Coastal Storm Planning, the Healthcare Facility Evacuation Center (HEC), and Patient Tracking

Nikhil Natarajan
Deputy Director
NYSDOH Office of Health Emergency Preparedness
Remember; when disaster strikes, the time to prepare has passed.

-- Steven Cyros
Coastal Storm Planning

• Where it was

• Where it is

• Where it’s going
Introduction

The Healthcare Facility Evacuation Center (HEC) is a NYSDOH-run entity that coordinates the evacuation, shelter-in-place (as needed), and repatriation of healthcare facilities 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, offices of emergency management, and healthcare facility associations among others.
History of the HEC

• NYC Coastal Storm Plan
  – Coastal Storm Activation Playbook
  – Evacuation Plan
  – Recovery and Restoration Plan
  – Sheltering Plan
  – Logistics Plan
  – Public Information Plan
  – Debris Management Plan
  – Healthcare Facility Evacuation Plan
Healthcare Facility Evacuation Plan

- Healthcare Facility Evacuation Center (HEC)
  - Finds beds for evacuating facilities
  - Arranges transportation between facilities
  - Provides guidance to receiving facilities
  - Provides shelter-in-place guidance
  - Troubleshoots evacuation issues
  - Assists with repatriation
HEC

- Facility Communication
  - Hospitals
  - Nursing Homes
  - Adult Care Facilities

- Regional Coordination
  - Nassau
  - Suffolk
  - Westchester

- Transportation
  - Ambulances
  - Ambulettes
  - Buses

- Field Operations
  - Coordination specialist
The Players

- New York State Department of Health (NYSDOH)
- New York City Office of Emergency Management (NYC OEM)
- Greater NY Hospital Association (GNYHA)
- Health & Hospitals Corporation (HHC)
- NYC Department of Health and Mental Hygiene (DOHMH)
- Veterans Administration (VA)
- NYS Office of Mental Health (OMH)
- Multiple nursing home associations
The Players (Transportation)

• NYSDOH
• NYC OEM
• NYC Fire Department (FDNY)
• Regional EMS Council (REMSCO)
• Metropolitan Transportation Authority (MTA)
• Taxi & Limousine Commission (TLC)
• NYC Department of Education (DOE)
A Tale of Two Hurricanes

Irene (and Lee)

Sandy
Healthcare Evacuation Center (HEC)
Challenges

• Transportation resources
• Bed availability
• Communications
• Ensuring adequate staffing with mission expansion
• Feeding the beast (sitreps, dashboards, reports, etc.)
Between Hurricanes

• Healthcare Evacuation Plan Update
  – ~10 months
  – 12 workgroups
  – ~85 deliverables
  – >25 planning partners (with consensus)

• Focus
  – SiP, Data systems, regionalization, structure, command/control, HEC facility, sending/receiving arrangements, etc etc etc etc
Between Hurricanes

• Healthcare Evacuation Plan Update
  – ~10 months
  – 12 workgroups
  – ~85 deliverables
  – >25 planning partners (with consensus)
• Focus
  – SiP, Data Systems, regionalization, structure, command/control, HEC facility, sending/receiving arrangements, etc etc etc etc
What was accomplished

• Majority of Shelter-in-Place work
  – Send/receive arrangements, SiP surveys, Receiving surveys, data analysis, reports, etc.

• HEC Manual
  – JAS, floor plans, timelines, org chart, info flow, scripts, templates, etc.

• Command and Control

• Transportation
What wasn’t completed

• HEC Facility (partially completed – but backup plan was in place)
• Regional Coordination (partially completed)
• Finance (partially completed)
• Repatriation (partially completed)
• Data systems (partially completed)
Hurricane Sandy Oct. 29th 2012
What Sandy really was
Healthcare Facility Evacuations

- Evacuations:
  - 6,001 Patients and residents were evacuated from NYC Healthcare Facilities
  - 51 Facilities evacuated in NYC, Nassau, Westchester and Suffolk Counties

