

## ANNEX III

### HOSPITAL SHELTER-IN-PLACE (SIP) RECOMMENDATIONS

Louisiana hospitals must provide a multi-faceted emergency response to hurricanes that includes: reduction in census, evacuation of certain patients and sheltering-in-place. Congressional criticisms post-Katrina/Rita has facilitated an effort to develop BOTH evacuation plans (movement of patients and staff out of the affected area) and shelter-in-place plans. This Annex addresses both SIP and EVAC Plans.

#### SHELTER-IN-PLACE (SIP) PLANNING ASSUMPTIONS:

1. The center of gravity for hospitals has been to shelter-in-place. State and federal partners support the strategy of sheltering-in-place (SIP) provided it can be done so safely. Hospitals must evaluate hardening structures and increasing supply assets so that unnecessary movement of critical patients is minimized.
2. Having SIP plans and supplies will strengthen the ability of a hospital to recover more quickly. In addition, it has been discussed in exercises such as Hurricane Pam and demonstrated in events such as Katrina/Rita 2005 that 7 days is the estimated time search and rescue planners felt they could get to hospitals in flooded conditions to replenish supplies. For Louisiana's SIP plans for hospitals, the state has (conveniently) pointed to the CMS requirements for 7 days' worth of supplies.
3. Communications pre and post storm remain critical. The Louisiana Department of Health and Hospitals participates in the Governor's Interoperable Communications Task Force. The State of Louisiana and FEMA developed a Communications Plan to address interoperable communications networks in each parish.
4. In a survey conducted by state and federal partners in 2006, hospitals identified several areas of concern related to hospital sheltering-in-place.
  - Availability of staff to support on-going operations;
  - Availability of generators to support HVAC systems;
  - Fuel for generators; and
  - Security

## CONCEPT OF OPERATIONS FOR SIP:

Hospitals in potentially impacted areas should:

- Maintain call-out list for staff; encourage staff to complete “personal and family” plans; and assure that staff has necessary re-entry information and documentation.
- Maintain seven (7) days of supplies such as potable/non-potable water, food, linen, oxygen, pharmaceuticals, etc.
- Know the size and needed capabilities of their existing generators as generators are in very limited in supply and availability.
- Provide or make arrangements with vendors for fuel supplies.
- Provide or make arrangements for adequate internal and perimeter security.

Requests for assistance

If adequate **medical personnel** are not available, hospitals should contact their Designated Regional Coordinator. The Designated Regional Coordinator will work with unified medical command to request resources through the Emergency System for Advanced Registration of Volunteer Health Professionals (ESAR VHP) and with federal resources. It is very important that hospitals specifically identify the skill sets and number needed. Hospitals should be able to provide housing, orientation, and medical liability for volunteers.

If **supplies** are insufficient, hospitals should contact the Hospital DRC who will attempt to identify potential resource(s) amongst the hospitals in the region. If not available, the DRC refers the request to the appropriate parish Office of Emergency Preparedness for assistance. If independent plans fail, supplies may be made available through relationships with vendors established by federal partnerships. Hospitals should contact their Designated Regional Coordinators to request assistance from federal partners. Federal partners will assist in obtaining and arranging delivery of needed supplies. Hospitals will be billed for delivered supplies. Additionally, supplies may be available through other federal resources including the Strategic National Stockpile (SNS). Hospitals should contact their Designated Regional Coordinators to request assistance to access the SNS. The DRC will work with regional medical command and State Health Officer to request assistance through the SNS.

If **generators** should fail, hospitals should work with their Parish Office of Emergency Preparedness to identify alternatives for generator requirements to assist with back-up support.

If **generator fuel supplies are insufficient**, hospitals should contact their Parish Office of Emergency Preparedness for assistance. The Louisiana Department of Agriculture (LDOA) has developed alternative fuel resources for hospitals and other critical infrastructures. The Office of Emergency Preparedness will assist in requesting fuel support from the LDOA.