New York State Department of Health

Healthcare Facility Evacuation Center

Facility Guidance Document for the 2014 Coastal Storm Season

August 1, 2014
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 your facility-specific plan.
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Introduction

Events both natural and man-made may result in the evacuation of healthcare facilities within a region. The geography and population density of specific areas in New York State 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 (as needed and approved), and repatriation of healthcare facilities during a regional multi-facility evacuation in New York City and surrounding region. The HEC will also provide situational awareness among all affected counties.

When the National Weather Service (NWS) forecasts a coastal storm landfall north of North Carolina, New York City Office of Emergency Management (NYC OEM) will convene a Coastal Storm Steering Committee call prompting NYS DOH to consider activation of the Healthcare Facility Evacuation Center (HEC). The timing of the healthcare facility 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 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 prior to Zero Hour.

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 healthcare facilities. 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 healthcare facilities in threatened areas be considered for the sheltering-in-place (SiP) of some patients and/or residents.

Healthcare facilities cannot proceed to SiP without the explicit consent of the NYSDOH.

Prior to an evacuation order, the NYSDOH, in consultation with the Local Department of Health (LHD) and County OEM (where applicable), will provide a list of SiP-approved healthcare facilities. These identified facilities will be permitted to carry out SiP operations 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 healthcare facilities located in NYC and surrounding counties of Westchester, Nassau and Suffolk. In a worst case scenario – a coastal storm that forces an evacuation of all healthcare facilities in impacted regions as defined by the jurisdiction (e.g., Sea, Lake and Overland Surges from Hurricanes or SLOSH zones) – the number of patients/residents involved will be significant\(^1\). Successful evacuation would require every facility to expend high level effort and added resources including existing Memoranda of Understanding (MOU) or other related agreements with other facilities for the placement of their patients/residents. It will also require coordination and support from government agencies and partners.

\(^1\) For exact figures of healthcare facilities and patients/residents involved by impacted zones, please see page 9-10
The HEC functions with the assistance of multi-agency partners that are specific to the impacted region. These agencies include LHD, OEM, and Healthcare Facility Associations among others. Examples of capabilities and resources that can be provided by the HEC:

- Assistance in finding beds for evacuating facilities
- Arrangements for transportation between facilities
- Guidance to receiving facilities
- Guidance to SiP eligible facilities
- Troubleshooting of evacuation issues
- Assistance with repatriation of patients/residents

Planning Assumptions

General Planning Assumptions

- All healthcare facility evacuation activities will be completed prior to “Zero Hour”. Zero Hour is defined as the onset of sustained tropical storm force winds of or greater than thirty-nine (39) miles per hour (mph).
- Facility decompression, with rapid discharge to the home or other healthcare facilities, will occur prior to a storm or event with advance warning.
- If applicable, cancellation of elective surgeries will occur prior to a storm or event with advance 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.
- Healthcare facilities will need to consider the closure of bridges and cessation of transportation services in their evacuation timelines.
- The Metropolitan Transit Authority (MTA) plans for the shutdown of subway systems eight (8) hours and buses six (6) hours prior to Zero Hour. Other local public transportation resources have other timelines and should be consulted for potential impact as part of the pre-planning effort.
- Healthcare facilities will plan for widespread and prolonged power disruptions.
- Where required by regulation, healthcare facilities are expected to have sufficient generator coverage and per recommendation, enough fuel to last at least twenty-four (24) hours prior to the storm and seventy-two (72) hours post-event.
- Healthcare facilities 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.
**Planning Assumptions – New York City Specific**

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**

All healthcare facilities in Nassau County have a documented coastal storm evacuation appendix in their Comprehensive Emergency Operations Plan.

There exists a worst-case scenario that may necessitate the relocation of hospitals and other healthcare facilities (under difficult conditions) to contingency field hospitals or to permanent or temporary buildings that can adequately protect patients and medical staff from the effects of the event. Staff from evacuating facilities will augment staff at receiving sites.