<table>
<thead>
<tr>
<th></th>
<th>NYC</th>
<th>Nassau</th>
<th>Westchester</th>
<th>Suffolk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals (H)</td>
<td>6 (w/VA and OMH)</td>
<td>1</td>
<td>0</td>
<td>3 (partial – voluntary pre-storm)</td>
</tr>
<tr>
<td>Nursing Homes (NH)</td>
<td>17</td>
<td>5</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Adult Care Facilities (ACF)</td>
<td>14</td>
<td>3</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td><strong>Totals:</strong></td>
<td><strong>37</strong></td>
<td><strong>9</strong></td>
<td><strong>3</strong></td>
<td><strong>8</strong></td>
</tr>
</tbody>
</table>
What the HEC was supposed to do

- Healthcare Facility Evacuation Center (HEC)
  - Finds beds for evacuating facilities
  - Arranges transportation between facilities
  - Provides guidance to receiving facilities
  - Provides shelter-in-place guidance
  - Troubleshoots evacuation issues
  - Repatriation
What the HEC did (Mission creep)

• All of the above and some...
  – Dialysis facilities (ESRDs)
  – Fueling for vehicles and generators
  – Generator and pump deployment/sustainment
  – HHS Liaison (coordinating DMAT’s, FMS, etc.)
  – Wellness checks
  – Interim housing/facility procurement/placement
  – Home care staff/agency problem resolution
  – Logistics support to HCFs (meals, equipment, etc.)
  – Patient tracking and family assistance (until system in place)
  – Miscellaneous duties as assigned
## Irene vs. Sandy

<table>
<thead>
<tr>
<th></th>
<th>Irene</th>
<th>Sandy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evac</td>
<td>~10,000 pre-storm</td>
<td>~6,000 with ~7,600 movements</td>
</tr>
<tr>
<td>HEC</td>
<td>6 days w/ repatriation complete</td>
<td>25 days w/repatriation still ongoing</td>
</tr>
<tr>
<td>HEC Staff</td>
<td>~18</td>
<td>~40</td>
</tr>
</tbody>
</table>
So now what...

- Regionalization
- Data systems
- SiP, sending/receiving arrangements, receiving surveys
- HEC Facility
- Repatriation
- Billing and reimbursement
- Training and exercises
Future of the HEC

• Statewide applicability
  – Statewide implementation 2013-2014
• Scalable
• Non-hurricane scenarios
  – Power outages
  – Natural disasters
  – Target patient populations (burn surge, etc.)
  – Others
The 2013 HEC

• Changes to the operations
• Changes to the staffing
• Changes to the structure
• Changes to the players
Evacuation Decisions

• Facility level
  – You are ultimately responsible for the safety and security of your patients or residents
  – What factors play into the decision?

• Local chief elected official
  – Statutorily identified as the person responsible for issuing a mandatory evacuation
  – What factors play into the decision?
When to use the HEC

• Pre-HEC Activation
  – All HCFs continue to use their partnerships and resources in their evacuation decision-making and operations

• HEC Activation
  – Once HEC is activated, the HEC must be notified of all patient movements to provide better situational awareness and COP
When to use the HEC

• Mandatory Evacuation Order (NYC specific)
  – If a mandatory evacuation order is issued by the local chief elected official, all transportation resources will be coordinated through the HEC
    • Exception: If a system is moving patients within their system and using their own resources, they just need to notify the HEC of those movements
HEC Communications

• Two-way
  – Increased information sharing between HEC and other planning partners
  – New and unified sitrep format

• POC Information
  – NYSDOH Health Commerce System Communications Directory
  – Updated information obtained at the beginning of the response
How to use the HEC

• All HCFs and planning partners will be notified in advance, when the HEC is going to be activated and how to contact the HEC
HEC Staffing

• Same agencies as last year
  – NYSDOH, NYCDOHMH, NYC OEM, GNYHA, SNY, etc.
  – Increased presence of NYSDOH staff

• Increased training for identified HEC staff
New players

• Regionalization
  – Nassau
  – Suffolk
  – Westchester Counties
  – Coordinated through NYSDOH reps in each county EOC

• Two-way information flow
What the HEC is used for

• Bed matching
• Transportation resources
• Shelter-in-Place issues
What local ESF-8 is used for

