



NYC COASTAL STORM OPERATIONS OVERVIEW PREPARED FOR HEALTHCARE FACILITIES

Last Updated: June 16, 2017

NOTE: Every coastal storm will present unique circumstances and challenges. Please note, this document is for informational purposes only and does not replace the healthcare facilities' own plans and processes. This document is not prescriptive or comprehensive. The actions described will not necessarily be completed during every event nor is every response activity that may be required described. City, State and federal, nonprofit and volunteer partners will use judgment and discretion to determine the most appropriate actions at the time of the event.

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GENERAL

PURPOSE

Provide healthcare facilities with an overview of potential citywide operations during a coastal storm, including planning assumptions and timelines as well as specific considerations for coastal storms.

HAZARD OVERVIEW

Tropical Cyclones are organized areas of precipitation and thunderstorms that form over warm tropical ocean waters and rotate counterclockwise around a low-pressure center. Such storms are classified as follows:

- **Tropical depression:** organized system of clouds and thunderstorms with a defined low pressure center and maximum sustained winds of 38 miles per hour (mph) or less
- **Tropical storm:** organized system of strong thunderstorms with a defined low pressure center and maximum sustained winds of 39 to 73 mph
- **Hurricane:** intense tropical weather system of strong thunderstorms, a well-defined low pressure center ("eye"), and maximum sustained winds of 74 mph or more

Tropical cyclone classification **should not** be used as an indicator or predictor for the potential impacts and consequences of a coastal storm. Regardless of nomenclature, hazards of coastal storms may include beach erosion, significant coastal flooding, storm surge, and other significant impacts.

MOST EXTREME FORECAST

The most extreme forecast for New York City is a Category 4 hurricane with a westerly bearing (i.e., WNW, NW, NNW) and landfall near Atlantic City, New Jersey

- Hazards include 131-155 mph winds and 33.9-foot storm surge
- Infrastructure damage and flooding would be severe and widespread
- An estimated three million people would be ordered to evacuate
- Hundreds of thousands of residents would seek refuge in emergency shelters

Comparatively, smaller hurricanes (e.g., Category 1 or less) bring similar hazards on a smaller scale. Even small storms may bring major damage and necessitate a large-scale evacuation.

SEASONAL OVERVIEW

- The Atlantic hurricane season lasts from June 1 to November 30.
- New York City (NYC) is at a greater risk between August 1 and October 31 because Northern Atlantic water temperatures are warm enough to sustain a hurricane during this time.

WEATHER PRODUCTS

A **watch** lets you know that weather conditions are favorable for a hazard to occur. It means "be on guard!" During a weather watch, gather awareness of the specific threat and prepare for action - monitor the weather to find out if severe weather conditions have deteriorated.

The National Hurricane Center (NHC) predicts storm track (i.e., bearing) and intensity and issues the products¹ listed below:

Product	Description
Tropical Storm Watch	Tropical storm conditions are possible within the specified area within 48 hours.
Hurricane Watch	Hurricane conditions are possible within the specified area. Issued 48 hours in advance of the anticipated onset of tropical storm-force winds.
Short Term Watches and Warnings	Detailed information on specific hurricane threats, such as tornadoes, floods, and high winds.
Storm Surge Warning	<p>The danger of life-threatening inundation from rising water moving inland from the shoreline somewhere within the specified area, generally within 36 hours, in association with a tropical, subtropical, or post-tropical cyclone. The warning may be issued earlier:</p> <ul style="list-style-type: none"> when other conditions, such as the onset of tropical storm-force winds, are expected to limit the time available to take protective actions for surge (e.g., evacuations) for locations not expected to receive life-threatening inundation, but which could potentially be isolated by inundation in adjacent areas

A **warning** requires immediate action. This means a weather hazard is imminent - it is either occurring- or it is about to occur at any moment. During a weather warning, it is important to take action: grab the emergency kit you have prepared in advance and head to safety immediately. Both watches and warnings are important, but warnings are more urgent.

Product	Description
Tropical Storm Warning	Tropical storm conditions are expected within the specified area within 36 hours.
Hurricane Warning	Hurricane conditions are expected within the specified area. Issued 36 hours in advance of the anticipated onset of tropical storm-force winds.
Storm Surge Watch	<p>The possibility of life-threatening inundation from rising water moving inland from the shoreline somewhere within the specified area, generally within 48 hours, in association with a tropical, subtropical, or post-tropical cyclone. The watch may be issued earlier:</p> <ul style="list-style-type: none"> when other conditions, such as the onset of tropical storm-force winds, are expected to limit the time available to take protective actions for surge (e.g., evacuations) for locations not expected to receive life-threatening inundation, but which could potentially be isolated by inundation in adjacent areas

STORM BEARING IMPACT ON SURGE HEIGHTS

The storm bearing is the direction in which the center of the storm is heading. Bearing significantly influences potential surge heights and the extent of areas inundated. The greatest surge is found near the center of the storm and in the upper right quadrant, where winds are the strongest. Storms with a westerly bearing (i.e., WNW, NW, NNW) will produce the worst surge for New York City.

¹ NHC Tropical Cyclone Text Product Descriptions. Retrieved from <http://www.nhc.noaa.gov/aboutnhcprod.shtml>

CITY PLANS AND ASSUMPTIONS

CITYWIDE INCIDENT MANAGEMENT SYSTEM (CIMS)

CIMS is an incident management doctrine for managing emergency incidents and planned events in NYC. CIMS establishes roles, responsibilities and designated authority for City agencies performing and supporting emergency response. Natural disasters and weather emergencies are considered Unified Command Incidents within CIMS. For natural disasters and weather emergencies the primary agencies operating in the Unified Command include NYCEM, NYPD, FDNY, DOT, and DSNY. However, City, State, and Federal agencies as well as private entities and non-profit organizations can either lead or support operations components in a coastal storm response.

RESPONSE CONSIDERATIONS AND OPERATIONS

Coastal Storm Plan Trigger: National Weather Service (NWS) forecasts a coastal storm-making **landfall north of North Carolina** with potential impacts to NYC.

In the event of a coastal storm, NYC activates its Coastal Storm Plan, which outlines a distinct timeline for specific emergency actions, including healthcare facility (HCF) evacuations.

KEY RESPONSE OPERATIONS, CENTERS, AND RESOURCES

NYC Emergency Operations Center (EOC)

- Central location for senior officials from City, State, and federal agencies and relevant private entities to coordinate response efforts, make decisions, and gather and disseminate information
- Resolves interagency issues, disseminates situational awareness, and provides a forum for prioritization of critical resources and concurrent needs

Emergency Support Function: Health and Medical

*Coordinating Agency: NYCEM
Health & Medical ESF
Coordinator(s)*

- Sets up and facilitates Health & Medical ESF calls
- Coordinates healthcare system resource requests
- Addresses the public health and medical needs during activation
- Key agencies include NYC DOHMH, FDNY, NYC Health + Hospitals, REMSCO, OCME, NYSDOH, GNYHA, HHS-Region II, OSHA and additional partners²

Unified Operations Resource Center (UORC)

Lead Agency: NYC DSS/DHS

- Command center for the coastal storm shelter system
- Provides tactical-level system management including managing routine logistics operations and summarizing information from evacuation centers

Joint Information Center (JIC)

- Clearing house for City emergency information and responds to all media requests
- Organizes regular press updates for the media on the City's operations

² Those who are part of the response and conference calls but may not be sitting in the EOC