**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 shelter in place (SiP) in accordance with Public Health Law Article 28, but whether or not SiP is allowed for the particular event is up to the Local Chief Elected Official.

**Additional considerations for healthcare facilities**

Avoid the common pitfall of planning to the last disaster. Although Superstorm Sandy (2012) was a devastating event, the next disaster may be drastically different in terms of impact. It will have its own unique characteristics, direction, strength, etc. Facilities should look at existing vulnerabilities, planning gaps and needed competencies. In turn, facilities should use these 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.
Healthcare Facility Surveys

The NYSDOH HEC Manual and 2013 NYSDOH Health Facility Surveys\(^2\) have provided NYSDOH with important information on facility plans and capabilities related to facility infrastructure, evacuation, and receiving capacity. Facility profiles sent in June 2014 provide healthcare facilities with critical information about their send and receive pre-arrangements.

Facilities are encouraged to complete and update their Send-Receive Profiles annually to ensure agreements are still viable.

Facility Shelter-In-Place (SIP) Consideration

For the purpose of NYSDOH pre-storm assessment of SIP eligibility (2014), the potential to SIP refers to the ability of a facility to retain a small number of patients/residents for the duration of a specific event. SIP patients/residents are those considered too critical to be moved (e.g. intensive/critical care, vent-dependent, post-TBI, severe behavioral health) or where moving them might have a negative health outcome.

Facilities that wish to SIP patients/residents must receive approval from NYSDOH for each specific event.

As a planning assumption, facilities should have plans to discharge or evacuate ALL of their patients/residents in the event SIP is not authorized or an event that would overwhelm the ability of a healthcare facility to provide the necessary care of their patients/residents.

It is understood that upon the request to NYSDOH to SIP, facilities will be expected to specify the number and type of patients/residents to remain at the facility during the event. Pre-storm status and incident-specific eligibility for consideration to SIP will be communicated to facilities.

New York City Considerations for SIP

Healthcare facility information regarding ability to SIP is developed using several sources including, but not limited to:

- SIP Checklist Survey
- Send-Receive Facility Survey
- Receiving Facility Survey
- NYSDOH Critical Asset Survey
- SIP Self-Assessment Tool
- 96-hour Sustainability Assessment

\(^2\) Includes Send-Receive Agreement Surveys, Facility SIP Checklists and Receiving Facility Surveys of 2013
NYC-Specific Evacuation Zones

The NYCOEM currently uses a framework of six (6) evacuation zones that encompasses all areas in NYC vulnerable to the impact of a coastal storm.

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 NON-evacuation zone facility.

<table>
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<th>NYC Facility</th>
<th>Zone 1</th>
<th>Zone 2</th>
<th>Zone 3</th>
<th>Zone 4</th>
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<td>7</td>
<td>8</td>
<td>16</td>
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<td>17</td>
<td>4</td>
<td>2</td>
<td>7</td>
<td>6</td>
<td>4</td>
<td>40</td>
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This information will be included in a revised version at a later date.
## Nassau County-Specific Evacuation Zones

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<th>Facility (type)</th>
<th>Red</th>
<th>Orange</th>
<th>Yellow</th>
<th>Total Facilities</th>
<th>Total Beds</th>
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<tr>
<td>Hospitals (Beds)</td>
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<td>740</td>
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<td>903</td>
<td>100</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td>903</td>
<td>380</td>
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Suffolk County-Specific Evacuation Zones*

Westchester County-Specific Evacuation Zones*

*Information on the number of facilities in Westchester and Suffolk Counties by coastal storm zone is pending. This information will be included in a revised version at a later date.
# New York City HEC Decision Making Timeline

## Draft

### HEC Decision-Making Timeline - NYC Only

#### Phases of Operation

**Trigger:** Following the Commissioner Conference Call, NYS DOH Commissioner appoints a HEC Director, who activates HEC Lead Team. NYS DOH prepares list of facilities requesting and able to Shelter-in-Place (SIP).

