New York State Department of Health

Healthcare Facility Evacuation Center

Metropolitan Area Regional Office (MARO) Region

Facility Guidance Document for the 2020

Coastal Storm Season

Disclaimer

This document is designed as both an overview and planning tool for a multi-facility evacuation as the result of a coastal storm impacting New York City and the adjacent counties of Westchester, Nassau and Suffolk. Facility specific evacuation plans should be developed in alignment with your local and state guidance and/or plans to ensure appropriate integration with existing procedures.

This document does not replace facility-specific plans.

Table of Contents

Introduction

Events both natural and man-made may result in the evacuation of Healthcare Facilities (HCFs) within a region. The geography and population density of specific areas in New York State (NYS) make hurricanes and other coastal and tropical storms a specific concern.

The Healthcare Facility Evacuation Center (HEC) is a New York State Department of Health (NYSDOH)-led entity that coordinates the evacuation, Shelter-In-Place (SiP) (with approval of NYSDOH and the Local Chief Elected Official and as described in emergency evacuation orders involving HCFs) and repatriation of HCFs during a regional multi-facility evacuation scenario with the assistance of multi-agency partners that are specific to the region that the HEC is operating in. These agencies include Local Health Departments (LHDs), Emergency Management (EMs) and HCF associations, among others.

The HEC HCF Guidance document is designed to provide HCFs in New York City (NYC) and the adjacent counties of Westchester, Nassau and Suffolk (all within the regulatory oversight / surveillance authority of the NYSDOH Metropolitan Area Regional Office (MARO)) with an overview of important concepts and procedures that they need to know in order to plan for, respond to and recover from a large scale, multi-facility, multi-jurisdictional evacuation event related to a coastal storm.

This document includes a summary review of key evacuation planning assumptions and incident management procedures that are applicable across the region. To supplement this, the guidance also contains subject-specific content including; NYS Evacuation of Facilities in Disasters System (eFINDS), common HCF questions and answers, NYC HCF decision making timeline, pre-storm HCF informational surveys, steps for requesting a temporary suspension or modification of statutes and regulations, the NYSDOH SiP review process, Transportation Assistance Levels (TALs) and HCF repatriation processes and flow charts. The annexes provide a subject-specific resource on each topic area and help to establish the context of these processes and procedures during an evacuation scenario.

Under planning assumptions contained in the NYC Coastal Storm Plan, when the National Weather Service (NWS) forecasts a coastal storm landfall north of North Carolina (approximately 96-120 hours prior to forecast storm landfall), New York City Emergency Management (NYC EM) will convene a Coastal Storm Steering Committee call prompting NYSDOH to consider activation of the HEC. The timing of the HCF evacuation operation is important; with peak operations occurring in the pre-storm phase prior to Zero Hour. Zero Hour is the predicted time of arrival of sustained tropical storm-force (>39 miles per hour (mph)) winds. Predicted Zero Hour will vary with the forward speed of the storm. For patient, resident and staff safety, all evacuation operations must cease 24 hours prior to Zero Hour.

The HEC, for coastal storm responses, operates on a timeline specific to the evacuation of HCFs in the NYC metro area. HCFs located outside of NYC should consult with their local EM and/or LHD to obtain a timeline specific to their county. Timelines provide critical information for managing evacuations and typically begin 96-120 hours before

landfall. Timelines include key activities in preparation for and during the incident and extends thru repatriation of patients/residents. **See Repatriation Procedures** (Annex 7).

Evacuation Overview

For all evacuation decisions, pursuant to Executive Law § 24, the Local Chief Elected Official for the jurisdiction will have final determination, inclusive of HCFs. In some cases, the NYS Commissioner of Health, in accordance with the Department of Health's authority under Public Health Law Article 28, will recommend to Local Chief Elected Officials that certain HCFs in threatened areas be considered for the SiP of some patients and/or residents.

HCFs <u>cannot</u> proceed to SiP without the approval of the NYSDOH and the Local Chief Elected Official.

Prior to an evacuation order, the NYSDOH, in consultation with the LHD and County OEM (where applicable), will provide a list of SiP-approved HCFs. These identified facilities may be permitted to carry out SiP operations if they are listed as authorized to SiP in accordance with the mandatory evacuation order of the jurisdiction and the facilities emergency operations plan, along with any additional guidance/directives provided by the NYSDOH at the time of event.

There are several hundred HCFs located in NYC and the surrounding counties of Westchester, Nassau and Suffolk. In a worst-case scenario – a coastal storm that forces an evacuation of all HCFs in impacted regions as defined by the jurisdiction (e.g., Sea, Lake and Overland Surges from Hurricanes (SLOSH) zones) – the number of patients/residents involved will be significant[1]. Successful evacuation will require every facility to expend a high level of effort and added resources including existing Memoranda of Understanding (MOU) or other related agreements with receiving facilities for the placement of their patients/residents. It will also require coordination and support from government agencies and partners.

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 ESF-8 structure for mission assignments which are not HEC related.

The HEC will:

- Maintain situational awareness on the status of evacuating facilities
- Identify and address operational obstacles specific to facility evacuation/repatriation and/or SiP issues
- Support facilities that have received approval of NYSDOH and the Local Chief Elected Official to SiP with patients/residents remaining in evacuation zones (when capable)

[1] For exact figures of HCFs and patients/residents involved by impacted zones (see pages 12-14)

- Troubleshoot evacuation issues when facilities are unable to resolve issues on their own
- Find available space (beds) for evacuating HCFs when a facility cannot locate beds through existing relationships
- Assist with acquiring transportation assets and evacuation vehicle assets (e.g., ambulances and paratransit vehicles)
- Coordinate requests for transportation resources between facilities and the HEC Transportation Unit
- Assist with repatriation via appropriate inspections for habitability and life safety, and coordination with transport (if needed)

The following are outside the scope of the HEC:

- End Stage Renal Dialysis facilities (ESRDs)
- Fuel for vehicles and generators
- Generator or pump deployment/sustainment
- Interim housing
- Logistics support to HCFs
- General Population and Special Medical Needs Sheltering
- Other items not directly related to the core missions identified above

Planning Assumptions

General Planning Assumptions

- All HCF evacuation activities will be completed 24 hours prior to "Zero Hour." Zero Hour is the predicted time of arrival of **sustained** tropical storm- force (>39 miles per hour (mph) winds.
- Facility decompression, with rapid discharge to a responsible party or an appropriate alternate location, will occur prior to a storm or event with advanced warning.
- If applicable, cancellation of elective surgeries and/or other elective procedures or consultations will occur prior to a storm or event with advanced warning.
- There may be disruptions to communication modalities. Facilities will have multiple, redundant back-up communications plans in place that leverage the range of communication technologies available.
- HCFs will need to consider the closure of bridges and cessation of transportation services in their evacuation timelines.
- Local public transportation authorities may have jurisdiction-specific plans and timelines for cessation of transportation services. For instance, the Metropolitan Transit Authority (MTA) plans for the shutdown of subway systems eight (8) hours and buses six (6) hours prior to Zero Hour. Consult with your jurisdiction authority for potential impact as part of the pre-planning effort.
- There will be widespread and prolonged power disruptions.
- Where required by regulation, HCFs are expected to have sufficient generator coverage. Per recommendation, enough fuel to last at least twenty-four (24) hours prior to the storm and seventy-two (72) hours post-event.

- HCFs will have the recommended supply of potable water and other fluids as established by recommended guidelines in the event municipal water is disrupted.
- Facilities, to the extent possible, will provide staff and/or resources to the facilities receiving their patients/residents to ensure that the continuity of care and support occurs.
- Facilities requesting bed and/or transportation assistance from the HEC will exhaust all pre-existing contracts and agreements prior to request for HEC assistance.

Planning Assumptions – New York City Specific (as provided by NYC)

- East River bridges in and out of Manhattan will begin closure operations once sustained winds reach fifty (50) mph AND are forecasted to reach sixty (60) mph. The remaining bridges are closed once sustained winds reach sixty (60) mph. Closures are coordinated and sequenced by the owner/operators (NYC Department of Transportation, Port Authority of New York/New Jersey and MTA), generally from South to North.

Planning Assumptions – Nassau County (as provided by Nassau County)

- Nassau County follows a 120-hour timeline for coastal storm/ hurricane preparedness. HCFs are incorporated into the 120-hour timeline. HCFs will be expected to evacuate prior to general population evacuation if a mandatory evacuation is ordered by the county executive.
- Nassau County uses fifty-five (55) miles per hour as Zero Hour.
- All HCFs in Nassau County have a documented coastal storm evacuation appendix in their Comprehensive Emergency Management Plan (CEMP).
- All hospitals, nursing homes, and Adult Care Facilities (ACF) (facilities licensed and regulated by the NYSDOH) are responsible for their own disaster plans. It is anticipated that hospitals will remain in control of all aspects of their facility disaster plans and will use pre-identified resources, timelines and triggers for execution of their plan.
- Local volunteer ambulances and paid county Emergency Medical Services (EMS) resources will not be available to assist in the evacuation of HCFs. A mission request will be placed for Federal Emergency Management Administration (FEMA) National Ambulance Contract (NAC) ambulances[2].
- All HCFs will evacuate their patients to like beds (hospital to hospital, nursing home to nursing home, assisted living facility to assisted living facility).

---

[2] This refers to transportation assets through the National Ambulance Contract which is requested by the County OEM through State OEM.

- All HCFs will follow their disaster evacuation plans and contact the ESF-8 (Health Desk) at the Nassau County EOC if assistance is needed for bed availability, transportation needs or other emergency resources.
- There exists a worst-case scenario that there may not be enough beds for HCFs in Nassau County. The ESF-8 may be contacted for assistance.

Planning Assumptions – Suffolk County (as provided by Suffolk County)

- All HCFs in Suffolk County have a documented evacuation appendix in their comprehensive institution-specific Emergency Operations Plan (EOP) and have agreements with like facilities to accept patients in an emergency.
- Traditional mutual aid options will be exhausted before the weather event hits and mobilization of extended mutual aid partners during the pre-landfall period will be necessary.

Suffolk County Specific Situations

- Northeast moving storms and hurricanes can be fast-moving storms. It may take up to 96 hours to evacuate all facilities in the storm surge zone. Ample notice is necessary to coordinate an optimal evacuation of patients/residents in facilities located in storm surge zones.
- Assuming that the planning partners have possibly between 48-96 hours' notice of a facility's intent to evacuate, or a jurisdiction's order to evacuate, all efforts will be made to find the appropriate bed match for each patient/resident at a partner facility.
- Assuming that the planning partners have possibly between 24-48 hours' notice of a facility's intent to evacuate, or a jurisdiction's order to evacuate, all efforts will be made to find an available bed at any receiving facility.

Planning Assumptions – Westchester County (as provided by Westchester County)

- All NYSDOH regulated HCFs in Westchester County have assessed potential hazards and developed procedures for the possible relocation and/or sheltering in place of patients and staff for those hazards that may disrupt the facility's essential functions. The decision to evacuate or SiP incorporates input from local and state officials and is in accordance with their established legal authority.

Evacuation-Related Authorities

- Any decision regarding the mandatory evacuation of a jurisdiction (or part of a jurisdiction, including HCFs) lies with the Local Chief Elected Official under Executive Law § 24.
- NYSDOH does not have the authority to mandate the evacuation of a HCF.
- NYSDOH maintains the authority to identify facilities that may be considered for SiP in accordance with Public Health Law Article 28, but whether or not SiP is authorized for the particular event is up to the Local Chief Elected Official.