Logistics Center (LC) <i>Lead Agency: NYCEM Logistics</i>	<ul style="list-style-type: none"> A scalable operation that supports resource management and asset movement control during emergencies in NYC
NYC Medical Reserve Corps (MRC) <i>Lead Agency: NYC DOHMH</i>	<ul style="list-style-type: none"> Enhances New York City's emergency preparedness by ensuring that a trained group of health professionals is ready to respond to health emergencies Works in partnership with professional associations, universities, and hospitals to organize this multidisciplinary group of volunteer health professionals
Healthcare Facility Evacuation Center <i>Lead Agency: NYSDOH</i>	<ul style="list-style-type: none"> Finds available space (beds) for evacuating HCFs when a facility cannot locate beds through existing relationships Provides coordination between evacuating and receiving HCFs during an evacuation Communicates with HCF administrators to identify, prioritize and track evacuating patients/residents and to confirm a sufficient supply of beds in receiving facilities once HCFs have exhausted their existing send – receive arrangements Coordinates the evacuation of hospitals, psychiatric centers, nursing homes and adult care facilities within potentially affected zones and will continue operations during and immediately after the storm
Transportation Section (HCF) <i>Lead Agency: FDNY</i>	<ul style="list-style-type: none"> Coordinates the transportation of patients/residents from evacuating to receiving HCFs Transportation mobilization areas are designated throughout the City for FDNY to use during an evacuation
Transportation and General Population Evacuation <i>Lead Agencies: NYPD, MTA, DOE, FDNY, DoITT, Special Needs Agencies</i>	<ul style="list-style-type: none"> During an evacuation, the City will work with transportation providers to maximize the use of trains, subways, and buses. Evacuees will use public transportation to travel to Evacuation Centers, friends, family, or hotels/motels within and outside the City, and to engage in storm-preparedness activities Additionally, the Homebound Evacuation Operation (HEO) coordinates evacuation of homebound individuals (who have no other transportation options) living in an Evacuation Zone to an Evacuation Center through 311.
NYC Sheltering <i>Lead Agency: NYC DSS/DHS</i>	<ul style="list-style-type: none"> Evacuation Center (EC): The entry point for staff and evacuees Hurricane Shelter: A temporary emergency facility for shelterees before, during, and after a storm Special Medical Needs Shelter (SMNS): A temporary emergency facility providing care to shelterees whose medical condition exceeds the capabilities of a hurricane shelter and an accessible shelter, but is <i>not</i> severe enough to require hospitalization or a nursing home. The system is not designed as an overflow for healthcare system capacity or as a way to decompress surges of patients in facilities

CITYWIDE COASTAL STORM PLAN OVERVIEW – OPERATIONS/TIMELINE

Zero Hour and Timing of Event Phases

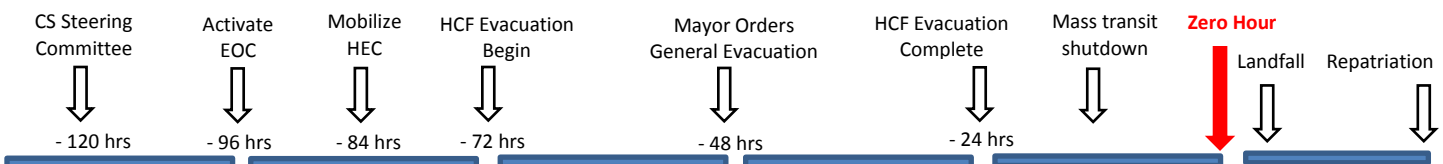
Pre-storm operations are focused on Zero Hour:

- Zero Hour is the predicted time of arrival of sustained tropical storm-force (>39mph) winds
- Predicted Zero Hour will vary with the forward speed of the storm; NYCEM and NWS continuously monitor the storm progress
- For safety reasons, all evacuation operations must cease prior to Zero Hour
 - All pre-storm times in this plan are described as Hours before Zero Hour

Some of the designated event phases used in this document (planning, mobilization, and evacuation) are not tied to specific hours before Zero Hour and can vary based on the operation and the anticipated severity of the storm. The table below describes the approximate timing and the type of agency operation characteristic of each phase.

Event Phase	Approximate Timing	Description
Planning	-120 to -48 hours	Agencies assess the storm's potential impact on daily operations and the status of personnel and equipment likely to be needed for the response and recovery
Mobilization	-96 to -48 hours	Agencies assess and stage resources needed to maintain essential services and execute response and recovery operations
Evacuation	-72 to -80 hours	Citywide evacuation operations commence following a Mayoral order to evacuate.
Pre-Zero Hour	-24 to 0 hours	Zero Hour shutdown procedures are implemented. Evacuation operations continue through this phase, though they begin to wind down including transportation staging and closures; preparations for post-storm operations continue
Zero Hour	0 hours	Agency operations and essential services have ceased; agency personnel shelter in secure locations until safe conditions resume; preparations for post-storm operations continue
Post-Storm	0 hours onward	Though the Post-Storm phase begins immediately after landfall, most post-storm operations do not begin until the end of tropical storm-force winds in NYC

Below is a sample timeline only. It depicts the ideal timeframe for each activity to initiate and is not prescriptive or comprehensive. City agency personnel will use judgement and discretion to determine the most appropriate actions at the time of an event.



Pre-storm operations are focused on Zero Hour, which is the predicted arrival of sustained tropical storm-force (>39 mph) winds. Note that the predicted Zero Hour will vary with the forward speed of the storm. All pre-storm times below are described as Hours before Zero Hour*.

Hours before Zero Hour: 120-96	
<i>Potential City and State Actions</i>	<i>Considerations for Healthcare Facilities</i>
<ul style="list-style-type: none"> Coastal Storm Steering Committee is convened Coastal Storm Plan and associated plan(s) and taskforces/operations activated NYCEM EOC and Logistics Centers activated ESF-8 coordinators and partner agencies are alerted Schedule Health & Medical ESF conference call NYSDOH activates 96 Hour Survey for all potential evacuating healthcare facilities 	<ul style="list-style-type: none"> Coastal Storm Steering Committee Calls will be convened to share general situational awareness, discuss agency issues, and identify resource needs Health & Medical ESF calls will be convened to share situational awareness and additional calls will be scheduled as needed GNYHA, H+H, CCLC, and other associations will represent healthcare facilities on these calls
Hours before Zero Hour: 96-72	
<ul style="list-style-type: none"> Open the Healthcare Facility Evacuation Center (HEC) NYSDOH activates the 72 Hour survey to determine receiving healthcare facility capacity Anticipate and mitigate resource needs Determine healthcare evacuation priorities and objectives The shelter command (UORC) is opened 	<ul style="list-style-type: none"> CSP taskforces includes post-storm operations (e.g., Feeding / Commodity Distribution, Debris, Service Centers, Donations, Volunteers) The plan adds an additional 24 hours to the 48 hours to account for the complexities of HCF evacuations To safely evacuate healthcare facilities, the decision to evacuate HCFs should occur at 72 hours before Zero Hour
Hours before Zero Hour: 72-48	
<ul style="list-style-type: none"> The HEC will: <ul style="list-style-type: none"> adjust healthcare facility evacuation priorities expand evacuation support to additional facilities Healthcare facility evacuation order takes effect 	<ul style="list-style-type: none"> Decision to close schools must be made before sheltering operations begin
Hours before Zero Hour: 48-24	
<ul style="list-style-type: none"> General Evacuation Order and/or Recommendation takes effect (see page 10) Transition to post-storm facility support preparations Evacuation Centers open to the public Begin Homebound Evacuation Operations (HEO) 	<ul style="list-style-type: none"> General Evacuation begins 48 hours prior to Zero Hour with a Mayoral Order HCF evacuations should conclude 24 hours before Zero Hour, when the majority of the general evacuation is expected to occur
Hours before Zero Hour: 24-0	
<ul style="list-style-type: none"> Transition to healthcare facility repatriation planning Mass transit shutdown including rail, subway, and buses Healthcare facilities evacuation should be completed HEO ceases 	<ul style="list-style-type: none"> Information will come out from MTA regarding mass transit shutdown³ All evacuation operations must cease prior to Zero Hour for safety purposes
Zero Hour: Arrival of tropical storm force winds	
Post-Storm	
<ul style="list-style-type: none"> Conduct Life Safety Operations and Immediate Response Operations Begin damage assessment and initiate recovery Begin repatriation assessment 	<ul style="list-style-type: none"> Consider surge of patients due to flooding or wind damage Consider needs for healthcare facility evacuation based on damage assessments