**Description:** Assess number of HCFs and patients/residents that will need assistance evacuating.

**Goals:**
- NYS DOH releases survey to origin facilities to obtain estimated number of patients needing transfers (including SFI data) and to SIP capable facilities, if option available.
- NYS DOH sends notification to receiving facilities to prepare for potential surge.
- HCFs complete survey and begin discharge planning.
- FDNY sends local engine companies to origin HCFs to facilitate completion of SF1 survey.
- NYS DOH identifies HEC location and sends planning tools to HCFs.
- HEC calls origin facilities to verify data.
- HEC Lead Team identifies needs and drafts resource requests.

### Data Gathering/Assessment

**Trigger:** HEC location identified; NYS DOH Commissioner mobilizes HEC (from this point, all phases executed unless declared threat is no longer a threat).

**Description:** Set up HEC and coordinate information collection.

**Goals:**
- HEC staffing plan finalized.
- HEC Director finalizes HEC mission, objectives, and priorities and receives approval from NYS DOH Commissioner.
- HEC Director sets reporting schedule and data collection updates.
- Facilities activate their disaster plans and rapid discharge procedures.
- Requested resources are protracted and mobilized.
- HEC Director requests necessary federal and state legal waivers.

### HEC Mobilization

**Trigger:** List of facilities approved to SIP finalized by decision-makers and HCF Evacuation Order given.

**Note:** If the HCF Evacuation Order is given after the recommended time, evacuation operations cease.

**Description:** Transfer all patients from origin to receiving facilities.

**Goals:**
- NYS DOH releases survey to all HCFs to capture latest numbers.
- Patients/residents within evacuation zones are transferred to facilities outside of zones.
- HEC matches transferring patients/residents to appropriate beds.
- FDNY and REMSCO distribute divergence notifications.
- HEC produces and distributes Situation Reports.
- HEC matches transferring patients/residents to appropriate beds.
- HEC Director receives resolutions to issues from ESF-8 or executives.

### HCF Evacuation

**Trigger:** Evacuation of HCFs within zones complete.

**Description:** Transfer all patients from origin to receiving facilities.

**Goals:**
- HECDirector receives resolutions to issues from ESF-8 or executives.
- Patients/residents within evacuation zones are transferred to facilities outside of zones.
- HEC matches transferring patients/residents to appropriate beds.
- FDNY and REMSCO distribute divergence notifications.
- HEC produces and distributes Situation Reports.
- HEC matches transferring patients/residents to appropriate beds.
- HEC Director receives resolutions to issues from ESF-8 or executives.

### HCF Support

**Trigger:** HEC Director approves repatriation requests from NYS DOH Commissioner.

**Description:** Monitor and provide support to HCFs.

**Goals:**
- Begin damage assessment planning.
- Provide assistance to receiving facilities and monitor status of SIP facilities.
- Begin repatriation planning.
- Confirm safety of HEC personnel and HEC facility for storm period.

### HCF Assessment

**Trigger:** Tropical storm-force winds leave New York City.

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

**Goals:**
- Determine which patients/residents are in unstable locations and need prioritized transport back to origin facilities or alternate location for care.
- Determine damage to origin and receiving facilities.
- Obtain status report on SIP facilities.

### Repatriation

**Trigger:** Need established for prioritized patient or 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

**Trigger:** Transferred patients/residents are in stable location 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 collects information and reports into a final incident report.
- HEC facility is handed back to owner.
- HEC staff conducts hot wash.