• Everything else
  – Generators
  – Fuel
  – Placards
  – ESRD issues
  – Etc
  – Etc
How to contact the HEC

• A single phone number will be broadcast to all HCFs and response partners when they are notified about the HEC opening

• Items that are not HEC related will be routed to the respective ESF-8 for further handling

• Contacting your local ESF-8

• Contact numbers will be shared
Bed Matching

• What is entails

• How is it done within the HEC

• HEC responsibilities versus facility responsibilities
Evacuation Zones

• New York City
  – Zones have expanded from A, B, C to 1-6
• Suffolk County
  – No change
• Nassau County
  – No change
• Westchester County
  – No change
## Maximum Surge Heights by Storm Bearing

<table>
<thead>
<tr>
<th>Storm Bearings</th>
<th>Category 1</th>
<th>Category 2</th>
<th>Category 3</th>
<th>Category 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>WNW</td>
<td>12.6</td>
<td>20.9</td>
<td>26.6</td>
<td>32.4</td>
</tr>
<tr>
<td>NW</td>
<td>12.1</td>
<td>20</td>
<td>27.6</td>
<td>33.9</td>
</tr>
<tr>
<td>NNW</td>
<td>10.7</td>
<td>20.1</td>
<td>27.4</td>
<td>33.9</td>
</tr>
<tr>
<td>N</td>
<td>8.8</td>
<td>16.5</td>
<td>23.4</td>
<td>30.6</td>
</tr>
<tr>
<td>NNE</td>
<td>6.6</td>
<td>11.4</td>
<td>17</td>
<td>21.7</td>
</tr>
<tr>
<td>NE</td>
<td>5</td>
<td>8.1</td>
<td>11.3</td>
<td>14.6</td>
</tr>
</tbody>
</table>
Potential Building Impacts: Cat 1 Hurricanes

Buildings potentially impacted by worst-case surge based on hurricane bearing
Irene – NNE bearing

Sandy – WNW bearing
(NW at landfall)

Predicted storm tracks for both storms 70 hours before landfall
Bearing Based Proposal

- Bearing has significant effect of storm surge
- Allows for more flexibility in evacuation (less likely to over- or under-evacuate)
- Storm track predictions are more accurate than predictions of intensity
Proposed zones

- **Cat 1** NE, NNE, N; Cat 2 NE
- **Cat 2** NNW, NW, WNW; Cat 2 NNE; Cat 3 NE
- **Cat 3** N; Cat 4 NE
- **Cat 2** NNW, NW, WNW; Cat 3 NNE
- **Cat 3** N, NNE, NW, WNW; Cat 4 NNE
- **Cat 4** N, NNE, NW, WNW

*For storms that exceed the parameters of the model, go up one zone*

<table>
<thead>
<tr>
<th></th>
<th>Cat 1</th>
<th>Cat 2</th>
<th>Cat 3</th>
<th>Cat 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>NE</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>NNE</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>N</td>
<td>1</td>
<td>3</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>NNW</td>
<td>2</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>NW</td>
<td>2</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>WNW</td>
<td>2</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

**2010 Population**

<table>
<thead>
<tr>
<th>Zone</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zone 1</td>
<td>290,031</td>
</tr>
<tr>
<td>Zone 1+2</td>
<td>541,312</td>
</tr>
<tr>
<td>Zone 1+2+3</td>
<td>945,601</td>
</tr>
<tr>
<td>Zone 1+2+3+4</td>
<td>1,350,545</td>
</tr>
<tr>
<td>Zone 1+2+3+4+5</td>
<td>2,136,127</td>
</tr>
<tr>
<td>Zone 1+2+3+4+5+6</td>
<td>2,979,801</td>
</tr>
<tr>
<td>Facility</td>
<td>2012</td>
</tr>
<tr>
<td>--------------------------</td>
<td>------</td>
</tr>
<tr>
<td></td>
<td>Zone A</td>
</tr>
<tr>
<td>Hospitals</td>
<td>6</td>
</tr>
<tr>
<td>Nursing homes</td>
<td>22</td>
</tr>
<tr>
<td>Adult care facilities</td>
<td>17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility</th>
<th>2013</th>
<th>Zone 1</th>
<th>Zone 2</th>
<th>Zone 3</th>
<th>Zone 4</th>
<th>Zone 5</th>
<th>Zone 6</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals</td>
<td>4</td>
<td>4</td>
<td>0</td>
<td>6</td>
<td>9</td>
<td>2</td>
<td></td>
<td>25</td>
</tr>
<tr>
<td>Nursing homes</td>
<td>23</td>
<td>6</td>
<td>8</td>
<td>6</td>
<td>19</td>
<td>9</td>
<td></td>
<td>71</td>
</tr>
<tr>
<td>Adult care facilities</td>
<td>17</td>
<td>4</td>
<td>2</td>
<td>7</td>
<td>6</td>
<td>3</td>
<td></td>
<td>39</td>
</tr>
</tbody>
</table>
Shelter-in-Place