**Timing of actions is suggested and may be altered based on the incident.*

³ To find this information during an incident, please visit www.nyc.gov/notifynyc and/or www.mta.info

MASS TRANSIT, BRIDGE AND TUNNEL PLANNING ASSUMPTIONS

The Metropolitan Transportation Authority (MTA), Port Authority of New York/New Jersey (PANYNJ), Amtrak and New Jersey Transit all have varying policies to protect their infrastructure and the general population. The table below is meant to serve as a guide for HCF staffing and hoteling plans. These plans and triggers are subject to change on an annual basis and **should not be a substitute for general situational awareness or continuous monitoring of open source media, transportation infrastructure, travel bans or travel restrictions.**

Each coastal storm event is unique; agencies will make shutdown decisions based on planning assumptions which are informed by the specifics of the storm. It is important to note that the below timeline should **not be considered concrete** and is subject to change depending on the coastal storm forecasted to affect the region.

Agency/Infrastructure Type	Trigger/Timing
MTA Bridges	Access dependent
MTA Tunnels	Access Dependent
MTA NYC Transit (subways)	Approximately 8 hours before zero hour – service begins to curtail
MTA NYC Transit (bus service)	Approximately 6 hours before zero hour – service begins to curtail
MTA Long Island Railroad	Approximately 12 hours before zero hour – service begins to curtail
MTA Metro-North Railroad	Approximately 8 hours before zero hour – service begins to curtail
PANYNJ Trains (PATH)	Coordinated with MTA Subways, NJ Transit and Amtrak
PANYNJ Bridges	Access Dependent
PANYNJ Tunnels	Access dependent
Amtrak	Amtrak does not have specific triggers for shutdown. Decisions are based on factors specific to the storm and other mass transit decisions. Amtrak can shut their system down with little lead-time.
NJ Transit Service Announcement	Approximately 72 hours prior to zero hour – service announcements made
NJ Transit Trains *Dependent on need to shelter/protect infrastructure & equipment	Approximately 24 – 48 hours prior to zero hour – service begins to curtail. Would most likely be align with when a train goes out of service for the end of shift – that train would not pull out for the next shift.
NJ Transit Bus Service *Dependent on need to shelter/protect infrastructure & equipment	Approximately 6 hours before zero hour – service begins to curtail. Would most likely be align with when a bus goes out of service for the end of shift – that bus wouldn't pull out in the for the next shift.

*Sourced directly from MTA, PANYNJ, Amtrak and NJ Transit Emergency Management Offices.

GENERAL POPULATION EVACUATION OVERVIEW

New York City's hurricane contingency plans are based on six evacuation zones. Hurricane evacuation zones are areas of the City that may be inundated by storm surge or isolated by storm surge waters. There are six zones, ranked by the risk of storm surge impact, with Zone 1 being the most likely to have storm surge flooding. In the event of a hurricane or tropical storm, residents and/or healthcare facilities in these zones may be ordered to evacuate.

Deciding to issue evacuation instructions requires in-depth analysis of storm forecasts and local conditions. The mayor can issue two different kinds of evacuation instructions:

Evacuation Recommendation (General Population): The Mayor may recommend certain residents take steps to evacuate voluntarily. A recommendation might be issued to cover residents of certain zones, communities, or building types. An evacuation recommendation could also be issued for the benefit of people with mobility challenges who need extra time to evacuate.

Evacuation Order (General Population): The Mayor may through an Executive Order, mandate that residents of specific zones or communities leave their homes for the protection of their health and welfare in the event of an approaching storm.

Why is this important to healthcare facilities?

Staffing plans should take into consideration the evacuation recommendations or order for staff in the hurricane evacuation zones. This includes providing for transportation planning in staffing plans for the duration of the incident. Staff can find out if they are in a hurricane evacuation zone by visiting <https://maps.nyc.gov/hurricane/>.

FACILITIES

HEALTHCARE FACILITY EVACUATION OVERVIEW

The HEC is a NYSDOH-led entity that coordinates the evacuation, shelter-in-place, and repatriation of HCFs during a regional multi-facility evacuation scenario with the assistance of agency partners that are specific to the region that the HEC is operating in. These agencies include LHDs, OEMs, and HCF associations among others. The HEC will also provide situational awareness among all affected counties.

It is important to note that the HEC does NOT replace the Emergency Support Function (ESF-8, Public Health and Medical) structure of the local Emergency Operations Center (EOC), but will communicate and coordinate with the appropriate Health and Medical structure for mission assignments that are not HEC related.

Planning Consideration: *The HEC telephone number varies based on the identified location of the HEC at the time of an event. The designated HEC phone number will be communicated to healthcare facilities and HEC partners prior to activation.*

Healthcare Facility Evacuation Recommendation: While the NYSDOH Commissioner would consult with partners as required, the decision to evacuate PRIOR to an order issued by the Mayor (a.k.a. *voluntary evacuation*) is that of the facility.

Planning Consideration: *It is neither required nor advised that a healthcare facility wait until a mandatory evacuation order is in place to begin evacuation and/or decompression.*

Mandatory Evacuation Order:

In New York City, the Mayor is responsible for issuing a mandatory evacuation order.

Healthcare Facility Evacuation: The NYSDOH Commissioner does not issue an evacuation order. Facilities are ultimately responsible for the safety and security of patients or residents. NYSDOH requires healthcare facilities to create and maintain a written facility evacuation plan. **HCFs should always be prepared to EVACUATE 100% of their post discharge patients/resident census.**

Healthcare Facilities By Zone

	Hospital	Nursing Home	Adult Care Facility	NYS OMH In-Patient Psychiatric Center	Total
Zone 1	4	23	19	1	47
Zone 2	4	3	4	0	11
Zone 3	0	7	2	2	11
Zone 4	6	7	7	0	20
Zone 5	9	16	6	2	33
Zone 6	2	10	4	1	17
Total	25	66	42	6	139

Note totals are as of 2017. Please refer to www.nyc.gov/knowyourzone for the most up-to-date information on hurricane evacuation zones.

SHELTER-IN-PLACE⁴ (SiP)

For the purpose of NYSDOH evacuation planning and incident management, SiP policy and process the potential to SiP is defined as:

The ability of a Healthcare Facilities (HCF) to retain, for at least 96 hours, ***a small number of residents that are too critical to be moved or where moving them may have a negative health outcome***, while the remainder of the facility is evacuated, **in accordance with a mandatory evacuation order by the Mayor.**

HCFs cannot SiP without the decision of the NYSDOH Commissioner and approval from the Mayor.