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*Last Revised: 7/20/2012*
NYCOEM Emergency Support Function (ESF-8) Role Overview

Emergency Support Function 8 (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 as identified on page 5 of this document and the HEC Plan. A facility’s primary ESF-8 liaison 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 New York City’s Emergency Operations Center (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 information
- Coordinating intergovernmental decision-making

Nassau County ESF-8

In Nassau County, when a multiple healthcare facility 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 healthcare facilities and the ESF-8 at the EOC. If the HMMACG is not activated, ESF-8 will coordinate communications and resource requests directly with the healthcare facilities. In Nassau County, healthcare facilities call the main Nassau County OEM phone at (516) 573-0636 until an event-specific ESF-8/HMMACG number is identified.
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. The first is conducted on or about minus (-) 96 hours prior to Zero Hour. This will identify census populations by Transportation Assistance Level (TAL). In NYC, this is performed by the New York City Fire Department (FDNY) in-person facility survey (SF-1 Survey). This will provide the estimated maximum potential number of evacuees from a facility and identify transportation needs early enough to obtain any required State and/or Federal assets. A second survey will be conducted on or about minus (-) 72 hours prior to Zero Hour. This will be used to identify the post-decompression census which should be close to the denominator for evacuees for the event.

Question: Will facilities be able to SiP instead of evacuating?
Answer: Facilities will only be able to SiP if approved by the State Health Commissioner AND authorized by the Local Chief elected Official.

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 en 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 HERDS survey.
Question: When should a facility, upon receiving approval to SiP from NYSDOH, 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 each operational period and at least every four (4) hours for those in evacuation zones that still had patients/residents
- Any other conditions where they feel it is necessary

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.

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 Origin Facility and complete a SF-1 form.

Question: What information may a receiving facility need to provide the HEC?
Answer:
- How many patients/residents can be accommodated including bed types and available 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 Regional Office; 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, Adult Care Facility 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
- Number, if any, of patients/residents needing to SiP if approved by NYSDOH AND authorized by 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
- The number of beds, if any, that have been overcommitted
- Residents/patients arriving that do not match the arrangements made with an Origin 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.

Nassau County-Specific Questions

Question: Who is responsible for identifying Receiving Facilities during an evacuation?
Answer: Each facility is required to have an evacuation plan and should already have a plan in place which should include evacuation of all patients/residents to a facility of the same type.

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.

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

A Question and Answer (Q&A) portion for Westchester and Suffolk Counties is under development for this document and will be included, as applicable, in any revised versions.
Algorithm for requesting a healthcare facility-related waiver

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) a description of the difficulty experienced (how the statute or regulation restricts the ability to perform critical patient/resident operations or maintain the life safety of patients/residents);
   b) if known, the specific statute or regulation;
   c) a description of the modification you are requesting and how it will help; and
   d) if possible, an estimate for the duration of the current circumstances.

2. 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 Appendix A for contact information.

3. Be prepared to provide additional information if necessary. NYSDOH OPCHSM CO Program and Executive staff will review the request and, if appropriate, communicate the request to the Governor’s Office or to Centers for Medicare and Medicaid Services (CMS) (Region Two). OPCHSM will inform the RO Program Director of relevant information regarding the request, or the need for additional information, the RO Program Director will reach out as needed.

4. One a decision is made; it will be communicated to the requesting provider(s) by the RO Program Director. During a large scale emergency event, when multiple providers request the same relief, a general response to providers may be sent using the NYSDOH Health Commerce System (HCS) notification tool, notifying them of the response and any relevant details.

NOTE: There are no statutes or regulations that have been “pre-approved” for suspension or modification. A new request must be made every time a disaster presents. NYSDOH will evaluate and respond to each request based on the unique circumstances the emergency presents.

The requester should not anticipate that a statute or regulation will be suspended or modified until an Executive Order is issued.
# NYSDOH OPCHSM Contact Information