HCFs <u>cannot</u> proceed to SiP without the explicit approval

of the NYSDOH and the Local Chief Elected Official!

Additional Considerations for Healthcare Facilities

Avoid the common pitfall of planning based on the last disaster. The next disaster may be drastically different in terms of impact. It will have its own unique characteristics, direction, strength, etc. Facilities should evaluate and to the degree possible mitigate any existing vulnerabilities, address any planning gaps and conduct training to address needed competencies. In turn, facilities should use previous experiences as a factor in taking the necessary actions prior to future events.

Non-codified or non-regulatory decisions, recommendations, or requirements imposed by NYSDOH (or other agencies), or relief from regulatory requirements made during previous disasters may or may not be the same during the next disaster. Many decisions are made during a disaster that are based upon the specific needs of that event and do not become standing policy or regulation moving forward unless the appropriate processes have been followed to make them such. **See Steps for Requesting the Temporary Suspension or Modification of Statutes and Regulations** (Annex 4).

Facility Evacuation Planning Application

The New York State Department of Health (NYSDOH) Facility Evacuation Planning Application (FEPA), previously known as the Facility Profile Application, is a **planning** tool that provides Health Care Facilities (adult care facilities, hospitals, and nursing homes) with access to document and maintain information about the facility's patient/resident all hazard send-receive arrangements with other HCFs as part of their evacuation planning. It is designed to be used in conjunction with and **does not replace direct facility to facility dialogue** to develop send-receive arrangements. The application is located on Health Commerce System (HCS). Access to the application is via the Facility Evacuation Planning Coordinator role in the HCS. All NYC HCFs are required to review their coastal storm plans and procedures annually and more often as necessary, as well as update all their facility information in the Critical Asset Survey in HERDS and in the FEPA in preparation for the Atlantic Hurricane Season.

Facility Shelter-in-Place Consideration

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 NYSDOH regulated HCFs 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 a Local Chief Elected Official that includes an option to SiP.**

HCFs and agencies should appreciate that as defined, SiP represents an unusual incident related action which permits the HCF to **remain in an active hazard zone.** This action can place the facility's patients/residents and staff at considerable risk. As such SiP does not represent business as usual and should be differentiated from defending in place or "hunkering down" during a storm. SiP **must** also be differentiated from staying put simply because a HCF

ran out of time to conduct necessary evacuation procedures during the appropriate pre-storm period.

- **SiP is contingent on the Chief Elected Official of a jurisdiction issuing a Mandatory Evacuation order that includes a HCF SiP option to remain in a defined evacuation zone, is incident-specific and requires approval of NYSDOH.**

NYSDOH has combined the information previously gathered by yearly coastal storm planning surveys into a streamlined database called the **Facility Evacuation Planning Application (FEPA)**. This application, accessible on the Health Commerce System (HCS), is designed as 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. In conjunction with information automatically transferred from the HCF Critical Asset Survey (CAS), the FEPA is also the repository of key information about HCF resilience that may be included in consideration of its capability to SiP.

Coastal storms are an acknowledged hazard under the statewide and local County Emergency Preparedness Assessments (CEPAs) for counties with or near coastal boundaries. Under the Centers for Medicare and Medicaid Services (CMS) **Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers: Final Rule**, all hospitals and nursing homes are required to develop risk assessments to identify hazards and to develop emergency response plans and procedures that address those identified hazards.

Under the CMS requirements, these risk assessments and plans must be reviewed and where necessary, updated at least biennially by hospitals and at least ***annually by nursing homes*.** Planning coastal storm evacuation send-receive arrangements is also considered by CMS to be a required part of emergency planning for facilities whose physical; location is in an area where coastal storms is a recognized hazard, e.g., in an established evacuation or slosh zone. CMS also emphasizes that the requirements of the EP rule do not supersede the regulatory requirements of the state or of the local jurisdiction. To that end, hospitals and nursing homes are reminded that under 10 NYCRR §702.7 of the NYS hospital code, all medical facilities, including nursing homes, (and also at 10 NYCRR § 415.26 for nursing homes) are required to review and complete necessary updates to their emergency response plans at least twice a year.

Adult care facilities (ACFs) are not required to comply with the CMS EP Rule. However, under 18 NYCRR §487.12, §488.12 and 10 NYCRR §1001.14, to maintain and drill their emergency plans. ACFs are required to review the facility's plan with all staff at least quarterly, and with any/all updates, per DAL 15-13, dated December 23, 2015.

Furthermore, under 10 NYCRR 400.10 (b) for hospitals and nursing homes and 18 NYCRR 487.12 and 488.12 for ACF facilities are required to have sufficient staff users of the HCS "to ensure rapid response to requests for information by the State and/or local Department of Health"; this includes all HCS applications and pertains to completion and update by facilities to

all their facility information in FEPA, as is being requested by NYSDOH, to prepare for the Atlantic Hurricane Season each year. Compliance to this regulation assists facilities in meeting the requirements of the Communication standard of the larger, EP Rule.

NYSDOH SiP review process is based on the data derived from the CAS and FEPA. This includes several new FEPA measures, as outlined below:

1. **Population to Evacuate (PTE)** – The number of patients/residents that are expected to be in the facility and will need to be evacuated, after the application of planned pre-storm rapid discharge processes that decrease facility census.
2. **Population to Shelter in Place (PTSiP)** –The number of patients/residents that the facility proposes to retain in the facility during a coastal storm/flood incident (SiP), for a HCF that wants to be considered to SiP. Based on SiP definition, this population should only account for those patients/residents that are too critical to be moved or where moving them may have a negative health outcome.
3. **SiP Population to Evacuate (SiP PTE) –** The number of patients/residents that the facility expects it will evacuate, decreased by the number of patients/residents it proposes to SiP in the facility. HCFs need to base their send-receive arrangement planning on the larger PTE.
4. **Population Arrangement Ratio (PAR)** – The ratio between the PTE and the number of patients/residents that are accounted for in the facility's send-receive arrangements as listed in the PA.

To be considered for SiP, requesting facilities should ensure the following targets are met in the FEPA:

All required elements of compliance in the FEPA have been met for the current calendar year.

Active Primary and/or Network Arrangements have been made and reported for 100% of the identified PTE in the FEPA (PAR = 100%).

The identified Population to SiP does not exceed the ceiling of 15% of the identified PTE of the facility.

NOTE: The formulation of these measures is detailed in the FEPA v 3.1, 2020 Users Guide.

The NYSDOH SiP review process consists of two phases, a "pre-season" phase and an "incident specific" phase, as presented in the Pre-Season and Incident Specific process tables in the HEC HCF Guidance Document. *Note the process is different for NYC vs. non-NYC locations.*

To request to SiP, NYC HCFs must use and log all required information into the FEPA on the HCS. Through the FEPA, facilities will indicate that they want to be considered to SiP and will

provide information for the "pre-season" review phase. *Facilities located outside of NYC will be evaluated as described and pursuant to policies of the jurisdictions in which they reside.*

Pre-season review by NYSDOH, in conjunction with NYCDOHMH and NYCEM, yields a "pre-season SiP-option facilities list." This list indicates facilities that have met all SiP parameters and do not have any obvious resilience or vulnerability issues. **Inclusion on this list does not require or authorize a facility to SiP!** Only facilities that have completed the pre-season review may be considered for the incident specific review. Only facilities that have completed incident specific review may be authorized to SiP per a mandatory order from the jurisdictions chief elected official that includes a SiP option, if such an order is made.

HCFs cannot proceed to SiP without the approval of the NYSDOH and the Local Chief Elected Official.

The entire two-step process for both **NYC and NON-NYC** HCFs is included in the **NYSDOH SiP Review Process** (Annex 5).

Evacuation Zones

NYC-Specific Evacuation Zones

NYC formally announced its updated evacuation zones in June 2013. The new zone system was developed using the latest Sea, Lake, and Overland Surges from Hurricanes (SLOSH) storm surge inundation maps generated by the National Weather Service and processed by United States Army Corps of Engineers. HCFs can check their zone location by accessing the NYC EM Zone Finder mapping feature at http://maps.nyc.gov/hurricane.

Storm surge is the greatest threat from hurricanes accounting for the largest number of hurricane-related deaths. Based on the storm track and predicted storm surge, facilities in designated evacuation zones may be required to evacuate. Facilities in an evacuation zone must plan to evacuate to a facility not in an evacuation zone.

	NYC Specific Evacuation Zones						
	Number of Facilities Impacted By Identified Zone						
NYC Facility	Zone 1	Zone 2	Zone 3	Zone 4	Zone 5	Zone 6	Total
Hospitals	3	5	0	6	9	3	26
Nursing homes	23	3	7	7	16	10	66
Adult care facilities	17	4	3	7	7	3	42

Nassau County Healthcare Evacuation Zone Healthcare Facilities						
			Number of Beds per Zone			
	# Facilities	Red	Orange	Yellow	Green	Total
Hospitals	2	0	455	0	284	739
Nursing Homes	14	1,035	120	807	216	2,178
Adult Care	12	200	315	250	681	1,446
TOTAL	28	1,235	890	1,057	1,181	4,363

Suffolk County-Specific Evacuation Zones						
Facility Type	Zone 1	Zone 2	Zone 3	Zone 4	Total in zones	Total in County
Hospitals	0	3	0	0	3	12
Nursing Homes	1	3	1	2	7	41
Assisted Living Facilities	0	6	4	1	11	50
Free-Standing Dialysis Centers	0	1	1	1	3	18
Totals	1	13	6	4	24	143

Westchester County-Specific Potential Coastal Storm Inundation Zones

In Westchester County, facilities in potential coastal storm inundation zones are encouraged to make evacuation plans/decisions as early as possible, as available resources may become quickly depleted by neighboring jurisdictions electing to initiate evacuations. Facilities in a potential coastal storm inundation zone, considering evacuation, must plan to evacuate to a NON-potential coastal storm inundation zone located facility.

To facilitate communication and evacuation assistance, the local municipality and County may activate their EOC. The local municipality may request assistance on

behalf of the requesting facility if the facility resources and those included in their evacuation plan have been or are anticipated to become exhausted. The County EOC, if unable to meet the evacuation demand, will coordinate with the NYSDOH HEC if additional resources are required to assist with evacuation efforts.

Westchester County Healthcare Facilities in potential coastal storm inundation zones are identified as follows:

Westchester County Facility Name	Residential Beds	Vented Beds
Bayberry Nursing Home	**60**	**0**
Dumont Center for Rehabilitation and Nursing Care	**181**	**15**
Glen Island Center for Nursing	**182**	**0**
United Hebrew Geriatric Center * Contiguous to zone	**294**	**0**

Emergency Support Function (ESF – 8) Overviews

NYC EM Emergency Support Function (ESF-8) Role Overview

ESF-8 - Public Health and Medical Services, coordinates assistance in response to public and medical care needs following a disaster or emergency or during a developing potential medical situation. The role of ESF-8 in a hurricane or coastal storm is to handle resource requests not directly related to the HEC mission. A facility's primary ESF-8 liaison (e.g., trade sector-specific association or parent corporation) should be contacted for specific requests not associated with evacuation. The HEC may route or direct your call to ESF-8 for resolution.

In NYC, the HEC is separate from ESF-8. ESF-8 is part of NYC EOC, which is activated during large-scale emergencies and is a central location to coordinate response efforts. It supports the emergency response with information and resources. It brings together senior leadership from city, State and Federal agencies, as well as other critical partners, to manage the consequences of an emergency. It fulfills this mission by:

- Prioritizing concurrent incidents
- Prioritizing allocation of critical resources
- Integrating communications systems
- Collecting and disseminating incident and response information
- Coordinating intergovernmental decision-making

Nassau County ESF-8 (Health Desk)

It is expected that all decisions regarding the movement and placement of patients/ residents of healthcare facilities is the responsibility of each facility. When an evacuation order is issued at the county level, a facility can request assistance through the ESF-8 at the Nassau County EOC.