The Process:

1. Before coastal storm season, a facility completes all the required sections of the NYSDOH Facility Profile Application, and indicates whether they wish to be considered for the PRE SEASON SiP LIST.
2. If the NYC Mayor issues a mandatory evacuation order NYSDOH, NYCEM and NYC DOHMH will review the SiP related information in the Facility Profile Application of those facilities on the PRE SEASON SiP List and make a recommendation regarding Shelter in Place to the NYC Mayor.
SiP consideration points are included in the Facility Profile Application.
3. The decision to approve or deny SiP requests rests with the NYC Mayor, after consulting with NYSDOH, NYC DOHMH, and NYCEM.

Planning Consideration: *If the NYC Mayor approves a SiP request, the SiP order will only apply to the small percentage of fragile patients who are at risk of death, or are at high risk for sustaining significant additional illness/injury if evacuated.*

Planning Consideration: *It is recommended that HCFs be prepared to evacuate 100% of their patient census in the event a SiP request is denied. SiP consideration points are included in the Facility Profile Application. See Annex I of HEC Manual for further details.*

⁴ New York State Department of Health. Healthcare Facility Evacuation Center (HEC) Manual (May 2016).

NYSDOH HEALTH COMMERCE SYSTEM APPLICATIONS

Healthcare facilities in New York City will use key NYSDOH Health Commerce System (HCS) Applications for Planning, Data Sharing and Receiving of Notifications, including:

- **Facility Profile Application** –The Facility Profile Application is a planning tool to facilitate the development and maintenance of HCF evacuation planning information. The tool includes information on evacuating and receiving facilities and the send-receive arrangements between them. It is designed to be used in conjunction with and **does not replace direct facility to facility dialogue** to develop send-receive arrangements.
- **Health Electronic Response Data System (HERDS)** - HERDS surveys will be conducted with hospitals, adult care facilities and nursing homes to collect information regarding potential facility beds needed or beds available for evacuation efforts.

Activation of HEC HERDS Surveys at 96 and 72 Hours is at the direction of the NYSDOH Commissioner or the HEC Director. Once the decision has been made to activate these surveys, the following information is required for further action:

- **(96 Hours)** NYSDOH activates the 96 hour HERDS survey for all potential evacuating HCFs; FDNY deploys local personnel to assist the facility with the completion of 96hr survey. This survey gathers the total facility census and Transportation Assistance Level (TAL) of each patient/resident. This survey will be deployed only to HCFs in NYC Evacuation Zones 1-6 and based on the predicted impact of the event.
- **(72 Hours)** the HEC Sending/Receiving forms will be deployed to HCFs. Based on the event, a determination will be made to identify the impacted HCFs who will be assigned as Sending. Receiving facilities will also be identified and will include facilities outside of evacuation zones.




Planning Consideration: *Each HERDS Survey includes a point of contact for survey related questions. NYSDOH Regional Office staff can always be consulted for technical assistance as well.*

- **E-FINDS Patient/Resident Tracking Application (hospitals, nursing homes and ACFs only):** If healthcare facility evacuation becomes necessary, hospitals, nursing homes or adult homes must use the E-FINDS system to track the movement of all patients and residents between sending (evacuating) and receiving facilities.
 - E-FINDS is a secure, confidential, application on the Health Commerce System (HCS). It provides real-time access to patients/residents in HCFs location information in addition to important data, and allows facilities to track patient/resident movement to other facilities.

Planning Consideration: *The NYSDOH Regional Offices should be notified of eFINDS related issues. Additionally, the NYSDOH Duty Officer number (1-866-881-2809) may be contacted nights and weekends for public health emergencies.*

TRANSPORTATION ASSISTANCE LEVEL (TAL) CATEGORIES⁵

TALs are easily recognized, universal symbols corresponding to each TAL category have been developed. These may be printed and affixed to each patient/resident to help make their transport needs visually and immediately apparent. Though all healthcare facilities are expected to use TALs to categorize patients/residents, use of the icons is not required and each facility may operationalize use of the icons during an exercise or **planned evacuation** as deemed feasible.

Transportation Assistance Level		Staffing support	Transportation Asset	Accompaniment	Designation symbols
1*	Non-Ambulatory	Require clinical observation ranging from intermittent to 1:1 nursing. Critical cases or interrupted procedures may require a team of health care providers	Requires an ambulance or other specialized vehicle (e.g., helicopter medevac) for transport dependent on circumstance (e.g., high water)	Must be accompanied by one or more clinical provider(s) (e.g., EMT, paramedic, nurse, physician) appropriate to their condition	<div>1</div>
Individuals unable to travel in a sitting position (i.e., require stretcher transport). These patients/residents are clinically unable to be moved in a seated position, and may require equipment including but not limited to oxygen, mechanical ventilators, cardiac monitors, or other biomedical devices to accompany them during movement.					
2	Wheelchair	Safely managed by a single non-clinical staff member or healthcare facility-designated person	May be transported as a group in a wheelchair appropriate vehicle (e.g., medical transport van, ambulette)	A single staff member or healthcare facility-designated person appropriate to the most acute patient/resident's condition while accompanying a group of patients/residents	<div>2</div>
Individuals who cannot walk on their own but are able to sit for an extended period of time. Those who are alert but unable to walk due to physical or medical condition. They are stable, without any likelihood of resulting harm or impairment from wheelchair transport or prolonged periods of sitting, and do not require attached medical equipment or medical gas other than oxygen, a maintenance intravenous infusion, an indwelling catheter or a PEG tube during their relocation or evacuation.					
3	Ambulatory	Escorted by staff members, but may be moved in groups led by a single non-clinical staff member or healthcare facility-designated person. The optimum staff-to-patient ratio is 1:5.	Can be transported as a larger group in a passenger vehicle (e.g., bus, transport van, private auto)	A single staff member appropriate to the most acute patient/resident's condition while accompanying a group of patients/residents	<div>3</div>
Individuals who are able to walk on their own at a reasonable pace. Those who are able to walk the distance from their in-patient location to the designated relocation or loading area without physical assistance, little supervision, and without any likelihood of resulting harm or impairment					

*For NYC HCF 96 Hour Survey: Three TAL 1 subdivisions are used: TAL 1 Stretcher, TAL 1 Stretcher VENT, TAL1 Stretcher Bariatric.

⁵ New York State Department of Health. Healthcare Facility Evacuation Center (HEC) Manual (May 2016).
Last Revised: June 16, 2017

POTENTIAL HEALTHCARE FACILITY IMPACTS

Non-evacuating and receiving facilities may experience various impacts post-storm including but not limited to:

- **Facility Surge:** Individuals with chronic conditions (e.g., dialysis, methadone maintenance, and diabetic patients) living at home are likely to be impacted more severely, may not have access to medications and treatment in their community, and be forced to seek treatment in hospitals or ambulatory care sites.
- **Supply Shortage:** Potential supply shortages and access issues with medical supplies and pharmaceuticals may occur and can be anticipated due to medical sheltering operations and hospital and nursing home evacuations (especially in a prolonged event).
- **Staffing Issues:** HCFs should routinely review with staff the facility evacuation and emergency response plans, plans for flooding, including vertical, horizontal or out of facility evacuation arrangements and protocols, applicable mutual aid plans, and local and regional emergency contact information. Consider alternate staffing arrangements; shifts and management of staffing shortages due to transportation impacts; and, the securing of needed supplies and preparations for staff that remain on.
- **Access to Healthcare:** Patients and/or residents may have difficulty accessing supplies locally (closed pharmacies, lack of access to primary care providers).
- **Utilities:** HCFs should review plans for the loss of power, water, and steam. Preparedness activities include testing and confirming operations of emergency generator(s); confirming or acquiring adequate emergency generator fuel supply and that it is onsite and able to last for at least 96 hours; and assuring adequate emergency lighting throughout the facility; and, providing access to EHR and patient records.
- **Communications:** HCFs should review communications plans in preparation for loss of service. Various communications failures should be anticipated, including (but not limited to): Telephone outages, data communication outages, cellular service interruption, and loss of access to the Electronic Health Record System (EHR). Facilities should also confirm that their 700MHz and/or 800MHz NYCEM radios are operational and that staff know when and how to use these devices.
- **Safety & Security:** HCFs should review their safety and security plans. Safety and security issues may be a discrete issue or may be part of a larger, system-wide issue. Potential issues include (but are not limited to): disruptive patients or family members, loss of CCTV/Security Cameras, loss of fire panel communications, and loss of panic alarms in sensitive areas.
- **Potential Facility issues:**
 - **Mortuary Services and Morgue Operations:** In New York City, OCME may delay or suspend citywide mortuary services to recovery claim cases from healthcare facilities due to hazardous weather/travel conditions. HCFs should consider the impact to the funeral industry and other relevant partners that may result in delays in releasing cases.
 - **Regulated Medical Waste:** New York State Department of Health (NYSDOH), New York Codes, Rules and Regulations Title 10, Part 70 (10 NYCRR, Part 70) describe the requirements that are in place for the proper handling and treatment of regulated medical waste (RMW). The requirements are applicable to hospitals, residential healthcare facilities, and diagnostic and treatment centers and clinical laboratories.

