. Sheltering-In-Place Guidance:
file:///C:/Users/clevings/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/F4N45BHR/fema_shelter-in-place_guidance_5-25-2021.pdf

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