In Nassau County, when a multiple HCF event occurs, the Nassau County Health and Medical Multi-Agency Coordinating Group (HMMACG) may be activated. Its primary focus is to provide situational awareness and act as a single point of contact between the County's HCFs and the ESF-8 at the EOC. If the HMMACG is not activated, ESF-8 will coordinate communications and resource requests directly with the HCFs.

In Nassau County, HCFs call the main Nassau County OEM phone at (516) 573-0636 until an event-specific ESF-8/HMMACG number is identified.

If resources are exhausted within the County, the ESF-8 will submit resource requests to the Nassau County Office of Emergency Management.

Suffolk County ESF-8 Health & Medical Services / Emergency Management Team

The Suffolk County EOC, operated by the Department of Fire, Rescue and Emergency Services (FRES) and the OEM and staffed by the stakeholders of this plan, is the policy making hub for the county's emergency response activities. Seated in the Operations Section – Health & Medical Services Branch, the ESF-8 group is responsible for collecting and analyzing weather data and other relevant information and providing policy makers with information with which informed decisions can be made.

It is expected all decisions regarding the movement and placement of residents displaced by an evacuation be made at the county level, through the Suffolk County EOC and based on prevailing conditions and availability of resources.

Upon EOC Activation, the EMS desk is the designated location of the ESF-8 Group. That telephone number is (631) 852-4992. The alternative phone is the main number to OEM which is (631) 852-4900. The EOC will be activated at Level 3 and escalate to Level 1 as the demands of the storm dictate. EOC/ESF-8 Functional Decision-Making Group will assemble and address real time weather updates and advisories. Under ideal conditions, one-hundred twenty (120) hours prior to landfall, the Suffolk County FRES OEM in conjunction with the members of the ESF-8 Function, will notify each HCF in the Suffolk Region by telephone, ETeam Software Updates or email of an activation to open a communications pathway for the event. The ESF-8 Branch routinely communicates with the HCFs through regularly scheduled conference calls, and through Agency Situational Reports within ETeam. Similarly, the ESF-8 Group routinely communicates with other ESFs co-located within the EOC, and with external partners as necessary, through the HMMACG, the HEC, NY State Department of Homeland Security and Emergency Services (DHSES) and/or NYSDOH representatives.

Westchester County Public Health and Medical Services Function (ESF-8)

When a disaster or emergency situation occurs, that results in the activation of the Westchester County EOC, requests for assistance from Westchester-based HCFs are coordinated by the County EOC Public Health Branch in conjunction with the local municipality. The Public Health Branch's primary functions include dissemination of critical incident information, facilitation of inter-agency communications, and

coordination of resource requests. When the determination is made to activate the NYSDOH HEC, the Public Health Branch at the Westchester County EOC is responsible for communication with HCFs, local municipalities and the HEC to insure situational awareness exists for officials engaged in HCF emergency evacuation plan implementation.

New York State Evacuation of Facilities in Disasters System (eFINDS)

The eFINDS application is a common internet based application, within the secure, NYSDOH HCS, https://commerce.health.state.ny.us designed for real time tracking of the location of patients, residents and on duty staff if relocated to other HCFs or their home during an emergency situation. Facility staff, working at the time of the emergency and also needing to relocate, may also be tracked in eFINDS. Patients and residents may be tracked regardless of the number of times they may be moved during the emergency to different facilities. As a result of New York State's experience in Superstorm Sandy, Governor Andrew Cuomo mandated the development of eFINDS, and its use by facilities licensed across six (6) NYS agencies, including hospitals, nursing homes and adult care facilities licensed by NYSDOH. **During any facility evacuation, *the use of eFINDS by these facilities is required.***

Access to sensitive patient data is carefully controlled and may be viewed only by those authorized users of the system, i.e., individuals and facility representatives who are involved with the care of, or relocation of, a given patient/resident. Users of eFINDS are required to maintain their own, current HCS account and be assigned, by the facility's HCS Coordinator, to an appropriate eFINDS role within HCS Communications Directory. Detailed support information on the use of eFINDS can be found on the HCS, including numerous tools such as Quick Reference Guides and templates to develop a policy of how eFINDS will be used at a facility.

The eFINDS application requires the entry of minimal amounts of data including the current location of a given individual, their name, date of birth (DOB) and gender. Other data that may be recorded in the eFINDS record might include: destination facility (if being evacuated), required medications or treatments and next of kin points of contact. This information is shared in real time with authorized users statewide within the eFINDS application. The application also allows for documenting day to day or hourly updates as needed.

To enable the use of this critical application, NYSDOH has distributed a set of supplies to each facility. It is critically important that the facility assure that these supplies are stored in a safe location, known and accessible to the staff that might need to use the eFINDS system during an emergency. Additionally, an entirely separate function is built into eFINDS to allow facilities to practice, train and conduct exercises with their staff. The eFINDs supplies provided to every facility include:

- a hand-held scanner to read barcodes into the eFINDS application.
- a number of barcoded wristbands, unique to each facility, equal to the number of certified beds at each facility. The barcodes provided have a special sequence number used solely for your facility.
- a paper log of these same barcodes that may be used for assigning barcodes to patients/residents in situations where there is no internet access at the facility, or in any other circumstance where barcodes need to be assigned quickly. The paper log has rows that contain the corresponding barcode numbers, a space for a patient/resident's first name, last name, date of birth and gender.

Important Note:

Technical issues with eFINDS at the facility level, data entry of residents/patients, and non-HEC related requests/reports will NOT be addressed within the HEC. Requests for technical assistance for eFINDS should be addressed to the following email address: efinds@health.ny.gov. Such requests also may be directed to the NYSDOH Health Operations Center (HOC) if it is activated, or to a provider's NYSDOH Regional Office staff. If the HOC is activated, contact information will be distributed to facilities.

Annexes

ANNEX 1: Frequently Asked Questions (FAQs)

General Questions

Question: Will NYSDOH Health Electronic Response Data System (HERDS) surveys be required?

Answer: Yes. The HEC Plan includes two (2) HERDS surveys to develop information about potential HCF evacuation and transportation resource needs.

The first HERDS survey is conducted on or about minus (-) 96 hours prior to Zero Hour. This will identify the HCF pre-storm related discharge census and their respective mobility based on Transportation Assistance Levels (TAL). In NYC, a NYC Fire Department (FDNY) representative will visit each facility in the anticipated evacuation zones that may need to evacuate. The FDNY representative will work with the HCF to complete the survey in HERDS. This will provide the estimated maximum potential number of evacuees from a facility and identify transportation needs early to request required State and/or Federal assets.

A second HERDS survey is conducted on or about minus (-) 72 hours prior to Zero Hour. This survey will be distributed to both facilities in the anticipated evacuation zones (sending `facilities) as well as facilities outside the zones (receiving facilities). The survey is used to identify the post-decompression census which should be close to the denominator for evacuees for the event, as well as the potential type and number of patients/residents that receiving facilities may be able to accept. The information gathered in the 72- hour survey will be logged into the data system used by the HEC to facilitate management of evacuation incidents.

Question: Will facilities be able to SiP instead of evacuating?

Answer: HCFs cannot proceed to SiP without the approval of the NYSDOH AND the Local Chief elected Official. It is contingent on the Chief Elected Official of a jurisdiction issuing a Mandatory Evacuation order which explicitly includes facilities that can SiP and requires explicit consent of NYSDOH.

Question: Will the HEC assist with repatriating patients/residents to Origin Facilities following the storm?

Answer: The HEC will assist in repatriation to Origin Facilities (as applicable) or assist in finding more appropriate locations following the event. It is important to note that repatriation activities may shift from the HEC to NYSDOH as the HEC demobilizes. If this occurs, facilities will be provided with the appropriate contact for this assistance.

NYC-Specific Questions

Question: When should a NYC-located facility call the HEC?
Answer:

- Beds still cannot be located after existing send/receive arrangements have been exhausted

- Beds have been found but the facility is unable to arrange transportation via existing contracts or resources
- Both beds and transportation are unavailable via existing contracts or resources
- Previously requested transportation is no longer needed
- Facility has completed evacuation operations and needs to confirm final patient/resident numbers that are in route to the receiving facility

Question: Will the HEC call my facility if the facility has not contacted the HEC?
Answer: Most likely. There are a variety of dynamic circumstances that occur during a multi-facility evacuation scenario that may result in the HEC reaching out to facilities to obtain information. Based upon prior planning meetings with facilities, there is an understanding that updated information during an evacuation would be provided via phone rather than through the HERDS survey.

Question: When should a facility, upon receiving consent to SiP from NYSDOH and the Local Chief Elected Official, call the HEC?
Answer:

- Assistance is needed finding beds and/or transportation for non-SiP patients/residents
- The facility is no longer able to sustain SiP and needs to be evacuated
- In accordance with any communication schedule as identified by the HEC to ensure the safety of patients/residents. For example, during prior storms, the HEC was in contact with affected facilities at least once during each operational period for those in evacuation zones that still had patients/residents
- Any other conditions where the facility feels it is necessary

Question: Will NYSDOH visit my facility during an emergency?
Answer: NYSDOH may visit a facility to assist them in identifying any potential needs during an emergency and monitor for life safety related concerns. It should be understood that just because a NYSDOH representative is on-site, this visit DOES NOT constitute any type of regulatory site survey. In past events, this was incorrectly perceived by many to be an official survey. As always, there are exceptions to this, such as potential cases of Immediate Jeopardy which may need to be addressed.

Question: Can NYC-located facilities expect someone other than NYSDOH to visit a facility prior to the storm?
Answer: In accordance with the current NYC Coastal Storm Plan, a FDNY representative will visit each HCF in the potential evacuation zones to assist with completing the 96-hour survey via HERDS on the HCS. It is also possible that other governmental representatives may visit your facility. Anyone visiting in an official capacity should be able to provide appropriate identification from that respective agency.

Question: What information may a receiving facility need to provide the HEC?
Answer:

- The number of patients/residents that can be accommodated including bed types and available space, which may include an assessment of non-traditional surge space.
- If there are any issues precluding them from receiving patients/residents (e.g. regulations, equipment, staffing, etc.). Note: this would be routed to the appropriate party for resolution. For example, regulatory issues will be forwarded to the responsible program at the NYSDOH MARO; requests for equipment/supplies will be forwarded to the appropriate local ESF-8.

Question: What information will the HEC generally need if a NYC-located Sending Facility calls?
Answer:

- Number of patients/residents needing evacuation
- The type of patient/residents to be evacuated (e.g. bed type, TAL, etc.)
- Equipment needed or accompanying the patient/resident
- What staff is available/willing to accompany patient/residents
- Will a "stay team" remain at the evacuated facility
- Number, if any, of patients/residents approved to SiP
  Note: HCFs <u>cannot</u> proceed to SiP without the approval of the NYSDOH AND the Local Chief Elected Official.

Question: When would a NYC-located Receiving Facility call the HEC?
Answer:

- Beds that had previously been reported offered are no longer available
- Beds that have become available, as well as newly identified surge space
- The number of beds, if any, that have been overcommitted
- Residents/patients arriving that do not match the arrangements made with a Sending Facility
- Other reasons that may occur in relation to the evacuation operation

Question: What if a NYC-located facility is no longer able to receive patients/residents and may need to evacuate?
Answer: Call the HEC immediately.