POTENTIAL FEDERAL RESOURCES

During incidents with significant public health and medical impacts, if a resource need exceeds the capacity of the City and the State, the City/State may need to request additional federal resources to support the incident objectives. Below is a brief list of HHS resources related to ESF-8 Public Health and Services and is not meant to be an exhaustive list of federal resources. All resource requests go through the City and State Logistic Centers.

Planning Consideration: *State and Federal personnel from outside the NYC Metro area may not know the area as well as local responders. These personnel may need additional materials and information to aid them in completing their tasks (e.g., specific addresses, maps, telephone numbers).*

National Disaster Medical System (NDMS)	<p>A nationwide partnership designed to deliver quality medical care to the victims of, and responders to, a domestic disaster. NDMS provides state-of-the-art medical care under any conditions at a disaster site, in transit from the impacted area, and in participating definitive care facilities. This includes the capability to relocate ill and injured patients from a disaster area to areas unaffected by the disaster. The main NDMS teams consist of the following:</p> <ul style="list-style-type: none"> ▪ Disaster Medical Assistance Team (DMAT): DMATs provide primary and acute care, triage of mass casualties, initial resuscitation and stabilization, advanced life support and preparation of sick or injured for evacuation. ▪ Disaster Mortuary Operational Response Team (DMORT): DMORTs work under the guidance of local authorities by providing technical assistance and personnel to recover, identify, and process deceased victims. ▪ National Veterinary Response Team (NVRT): NVRT provides assistance in identifying the need for veterinary services following major disasters, emergencies, public health or other events requiring federal support and in assessing the extent of disruption to animal and public health infrastructures.
CDC Strategic National Stockpile (SNS)	<p>A national repository of antibiotics, chemical antidotes, antitoxins, life-support medications, IV administration and airway maintenance supplies, and medical/surgical items. The SNS is designed to supplement and re-supply State and local public health agencies in the event of a national emergency anywhere and at any time within the U.S. or its territories.</p>
Federal Emergency Medical Services Contract (FEMSC)	<p>Formerly the National Ambulance Contract, the purpose of the Federal Emergency Medical Services contract is to provide a full array of licensed ground and air ambulance services and para-transit services that may be ordered as needed to supplement the Federal and Military response to a disaster, act of terrorism or other public health emergency.</p>
Federal Medical Station (FMS)	<p>An HHS deployable healthcare facility that can provide surge beds to support healthcare systems anywhere in the U.S. that are impacted by disasters or public health emergencies. FMS are not mobile and cannot be relocated once established.</p>

ACRONYM & ABBREVIATION LIST

ACF	Adult Care Facility
CIMS	Citywide Incident Management System
DMAT	Disaster Medical Assistant Team
DMORT	Disaster Mortuary Assistance Team
DOHMH	(NYC) Department of Health and Mental Hygiene
DOT	(NYC) Department of Transportation
DSNY	Department of Sanitation of New York City
DSS/DHS	(NYC) Department of Social Services/Department of Homeless Services
EC	Evacuation Center
EHR/EMR	Electronic Health Record/Electronic Medical Record
EOC	Emergency Operations Center
ESF	Emergency Support Function
FDNY	Fire Department of New York City
FEMSC	Federal Emergency Medical Services Contract
FMS	Federal Medical Station
GNVHA	Greater New York Hospital Association
HCF	Healthcare Facility
HCS	Health Commerce System
HEC	Healthcare Facility Evacuation Center
HERDS	Health Emergency Response Data System
HEO	Homebound Evacuation Operation
HS	Hurricane Shelter
JIC	Joint Information Center
LC	Logistics Center
LHD	Local Health Department
METU	Medical Evacuation Transportation Unit
NDMS	National Disaster Medical Services
NHC	National Hurricane Center
NVRT	National Veterinary Response Team
NWS	National Weather Service
NYCEM	New York City Emergency Management
NYPD	New York City Police Department
NYSDOH	New York State Department of Health
OCME	(NYC) Office of Chief Medical Examiner
SiP	Shelter in Place
SMNS	Special Medical Needs Shelter
SNS	Strategic National Stockpile
TAL	Transportation Assistance Level
UORC	(NYC) Unified Operations Resource Center

APPENDIX A – CONTACT INFORMATION

IMPORTANT TELEPHONE NUMBERS

Agency, Entity or Department	Phone Number
NYCEM Watch Command	(718) 422-8700
GNYHA Main Office	(212) 246-7100
GNYHA Sit Stat Helpdesk <small>*Unless otherwise noted in Sit Stat Activation e-mail</small>	<i>Normal Business Hours:</i> (212) 258-5336 <i>Off hours:</i> (646) 522-0264
NYS DOH desk at NYCEM EOC	(718) 422-8767
NYS DOH HEC	Varies per activation – see p. 10 for further details
NYS DOH eFINDS – Contact MARO Region	(212) 417-5550 – see p. 12 for further details
NYS DOH HERDS Helpdesk – Contact MARO Region	(212) 417-5550 – see p. 12 for further details

WHEN TO CONTACT VARIOUS ENTITIES

Contact your Health and Medical ESF representative (GNYHA, NYC H+ H, NYC DOHMH, NYS DOH, OCME, Etc.) for the following:

- Requests for scarce or difficult to source resources
- Urgent/emergent issues regarding staffing
- Critical staff denial of access during travel bans
- Critical infrastructure issues

Contact the Healthcare Facility Evacuation Center (HEC) for the following:

- Updating bed availability (receiving facilities)
- Updating the number of patients requiring transport (sending facilities)
- Ambulance/Ambulette assignment questions
- General Healthcare Facility Evacuation Operations related questions

APPENDIX B – HEALTHCARE FACILITIES BY ZONE

Healthcare Facilities should continually update their plans to reflect their current Hazard Evacuation Zone assignment. Please refer to www.nyc.gov/knowyourzone for the most up-to-date information regarding evacuation zones.

