

HEALTH ALERT

MULTI-HAZARD SEVERE WEATHER EVENT

August 6, 2024, though August 11, 2024

Guidance for Hospitals, Diagnostic and Treatment Centers, Nursing Homes, Adult Care Facilities, Homecare, Hospice and, Dialysis Centers

KEY POINTS

- A Flood Watch remains in effect for the Lower Hudson Valley, New York City (NYC), and Long Island from Tuesday (8/6/24) through Wednesday (8/7/24)
- A Moderate Risk for Excessive Rainfall Tuesday (8/6/24) has been identified for the NYC Metro Areas
- The National Hurricane Center forecast cone for Debby includes the southeastern half of New York State (NYS) on Saturday (8/10/24)
- Moisture associated with Debby may result in moderate to heavy rainfall across much of NYS, leading to a risk for excessive rainfall and flooding on Friday (8/9/24) and Saturday (8/10/24)
- An upper-level disturbance will continue to interact with moisture from Debby, resulting in widespread moderate to locally heavy rainfall
- There remains uncertainty in the future track of Debby, confidence is increasing that runoff from heavy rainfall will result in instances of flooding, including flash flooding, general flooding of urban, low-lying, or other poor-drainage areas, and possibly river flooding

Additional information from the National Weather Service Alert Page can be found here.



HEALTHCARE FACILITY PREPAREDNESS ACTIVITIES CHECKLIST			
Ensure that adequate staffing will be available for the duration of the storm.			
Check supplies to ensure that adequate supplies of food, medical supplies and bedding are sufficient for the duration of the storm if resupply becomes unavailable.			
Review emergency facility plans and test emergency standby power to ensure systems are in good working order.			
Consider appropriately re-locating patients who have needs consistent with electric power generation (BiPAPs, accommodative devices, electronic monitoring etc.) within the facility if the facility does not have facility-wide electric power generation abilities.			
Confirm that all systems necessary for disaster planning and response are supported by generator power.			
Review emergency plans and confirm 24/7 contact information for key staff in case emergent communication is needed.			
Check eFINDS supplies (i.e., barcode scanner, wrist bands, and paper tracking logs) and ensure that staff who have been trained on the use of the system are ready and available to perform this function.			
Update business and emergency contact information in the Health Commerce System Communications Directory to ensure important alerts and notifications are received by the facility.			
Request emergency assistance through the local Office of Emergency Management (OEM) and/or local Emergency Operations Center (EOC) if needed during and following the storm.			
Report disruption of services or infrastructure to the New York State Department of Health.			
Facilities in need of evacuation should immediately notify the appropriate New York State Department of Health Regional Office.			

REMINDERS:

- <u>The Health Electronic Response Data System (HERDS)</u> HERDS surveys may be conducted to capture important information regarding a facility's status during an emergency.
- <u>eFINDS Patient and Resident tracking application</u>: In the event that evacuation of hospitals, nursing
 homes or adult care facilities becomes necessary, the New York State Department of Health is reminding
 facilities that use of the eFINDS system will be required to track the movement of all patients and residents
 between sending (evacuating) and receiving facilities. If facilities have questions or need assistance with
 eFINDS, please email <u>efinds@health.ny.gov</u>.



Roster of Contact Information for New York State DOH Divisions

ALL Divisions Off Hours

(5:00 pm to 8:00 am, all weekends and holidays) New York State DOH Duty Officer 866-881-2809

New York State DOH Duty Officer 866-881-2809			
Division of Hospitals and Diagnostic & Treatment Centers (includes Community Health Centers)			
Region	Title	Phone Number	
Capital District	Regional Program Manager	518.408.5329	
Central New York	Regional Program Manager	315.477.8592	
Metropolitan Area	Regional Program Manager	212.417.5990	
Western New York	Regional Program Manager	716.847.4310 (Buffalo) 585.423.8141 (Rochester)	
Division of Nursing Homes and ICF/IID Surveillance			
Region	Title	Phone Number	
Capital District	Regional Program Manager	518.408.5372	
Central New York	Regional Program Manager	315.477.8472	
Metropolitan Area-NYC	Regional Program Manager	212.417.4999	
Western New York	Regional Program Manager	716.847.4320 (Buffalo) 585.423.8020 (Rochester)	
Adult Care Facility and Assisted Living Surveillance Program			
Region	Title	Phone Number	
Capital District	Regional Program Manager	518.408.5287	
Central New York	Regional Program Manager	315.477.8472	
Metropolitan Area	Regional Program Manager	212.417.4440	
		631.851.3098 (Long Island)	
Western New York	Regional Program Manager	585.423.8185	
Division of Home and Community Based Services			
Region	Title	Phone Number	
Capital District	Regional Program Manager	518.408.9436	
Central New York	Regional Program Manager	315.477.8472	
Metropolitan Area	Regional Program Manager	212.417.4921	
Western New York	Regional Program Manager	716.847.4320 (Buffalo) 585.423.8121 (Rochester)	



HEALTH CARE FACILITY GUIDANCE

MULTI-HAZARD SEVERE WEATHER EVENT

July 6, 2024, though July 11, 2024

Guidance for Hospitals, Diagnostic and Treatment Centers, Nursing Homes, Adult Care Facilities, Homecare, Hospice, and Dialysis Centers

General Guidance

(NOTE: not all activities apply to all provider types)