• Does NOT involve entire facilities

• Should only include those patients/residents whose risk of a negative outcome from moving exceeds the risk from sheltering-in-place

• Whether or not SiP will be allowed is part of the evacuation decision
Planning Considerations

• Have you reviewed your plan since Sandy?
• Have you updated your plan since Sandy?
• Have you trained staff to your plan?
• Have you exercised your plan?
Planning Considerations

- HCFs are regulated by the State Commissioner of Health
- The local chief elected official or his/her designated representative is responsible for issuing evacuation orders
- Storm forecasts will change resulting in compressed decision-making timelines and operational constraints
- NYSDOH requires every HCF’s to create and maintain a written facility evacuation plan:
  - Hospital: Public Health Law (PHL) Title 10 Sec. 401.2
  - Nursing Homes PHL regulatory section 415.26 (f)
  - Adult Care Facilities PHL Sections 487.12 & 488.12 Title 18
Planning Considerations

• The threat to HCFs and patients/residents, as well as to agency and support personnel, increases as the storm approaches
• All evacuation activities must be completed prior to “Zero Hour” (defined as the onset of tropical storm force winds of 39 mph or greater)
• HCFs in Evacuation Zones may incur damage that prevents the immediate return of evacuated patients/residents
• HCFs within the 5 boroughs of NYC but outside Evacuation Zones are designated receiving facilities, or receiving HCFs (NYC specific)
• HCFs located outside the city will be designated receiving HCFs when conditions require (NYC specific)
• Mass transit shutdown at +8 hours (NYC specific)
HEC vs. Facility
Decision Making Timelines
96 Hours to **Zero Hour**
HEC Activities

• -96 to -84 Hours
  – Information gathering
  – Activation and notification
• -84 to -72 Hours
  – Recommendation to NYC Local Chief Elected Official regarding evacuation/SiP
• -24 Hours
  – HCF evacuation complete
• What does this timeline mean?
• What is this timeline dependent upon?
### PHASES OF OPERATION

#### Data Gathering/Assessment

**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)

**Goals:**
- NYS DOH releases survey to origin facilities to obtain estimated number of patients needing transfers (including SF1 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

#### HEC Mobilization

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

**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 procured and mobilized

#### HCF Evacuation

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

**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 Director receives resolutions to issues from ESF-8 or executives

#### HCF Support

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

**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

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

#### Repatriation

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

**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 Demobilisation

**Trigger:** Transferred patients/residents are in-stable location or receiving ongoing care in an appropriate HCF. NYS DOH Commissioner approves HEC demobilization plan

**Goals:**
- HEC collects information and reports into a final incident report
- HEC facility is handed back to owner
- HEC staff conducts a hot wash

---

**HEC DECISION-MAKING TIMELINE- NYC Only**

<table>
<thead>
<tr>
<th>Phase</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Gathering/Assessment</td>
<td>-96 Hours</td>
</tr>
<tr>
<td>HEC Mobilization</td>
<td>-48 Hours</td>
</tr>
<tr>
<td>HCF Evacuation</td>
<td>-36 Hours</td>
</tr>
<tr>
<td>HCF Support</td>
<td>-24 Hours</td>
</tr>
<tr>
<td>HCF Assessment</td>
<td>-12 Hours</td>
</tr>
<tr>
<td>Repatriation</td>
<td>-N Hours</td>
</tr>
<tr>
<td>HEC Demobilisation</td>
<td>-N+1 Hours</td>
</tr>
</tbody>
</table>