EVACUATION ZONE 1

NYC Hospitals

Name	Address	City	ZIP Code	Borough
Bellevue Hospital Center	462 First Avenue	New York	10016	New York
NYU Hospitals Center / NYU Medical Center - Tisch Hospital	550 First Avenue	New York	10016	New York
St. John's Episcopal Hospital	327 Beach 19th Street	Far Rockaway	11691	Queens
V.A. NY Harbor Health Care System/Manhattan Campus	423 East 23rd Street	New York	10010	New York

Nursing Homes

Name	Address	City	ZIP Code	Borough
Bezalel Rehabilitation & Nursing Center	29-38 Far Rockaway Blvd	Far Rockaway	11691	Queens
Beach Gardens Rehab and Nursing Center	17-11 Brookhaven Avenue	Far Rockaway	11691	Queens
Brookhaven Rehabilitation & Health Care Center, LLC	250 Beach 17th Street	Far Rockaway	11691	Queens
Far Rockaway Nursing Home	13-11 Virginia Street	Far Rockaway	11691	Queens
Haven Manor Healthcare Center	1441 Gateway Blvd	Far Rockaway	11691	Queens
Horizon Care Center	64-11 Beach Channel Drive	Arverne	11692	Queens
Lawrence Nursing Care Center	350 Beach 54th Street	Arverne	11692	Queens
Menorah Center for Rehabilitation and Nursing Care	1516 Oriental Blvd	Brooklyn	11235	Brooklyn
New Surfside Nursing Home	22-41 New Haven Avenue	Far Rockaway	11691	Queens
Beacon Rehabilitation & Nursing Center	140 Beach 113th Street	Rockaway Park	11694	Queens
Oceanview Nursing & Rehabilitation Center, LLC	315 Beach 9th Street	Far Rockaway	11691	Queens
Park Nursing Home	128 Beach 115th Street	Rockaway Park	11694	Queens
Peninsula General Nursing Home	50-15 Beach Channel Drive	Far Rockaway	11691	Queens
Promenade Rehabilitation & Health Care Center	140 Beach 114th Street	Rockaway Park	11694	Queens
Queens Nassau Rehabilitation & Nursing Center	520 Beach 19th Street	Far Rockaway	11691	Queens
Resort Nursing Home	430 Beach 68th Street	Arverne	11692	Queens
Rockaway Care Center	353 Beach 48th Street	Edgemere	11691	Queens

Nursing Homes, Continued

Name	Address	City	ZIP Code	Borough
Saints Joachim & Anne Nursing and Rehabilitation Center	2720 Surf Avenue	Brooklyn	11224	Brooklyn
Sea Crest Nursing and Rehabilitation Center	3035 West 24th Street	Brooklyn	11224	Brooklyn
Sheepshead Nursing & Rehabilitation Center	2840 Knapp Street	Brooklyn	11235	Brooklyn
Seagate Rehabilitation and Nursing Center	3015 West 29th Street	Brooklyn	11224	Brooklyn
Shore View Nursing & Rehabilitation Center	2865 Brighton 3rd Street	Brooklyn	11235	Brooklyn
West Lawrence Care Center, LLC	1410 Seagirt Blvd	Far Rockaway	11691	Queens

Adult Care Facilities

Name	Address	City	ZIP Code	Borough
Belle Harbor Manor	209 Beach 125th Street	Belle Harbor	11694	Queens
Central Assisted Living, LLC	1509 Central Avenue	Far Rockaway	11691	Queens
Chai Home	125-02 Ocean Promenade	Belle Harbor	11694	Queens
Harbor View Home for Adults	3900 Shore Parkway	Brooklyn	11235	Brooklyn
Long Island Hebrew Living Center	431 Beach 20th Street	Far Rockaway	11691	Queens
Mermaid Manor Home for Adults	3602 Mermaid Avenue	Brooklyn	11224	Brooklyn
New Broadview Manor Home For Adults	70 Father Capodanno Blvd	Staten Island	10305	Staten Island
New Glorias Manor Home for Adults	140 Beach 119th Street	Rockaway Park	11694	Queens
New Haven Manor	1526 New Haven Avenue	Far Rockaway	11691	Queens
Oceanview Manor Home for Adults	3010 West 33rd Street	Brooklyn	11224	Brooklyn
Park Inn Home	115-02 Ocean Promenade	Rockaway Park	11694	Queens
River View Gardens	4-12 49th Avenue	Long Island City	11101	Queens
Rockaway Manor HFA	145 Beach 8th Street	Far Rockaway	11691	Queens
Seaview Manor, LLC	210 Beach 47th Street	Far Rockaway	11691	Queens
Sunrise at Sheepshead Bay	2211 Emmons Avenue	Brooklyn	11235	Brooklyn
Surf Manor Home for Adults	2316 Surf Avenue	Brooklyn	11224	Brooklyn
Surfside Manor Home for Adults, LLC	95-02 Rockaway Beach Blvd	Rockaway Beach	11693	Queens
The Waterford on the Bay	2900 Bragg Street	Brooklyn	11235	Brooklyn
Wavecrest Home for Adults	242 Beach 20th Street	Far Rockaway	11691	Queens

Psych Facilities

Name	Address	City	ZIP Code	Borough
South Beach Psych Ctr	777 Seaview Ave	Staten Island	10305	Staten Island

EVACUATION ZONE 2**NYC Hospitals**

Name	Address	City	ZIP Code	Borough
Calvary Hospital	1740 Eastchester Road	Bronx	10461	Bronx
NYC Health + Hospitals/Coney Island	2601 Ocean Parkway	Brooklyn	11235	Kings
NYC Health + Hospitals/Metropolitan	1901 First Avenue	New York	10029	New York
Staten Island University Hospital – North Campus	475 Seaview Avenue	Staten Island	10305	Staten Island

Nursing Homes

Name	Address	City	ZIP Code	Borough
NYC Health + Hospitals/Coler	900 Main Street	Roosevelt Island	10044	Manhattan
Bedford Care Center	40 Heyward Street	Brooklyn	11211	Brooklyn
Providence Rest, Inc	3304 Waterbury Avenue	Bronx	10465	Bronx

Adult Care Facilities

Name	Address	City	ZIP Code	Borough
Carnegie East House	1844 Second Avenue	New York	10128	Manhattan
Frederic Fleming Residence	443-445 West 22nd Street	New York	10011	Manhattan
NY Found.-Sr Citizens EHP3	1850 Second Avenue	New York	10128	Manhattan
Sunrise at Mill Basin	5905 Strickland Avenue	Brooklyn	11234	Brooklyn

EVACUATION ZONE 3**Nursing Homes**

Name	Address	City	ZIP Code	Borough
Brooklyn United Methodist Church Home	1485 Dumont Avenue	Brooklyn	11208	Brooklyn
Brooklyn-Queens Nursing Home	2749 Linden Blvd	Brooklyn	11208	Brooklyn
The Chateau at Brooklyn Rehabilitation and Nursing Center	3457 Nostrand Avenue	Brooklyn	11229	Brooklyn
Four Seasons Nursing and Rehabilitation Center	1555 Rockaway Parkway	Brooklyn	11236	Brooklyn
Atrium Center for Rehabilitation and Nursing	630 East 104th Street	Brooklyn	11236	Brooklyn
Linden Center for Nursing and Rehabilitation	2237 Linden Blvd	Brooklyn	11207	Brooklyn
Spring Creek Rehabilitation & Nursing Care Center	660 Louisiana Avenue	Brooklyn	11239	Brooklyn

Adult Care Facilities

Name	Address	City	ZIP Code	Borough
Amber Court of Brooklyn	650 East 104th Street	Brooklyn	11236	Brooklyn
New South Shore Manor	1041 East 83rd Street	Brooklyn	11236	Brooklyn

Psych Facilities

Name	Address	City	ZIP Code	Borough
Bronx Children's Psych Ctr	1000 Waters Place	Bronx	10461	Bronx
Bronx Psychiatric Center	1500 Waters Place	Bronx	10461	Bronx