<u>Nassau County-Specific Questions</u>

Question: Who is responsible for identifying Receiving Facilities during an evacuation?
Answer: Each facility is required to have an evacuation plan which should include send and/receive agreements with other HCFs that matches bed type.

Question: Who is responsible for transporting patients/residents during an evacuation?
Answer: Facilities are expected to arrange for and provide appropriate transportation for their patients/residents.

Question: For a facility located in Nassau County, who would be contacted for assistance in bed matching and/or transportation?
Answer: All HCFs should contact the Nassau County ESF-8 (health desk)/HMMACG.

Suffolk County-Specific Questions

Question: Who should a Suffolk County facility contact to assist with bed matching?
Answer: Facilities should contact the Suffolk County EOC, ESF 8 desk at 631-852-4992 or 631-852-4900.

Question: Who is responsible for identifying receiving facilities during an evacuation?
Answer: Each facility is required to have an evacuation plan in place to accept patients. The expectation is that health care systems will place patients in institutions within their respective system first. Facilities should contact the Suffolk County EOC, ESF-8 desk at 631-852-4992 or 631-852-4900 for those patients that require placement outside a system hospital when in-system options have been exhausted.

Question: Who is responsible for transporting patients in an evacuation?
Answer: Facility evacuation plans should include ambulance, specialty care ambulance, ambulette, or taxi/van/bus companies to support an evacuation. Facilities should contact the Suffolk County EOC, ESF 8 desk at 631-852-4992 or 631-852-4900 for assistance and coordination of essential transportation services, as the ESF-8 Branch coordinates mutual aid ambulances through the NYS EMS Mobilization Plan and the National Ambulance Contract (NAC).

Question: Will the ESF-8 Branch reach out to my facility if we have not contacted them?
Answer: Yes, the ESF-8 Branch holds regular briefings and disseminates situational awareness information.

Question: Where should HCF Emergency Management Coordinators (EMCs) call for situational awareness updates or to request assistance?
Answer: HCF EMCs should contact the Suffolk County EOC, ESF 8 desk at 631-852-4992 or 631-852-4900.

Question: What information will the ESF-8 Branch need to assist with evacuation transportation?
Answer:

- Number of patient(s)/resident(s)
- TAL as follows, including any special equipment that is required, and if facility staff will be accompanying patient:

1 - Ambulance Advanced Life Support (ALS) or Basic Life Support (BLS), Ambulance Critical Care Specialty, Ambulance Vent, Ambulance-Bariatric
2 - Ambulette, personal care attendant from facility, Ambulette no personal care attendant needed
3 - Van or Bus, no attendant needed

Question: What if a facility wants to exercise its SiP options?
Answer: Facilities must contact the Suffolk County EOC, ESF 8 desk at 631-852-4992 or 631-852-4900[3]

Westchester County-Specific Questions

Question: For a facility located in Westchester County, who should be contacted for assistance in the event of an evacuation?
Answer: All HCFs should contact their local municipal emergency officials first who in turn would contact the Westchester County EOC if additional assistance/resources are required.

Question: Who is responsible for identifying Receiving Facilities during an evacuation?
Answer: Each facility is required to have an evacuation plan which should include procedures for the evacuation of all patients/residents to a facility of the same type. In the event beds in local receiving facilities have been exhausted, the Westchester County EOC will coordinate with the NYSDOH HEC to identify available receiving facilities in the region. *(NON-receiving facilities in the potential coastal storm inundation zone in Westchester County have been pre-identified.)*

Question: Who is responsible for transporting patients/residents during an evacuation?
Answer: All facilities are expected to arrange for and provide appropriate transportation for all of their patients/residents. Additional transportation resources should be requested through the local jurisdiction who, if not able to meet the demand will request assistance through the County EOC. *It is strongly recommended that facilities have agreements in place with transportation agencies in advance.*

Question: What information will a Westchester County-located Sending Facility need to provide if calling for evacuation assistance?
Answer:

- Number of patients/residents needing evacuation
- The type of patient/residents to be evacuated (e.g. bed type, ACF resident type, TAL, etc.)
- Equipment needed or accompanying the patient/resident
- What staff is available/willing to accompany patient/residents
- Will a "stay team" remain at the evacuated facility

[3] HCFs cannot proceed to SiP without the explicit approval of the NYSDOH AND the Local Chief Elected Official.

- Number, if any, of patients/residents authorized to SiP (**per NYSDOH AND authorized by the Local Chief Elected Official)**

Question: Can Westchester located facilities expect someone other than NYSDOH to visit a facility prior to the storm?
Answer: In accordance with jurisdictional emergency plans, local, emergency officials may visit HCFs electing to evacuate or SiP.

Question: Will NYSDOH visit my facility during an emergency?
Answer: NYSDOH may visit a facility to assist them and monitor any potential needs during an emergency. It should be understood that just because a NYSDOH representative is on-site, this visit **DOES NOT** constitute any type of regulatory site survey. In past events, many NYSDOH representatives visited facilities solely to assist them during the event. This was incorrectly perceived by many to be an official survey. As always, there are exceptions to this, such as any cases of Imminent Jeopardy, which may need to be addressed.

ANNEX 2: New York City HEC Decision Making Timeline

Timelines provide critical information for managing evacuations and typically begin 96-120 hours before landfall. Timelines include key activities in preparation for and during the incident and extends thru repatriation of patients/residents (see Annex 9 Repatriation Procedures).

HEC Decision Making Timeline - NYC Only

PHASES OF OPERATION

HEC Activation/ Initial HCF Assessment

96-84 Hours

1

Trigger: NYSDOH Commissioner appoints HEC director. HEC activation, resource and staffing procedures initiated. NYS DOH generates initial report of HCF SiP data from Facility Evacuation Planning Application.

Description: HEC activation, initial assessment of potentially impacted HCFs.

Goals

- NYS DOH sends HCF storm guidance to all potential evacuating and receiving HCFs.
- 96 hr HERDS survey activated for all potential evacuating HCFs.
- Notify all applicable agencies of HEC location and request staffing plans
- HCFs complete 96 hr survey with on site FDNY representative, including TAL status.

HEC Mobilization

84- 72 Hours

2

Trigger: HEC activation, location and staffing plans confirmed and mobilized.

Description: Set up HEC and coordinate information collection

Goals

- HEC staffing plan finalized, resources procured and mobilized.
- Initial HEC incident action plan and reporting schedule developed
- NYSDOH provides SiP report to Chief Elected Official as requested.
- 72 hour HERDS surveys activated to all sending and receiving HCFs for operations data.
- Preliminary calls to impacted facilities begun.

HCF Evacuation

72 – 24 Hours

3

Trigger: HCF mandatory evacuation order needed to complete HCF evacuations by 24 hrs. Order modified if SiP included in order. General population evacuation begins at about 48 hours.

Description: Evacuation of patients/residents from evacuating to receiving facilities.

Goals

- HEC matches sending facility bed type needs with receiving facility bed capabilities
- Patients/residents transferred to appropriate facilities outside of impacted evacuation zones
- FDNY and REMSCO distribute diversion notifications
- HEC Director receives resolutions to issues from ESF-8 or executives

HCF Support

24 – 0 Hours

4

Trigger: Evacuation of HCFs within zones complete. *Mass Transit Shutdown at about 8 hours.*

Description: Monitor and provide support to HCFs

Goals

- Maintain communications with all HCFs, monitor status of SiP Facilities
- Provide assistance to receiving facilities
- HCFs begin damage assessments and planning
- Repatriation Process information provided to impacted HCFs

ZERO HOUR: *Onset of sustained tropical storm-force winds (39 mph); all evacuation operations cease!!*

HCF Post Storm Assessment

N hours

5

Trigger: Tropical storm-force winds leave New York City

Description: Coordinate with NYC EM recovery branch to use damage assessments for repatriation planning if patients are in unstable locations

Goals

- Determine and prioritize patients/residents for transport back to their original facility or suitable alternate facilities
- Receive and triage damage assessments from sending and receiving facilities
- Obtain status report on SIP facilities

Repatriation

N + 1 Hours

6

Trigger: Needs established for prioritized patient/resident transport

Description: Assist facilities with transferring prioritized patients back to original facilities or to alternate stable location

Goals

- Complete prioritized patient/resident movement
- Based on damage assessments, HEC Director approves repatriation requests from origin facilities
- HEC Director submits demobilization plan to NYS DOH Commissioner for approval

HEC Demobilization

7

Trigger: Transferring prioritized patients/residents back to original facility or receiving ongoing care in an appropriate HCF; NYS DOH Commissioner approves HEC demobilization plan.

Description: Return HEC facility to original condition, return equipment, and compile information

Goals

- HEC generates demobilization phase reports of HCF status
- HEC facility is handed back to owner
- HEC staff conducts a hot wash

Last Revised: May 2019

ANNEX 3: Sample 96- and 72-Hour Surveys (NYC only)

96 Hour Survey

INTRODUCTION

This form is used to collect information from facilities that are either planning to or are evacuating during an emergency event.

Facilities are directed to enter their current Census and then the number of patients by their Transportation Assistance Level (TAL) - based on the current facility Census.

Facilities are also directed to enter the number of patients/residents by bed type for each category listed.

TIMELINE / SUPPORT

The Timeline for data submission is posted in the Activity Message on the HERDS Home Page.

Contact info for survey support can be found in the IHANS announcement for this data collection effort.

Contact Info

Name of the person primarily responsible for completion of this survey *	
Title *	
Phone Number (in xxx-xxx-xxxx format) *	
Email Address *	

Census

Current facility census *	

Transportation Assistance Level (TAL) Information

Each patient must be evaluated - based on ambulatory ability

Once completed - **enter the total number of patients by TAL**

ALL fields are Required

(enter '0' for none or N/A)

Note: the sum total of the five TAL fields MUST equal the number entered in the current facility census

Definitions for TALs are available by clicking the **'?'** button to the right of each field

TAL 1 Stretcher *	
TAL 1 Ventilator *	
TAL 1 Bariatric *	
TAL 2 Wheelchair *	
TAL 3 Ambulatory *	
Notes:	

72 Hour Survey – note that the exact content of the survey may differ based on the specific needs of the incident!

72 hour Sending Facility survey

This survey reports the patient/resident population that may need to be evacuated by current bed type.

Instructions:

Enter the number of patients/residents by current bed type.

NOTE:

- Enter each patient ONLY ONCE in the bed category that best describes the patient/resident's chief *clinical resource needs.*
- The total number of patients/residents by bed type should not exceed the current total census of the facility.

This survey report does not replace the clinical dialogue between the sending and receiving facilities. This dialogue must occur in order to confirm evacuation arrangements.

Sending Hospital Bed Types

Adult Med/Surg *	
Peds Med/Surg *	
Adult ICU *	
Peds ICU *	
Adult Acute Rehab *	
Peds Acute Rehab *	
TBI Acute Care *	
Coma Recovery *	
Ventilator Access *	
Bariatric *	
AIIR Room *	
Adult Psych *	
Peds Psych *	
Infant / Cribs *	
Healthy Newborn Isolettes *	
NICU *	
Labor & Delivery *	
Post Delivery *	
Non-Traditional Surge Bed *	
Other *	

Sending Nursing Home (NH) Bed Types

Residents / Bed types

Enter the number of residents by bed type based on the current facility census.

