Healthcare Facility Evacuation Center (HEC) Manual

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Executive Summary

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 Healthcare Facilities (HCFs)), and re-occupancy of HCFs during a regional multi-facility coastal storm 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 (EM), and HCF Associations, among others.

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I. Introduction

Events both natural and man-made may result in the evacuation of HCFs 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 HEC is a NYSDOH-led entity that coordinates the evacuation, SiP (with approval of NYSDOH and the Local Chief Elected Official and as described in emergency evacuation orders involving HCFs), and re-occupancy 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 LHDs, EMs, and HCF associations among others. 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 Emergency Management (NYCEM) 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 prior to Zero Hour.

2. Scope and Purpose

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/re-occupancy 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)
- 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 Transportation Unit
- Assist with re-occupancy 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 for example:
    - Patient/resident movement/ staffing assistance covered by COVID Surge and Flex operations at the Hospital Capacity Coordination Center (HCCC) or the Nursing Home Assistance and Coordination Center (NHACC), i.e., for movement of patients or residents from a facility in need of space or resources to maintain infection control and ability to care for infected patients/residents

3. Planning Assumptions

3.1 HCF Planning Assumptions

General Planning Assumptions

- All HCF evacuation activities will be completed 24 hours prior to "Zero Hour." Zero Hour is defined as the onset of sustained tropical storm force winds of or greater than, thirty-nine (39) mph.
- Facility decompression, with rapid discharge to a responsible party or an appropriate alternate location, will occur prior to a storm or event with advance warning.
- If applicable, cancellation of elective surgeries and/or other elective procedures or consultations 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.
- HCFs will 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 will

have other timelines and should be consulted 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 identification and transportation assistance from the HEC will exhaust all pre-existing contracts, agreements prior to request for HEC assistance.
- Office of Mental Health (OMH) (State operated) facilities will have more distant locations for placement. This will result in longer transport/transportation time and/or additional considerations when setting up transport. Transfer of behavioral health patients to an OMH, State operated facility cannot occur without OMH approval.

3.2 Planning Assumptions – New York City (NYC) 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.

3.3 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 wind speed as zero hour.
- All HCFs in Nassau County have a documented coastal storm evacuation appendix in their Comprehensive Emergency Operations Plan (EOP).
- All hospitals, Nursing Homes (NHs) and Adult Care Facilities (ACFs) (licensed and regulated by NYSDOH) are responsible for

their own disaster plans. It is anticipated that facilities 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 Emergency Medical Services (EMS) resources will not be available to assist in the evacuation of HCFs. EMS may request mutual aid and/or a mission request will be placed for Federal Emergency Management Agency (FEMA) ambulances.
- [1]All HCFs will evacuate their patients to like beds (hospital to hospital, nursing home to nursing home, assisted living facility to assisted living facility).
- 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 or transportation needs.
- There exists a worst-case scenario that may necessitate the relocation of hospitals and other HCFs (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 may augment staff at receiving sites.

3.4 Planning Assumptions- Suffolk County (as provided by Suffolk County)

- All HCFs in Suffolk County have a documented evacuation appendix in their comprehensive institution-specific 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.

3.5 Suffolk County Specific Situations (as provided by Suffolk County)

- 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 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.

3.6 Planning Assumptions- Westchester County (as provided by Westchester County)

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

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

4. Agency Roles

4.1 NYSDOH

NYSDOH is responsible statewide for the:

- Activation of the HEC by NYSDOH Commissioner or their designee.
- Mobilization of the HEC and activation/notification to all HEC staff.
- Oversight and management of the HEC in both the planning, exercising, and activation phases.
- Appointment of the HEC Director by the NYSDOH Commissioner or their designee. The HEC Director reports directly to the NYSDOH Commissioner or his/her designee, to ensure a coordinated regional response.
- Staffing all key leadership roles including the HEC Director, HEC Operations, and all section leads; and staffing of other supportive roles as identified in the HEC manual.
- Coordination between the NYSDOH Commissioner or their designee with the Commissioners of Health and their respective departments in all affected jurisdictions and with the Chief Elected Officials of all affected jurisdictions, on matters of HCF evacuation.
- Working with NYCEM and local EMs of other affected areas, through points of contact that are identified by each jurisdiction to implement processes for HCF re-occupancy approval and actual re-occupancy of patients/residents (See Annex K).
- Providing programmatic expertise that includes, but may not be limited to, long term care, home health care, ACFs, hospitals, and hospice.
- NYSDOH will provide either on-site or off-site technical assistance for other regulatory matters including, but not limited to, pharmacy and EMS either via the local ESF-8 Desk or the NYSDOH Health Operations Center (HOC).