EVACUATION ZONE 4**NYC Hospitals**

Name	Address	City	ZIP Code	Borough
NYC Health + Hospitals/Harlem	506 Lenox Avenue	New York	10037	New York
Hospital for Special Surgery	535 East 70th Street	New York	10021	New York
NYC Health + Hospitals/Lincoln	234 East 149th Street	Bronx	10451	Bronx
NewYork-Presbyterian / Weill Cornell Medical Center	525 East 68th Street	New York	10021	New York
NYU Hospital for Joint Diseases	301 East 17th Street	New York	10003	New York
Rockefeller University Hospital	1230 York Avenue	New York	10021	New York

Nursing Homes

Name	Address	City	ZIP Code	Borough
Gold Crest Care Center	2316 Bruner Avenue	Bronx	10469	Bronx
Harlem Center for Nursing and Rehabilitation, LLC	30 West 138th Street	New York	10037	Manhattan
Haym Solomon Home for the Aged	2340 Cropsey Avenue	Brooklyn	11214	Brooklyn
Kings Harbor Multicare Center	2000 East Gunhill Road	Bronx	10469	Bronx
Rego Park Nursing Home	111-26 Corona Avenue	Flushing	11368	Queens
King David Center for Nursing and Rehabilitation	2266 Cropsey Avenue	Brooklyn	11214	Brooklyn
Villagecare Rehabilitation and Nursing Center	214 West Houston Street	New York	10014	Manhattan

Adult Care Facilities

Name	Address	City	ZIP Code	Borough
Alma Rangel Gardens	55 West 137th Street	New York	10037	Manhattan
Amber Court of Pelham Gardens	1800 Waring Avenue	Bronx	10469	Bronx
Kings Adult Care Center	2255 Cropsey Avenue	Brooklyn	11214	Brooklyn
Madison York Assisted Living Community, LLC	112-14 Corona Avenue	Flushing	11368	Queens
S.S. Cosmas and Damian Adult Home	2099 Forest Avenue	Staten Island	10303	Staten Island
The Rev. Robert V. Lott Assisted Living Center	1261 Fifth Avenue	New York	10029	Manhattan
VillageCare at 46th & Ten	510 West 46th Street	New York	10036	Manhattan

EVACUATION ZONE 5**NYC Hospitals**

Name	Address	City	ZIP Code	Borough
Mount Sinai Brooklyn	3201 Kings Highway	Brooklyn	11234	Kings
Mount Sinai Beth Israel	354 East 16th Street	New York	10003	New York
Brookdale University Hospital Medical Center	1 Brookdale Plaza	Brooklyn	11212	Kings
NYU Lutheran	150 55th Street	Brooklyn	11220	Kings
New York Community Hospital	2525 Kings Highway	Brooklyn	11229	Kings
NewYork-Presbyterian / Lower Manhattan Hospital	170 William Street	New York	10038	New York
Staten Island University Hospital - South Campus	375 Seguin Avenue	Staten Island	10309	Staten Island
V.A. NY Harbor Health Care System/Brooklyn Campus	800 Poly Place	Brooklyn	11209	Kings
NYC Health + Hospitals/Woodhull	760 Broadway	Brooklyn	11206	Kings

Nursing Homes

Name	Address	City	ZIP Code	Borough
Bay Park Center for Nursing and Rehab, LLC	801 Co-Op City Blvd	Bronx	10475	Bronx
Bridge View Nursing Home	143-10 20th Avenue	Whitestone	11357	Queens
Bronx Center for Rehabilitation & Health Care	1010 Underhill Avenue	Bronx	10472	Bronx
Cliffside Rehabilitation & Residential Health Care Center	119-19 Graham Court	Flushing	11354	Queens
Cobble Hill Health Center, Inc	380 Henry Street	Brooklyn	11201	Brooklyn
Grand Manor Nursing & Rehabilitation Center	700 White Plains Road	Bronx	10473	Bronx
Jeanne Jugan Residence	2999 Schurz Avenue	Bronx	10465	Bronx
Manhattanville Health Care Center	311 West 231st Street	Bronx	10463	Bronx
New East Side Nursing Home	25 Bialystoker Place	New York	10002	Manhattan
New Gouverneur Hospital SNF	227 Madison Street	New York	10002	Manhattan
Northern Manhattan Rehabilitation and Nursing Center	116 East 125th Street	New York	10035	Manhattan
Park Terrace Care Center	59-20 Van Doren Street	Rego Park	11368	Queens
Rebekah Rehab and Extended Care Center	1072 Havemeyer Avenue	Bronx	10462	Bronx
Schulman and Schachne Institute for Nursing and Rehabilitation	555 Rockaway Parkway	Brooklyn	11212	Brooklyn
Terence Cardinal Cooke Health Care Center	1249 Fifth Avenue	New York	10029	Manhattan
Throgs Neck Rehabilitation & Nursing Center	707 Throgs Neck Expressway	Bronx	10465	Bronx

Adult Care Facilities

Name	Address	City	ZIP Code	Borough
Brooklyn Adult Care Center	2830 Pitkin Avenue	Brooklyn	11208	Brooklyn
Castle Senior Living at Forest Hills	108-25 Horace Harding Expressway	Forest Hills	11368	Queens
Castle Senior Living at Forest Hills	108-25 Horace Harding Expressway	Forest Hills	11368	Queens
Garden of Eden Home	1608-1620 Stillwell Avenue	Brooklyn	11223	Brooklyn
NY Found.-Sr Citizens EHP4 Ridge Street Gardens	80-92 Ridge Street	New York	10002	Manhattan
NY Found.-Sr. Citizens #2 Brown Gardens	225 East 93rd Street	New York	10128	Manhattan

Psych Facilities

Name	Address	City	ZIP Code	Borough
Kirby Forensic Psych Ctr	600 E 125 Street (Wards Island)	New York	10035	Manhattan
Manhattan Psychiatric Ctr	600 E 125 Street (Wards Island)	New York	10035	Manhattan

EVACUATION ZONE 6**NYC Hospitals**

Name	Address	City	ZIP Code	Borough
New York Eye and Ear Infirmary of Mount Sinai	310 East 14th Street	New York	10003	New York
Montefiore Medical Center - Jack D. Weiler Hospital	1825 Eastchester Road	Bronx	10461	Bronx

Nursing Homes

Name	Address	City	ZIP Code	Borough
The Phoenix Rehabilitation and Nursing Center	140 Saint Edwards Street	Brooklyn	11201	Brooklyn
Triboro Center for Rehabilitation and Nursing	1160 Teller Avenue	Bronx	10456	Bronx
Ditmas Park Care Center	2107 Ditmas Avenue	Brooklyn	11226	Brooklyn
Fairview Rehab & Nursing Home	69-70 Grand Central Parkway	Forest Hills	11375	Queens
Bronx Lebanon Highbridge Woodycrest Center	936 Woodycrest Avenue	Bronx	10452	Bronx
Hopkins Center for Rehabilitation and Healthcare	155 Dean Street	Brooklyn	11217	Brooklyn
Lutheran Augustana Center for Extended Care & Rehabilitation	5434 Second Avenue	Brooklyn	11204	Brooklyn
NYS Veterans Home in NYC	178-50 Linden Blvd	JAMAICA	11434	Queens
St Vincent De Paul Residence	900 Intervale Avenue	Bronx	10459	Bronx
Union Plaza Care Center	33-23 Union Street	Flushing	11354	Queens

Adult Care Facilities

Name	Address	City	ZIP Code	Borough
Brookdale Hospital Medical Center ALP	558-578 Rockaway Parkway	Brooklyn	11212	Brooklyn
New York Armenian Home, Inc.	137-31 45th Avenue	Flushing	11355	Queens
St. Vincent de Paul Assisted Living Program	900 Intervale Avenue	Bronx	10459	Bronx
West Side Federation For Sr. and Supportive Housing	109 West 129th Street	New York	10027	Manhattan

Psych Facilities

Name	Address	City	ZIP Code	Borough
Gracie Square Hospital	420 East 76th Street	New York	10021	Manhattan

APPENDIX C – GNYHA SIT STAT

GNYHA Sit Stat is offered to Hospital members of the Greater New York Hospital Association (GNYHA). Hospital members of GNYHA will be asked to complete a Sit Stat survey each operational period throughout the incident. The purpose of the survey is to quickly and efficiently collect information on current and anticipated impacts of the event. This information enables GNYHA to better meet member needs and share critical information regarding the status of the hospital sector with government response entities.