(Enter '0' for none)

Adult Resident *	
Peds Resident *	
TBI Sub-acute Care *	
Adult Sub-acute Rehab *	
Peds Sub-acute Rehab *	
Ventilator Access *	
Adult Piped O2 *	
Peds Piped O2 *	
Dementia *	
Bariatric *	
Non-Traditional Surge Bed *	
Other *	

Sending Adult Care Facility (ACF) Bed Types

Residents / Bed types

Enter the number of residents by bed type based on the current facility census.

(Enter '0' for none)

Residents ALR *	
Residents EALR *	
Residents SNALR *	
Residents ALP *	
Residents AH *	
EHP *	
Non-Traditional Surge Bed *	
Other *	

72 hour *Receiving* Facility survey
This survey reports the total number of evacuees that the receiving facility may accept. This capacity is based on both non-occupied certified beds AND non-traditional beds.

Instructions:
Enter the number of patients/residents that can be received by bed type.

NOTE:

- Enter each patient/resident ONLY ONCE in the bed category that best describes the facility's *capabilities and resources.*
- The total number of patients by bed type cannot exceed the maximum receiving capacity reported.

This survey report does not replace the dialogue between the sending and receiving facilities. This dialogue must occur in order to confirm evacuation arrangements.

Receiving Hospital Capacity/Bed Types

Incoming Patient Capacity

Enter the number of patients of each bed type listed below that the facility can accept using ALL planned surge areas in the facility.

(Enter '0' for none or N/A)

Adult Med/Surg *	
Peds Med/Surg *	
Adult ICU *	
Peds ICU *	
Adult Acute Rehab *	
Peds Acute Rehab *	
TBI Acute Care *	
Coma Recovery *	
Ventilator Access *	
Bariatric *	
AIIR Room *	
Adult Psych *	
Peds Psych *	
Infant / Cribs *	
Healthy Newborn Isolettes *	
NICU *	
Labor & Delivery *	
Post Delivery *	
Non-Traditional Surge Bed *	
Other *	

Receiving Nursing Home (NH) Capacity/Bed Types

Incoming Resident Capacity

Enter the number of residents of each bed type listed below that the facility can accept using ALL planned surge areas in the facility.

(Enter '0' for none or N/A)

Adult Resident *	
Peds Resident *	
TBI Sub-acute Care *	
Adult Sub-acute Rehab *	
Peds Sub-acute Rehab *	
Ventilator Access *	
Adult Piped O2 *	
Peds Piped O2 *	
Dementia *	
Bariatric *	
Non-Traditional Surge Bed *	
Other *	

Receiving Adult Care Facility (ACF) Capacity/Bed Types

Incoming Resident Capacity

Enter the number of residents of each bed type listed below that the facility can accept using ALL planned surge areas in the facility.

(Enter '0' for none or N/A)

Residents ALR *	
Residents EALR *	
Residents SNALR *	
Residents ALP *	
Residents AH *	
EHP *	
Non-Traditional Surge Bed *	
Other *	

Annex 4: Timeline for NYC Healthcare Facilities Located in Evacuation Zone

Preparation and Assessment + 96-84 hours:

- Monitor guidance from jurisdiction
- Review the facility's Evacuation plan, Just in Time training (JITT) and Surge plan and update as needed
- Receive guidance from NYSDOH on eFINDS and HEC
- Conduct a structural assessment including off-site locations, and a supply assessment of the facility
- Designate Points of Contact (POC) for the facility in the event the EOC is activated
- Reach out to existing partnerships located in the Facility Evacuation Planning Application (FEPA) to review and access send/receive arrangements
- Receive and respond to the 96 Hour HERDS survey. The survey tracks a facility census and the Transportation Assistance Level (TAL) status of each patient/resident

HEC Mobilization- 84-72 hours:

- Activate the disaster plans and rapid discharge procedures
- Operationalize facility evacuation plans and the use of eFINDS
- Monitor guidance from jurisdiction – mandatory vs. voluntary evacuation
- Once activated, notify HEC of all patient/resident movements to maintain situational awareness

HCF Evacuation-72-24 hours:

- Receive and respond to the 72 Hour HERDS survey. Provide current census by bed type based on acuity and TAL
- Activate existing send/receive arrangements
- Contact the HEC for assistance evacuating patients/residents. Identify the bed type and TAL information
- Provide the HEC with general status information, and POC
- Track patient/resident movement in eFINDS
- Evacuate patients/residents by the end of this phase

24-Zero hours:

- Secure facility to complete evacuation
- Receive communication from HEC regarding Repatriation Process

Annex 5: Timeline for NYC Healthcare Facilities Located Outside an Evacuation Zone

Preparation and Assessment-+ 96-84 hours:

- Monitor guidance from jurisdiction
- Receive guidance from NYSDOH on eFINDS and HEC
- Review the facility's Evacuation and Surge plans and update as needed
- Conduct a structural assessment of the facility, off-site locations, and a supply assessment of the facility
- Designate Points of Contact (POC) for the facility in the event the EOC is activated
- Review the facility's capacity for receiving additional patients/residents evacuating from a sending facility

HEC Mobilization- 84-72 hours:

- All receiving facilities complete a 72 Hour HERDS survey to report the total number of evacuees that the receiving facility may accept by bed type
- Monitor guidance from your jurisdiction
- Facilities activate their disaster plans, rapid discharge procedures surge plans and newly identified surge space

HCF Evacuation- 72-24 hours:

- Once activated, provide the HEC with general status information and updates to the number of beds available and by bed type
- Anticipate communications from HEC to initiate transfer arrangements with evacuating facilities
- The receiving facility should expect a call from the sending facility to discuss clinical issues for the patients/residents going to their facility
- All evacuations should be completed by the end of this phase
- Receive communication from HEC regarding Repatriation Process

Annex 6: Steps for Requesting Temporary Suspension or Modification of Statutes and Regulations

When requesting suspension or modification of requirements of NYS law, the following procedures should be followed to ensure prompt and appropriate action:

1. Prepare to provide the following information:
   a. State the difficulty you are experiencing.
   b. If known, indicate the specific statute or regulation that is restricting the ability to perform essential patient/resident operations or maintain the life safety of patients/residents.
   c. State what modification you are requesting and how it will help.
   d. Provide a general idea of the length of time you expect the current situation to continue.

2. During Business hours, contact the NYSDOH Office of Primary Care and Health Systems Management (OPCHSM), Regional Office (RO) Program, or Central Office (CO) Program that oversees your type of facility. During weekends, holidays, and weekdays from 5 p.m. to 8 a.m., contact the NYSDOH Duty Officer. *(See table of contact information below)*.

3. Be prepared to provide additional information if necessary. NYSDOH OPCHSM CO Program and Executive staff will review the request and, where necessary, communicate the request to the Governor's Office or to Centers for Medicare and Medicaid Services (CMS), Region Two office. If the decision cannot be made without additional information, the RO Program Director will reach back to your facility to gather the additional information.

4. Once a final decision is made, it will be communicated to your facility by the RO Program Director, along with any pertinent information regarding the request.

5. During a large scale emergency event, when multiple providers request the same relief, a general response to all relevant providers will be sent to those providers using the NYSDOH Health Commerce System (HCS) Integrated Alerting and Notification System (IHANS), notifying them of the waiver request decision and any relevant details.

IMPORTANT NOTE:

There are no statutes or regulations that have been "pre-approved" for suspension or modification during emergency events. A new request for waiver must be made every time a disaster presents. Each request will be evaluated, and a

decision made based on the unique circumstances existing during a given emergency situation.

Roster of Contact Information NYSDOH Programs

Division of Hospitals and Diagnostic & Treatment Centers (including Community Health Centers)		
Region	**Title**	**Phone Number**
Capital District	Regional Program Director	518-408-5329
Central New York	Regional Program Director	315-477-8538
Metropolitan Area	Regional Program Director	212-417-5990
Western New York	Regional Program Director	716-847-4310 (Buffalo) 585-423-8141 (Rochester)
Central Office	Division Director	518-402-1004
Off Hours (5:00 pm to 8:00 am, all weekends and holidays)	NYSDOH Duty Officer	866-881-2809
Division of Nursing Homes and ICF/IID Surveillance		
Region	**Title**	**Phone Number**
Capital District	Regional Program Director	518-402-1038
Central New York	Regional Program Director	315-477-8472
Metropolitan Area	Regional Program Director	212-417-6197 212- 417-4999
Western New York	Regional Program Director	716-847-4320 (Buffalo); 585-423-8020 (Rochester)
Off Hours (5:00 pm to 8:00 am, all weekends and holidays)	NYSDOH Duty Officer	866-881-2809
Central Office	Division Director	518-408-1267
Adult Care Facility and Assisted Living Surveillance Program		
Region	**Title**	**Phone Number**
Capital District	Regional Program Director	518-408-5287

Central New York	Regional Program Director	315-477-8472
Metropolitan Area	Regional Program Director	212-417-4440 631-851-3098 (Long Island)
Western New York	Regional Program Director	585-423-8185
Central Office	Division Director	518-408-1133
Off Hours (5:00 pm to 8:00 am, all weekends and holidays)	NYSDOH Duty Officer	866-881-2809
Division of Home and Community Based Services		
Region	**Title**	**Phone Number**
Capital District	Regional Program Director	518-408-5287
Central New York	Regional Program Director	315-477-8472
Metropolitan Area	Regional Program Director	212-417-4921
Western New York	Regional Program Director	716-847-4302 (Buffalo) 585-423- 8121 (Rochester)
Central Office	Division Director	518-408-1638
Off Hours (5:00 pm to 8:00 am, all weekends and holidays)	NYSDOH Duty Officer	866-881-2809

Annex 7: New York State Department of Health Shelter in Place (SiP)

New York State Department of Health Shelter in Place (SiP) Review Process

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 NYSDOH regulated HCFs 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 a Local Chief Elected Official that includes an option to SiP.**

HCFs and agencies should appreciate that as defined, SiP represents an unusual incident related action which permits the HCF to **remain in an active hazard zone.** This action can place the facility's patients/residents and staff at considerable risk. As such SiP does not represent business as usual and should be differentiated from defending in place or "hunkering down" during a storm. SiP **must** also be differentiated from staying put simply because a HCF ran out of time to conduct necessary evacuation procedures during the appropriate pre-storm period.

- **SiP is contingent on the Chief Elected Official of a jurisdiction issuing a Mandatory Evacuation order that includes a HCF SiP option to remain in a defined evacuation zone, is incident-specific and requires approval of NYSDOH.**

NYSDOH has combined the information previously gathered by yearly coastal storm planning surveys into a streamlined database called the **Facility Evacuation Planning Application (FEPA)**. This application, accessible on the Health Commerce System (HCS), is designed as 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. In conjunction with information automatically transferred from the HCF Critical Asset Survey (CAS), the FEPA is also the repository of key information about HCF resilience that may be included in consideration of its capability to SiP.

Coastal storms are an acknowledged hazard under the statewide and local County Emergency Preparedness Assessments (CEPAs) for counties with or near coastal boundaries. Under the Centers for Medicare and Medicaid Services (CMS) **Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers: Final Rule**, all hospitals and nursing homes are required to develop risk assessments to identify hazards and to develop emergency response plans and procedures that address those identified hazards.

Under the CMS requirements, these risk assessments and plans must be reviewed and where necessary, updated at least biennially by hospitals and at least ***annually by nursing homes*****.** Planning coastal storm evacuation send-receive arrangements is also considered by CMS to be a required part of emergency planning for facilities whose physical; location is in an area where coastal storms is a recognized hazard, e.g., in an established evacuation or slosh zone. CMS also emphasizes that the requirements of the EP rule do not supersede the regulatory requirements of the state or of the local jurisdiction. To that end, hospitals and nursing homes are reminded that under 10 NYCRR **§**702.7 of the NYS hospital code, all medical facilities, including nursing homes, (and also at 10 NYCRR § 415.26 for nursing homes) are required to review and complete necessary updates to their emergency response plans at least twice a year.