4.2 New York State Office of Emergency Management (State OEM)

State OEM is responsible to:

- Respond to requests for resources/support.

4.3 HCF Trade Associations

HCF Trade Associations are responsible to:

- Provide staff to support HEC operations as identified in the HEC Manual as appropriate.
- Provide situational awareness to the sector.

4.4 All Agencies and HCF Trade Associations are encouraged to:

- Participate in HEC planning activities.
- Participate in HEC training and exercise activities.

4.5 New York City Department of Health and Mental Hygiene (NYCDOHMH)

NYCDOHMH is responsible to:

- Provide staff to support HEC operations as identified in the HEC Manual.

4.6 New York City Emergency Management (NYCEM)

NYCEM is responsible to:

- Provide a staff liaison to support HEC operations, as identified in the HEC Manual.
- Provide resources as requested.

4.7 Fire Department City of New York (FDNY)

FDNY is responsible to:

- Send local fire company representatives to potentially impacted health care facilities to complete the 96-hour survey (SF-1).
- Provide staff to support the HEC Transportation Branch as required.
- Provide transportation coordination in accordance with the NYC Coastal Storm Plan.

4.8 Nassau County Department of Health (NCDOH)

NCDOH is one of the lead agencies of the Nassau County ESF 8.

NCDOH is responsible to:

- Identify staff to act as HEC liaison in local EOC to ensure bi-directional information sharing (ESF-8 representative).
- Coordinate with the NYSDOH on a commissioner-to-commissioner level.
- Provide HEC with timely updates of evacuation processes through applicable data management systems in order to maintain a Common Operating Picture (COP) throughout the incident.

4.9 Nassau County Office of Emergency Management (NCOEM)

NCOEM is responsible to:

- Operate in accordance with their existing plans and coordinate with the HEC, through the ESF-8 representative.

- Respond to, process, track and provide status for all resource requests submitted from the local ESF-8.

4.10 Suffolk County Office of Emergency Management (SCOEM):

- Assumes overall responsibility for the multi-agency, multi-jurisdictional management of an event. This includes all activity related to preparation, response and recovery phases, following traditional command structure of the EOC Manager reporting to the Emergency Manager, reporting to the County Executive. The EOC follows standard practices of managing multiple competing objectives prioritizing life safety, property and the environment through a unified command posture. The County's Comprehensive Emergency Management Plan (CEMP) and the EOC configuration, along with the ETeam Software, have been upgraded to follow the ESF format, for all disciplines, including the Health and Human Services Branch.

4.11 Suffolk County Department of Health Services (SCDHS):

- Coordinates the Suffolk County ESF 8 – Heath & Medical Branch, within the Incident Command System (ICS) structure established in the Suffolk County EOC. DHS Personnel serve as the Health & Human Services Branch Director, linking essential health services to the overall event management strategy and are linked to Branch Directors of the remaining fourteen ESFs identified in the CEMP for support as dictated by the demands of the event.

4.12 Westchester County Department of Health (WCDH)

WCDH is responsible to:

- Operate in accordance with their existing plans and coordinate with the HEC in a manner to ensure a coordinated response and to ensure bi-directional information sharing.
- Provide the HEC with timely updates as reported by facilities of evacuation processes through applicable data management systems in order to maintain a COP throughout the incident.
- Provide a staff liaison to support HEC operations, as identified in the HEC Manual.
- The WCDH Commissioner or designee will coordinate with the NYS Health Commissioner to ensure a coordinated response.

