

HHS: Shelter-in-Place

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## Shelter-in-Place - Medical

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Some emergencies will require individuals or communities to shelter-in-place. This can cause hardship for those with medical needs that require close management. To address these challenges, planners should work closely with people that have medical needs<sup>1</sup>. This will help ensure they have arranged to manage their care in an emergency.

- Preparedness
- Response
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### Preparedness

Once people are told to shelter-in-place, emergency workers may not be able to reach them. Public education will help prepare those with medical needs.

Educate and reach out to the community. People need to be aware of what information they will get in an emergency. They should know the proper way to respond to different situations. Providing this information ahead of time will give those who need additional support time to be prepared. Planners should:

**Educate and reach out to the community.** People need to be aware of what information they will get in an emergency. They should know the proper way to respond to different situations. Providing this information ahead of time will give those who need additional support time to be prepared. Planners should:

- Identify those in the community with medical care needs.
- Create a registry of those with disabilities or medical needs.
- Work with community groups, disability and special needs agencies, and health care providers to obtain the information. Guidance on how health information protected by the HIPAA Privacy Rule may be available for this and other emergency planning purposes is available on the HHS Office for Civil Rights website at <http://www.hhs.gov/ocr/hipaa/decisiontool/>.
- Make sure that utility services know where people who use medical equipment are located. Many medical devices depend on electricity to run. People who rely on this equipment may live in care facilities or private homes. Planners can assist utilities with locating these groups.
- Develop a plan to implement the shelter-in-place order. Communications, public relations, and backup plans may be required.
- Have a plan to help those who have been sheltered longer than 72 hours.

**Help those with disabilities prepare.** Being prepared for an emergency is crucial to life safety. Planners should help those with medical needs prepare by:

- Teaching ways to be self-sufficient for 72 hours.
- Assisting those with a medical need requiring electricity to plan for backup power they can start.

**Stress the need to prepare for severe medical needs.** Individuals and care facilities should collect supplies based on the greatest possible level of need. Disaster conditions may trigger health reactions that are stronger than normal. Smoke, dust, molds, gas leaks, diesel from idling rescue vehicles, flashing lights, radio waves, electromagnetic fields (from generators, emergency lights, cellular phones, walkie-talkies), and airborne toxins may worsen disabilities related to medical needs. Those with medical needs should prepare for more needs than they usually have. To do so, they should keep the following accessible at all times:

- A health information card that explains sensitivities, reactions, treatments that work, and treatments that are harmful. Some reactions could be caused by the emergency itself. Disorientation, aphasia, panic, etc. may be misdiagnosed if someone cannot convey their needs. This could lead to mistreatment.
- A 7 day supply of medications. Medications that are not used daily, such as inhalers, epinephrine shots, and anticonvulsants, should also be included.
- Prescriptions and treatment authorization requests (T.A.R.s) from a doctor for unusual, or hard-to-find medications.
- Supplements, herbs and homeopathic remedies.
- Face masks that filter air. Masks will be particularly helpful for those with breathing difficulties and can help prevent the spread of germs to others.

**Urge people to create a first aid kit.** Some additions to a standard first aid kit could include (but are not limited to):

- Cotton bandages, gauze and paper tape.
- Hydrogen peroxide, zephiran chloride, or another disinfectant.
- Charcoal mask and/or respirator.
- Well aired-out (outgassed) plastic or steel tubing and ceramic mask or outgassed plastic mask for oxygen.
- Baking soda, stored in a waterproof container (for washing).
- Food that does not require cooking.
- Enough water for 72 hours. Glass containers should be quart sized, stored in layers of socks to prevent breakage. Note that glass bottles will break if the water freezes and expands.
- A portable charcoal water filter.
- Fire extinguisher. Make sure the contents will not irritate the user.

**Partner to stockpile resources.** Consider working with Federal, State, local, and private insurance providers. With combined resources, it may be possible to stockpile medications and supplies.

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electromagnetic fields... →

may worsen

disabilities...