Adult care facilities (ACFs) are not required to comply with the CMS EP Rule. However, under 18 NYCRR **§**487.12, **§**488.12 and 10 NYCRR **§**1001.14, to maintain and drill their emergency plans. ACFs are required to review the facility's plan with all staff at least quarterly, and with any/all updates, per DAL 15-13, dated December 23, 2015.

Furthermore, under 10 NYCRR 400.10 (b) for hospitals and nursing homes and 18 NYCRR 487.12 and 488.12 for ACF facilities are required to have sufficient staff users of the HCS "to ensure rapid response to requests for information by the State and/or local Department of Health"; this includes all HCS applications and pertains to completion and update by facilities to all their facility information in FEPA, as is being requested by NYSDOH, to prepare for the Atlantic Hurricane Season each year. Compliance to this regulation assists facilities in meeting the requirements of the Communication standard of the larger, EP Rule.

NYSDOH SiP review process is based on the data derived from the CAS and FEPA. This includes several new FEPA measures, as outlined below:

5. **Population to Evacuate (PTE)** – The number of patients/residents that are expected to be in the facility and will need to be evacuated, after the application of planned pre-storm rapid discharge processes that decrease facility census.
6. **Population to Shelter in Place (PTSiP)** –The number of patients/residents that the facility proposes to retain in the facility during a coastal storm/flood incident (SiP), for a HCF that wants to be considered to SiP. Based on SiP definition, this population should only account for those patients/residents that are too critical to be moved or where moving them may have a negative health outcome.
7. **SiP Population to Evacuate (SiP PTE) –** The number of patients/residents that the facility expects it will evacuate, decreased by the number of patients/residents it proposes to SiP in the facility.

HCFs need to base their send-receive arrangement planning on the larger PTE.

8. **Population Arrangement Ratio (PAR)** – The ratio between the PTE and the number of patients/residents that are accounted for in the facility's send-receive arrangements as listed in the PA.

To be considered for SiP, requesting facilities should ensure the following targets are met in the FEPA:

All required elements of compliance in the FEPA have been met for the current calendar year.

Active Primary and/or Network Arrangements have been made and reported for 100% of the identified PTE in the FEPA (PAR = 100%).

The identified Population to SiP does not exceed the ceiling of 15% of the identified PTE of the facility.

NOTE: The formulation of these measures is detailed in the FEPA v 3.1, 2020 Users Guide.

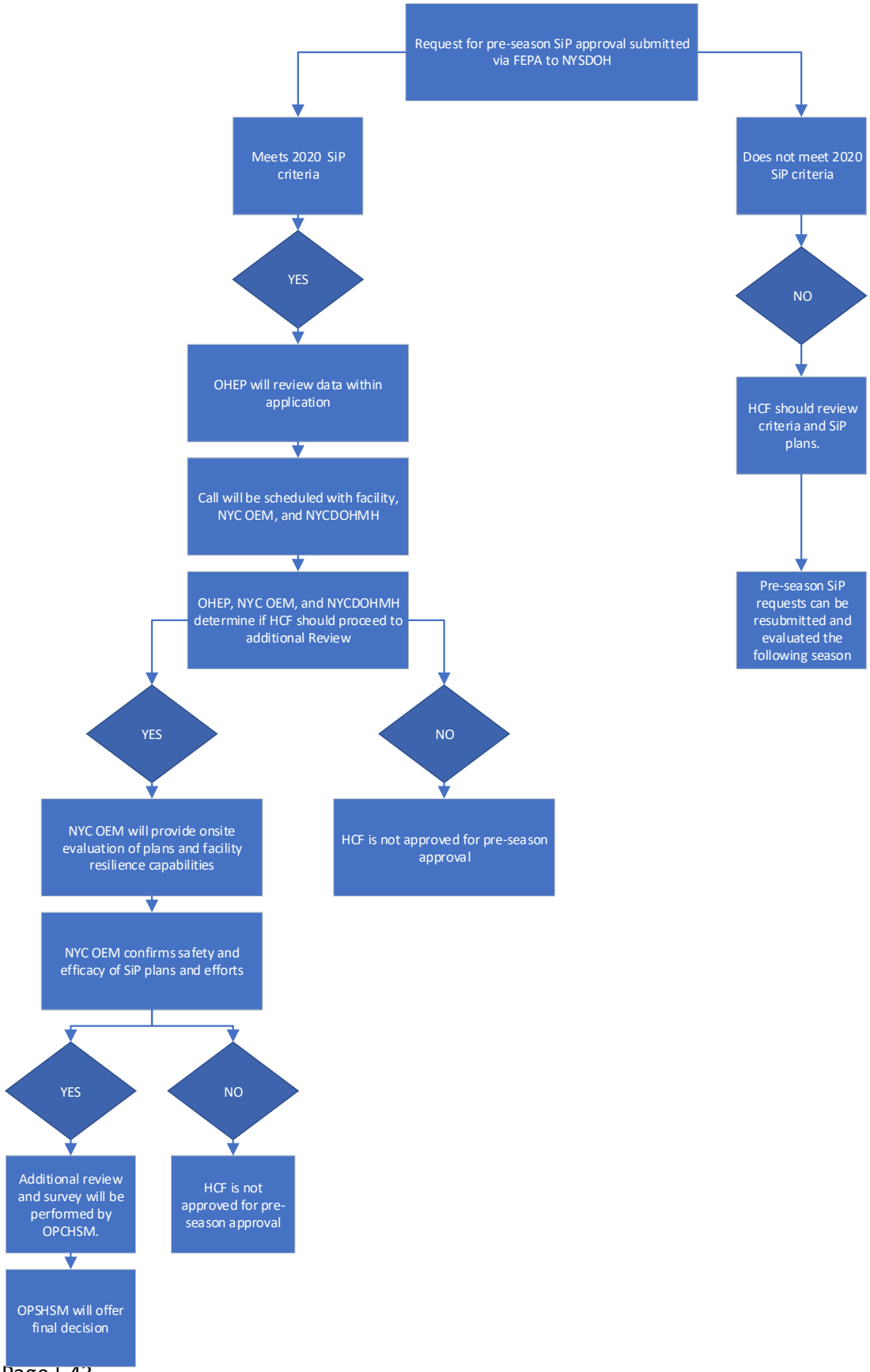
The NYSDOH SiP review process consists of two phases, a "pre-season" phase and an "incident specific" phase, as presented in the Pre-Season and Incident Specific process tables in the HEC HCF Guidance Document. *Note the process is different for NYC vs. non-NYC locations.*

To request to SiP, NYC HCFs must use and log all required information into the FEPA on the HCS. Through the FEPA, facilities will indicate that they want to be considered to SiP and will provide information for the "pre-season" review phase. *Facilities located outside of NYC will be evaluated as described and pursuant to policies of the jurisdictions in which they reside.*

Pre-season review by NYSDOH, in conjunction with NYCDOHMH and NYCEM, yields a "pre-season SiP-option facilities list." This list indicates facilities that have met all SiP parameters and do not have any obvious resilience or vulnerability issues. **Inclusion on this list does not require or authorize a facility to SiP!** Only facilities that have completed the pre-season review may be considered for the incident specific review. Only facilities that have completed incident specific review may be authorized to SiP per a mandatory order from the jurisdictions chief elected official that includes a SiP option, if such an order is made.

New York State Department of Health - Shelter in Place (SiP) Review Process	
PRE-SEASON REVIEW	
IN NYC	**OUTSIDE NYC**
• Complete and update baseline form of the Critical Asset Survey (CAS) on the HCS. • Complete an evaluation of the facility's Population to Evacuate on the FEPA - PTE screen. • Review the NYSDOH SiP guidance screen of the FEPA. Choose the Request to SiP option to continue. • Complete an evaluation of the facility's proposed population to SiP on the FEPA – PT SiP table. This generates an email notice to NYSDOH to schedule a SiP review with the facility. • *Review/update and submit* - all previously documented or newly arranged, Send-Receive Arrangements in the FEPA • NYSDOH reviews all relevant facility data in the FEPA and CAS. • NYSDOH conducts a SiP consultation with the requesting facility to: ➢ Confirm all FEPA and CAS data ➢ Review the facility PTE, PT SiP, Stay Team, SiP PTE and PAR. All SiP parameters, as described in the FEPA Users Guide, must be met. ➢ Review any facility level mitigation projects not already reported • Advise the facility of any improvement actions that may affect its capability to SiP, e.g., stay team, SiP population, send – receive arrangements. • Schedule a secondary or onsite review if needed. • **Facility-specific information will not be shared with any other facility.**	• Information includes review of local coastal storm related planning surveys, the NYSDOH CAS, any other informative sources deemed appropriate, including facility assessments by third-party vendors; facility self-assessments) will be considered as part of initial determination of eligibility to SiP. • Review includes all survey data, known facility risk factors and results of mitigation projects to develop an indication of the facility's ability to protect the life and safety of patients/residents and staff under severe storm conditions. • Pre – season review by NYSDOH yields a "Pre-Season SiP-Option Facilities List." This list will be shared with the respective at-risk jurisdictions on an as needed basis for situational awareness. • **Facility-specific information will not be shared with any other facility**.

New York State Department of Health - Shelter in Place (SiP) Review Process	
INCIDENT SPECIFIC REVIEW	
IN NYC	**OUTSIDE NYC**
• Conducted in alignment with the overall time line for an approaching storm. • Facilities on the preseason list that want to be considered for incident specific SiP will update the PTE and SiP tables in the FEPA in accordance with a NYSDOH timeline. • NYSDOH will review all updated SiP parameters. • NYSDOH and NYC partners will evaluate the incident specific SiP risk vs. benefit based on the updated SiP parameters, considering storm specific factors such as size, predicted track, bearing and predicted surge. • NYSDOH, in consultation with NYCDOHMH and NYCEM will create a storm-specific list of health care facilities eligible to SiP. This will be used to make incident specific recommendations to the **Office of the Mayor of the City of NY** for inclusion in an evacuation order, should one be issued.	• Conducted in alignment with the overall timeline for an approaching storm. • Between 120 and 96 hrs., in conjunction with the appropriate local jurisdictions public health and emergency management partners, NYSDOH will review pre-season determinations based on surveys and other indicators of facility resilience and planning compared with storm specific factors such as size, predicted track, bearing and predicted surge. • Pre-season list facilities will be contacted to review the results of any prior facility mitigation projects, their proposed SiP population and storm specific information in order to gauge facility capability to SiP during the specific predicted storm. • NYSDOH, in conjunction with the appropriate local jurisdictions public health and emergency management partners, will create a storm-specific list of health care facilities eligible to SiP. This will be used to make incident specific SiP recommendations to any jurisdiction that has issued a mandatory HCF evacuation order that includes a SiP option. • **The office of chief elected official in the affected jurisdiction(s) holds the authority to order a mandatory HCF evacuation and to approve or reject the SiP recommendations of NYSDOH, made in consultation with the jurisdiction.**


Request for pre-season SiP approval submitted via FEPA to NYSDOH
Meets 2020 SiP criteria
Does not meet 2020 SiP criteria
YES
NO
OHEP will review data within application
HCF should review criteria and SiP plans.
Call will be scheduled with facility, NYC OEM, and NYCDOHMH
Pre-season SiP requests can be resubmitted and evaluated the following season
OHEP, NYC OEM, and NYCDOHMH determine if HCF should proceed to additional Review
YES
NO
NYC OEM will provide onsite evaluation of plans and facility resilience capabilities
HCF is not approved for pre-season approval
NYC OEM confirms safety and efficacy of SiP plans and efforts
YES
NO
Additional review and survey will be performed by OPCHSM.
HCF is not approved for pre-season approval
OPSHSM will offer final decision

Annex 8: Transportation Assistance Levels (TALS)

TAL are a standard classification system to help streamline and coordinate evacuations statewide. The TALs classifications are used by healthcare professionals to assess the types of resources needed (e.g. buses, vans, ambulances) by each patient/resident at a facility during a **planned evacuation**. This hierarchy is not a clinical assessment or triage scale. Continuity of clinical care is an independent issue to be addressed concurrently with transportation modality determination.