**Trigger:**
- Onset of tropical storm-force winds (39 mph); all evacuation operations cease
- Mass Transit Shutdown
- Onset of tropical storm-force winds leave New York City

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

---

**Last Revised:** 7/20/2012
# HEC Decision-Making Timeline - Non-NYC

## Phases of Operation

### Data Gathering/Assessment

**Trigger:** Following the Commissioner’s Conference Call, NYS DOH Commissioner appoints a HEC Director, who activated 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.

<table>
<thead>
<tr>
<th>Data Gathering/Assessment</th>
<th>Trigger</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>-96 hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-84 hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-72 hours</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### HEC Mobilization

**Trigger:** Following the Commissioner’s Conference Call, NYS DOH Commissioner mobilizes HEC from the point of origin, unless hurricane is no longer a threat.

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

<table>
<thead>
<tr>
<th>HEC Mobilization</th>
<th>Trigger</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>-60 hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-48 hours</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### HCF Evacuation

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

**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 NYSDOH/HEC coordinate diversion notifications
- HEC prepares and distributes Situation Reports
- HEC Director receives resolutions to issues from ESF-8 or executives

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

<table>
<thead>
<tr>
<th>HCF Evacuation</th>
<th>Trigger</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>-36 hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-24 hours</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### HCF Support

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

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

<table>
<thead>
<tr>
<th>HCF Support</th>
<th>Trigger</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>-12 hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-11 hours</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>HCF Assessment</th>
<th>Trigger</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>-96 hours</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>Repatriation</th>
<th>Trigger</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>-72 hours</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### HEC Demobilization

**Trigger:** Transferred patients/residents are in stable location or receiving ongoing care in appropriate HCF. NYS DOH Commissioner approves HEC demobilization plan.

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

<table>
<thead>
<tr>
<th>HEC Demobilization</th>
<th>Trigger</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>-60 hours</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Facility timelines**

### PHASES OF OPERATION

**Evacuation Scenario**

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>-96 Hours</td>
<td>Preparation &amp; Assessment</td>
</tr>
<tr>
<td>-84 Hours</td>
<td>Origin Facility Specific: Secure pharmacies and medications.</td>
</tr>
<tr>
<td>-72 Hours</td>
<td>Receiving Facility Specific: Identify and stage equipment and staff for receiving patients/residents.</td>
</tr>
<tr>
<td>-60 Hours</td>
<td>Origin Facility Specific: Secure pharmacies and medications.</td>
</tr>
<tr>
<td>-48 Hours</td>
<td>Evacuation</td>
</tr>
<tr>
<td>-36 Hours</td>
<td>Origin/Receiving SIP Facility Tasks: Following an evacuation order, fill out additional electronic surveys from NYS DDH.</td>
</tr>
<tr>
<td>-24 Hours</td>
<td>Trigger: Facilities are informed a coastal storm is probable</td>
</tr>
<tr>
<td>-12 Hours</td>
<td>Description: Assess ability to send or receive patients/residents; review emergency plans</td>
</tr>
<tr>
<td>- 8 Hours</td>
<td></td>
</tr>
<tr>
<td>-ZERO HOUR:</td>
<td>Trigger: Facilities are informed a coastal storm is probable</td>
</tr>
<tr>
<td>* Mass Transit Shutdown</td>
<td>Description: Assess ability to send or receive patients/residents; review emergency plans</td>
</tr>
<tr>
<td>* Onset of tropical storm-force winds (39 mph); all evacuation operations cease</td>
<td></td>
</tr>
</tbody>
</table>

### Trigger:

- Facilities are informed a coastal storm is probable
- HCF Evacuation Order given, HEC is open and able to receive calls
- Evacuation of Healthcare Facilities within zones nears completion

### Description:

- Assess ability to send or receive patients/residents; review emergency plans
- Transfer all patients/residents from sending facilities to receiving facilities
- Monitor facilities and provide support for patients/residents

### Origin Facility Specific:

- Confirm prearranged agreements with receiving facilities and contracted transportation providers.
- Receive FDNY personnel for SF-1 form completion.
- Contact HEC when beds are available or availability changes.