Keep "A health information card that explains sensitivities" →

**Response**

**Plan for limited contact.** During a shelter-in-place event, communication may be limited. Planners may have limited ability to help those with medical needs. Planners can:

- Help utility services protect key infrastructure.
- Plan for alternate means of getting electricity, supplies and personnel.
- Ensure correct and consistent public announcements.
- Have a backup plan if the need to shelter-in-place lasts longer than 72 hours.
- Assess how sheltering-in-place will affect those with medical needs.
- Have response ready to get those with medical needs out as soon as the hazards are gone.
- Prepare to move those that cannot shelter-in-place.

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**Recovery**

**Help provide financial support.** Medical needs may create a financial hardship on those who have to seek shelter. Additional financial help may be needed. Planners can:

- Find those with medical needs after an emergency. Provide resources to those that need them.
- Explore disaster relief services ahead of time. Work with the Federal government to ensure services have enough funding.
- Make sure that benefits like Medicaid are continued.
- Work with case workers to ensure that referral support is available.

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**Mitigation**

**Create an After Action Report.** Once the emergency has passed planners may want to review actions. An after action report (AAR) will enable planners to learn from their actions to improve future outcomes. The report may include information on what tasks or support equipment people required. It will also determine if needs were sufficiently met during the disaster. The report may also include lessons learned to revise and improve plans. If the response did not support the medical needs of individuals with disabilities, the report can be used to improve the plan.

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**Additional Resources**

- **Assisting People with Disabilities in A Disaster, FEMA**

This document sets guidelines for accessibility to places of public accommodation and commercial facilities by individuals with disabilities. These guidelines are to be applied during the design, construction, and alteration of such buildings and facilities to the extent required by regulations issued by Federal agencies, including the Department of Justice, under the Americans with Disabilities Act of 1990.

Access this document at <http://www.fema.gov/plan/prepare/specialplans.shtm>

- **Are You Ready? A Guide to Citizen Preparedness, FEMA**

FEMA's guide helps individuals prepare themselves and their families for disasters by providing a step-by-step outline on how to prepare a disaster supply kit, emergency planning for people with disabilities, information how to locate and evacuate to a shelter, as well as suggestions for contingency planning for family pets.

Access this document at [http://www.citizencorps.gov/ready/cc\\_pubs.shtm](http://www.citizencorps.gov/ready/cc_pubs.shtm)

- **Disaster Mitigation and Persons with Disabilities**

This web cast emphasizes the need for individuals with disabilities to stockpile enough supplies to maintain independence for up to 72 hours, should an evacuation become necessary. Additionally, individuals should learn about support resources in neighboring communities.

Access this document at <http://www.ilru.org/html/training/webcasts/handouts/2003/08-27-PB/Transcript.txt>

- **Disaster Mitigation for Persons with Disabilities: Fostering a New Dialogue**

This report advocates training responders in using medical support equipment. It also suggests that the emergency response community should reach out to volunteer organizations to provide similar training.

Access this document at <http://www.annenberg.northwestern.edu/pubs/disada/>

- **Disaster Preparedness and People with Disabilities or Special Health Care Needs, Iowa's Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT)**

This article in Iowa's Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT) Care for Kids Newsletter lists tips for preparing for a disaster, such as creating a disaster plan, setting up a support network, and educating members of the network about the disaster plan.

Access this document at <http://www.iowaepsdt.org/EPSDTNews/2002/win02/disaster.htm>

- **Emergency Tip Sheets for People with Disabilities, Independent Living Resource Center of San Francisco**

The 10 sheets offer tips for people with: cognitive disabilities, communication disabilities, disabilities and medical concerns, environmental or chemical sensitivities, hearing impairments, life-support systems, mobility concerns, psychiatric disabilities, visual disabilities, and service animals or pets. The sheets lists information by category on what people can do before, during and after disasters. The document also includes a checklist for individuals to use to

shelter emergency response should support the medical needs of individuals with disabilities (see page one - to include accommodations for electromagnetic field sensitivities and triggers)