TALs are not intended for use during an emergent situation such as a fire. 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 HCFs 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 - Stretcher** Individuals unable to travel in a sitting position and 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, cardiac monitors, or other biomedical devices to accompany them during movement.	Require clinical observation ranging from intermittent to 1:1 nursing. Critical cases 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, or physician) appropriate to their condition	1 
	Non-Ambulatory - Vent Individuals unable to travel in a sitting position, are on mechanical ventilation and require stretcher transport. These patients/residents are clinically unable to be moved in a seated position, and require equipment including but not limited to mechanical ventilators, oxygen, cardiac monitors, or other biomedical devices to accompany them during movement.	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, or physician) appropriate to their condition	
	Non-Ambulatory - Bariatric Individuals unable to travel in a sitting position and require transportation on a wider stretcher. 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.	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, or physician) appropriate to their condition	

Transportation Assistance Level		Staffing support	Transportation Asset	Accompaniment	Designation symbols
2	**Wheelchair** Individuals who cannot walk on their own but can sit for an extended period. 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, an indwelling catheter or a PEG tube during their relocation or evacuation. Intravenous infusion lines should be converted to saline locks or discontinued for transport.	Safely managed by a single non-clinical staff member or healthcare facility-designated person if a saline lock is in place. Continued IV infusion would require a nurse or paramedic during transport.	May be transported as a group in a wheelchair appropriate vehicle (e.g., medical transport van or 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	2 
3	**Ambulatory** Individuals who can walk on their own at a reasonable pace. Those who can 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	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, or private auto)	A single staff member appropriate to the most acute patient/resident's condition while accompanying a group of patients/residents	3 

Annex 9: Repatriation Procedures

Repatriation of Evacuated Patients and Residents- NYC Facilities:

Following Superstorm Sandy, the HEC facilitated the repatriation of evacuated Patients and Residents to their home facilities, whose structures were not in a condition that could endanger life/safety.

The process for repatriation at the HEC in conjunction with NYC EM is as follows:

1. Following fly-over evaluations of the safety of neighborhoods by New York Police Department (NYPD) and FDNY, the Department of Buildings (DOB) will make an initial assessment of buildings and determine which are able to move to be pre-mitigated and/or repatriated.

2. Facilities will call into HEC program staff to request repatriation

3. HEC staff will provide that request to the HCF Lead, who will report this to the HEC lead who will communicate to NYC EM liaison for NYC EM intervention.

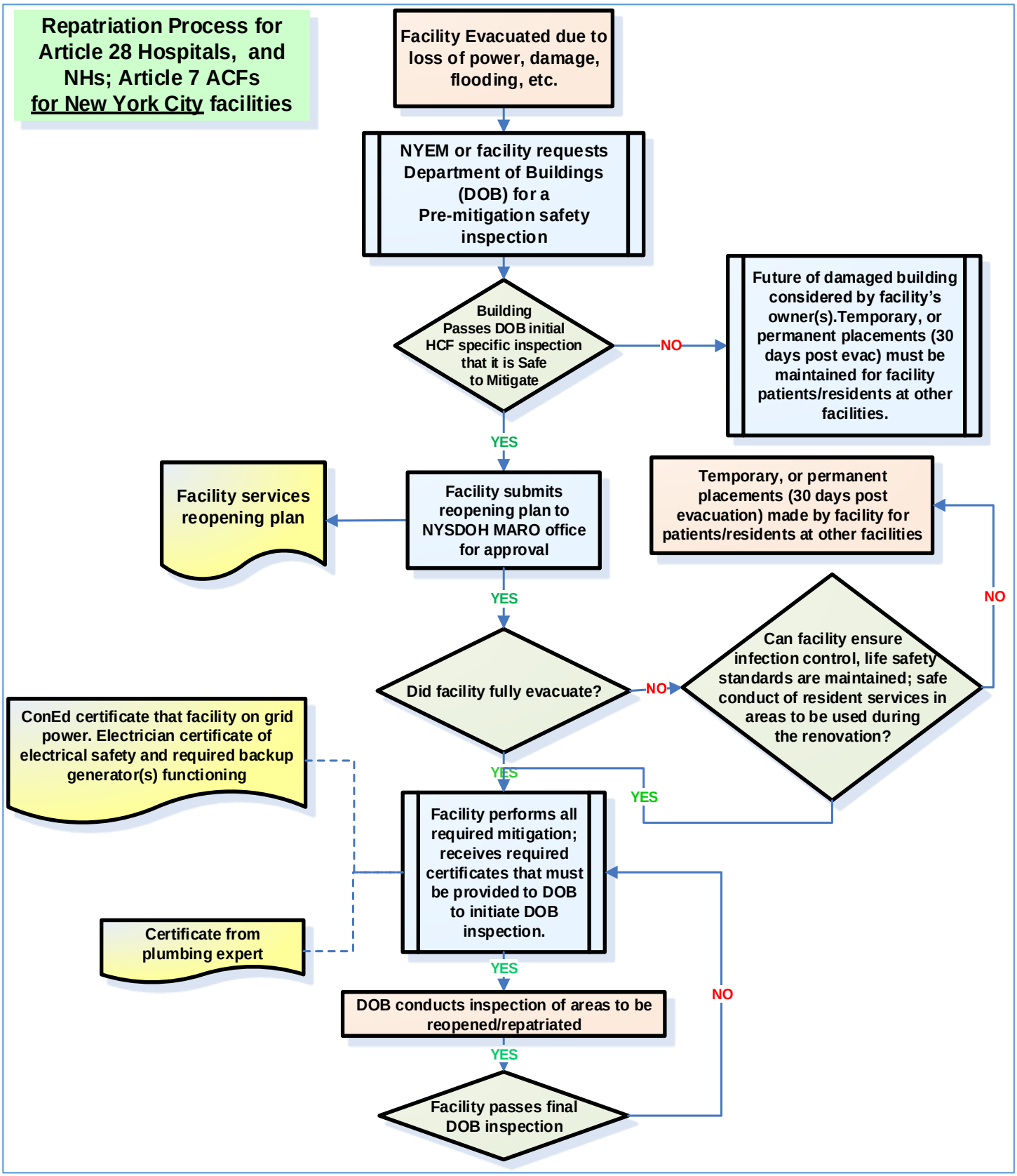
4. NYC EM will contact DOB to arrange for inspection.

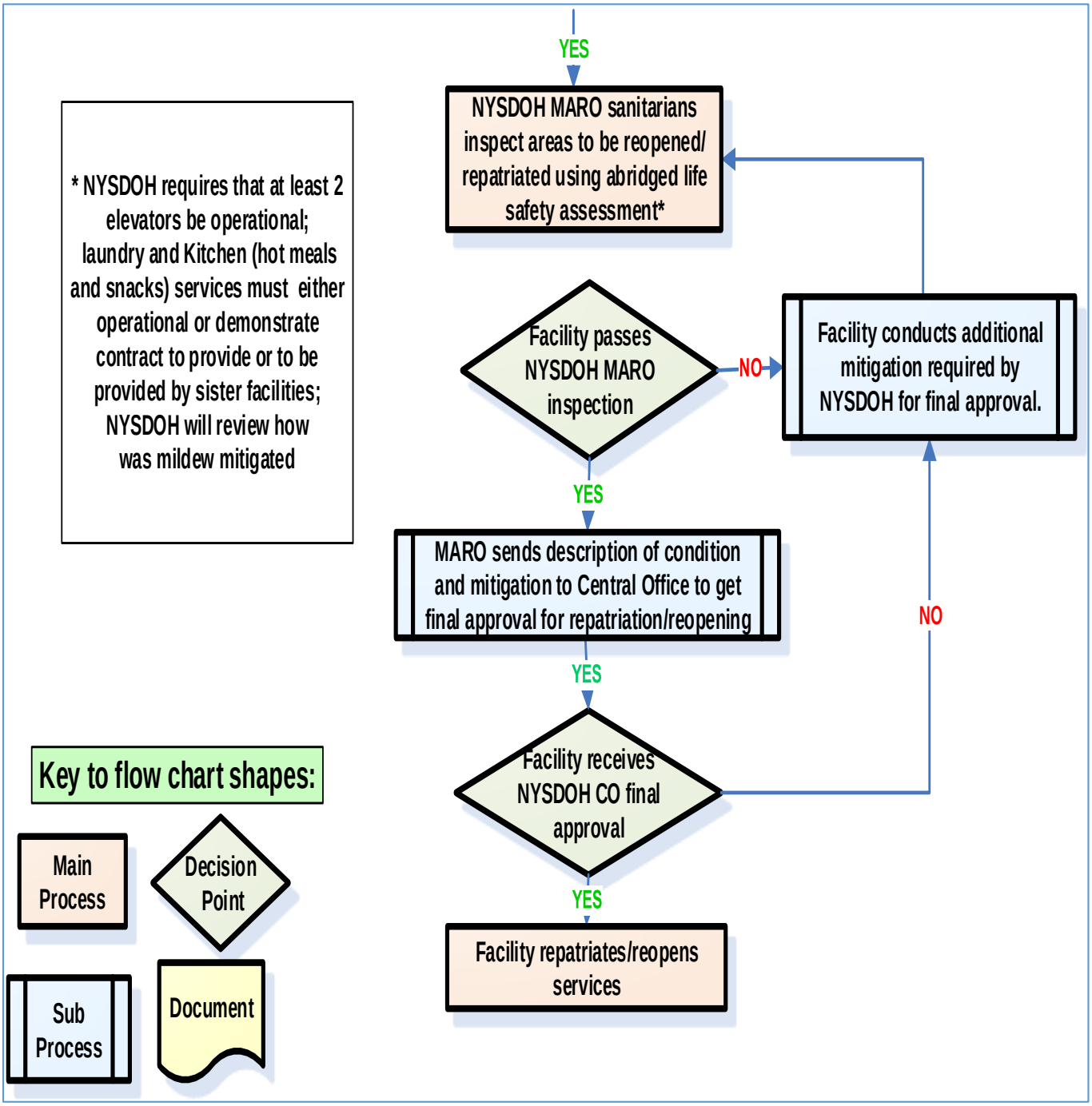
5. DOB will communicate its finding for mitigation needs or approval to repatriate to the NYC EM, which will forward the information to the HEC program staff to communicate to the facility management.

6. NYC EM will support transportation as much as possible; if there is a budget available, there will be no charge to the facility; if no budget, facility may need to cover charges of transportation for the HEC.