### Receiving Facility Specific:

- Confirm ability to receive patients/residents; check space and staff availability.
- Implement discharge and surgery cancellations.
- Identify and stage equipment and staff for receiving patients/residents.
- Request sheltering in place.
- Ensure identification, records, medications, and supplies are transferred with patients/residents and tracked.
- Notify HEC of facility status and numbers of patients/residents sent or received.

### SIP Facility Specific:

- Ensure staff and patients/residents are in a safe location away from windows during storm.
- Evaluate census reduction activities. Establish timetable for early discharge and surgery cancellations.
- Discontinue scheduling of non essential surgeries.

### Origin/Receiving Facility Tasks:

- Coordinate with HEC and receiving facilities for transport of patients/residents.
- Assess and secure facility infrastructure and equipment.
- Notify HEC of facility status and numbers of patients/residents sent or received.
- Ensure staff and patients/residents are in a safe location away from windows during storm.
- Monitor facilities and provide support for patients/residents.

### SIP Facility Tasks:

- Receive FDNY personnel for SF-1 form completion.
- Request sheltering in place.
Facility timelines

**Trigger:** Tropical storm-force winds leave New York City
**Description:** Begin facility damage assessments and repatriation assessments

**Origin/Receiving/SIP Facility Tasks:**
- Assess facility damage and report to HEC.

**Origin Facility Specific:**
- Request NYS DOH approval to receive return patients/residents after assessment.
- Update HEC of ability and timeframe to receive original patients.

**Receiving Facility Specific:**
- Prioritize patients/residents for transport back to origin facilities or alternate locations.
- Report facility and patient/resident status to HEC.

**SIP Facility Specific:**
- Report SIP facility and patient/resident status to HEC.
- If facility is damaged, determine if patients need transport to alternate locations.

**Trigger:** Facility assessments conducted and patients prioritized for transport
**Description:** Prioritized patients/residents transported to original facilities or alternate locations

**Origin Facility Specific:**
- Update HEC of ability to receive original patients/residents.
- Stage equipment and staff to receive original patients/residents.

**Receiving Facility Specific:**
- Confirm with origin facility and HEC ability to receive prioritized patients/residents.
- Contact HEC if original facility cannot receive.
- Stage staff and equipment to assist in transporting prioritized patients/residents.
- Ensure applicable identification, records, medications, and supplies are transferred with patients/residents and tracked.

**SIP Facility Specific:**
- Make arrangements if alternate locations are needed for prioritized patients.
- Contact HEC if alternate locations and transport cannot be found.

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

• Information gathering / Situational Awareness
• Evacuation decisions
  – Who to evacuate
  – Who to SiP
  – Staffing availability / housing
  – Supplies
Facility Activities

– Gas shortages?
– Prolonged power outage?
– Facility damage?
– When to evacuate

• Operating through the storm impact
• Target start time and target completion time
  – Dependent upon location, size, etc.
Repatriation

• Meet local requirements

• Meet NYSDOH requirements

• Through HEC or NYSDOH Central Office

• Final approval through NYSDOH Central Office
Repatriation Process for Article 28 Hospitals, ACFs and NHs for New York City facilities

- Facility evacuated due to loss of power, damage, flooding, etc.
  
  NYC CEM or facility requests Department of Buildings (DOB) Pre-mitigation safety inspection.
  
  Building Passes DOB initial HCF specific inspection that it is Safe to Mitigate.
  
  Yes: Is Facility an Art. 28 acute care Hospital?
  
  No: Longer term or permanent placements made for facility patients/residents at other facilities.
  
  Yes: Facility provides certification that it meets infection control and life safety standards and is able to provide resident services during the renovation if areas of the building are in use.
  
  No: Hospital must submit reopening plan for its services to NYSDCH MARO office for approval.

- Is Facility partially occupied during mitigation/renovation?
  