For information or questions about the GNYHA Sit Stat system, please contact:

Patrick Meyers
Senior Project Manager, Emergency Management
Office: 212.258.5336
Mobile: 646.522.0264
e-mail: PMeyers@GNYHA.org

Jenna Mandel-Ricci
Vice President, Regulatory and Professional Affairs
phone: 212.258.5314
e-mail: jmandel-ricci@gnyha.org

GNYHA SIT STAT

HOSPITAL & SYSTEM USERGUIDE

GETTING STARTED

System Requirements

GNYHA Sit Stat is compatible with the following browsers:

- Internet Explorer 8, 9, 10, 11
- Firefox Version 33
- Google Chrome

If you are not running one of the browsers above, please contact your IT department.

Login Information

At the start of the project, your team leader was sent your User ID and initial password to the Sit Stat Survey.

To log in:

- Go to: <https://sitstat.gnyha.org> (note: no "www")
- Enter: User ID and Password
- Click: Sign-On

Upon initial login, you will be prompted to reset your password. This password is valid for 365 days and must be reset upon expiration.

YOUR SURVEYS

After signing in to Sit Stat, you will see a link to one of the following two surveys on your homescreen—the survey you see will depend on Sit Stat activation. Click on your survey name to access the survey.

Profile Survey | Background Hospital Information

To help facilitate the collection of information, each hospital must complete a profile survey. This survey should be completed upon initial sign-in and must be updated annually. *The profile survey is accessible when there are no active events.*

Response Survey | Active Event

To collect information during an active event, the Response survey will be deployed. Depending on the event, GNYHA will deploy the survey to all hospitals or to select hospitals.

The Response survey is a dynamic data collection tool that displays questions, sections, and pages based on the specifics of the event. All potentially impacted facilities will be asked to fill out at least two pages:

- **General Information:** Includes questions about whether your facility has been affected by the event, who is submitting the information, and what, if any, impact the event has had on your facility.
- **Incident Status:** Includes questions about operation status, hospital census, evacuation, and other hospital activations.

Based on your answers to these survey questions, you may be asked to complete additional questions and sections.

NAVIGATING THE SURVEYS

Completing the Sit Stat Survey is designed to be an easy, self-explanatory, and intuitive process. Below are some navigation tips (see image on reverse):

Navigation

To move through the survey, click "Previous" or "Next" in the navigation bar at the top and bottom of the page. *Do not use your browser's "back" button; it is not supported by the Sit Stat Survey.*

Repeat Rows

If you need additional rows, click the "Update" button at the bottom of the page, or "Action" in the left column bar. Instructions for adding, deleting, and reordering rows will display.

Multi-Select Options

At times you may be asked to select from information provided from the profile survey. You will see this (🔍) icon. Click the icon to select from items provided.

Finish & Submit

To complete your survey and submit your data for review, click the "Finish & Submit" button on the last page of your survey.

As a default, all data must be reviewed and approved at the hospital level and, if applicable, system level before submission is complete.

Hospitals

- **User (denoted by a 1 in User ID):** Completes all survey questions and information. Once the survey is submitted, an email will be sent to the hospital reviewer signaling review is needed.
- **Reviewer (denoted by a 2 in User ID):** Reviews, edits, and approves information submitted by User. This role has an additional "check box" on the final page of the survey labeled, "The data is approved for release," which must be checked to complete and submit the survey. Once survey is submitted, an email will be sent to the system reviewer, if applicable, signaling review is needed.

Systems

- **System Reviewer (denoted by “Sys” in User ID):** Reviews, edits, and approves all information submitted by system hospitals. Hospitals involved in an active event will be listed as “(ACTIVE) Hospital Name” on the homescreen. This role has an additional “check box” on the final page of the survey (“The data is approved for release”), which must be checked to complete and submit the survey. Once the system reviewer submits the survey, all data will be released to GNYHA and appropriate government agencies.

If hospital is independent, submission will be complete after review at the hospital level. Hospitals and systems may opt out of review process.

ACCESSING REPORTS

Upon completion of a survey, hospitals and systems may create and access reports of their submitted data.

Hospital Report


To generate a hospital report, click on the report icon next to your facility's survey link on your home screen. Reports that have been generated can be accessed by clicking on the hospital folder under the "Plans and Reports" section of the "My Documents" tab on your home screen.

System Report

To generate a hospital report, click on the "My Documents" tab on your home screen, and click "Generate Report" next to the SITSTAT SYSTEM REPORT listing. Reports that have been generated can be accessed below, within the "Plans and Reports" section.

Reports with data that has not yet been reviewed will be marked accordingly.

HELPFUL SCREENSHOTS




GNYHA SIT STAT SURVEY

Welcome mountsinal

[MY SURVEYS](#)
[MY DOCUMENTS](#)

[Change Password](#)
[Sign-Out](#)

Total (1) [\(Expand\)](#) [\(Collapse\)](#)

Name	View	Status	Last Complete	Reports
<div> <div>Folder: GNYHA->NY->New York->Upper Manhattan</div> <div> <div>>>The Mount Sinal Hospital</div> <div>(282) (ACTIVE) The Mount Sinal Hospital</div> </div> </div>		In-Progress		

[<< Previous Page](#)
[Next Page >>](#)
[Change Log](#)
[Check Spelling](#)
[Home](#)
[Finish](#)

Action	Type Required	Minimum #	Needed Within	Days Needed	Union Affiliation
5	-- No Item Selected --		???		???
	-- No Item Selected --		???		???
	-- No Item Selected --		???		???

Documents
Plans and Reports

6
(Add a New Document)

Plans and Reports (2)

	Document Label	File Name	Created	Last Update
View	SITSTAT - TEST - RESPONSE - FACILITY REPORT	SITSTAT - TEST - RESPONSE - FACILITY REPORT_The Mount Sinai Hospital_20150731_155014.pdf	7/31/2015 3:50:14 PM	7/31/2015 3:50:14 PM
Cancel Check-In Edit Check-In	SITSTAT - TEST - RESPONSE - FACILITY REPORT	SITSTAT - TEST - RESPONSE - FACILITY REPORT_The Mount Sinai Hospital_20150728_164815.pdf	7/28/2015 4:48:16 PM	7/28/2015 4:48:16 PM

Thank you for completing the GNYHA SIT STAT survey.

To submit your data for review by your facility lead, hospital system, or GNYHA, click the **[FINISH & SUBMIT](#)** button below.

[FINISH & SUBMIT](#)

1. Homescreen
2. Survey Link
3. Generate Report
4. Navigation Bar
5. Repeating Rows
6. Access Reports
7. Finish & Submit survey for review.

QUESTIONS

If you have any questions about the Sit Stat system, contact Jenna Mandel-Ricci at (212) 258-5314 or jmandel-ricci@gnyha.org.