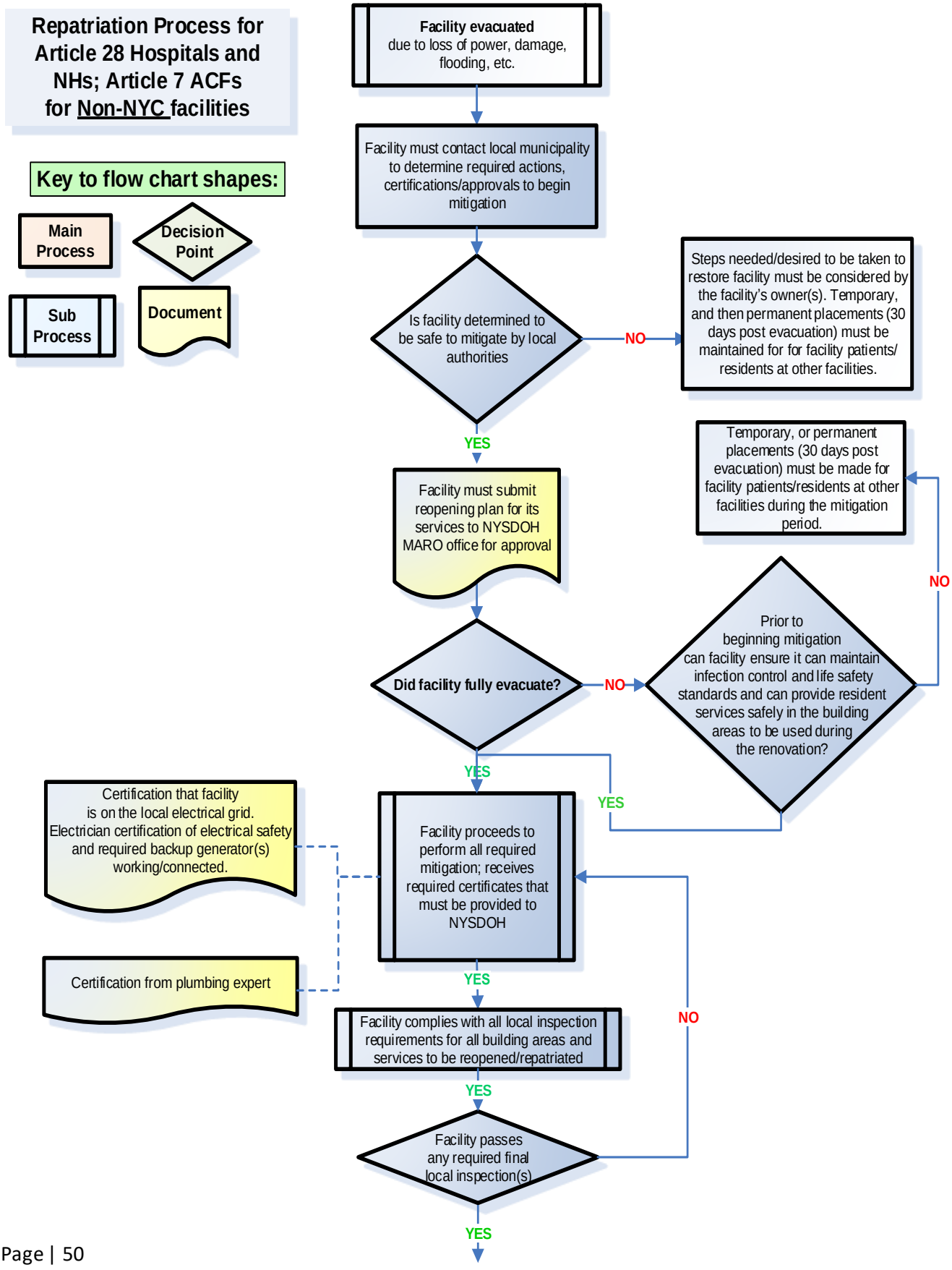
7. For facilities that have an extended mitigation period, beyond the time of HEC demobilization, NYSDOH staff will take the lead and continue communications with the facility and work with NYC EM on the process, following the steps outlined above.

8. The HEC Application is used to track confirmation of all required Repatriation steps that correspond with the above process.

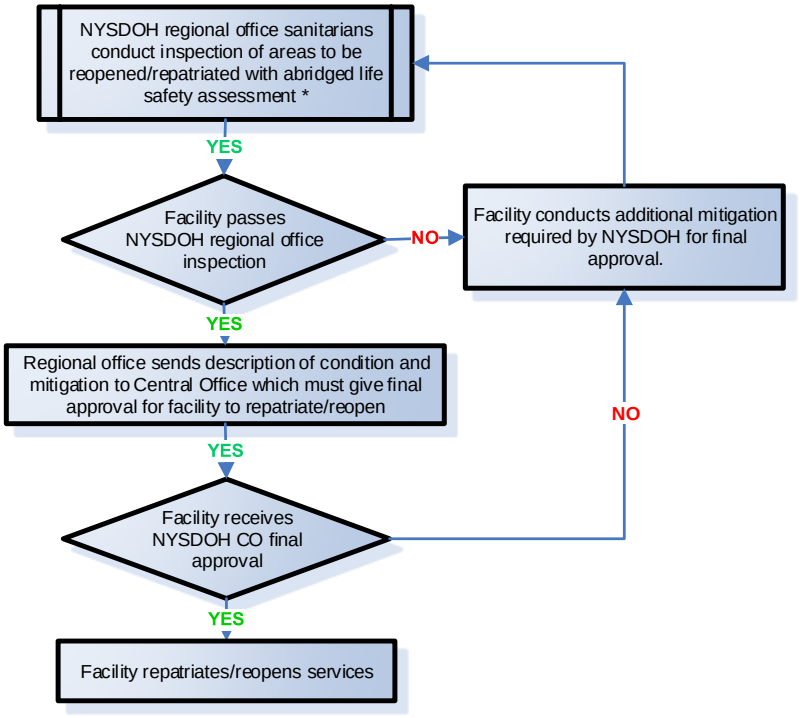

Repatriation Process for Article 28 Hospitals, and NHs; Article 7 ACFs for New York City facilities
Facility Evacuated due to loss of power, damage, flooding, etc.
NYEM or facility requests Department of Buildings (DOB) for a Pre-mitigation safety inspection
Building Passes DOB initial HCF specific inspection that it is Safe to Mitigate
NO
Future of damaged building considered by facility's owner(s).Temporary, or permanent placements (30 days post evac) must be maintained for facility patients/residents at other facilities.
YES
Facility services reopening plan
Facility submits reopening plan to NYSDOH MARO office for approval
Temporary, or permanent placements (30 days post evacuation) made by facility for patients/residents at other facilities
YES
NO
Did facility fully evacuate?
NO
Can facility ensure infection control, life safety standards are maintained; safe conduct of resident services in areas to be used during the renovation?
ConEd certificate that facility on grid power. Electrician certificate of electrical safety and required backup generator(s) functioning
YES
YES
Facility performs all required mitigation; receives required certificates that must be provided to DOB to initiate DOB inspection.
Certificate from plumbing expert
YES
NO
DOB conducts inspection of areas to be reopened/repatriated
YES
Facility passes final DOB inspection


YES
NYSDOH MARO sanitarians inspect areas to be reopened/ repatriated using abridged life safety assessment*
* NYSDOH requires that at least 2 elevators be operational; laundry and Kitchen (hot meals and snacks) services must either operational or demonstrate contract to provide or to be provided by sister facilities; NYSDOH will review how was mildew mitigated
Facility passes NYSDOH MARO inspection
NO
Facility conducts additional mitigation required by NYSDOH for final approval.
YES
MARO sends description of condition and mitigation to Central Office to get final approval for repatriation/reopening
NO
YES
Facility receives NYSDOH CO final approval
YES
Facility repatriates/reopens services
Key to flow chart shapes:
Main Process
Decision Point
Sub Process
Document

Repatriation Process for Article 28 Hospitals and NHs; Article 7 ACFs for Non-NYC facilities



Continued from prior page



* NYSDOH requires that at least 2 elevators be operational; laundry and Kitchen (hot meals and snacks) services must either operational or demonstrate contract to provide or to be provided by sister facilities; NYSDOH will review how was mildew mitigated

Annex 10: Acronym List

ACF	Adult Care Facility
ALS	Advanced Life Support
BLS	Basic Life Support
CEMP	Comprehensive Emergency Management Plan
CEPA	County Emergency Preparedness Assessment
CAS	Critical Asset Survey
CO	Central Office
CMS	Centers for Medicare and Medicaid Services
DHSES	Department of Homeland Security and Emergency Services
DOB	Department of Buildings
eFINDS	Evacuation of Facilities in Disasters System
EM	Emergency Management
EMC	Emergency Management Coordinators
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
ESF	Emergency Support Function
ESRDS	End Stage Renal Disease System
FAQ	Frequently Asked Questions
FDNY	Fire Department City of New York
FEMA	Federal Emergency Management Agency
FEPA	Facility Evacuation Planning Application
FRES	Fire, Rescue and Emergency Services
HCF	Health Care Facilities
HCS	Health Commerce System
HEC	Healthcare Facility Evacuation Center
HERDS	Health Emergency Response Data System
HMMACG	Health and Medical Multi-Agency Coordinating Group
HOC	Health Operations Center
IHANS	Integrated Health Alerting Notification System
LHD	Local Health Department
MARO	Metropolitan Area Regional Office
MOU	Memorandum of Understanding
MPH	Miles Per Hour
MTA	Metropolitan Transit Authority
NAC	National Ambulance Contract
NH	Nursing Home
NYPD	New York Police Department
NYS	New York State

NWS	National Weather Service
NYC	New York City
NYC EM	New York City Emergency Management
NYCDOHMH	New York City Department of Health and Mental Hygiene
NYSDOH	New York State Department of Health
OPCHSM	Office of Primary Care and Health Systems Management
RO	Regional Office
SiP	Shelter in Place
SLOSH	Sea, Lake and Overland Surges from Hurricanes
TAL	Transportation Assistance Level

NEW YORK STATE | Department of Health | Office of Health Emergency Preparedness

Coastal Storm Planning Health Care Facility Evacuation Center (HEC) Health Care Facility (HCF) Guidance Document Webinar Training– Recorded Training Session

Background

The NYSDOH and its planning partners have continued to streamline and enhance health care facility coastal storm planning.

The updated and revised HEC HCF Guidance Document is designed to provide health care facilities in New York City and the adjacent counties of Westchester, Nassau and Suffolk with an overview of important concepts and procedures that need to be known and understood to plan for, respond to and recover from a large scale, multi-facility, multi-jurisdictional evacuation event related to a coastal storm.

Goal

To provide an overview of HEC HCF Guidance Document which will include key areas of coastal storm planning that include:

- HEC procedures and time lines
- The type of information needed for evacuation;
- Temporary suspension of regulations (waivers) requests
- Transportation Assistance Levels (TALs)
- Evacuation of Facilities in Disaster Systems (eFINDS)
- Common issues faced by health care facilities

Target Audience

Hospital, nursing home, adult care facility and county health department staff that are responsible for evacuation planning and response as well as repatriation in the following counties:

Bronx	Nassau
Kings	Suffolk
New York	Westchester
Queens	Richmond

Sessions

- Online Recorded Session

NYSDOH Faculty

- Kate Butler-Azzopardi, Healthcare Facility Manager, OHEP

Questions Regarding NYSDOH Learning Management System (LMS)

Direct questions to edlearn@health.ny.gov or 518-473-4223 Ext 4.

Questions Regarding Training

Direct questions to prepedap@health.ny.gov or 518-474-2893.

Registration

To enroll in the training, please go to www.NYLearnsPH.com and either register or login to the LMS. Search Course Catalog for: **OHEP-HECGUIDE-2019.**

NOTE - PLEASE READ - Please verify your contact information and employer information in your LMS profile when registering. Any required course correspondence will be sent using the e-mail address listed in the LMS.