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<th>Regions</th>
<th>Title</th>
<th>Phone Number</th>
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<td></td>
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<tr>
<td>Capital</td>
<td>Regional Program Director</td>
<td>518.408.5329</td>
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<td>Central</td>
<td>Regional Program Director</td>
<td>315.477.8592</td>
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<td>212.417.5990</td>
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<td>Western</td>
<td>Regional Program Director</td>
<td>716.847.4357 (Buffalo); 585.423.8141 (Rochester)</td>
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<td>Off Hours (5:00 pm to 8:00 am, all weekends and holidays)</td>
<td>NYSDOH Duty Officer</td>
<td>866-881-2809</td>
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<tr>
<td>Central Office</td>
<td>Division Director</td>
<td>518.402.1004</td>
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<td><strong>Division of Nursing Homes and ICF/IID Surveillance</strong></td>
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<td>518.408.5372 (or) 518.408.5433</td>
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<td>Western</td>
<td>Regional Program Director</td>
<td>585.423.8185</td>
</tr>
<tr>
<td>Off Hours (5:00 pm to 8:00 am, all weekends and holidays)</td>
<td>NYSDOH Duty Officer</td>
<td>866-881-2809</td>
</tr>
<tr>
<td>Central Office</td>
<td>Division Director</td>
<td>518.408.1133</td>
</tr>
<tr>
<td><strong>Division of Home and Community Based Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capital</td>
<td>Regional Program Director</td>
<td>518.408.1128</td>
</tr>
<tr>
<td>Central</td>
<td>Regional Program Director</td>
<td>315.477.8422</td>
</tr>
<tr>
<td>Metropolitan</td>
<td>Regional Program Director</td>
<td>212.417.4970</td>
</tr>
<tr>
<td>Western</td>
<td>Regional Program Director</td>
<td>716.847.4655 (Buffalo); 585.423.8142 (Rochester)</td>
</tr>
<tr>
<td>Off Hours (5:00 pm to 8:00 am, all weekends and holidays)</td>
<td>NYSDOH Duty Officer</td>
<td>866-881-2809</td>
</tr>
<tr>
<td>Central Office</td>
<td>Division Director</td>
<td>518.473.9871</td>
</tr>
</tbody>
</table>
Repatriation Procedures – Non-NYC Facilities

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

Facility evacuated due to loss of power, damage, flooding, etc.

Facility must contact local municipality to determine required actions, certifications/approvals to begin mitigation

Is facility determined to be safe to mitigate by local authorities

YES

Facility must submit reopening plan for its services to NYSDOH MAEO office for approval

Did facility fully evacuate?

YES

Facility proceeds to perform all required mitigation: receives required certifications that must be provided to NYSDOH

Facility complies with all local inspection requirements for all building areas and services to be reopened/reopened

Facility passes any required final local inspections?

YES

NYSDOH regional office sanitarians conduct inspection of areas to be reopened/reopened with abridged life safety assessment

YES

NYSDOH regional office inspection

Facility passes NYSDOH regional office inspection

Facility conducts additional mitigation required by NYSDOH for final approval

Regional office sends description of condition and mitigation to Central Office which must give final approval for facility to repatriate/reopen

Facility receives NYSDOH CO final approval

Facility repatriates/reopens services

Steps needed/desired to be taken to restore facility must be considered by the facility’s owner(s). Temporary, and then permanent placements (30 days post evacuation) must be maintained for facility patients/residents at other facilities.

Temporary, or permanent placements (30 days post evacuation) must be made for facility patients/residents at other facilities during the mitigation period.

Prior to beginning mitigation, can facility ensure it can maintain infection control and life safety standards and can provide resident services safely in the building areas to be used during the renovation?

YES

Certification that facility is on the local electrical grid. Electrician certification of electrical safety and required backup generator(s) working/connected

Certification from plumbing expert

NO

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

- Facility evacuated due to loss of power, damage, flooding, etc.
  - NYC OEM or facility responds to Department of Buildings (DOB) Pre-mitigation safety inspection.
  - Building Passes DOB initial HCF specific inspection that it is Safe to Mitigate
  - YES
  - NO

- Facility must submit reopening plan for its services to NYSDOH MARIO office for approval

- Did facility fully evacuate?
  - YES
  - NO

- ConEd certification that is on the grid.
  - Electrical certification of electrical safety and required backup generator(s) working/connected.

