

Organization Name:	Address	City	County	Zip Code:

Shelter-in-Place Plan

Sheltering-in-place means staying where you are and taking shelter, rather than trying to evacuate. For more information on how to shelter-in-place, see the General Description of Concepts section.

Responsible Individuals	Name/Title	Phone Number	Cell Phone/ Pager	Email
Individual responsible for activating and implementing the shelter-in-place Plan				
Backup individual				

Safe Areas

What room(s) in your facility will you use if you need to shelter-in-place in a low place in your facility (e.g., for a tornado)

Locations	Describe your plan for using this space as a shelter (e.g., the number of people who can fit here, necessary supplies, plans for sanitation, power, and communications, how furniture should be arranged for maximum safety. Attach procedures, if necessary.

What room(s) in your facility will you use if you need to shelter-in-place in a high place in your facility (e.g., for a chemical release)

Locations	Describe your plan for using this space as a shelter (e.g., the number of people who can fit here, necessary supplies, plans for sanitation, power, and communications, how you will seal the room . Attach procedures, if necessary.

If there is a hazardous material spill, you may have to shut down your HVAC unit. Call the HVAC manufacturers for their recommendations prior to any event. Keep the manufacturers name, model and serial numbers as well as phone numbers here for the HVAC unit.

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Disaster Kit [You can find suggestions for what to include in your disaster kit at www.dhss.mo.gov/Ready_in_3/]

	Location	Who is responsible for bringing it to the safe area(s)?	Who is responsible for double checking that it is in the safe area(s)?
Basic disaster kit			
Food			
Critical supplies for residents with access or functional needs, including medications.			
Critical records, including lists of emergency contacts for your residents and staff and a copy of the Community Response Partners Worksheet			

What functional needs must you provide for (e.g., meds, oxygen)?

Resident	Access and Functional Needs

Volunteers [Write where your volunteers come from and what they will do in a disaster below.]

Name of Community Partner Organization	Contact Name/Title	Phone Number	Pager	Volunteers' Assignment

Do you have arrangements for the heating/cooling of the designated space? Write down your arrangements. For example, appropriate wiring to receive generators; type of generator needed; supplies; or if you have a generator, information about safety in running it and then shutting it down.

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Communication				
Who will you keep informed of your whereabouts? This should be someone who is in a different geographic area or state to reduce the chances that they will also be affected by the disaster.				
Name	Phone	Email		
How do you plan to communicate with the families of your residents if you have to shelter-in-place your facility?				
How do you plan to communicate with the families of your staff if you have to shelter-in-place your facility?				
How do you plan to communicate with off duty staff if you have to shelter-in-place your facility?				
Who will you communicate with (and how) if you have problems while in your safe area?				
How do you plan to communicate with public safety officials if you have to shelter-in-place your facility?				
How do you plan to communicate with the Department of Mental Health if you have to shelter-in-place?				
Last Updated	Date:	Signature		

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