1. Prepare your facility

- Review plans for the loss of power and/or water; test and confirm operations of emergency generator; confirm or acquire adequate generator fuel supply is onsite for at least 96 hours and emergency lighting.
- b. Review with staff the facility evacuation and emergency response plans for flooding, including vertical, horizontal, or out of facility evacuation arrangements and protocols, applicable mutual aid plans, send/receive arrangements, and local and regional emergency contact information.
- c. Review plans for alternate staffing arrangements; shifts and management of staffing shortages due to transportation impacts; the securing of needed supplies and preparations for staff that remain on site if roadways are not passable; how to handle communications outages.
- d. Review and update patient/resident census and status by Transportation Asset Level (TALs) Categories and related transportation asset needs. TAL categories are provided in the reference section at the end of this document.
- e. Review procedures for discharge and other methods to reduce facility census if needed.
- f. Review communications plan, including primary and back-up communication systems and information for staff and outside response partners.
- g. Review plans for necessary levels of food service, water, pharmacy, medical and environmental service supplies at facility for at least 96 hours (24 hours prior to and 72 hours following the storm). This may include oxygen and medical gasses and other general supplies.
- h. Ensure you know where your eFINDS supplies, i.e., barcode scanner, wrist bands, and paper tracking logs are stored and that you will have staff available on all shifts who can use the eFINDS system (hospitals, nursing home and adult care facilities only).
- i. Confirm contact information for your local Office of Emergency Management, if the facility is in need of services or supplies. It is important to note that facilities should rely on their OEM as a backup for obtaining needed resources and should first exhaust all arrangements with their primary vendors and suppliers.
- j. Be ready to use key NYSDOH Health Commerce System (HCS) Applications for planning, data sharing, and receipt of alerts and advisories.
- k. Assure there are staff on every shift with active HCS accounts and HCS Communications Directory



Role assignment to enable your facility/agency to comply* with requests for essential data, particularly information needed to prepare for, and respond to the impact of emergency events.

Your HCS Coordinator can assign staff to the appropriate roles needed to access each of the HCS applications. See details of essential HCS applications in #4 below.

*Regulatory reporting references provided in reference section below.

2. Prepare your staff

- a. Review plans for staffing levels, particularly plan for shift changes that may be compromised if an impending storm makes transportation routes impassable and how the facility would alert staff.
- b. Encourage staff to develop/review family disaster plans, to include pet and childcare.

3. Prepare your patients and residents

a. Plan to communicate your plans with patients, residents and their families/caregivers.

4. Be ready to use essential HCS data applications, including:

- a. The Facility Evacuation Planning Application (hospitals, nursing homes, and adult care facilities in NYC only)
 - review and confirm existing send/receive arrangements your facility has made in the event evacuation becomes necessary.
 - The HCS Communications Directory Role that must be assigned to an individual to access the Facility Evacuation Planning Application on the HCS is: "Facility Evacuation Planning Coordinator".
- b. Health Electronic Response Data System (HERDS) surveys
 - Surveys may be conducted with hospitals, adult care facilities, nursing homes, homecare agencies
 and hospices to collect information regarding facility status (beds available, current census, physical
 plant/building/supply status or needs)
 - If these surveys are activated, all facilities, both in and out of evacuation zones, MUST respond if assigned.
 - The HCS Communications Directory Roles that must be assigned to staff in the HCS Communications Directory for access to HERDS:

Hospitals: HERDS Data Manager, or HERDS Data Reporter, or HERDS Survey Reporter

Nursing Homes: Nursing Home Data Reporter

Adult Care Facilities: Data Reporter

<u>Homecare agencies (CHHAs and LHCSAs):</u> Administrator, Data Reporter, Director of Patient Services, Emergency Response Coordinator, and HPN Coordinator

<u>Hospices:</u> Administrator, Data Reporter, Director of Patient Services, Emergency Response Coordinator and HPN Coordinator

- c. eFINDS Patient/Resident Tracking Application (hospitals, nursing homes ACFs and ICF/IID only).
 - In the event that evacuation of hospitals, nursing homes or adult care facilities becomes necessary, the NYSDOH is reminding facilities that they must use the eFINDS system to track the movement of all patients and residents between sending (evacuating) and receiving facilities.
 - The HCS Communications Directory Roles that must be assigned for access to eFINDS: eFINDS



Data Reporting Administrator or eFINDS Data Reporter.

- Should evacuations become necessary, the NYSDOH will send an alert to facilities to begin
 preparing their patients and residents with wristbands and registering their wristband barcode in the
 eFINDS system, and to announce the name of the Evacuation Operation to select when registering
 your patient/resident data into eFINDS.
- Make sure that staff who have been trained on the use of the system are available to perform this function.
- For help with eFINDS use, please send email to: efinds@health.ny.gov. eFINDS quick reference cards and self-paced training are available on the HCS. Just enter "eFINDS" in the search box on HCS, and all eFINDS help resources will be available.

References

Transportation Assistance Level Categories

TAL 1

Non-Ambulatory - Individuals unable to travel in a sitting position (e.g. require stretcher, are ventilator dependent or bariatric)

TAL 2

Wheelchair - Individuals who cannot walk on their own but are able to sit for an extended period of time TAL 3

Ambulatory - Individuals with disabilities who are able to walk on their own without physical assistance.

Health Provider Network Access and Reporting Regulations

Hospitals and Nursing Homes

10 NYCRR §§ 400.10

Adult Care Facilities

18 NYCRR Section 487.12(k),

18 NYCRR Section 488.12(m)

18 NYCRR Section 490.12(k)

CHHAs, LHCSAs and Hospice

10 NYCRR 763.11(f)

10 NYCRR 766.9(o)