- Certification from Plumber(s)

- Facility performs all required mitigation: receives required certificates that must be provided to NYSDOH

- DOB conducts inspection of areas to be reopened/repatriated
  - YES
  - NO

- Facility passes final DOB inspection

- NYSDOH MARIO sanitarians conduct inspection of areas to be reopened/repatriated with augmented life safety assessment
  - YES
  - NO

- Facility passes NYSDOH MARIO inspection

- Facility conducts additional mitigation required by NYSDOH for final approval

- MARC sends description of condition and mitigation to Central Office which must give final approval for facility to repatriate/reopen

- Facility receives NYSDOH CO final approval
  - YES
  - NO

- Facility repatriates/reopens services

*NYSDOH requires that at least 2 elevators be operational, laundry and kitchen (hot meals and snacks) services must either be operational or demonstrate contract to provide or to be provided by sister facilities; NYSDOH will review how was mold mitigated.
# New York State Department of Health - Shelter In Place (SiP) Review Process

<table>
<thead>
<tr>
<th>Phase</th>
<th>IN NYC</th>
<th>OUTSIDE NYC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Season Review</td>
<td>• Information and Data sources include NYSDOH facility coastal storm planning survey data; facility assessments by third-party vendors; facility self-assessments) will be considered as part of initial determination of eligibility to SiP.</td>
<td>• Information and Data sources include NYSDOH facility coastal storm planning survey data; facility assessments by third-party vendors; facility self-assessments) will be considered as part of initial determination of eligibility to SiP.</td>
</tr>
<tr>
<td></td>
<td>• 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.</td>
<td>• 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.</td>
</tr>
<tr>
<td></td>
<td>• Pre – season review by NYSDOH in conjunction with NYCDOHMH and NYC OEM yields a “Pre-Season SiP-Optioned Facilities List.” This list will be shared with the respective State/City Commissioners of Health and Emergency Management, as well as the Offices of the Governor and New York City Mayor.</td>
<td>• Pre – season review by NYSDOH yields a “Pre-Season SiP-Optioned Facilities List.” This list will be shared with the respective at risk jurisdictions on an as needed basis for situational awareness.</td>
</tr>
<tr>
<td></td>
<td>• Facility-specific information will not be shared with any other facility.</td>
<td>• Facility-specific information will not be shared with any other facility.</td>
</tr>
</tbody>
</table>
### Incident Specific Review:

- Conducted in conjunction with the overall time line for an approaching storm.
- Between 120 and 96 hrs, NYSDOH and partners 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 consultation with NYCDOHMH and NYCOEM will create a storm-specific list of healthcare facilities eligible to SiP, This will be used to make incident specific SiP recommendations to any jurisdiction in which healthcare facilities are impacted and may be presented with a mandatory evacuation order which allows for a SiP.
- The office of chief elected official in the affected jurisdiction(s) holds the authority to approve or reject the SiP recommendations of NYSDOH, made in consultation with the jurisdiction.
- Only those facilities that have been approved to SiP and are listed in the Executive Evacuation Order will be allowed to Shelter-in-Place, per the above definition.
Example SF-1 Form- This data will be collected via HERDS survey

Healthcare Facility Evacuation Survey Form SF 1

<table>
<thead>
<tr>
<th>FDNY INFORMATION</th>
<th>FACILITY INFORMATION</th>
<th>PATIENT/ RESIDENT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surveyed by (Name)</td>
<td>Facility Name</td>
<td>Current patient/ resident census</td>
</tr>
<tr>
<td>FDNY Company/ Unit</td>
<td>Zip Code</td>
<td></td>
</tr>
<tr>
<td>Survey Date</td>
<td>(circle one)</td>
<td></td>
</tr>
<tr>
<td>Survey Time</td>
<td>Borough</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>MN BK BX</td>
</tr>
<tr>
<td></td>
<td>Fax Number</td>
<td>(circle one)</td>
</tr>
<tr>
<td></td>
<td>(circle one)</td>
<td>QN SI</td>
</tr>
<tr>
<td></td>
<td>Evacuation Zone</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 5 6</td>
</tr>
<tr>
<td></td>
<td>Point of Contact</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Name)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Facility must evaluate each patient/ resident based on ambulatory ability:

<table>
<thead>
<tr>
<th>Transportation Assistance Level (TAL)</th>
<th>Description</th>
<th>Number of Patients/ Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>TAL 1 Stretcher</td>
<td>Patient unable to sit (e.g., requires stretcher transport)</td>
<td></td>
</tr>
<tr>
<td>TAL 1 Stretcher Vent</td>
<td>Ventilator dependant patient</td>
<td></td>
</tr>
<tr>
<td>TAL 1 Stretcher Bari</td>
<td>Bariatric patient (requires the use of specialty ambulance)</td>
<td></td>
</tr>
<tr>
<td>TAL 2 Wheelchair</td>
<td>Patient cannot walk. Patient can sit for an extended period of time</td>
<td></td>
</tr>
<tr>
<td>TAL 3 Ambulatory</td>
<td>Patient can walk on their own or with assistance</td>
<td></td>
</tr>
</tbody>
</table>

NOTES:


Fax or Email to the Healthcare Facility Evacuation Center at (determined at time of)
Transportation Assistance Levels

A standard Transportation Assistance Level (TAL) classification system to help streamline and coordinate evacuations statewide has been developed. 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 healthcare facilities are expected to use TALs to categorize patients/residents, use of the icons is not required and each facility may operationalize use of the icons during an exercise or planned evacuation as deemed feasible.
<table>
<thead>
<tr>
<th>Transportation Assistance Level</th>
<th>Staffing support</th>
<th>Transportation Asset</th>
<th>Accompaniment</th>
<th>Designation symbols</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> Stretcher</td>
<td>Require clinical observation ranging from intermittent to 1:1 nursing. Critical cases or interrupted procedures may require a team of health care providers</td>
<td>Requires an ambulance or other specialized vehicle (e.g., helicopter medevac) for transport dependent on circumstance (e.g., high water)</td>
<td>Must be accompanied by one or more clinical providers (e.g., EMT, paramedic, nurse, or physician) appropriate to their condition</td>
<td>![1]</td>
</tr>
<tr>
<td><strong>2</strong> Wheelchair</td>
<td>Safely managed by a single non-clinical staff member or healthcare facility-designated person</td>
<td>May be transported as a group in a wheelchair appropriate vehicle (e.g., medical transport van or ambulance)</td>
<td>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</td>
<td>![2]</td>
</tr>
<tr>
<td>3</td>
<td>Ambulatory</td>
<td>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/resident ratio is 1:5.</td>
<td>Can be transported as a larger group in a passenger vehicle (e.g., bus, transport van, or private auto)</td>
<td>A single staff member appropriate to the most acute patient/resident’s condition while accompanying a group of patients/residents</td>
</tr>
</tbody>
</table>
New York State Evacuation of Facilities in Disasters Systems (e-FINDS)

The e-FINDS program is a common platform for real time sharing of patient/resident location information in addition to important data when facilities need to relocate patients/residents. The application captures minimal amounts of data, and allows facilities to track patient/resident movement to other facilities, facility types, or temporary shelters. This information is shared in real time by Health Commerce System (HCS) authorized users statewide and was designed to document patient/resident location, as well as provide day to day or hourly updates as needed. Access to sensitive patient data is carefully controlled to be viewed only by those individuals and facility representatives who are involved with the care of, or locating of, a given patient/resident.

NYSDOH developed the e-FINDS application to use during an event, incident, or practice exercise, to facilitate the use of this critical application, NYSDOH will print bar-coded wristbands and distribute to all facilities with a corresponding paper log. Along with the wristbands, facilities will also receive a hand-held scanner to read barcodes. The barcodes provided will have a special sequence number used solely for your facility to allow for better patient and resident relocation management. The paper log contains your facility name in the header row. Below the header will be rows that contain the corresponding barcodes, a space for a patient/resident’s first name, last name, date of birth and gender.

Users will have to have a current Health Commerce account and be assigned to an appropriate e-FINDS role within HCS. Further details on e-FINDS can be found on the NYSDOH Health Commerce System.