  Yes:
  
  No:
**Draft**

- **Certification from plumbing expert**
- **ConEd certification that is on the grid**
  - Electrician certification of electrical safety and required backup generator(s) working/connected

**Facility performs all required mitigation; receives required certificates that must be provided to NYSDOH**

**DOB conducts inspection of areas to be reopened/repatriated**

**Facility passes final DOB inspection**

**NYSDOH MARO sanitarians conduct inspection of areas to be reopened/repatriated with abridged life safety assessment**

**Facility passes NYSDOH MARO inspection**

**Facility conducts additional mitigation required by NYSDOH for final approval.**

**MARO 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**

---

* 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 be provided by sister facilities; NYSDOH will review how was mildew mitigated
“Take Aways” for ALL HCFs

• Work YOUR FACILITY’S Evacuation or Surge Plans
  – Send / Receive arrangements
  – Shelter in Place (SiP) plans and protocols
• Expect Surveys & Phone Calls
  – HERDS, NuhSur, HCBC
  – Phone calls from the HEC to establish evacuation needs and receiving capability
• Need to designate key points of contact for the Facility and back up/by shift
“Take Aways” for ALL HCFs

- Stay TUNED!

  - In most emergencies if additional guidance or information is needed – this will be issued
    - Posted on the Health Commerce System (HCS);
    - Via IHANS alert;
    - Other systems such as email, conference calls;
    - Individual communications by Regional NYSDOH representatives, HEC representatives, NYC OEM, NYCDOHMH, FDNY, etc.
Questions?

Nikhil Natarajan
Office of Health Emergency Preparedness
518-474-2893
nxn04@health.state.ny.us
Operational Considerations
History of e-FINDS

- Need
- Concept
- Development
- Implementation
- 2nd iteration
- Future versions
eFINDS

- Training
  - Overviews
  - WebEx
    - Live
    - Recorded
  - Regional Training Centers
  - Associations
  - NYSDOH Regional Offices
  - Others
- Exercising
  - Training “operation” within eFINDS
- Implementation Guide
Accessing eFINDS

• NYSDOH Communications Directory Roles
  – E-FINDS Data Reporter
    • User level
  – E-FINDS Reporting Administrator
    • Facility/LHD Admin
  – E-FINDS Application Administrator
    • NYSDOH only
  – OEM Link
    • User

• LHD vs. RO vs. CO access levels
• Facilities within systems
  – Person needs to be added by each facility
• Associations
  – Person needs to be added by each facility
Patient Tracking System Operations

• NYSDOH will notify all HCFs when wristbanding of patients or residents must begin
  – The specifics of how the facilities apply wristbands and entering data is up to the facility
• An “operation” will be created in the system that all HCFs will be able to access
• eFINDS should be used in accordance with the training
Scenarios

• Pre-planned evacuation
  – With internet access
    • With scanners
    • Without scanners
  – Without internet access

• No notice evacuation
  – With internet access
    • With scanners
    • Without scanners
  – Without internet access
Pre-planned evacuation

• Sending facility
  – Ensure that first name, last name, and DOB at a minimum are entered into system
  – If patient/resident is shelter-in-place, identify as such
  – If patient/resident is being transferred and destination is identified, enter the destination information

• Receiving facility
  – Change patient/resident ‘s current location to new facility and update any necessary information
No Notice Evacuation

• Sending facility (if time permits)
  – Ensure that first name, last name, and DOB at a minimum are entered into system
  – If patient/resident is shelter-in-place, identify as such
  – If patient/resident is being transferred and destination is identified, enter the destination information

• Receiving facility
  – Change patient/resident ‘s current location to new facility and enter/update any necessary information
e-FINDS Data

• What is collected

• How is it collected

• Who can see what
  – Permissions based

• How is it helpful post-storm
Future of e-FINDS

• Future rollouts

• Statewide implementation

• Implementation with other “O” Agencies
  – OASAS
  – OMH
  – OPWDD
  – OCFS
  – OTDA
Questions?

Nikhil Natarajan
Office of Health Emergency Preparedness
518-474-2893
nxn04@health.state.ny.us