4.13 Westchester County Department of Emergency Services (WCDES) Division of Emergency Management (EM):

- Westchester County DES/EM will operate in accordance with their existing plans and coordinate with the WCDH regarding collection of information on evacuations and interactions with the HEC in a manner to ensure a coordinated response.
- With the WCDH, provide the HEC with timely updates as reported by facilities and/or incident command posts (ICP) of

evacuation processes through applicable data management systems in order to maintain a COP throughout the incident.

5. Concept of Operations

***The hours documented in Sections 5.1 – 5.7 are estimates. Some functions may occur simultaneously. The time frames may be adjusted as the event and /or information changes. Further details of functions can be found in staff Job Action Sheets.**

5.1 HEC Activation/Initial HCF Assessment - 96-84 Hours Prior to Zero Hour Activation

- The NYSDOH Commissioner will appoint a HEC Director to identify a location(s) for the HEC. The following is a list of the minimum criteria for a physical location for a HEC:
    - Conference Call Phones
    - Multiple Phone Lines
    - Parking (approximately 58 spots)
    - Internet connectivity
    - Desks and chairs for up to 58 staff per 12-hour shift
    - Electricity with backup generator
    - Food service or contracts
    - Security or secure access
- NYSDOH may activate the Incident Management System (IMS)
- NYSDOH will send HCF storm guidance to all potential evacuating and receiving HCFs
- Activate an operation within the HEC Application on commerce for the event
- NYSDOH will deploy an advance team to the HEC location to consist, at a minimum, of the
    - HEC Director
    - HEC Operations
    - HCF Lead
    - Administration Lead
- Upon activation of the HEC site, the Data and Planning lead and the HEC Data Team will:
    - Ensure phone lines are connected for Triage Coordinators
    - Ensure internet conductivity is operational
    - Ensure all computers are set up to access NYSDOH Health Commerce System (HCS)
    - Work with HEC staff to ensure that accounts (HCS, HEC Applications, other) are current and allow for access
    - Provide initial Just-in-Time training for the HEC Application to staff as needed

- Provide outside phone line number to HEC Operations for dissemination to agencies and HCFs
- Activate an operation within the HEC Application on Commerce for the event (if not already activated)

Additional information is available in Annex O: HEC Locations and Communications

Staffing and Resources

- HEC Director or designee will initiate notification to all agency partners of HEC activation and staffing needs. Agencies are instructed to provide, at a minimum, staffing for two (2) 12-hour shifts for seven (7) days for identified roles.

Initial Assessment

- NYSDOH activates 96-hour HERDS survey for all potential evacuating HCFs
- NYSDOH generates initial report of HCF SiP data from the Facility Evacuation Planning Application (FEPA), NYSDOH will generate a "Pre-Season SiP-Option Facilities List"
- Develop initial Geographic Information System (GIS) maps of impacted area
- HEC Operations will work with HEC Data and Planning, HCF Lead, and the Transportation Lead to estimate the number of ambulances, ambulettes and vans that may be needed to support the evacuation (using 96-hour HERDS survey data)
- Generate a list of facilities that did not complete the 96-hour HERDS Surveys from the HEC Application and send to the regional offices for follow-up

5.2 HEC Mobilization - 84-72 Hours Prior to Zero Hour

- The HEC Director and HEC Operations will meet with the NYSDOH Commissioner and set priorities and objectives for the current and ongoing operational periods, to include:
  - Evacuation and resource priorities
  - Organize master staffing list
  - Timing for executive updates
  - Time and layout for HEC Situation Reports
  - Approval of initial HEC Incident Action Plan (IAP)
- The HEC Director will report finalized objectives to NYSDOH Commissioner, ESF-8/Health and Medical Branch, State OEM, NYSDOH HOC and HEC Staff
- Identify facility needs for Federal and State legal waivers to HEC Director, who will triage the request to NYSDOH Office of Primary Care and Health Systems Management/Office of Aging and Long-term Care (OPCHSM/OALTC) and Division of Legal Affairs in the HOC (See Annex G)

- Resources are procured and mobilized
- Facilities activate their disaster plans and rapid discharge procedures
- NYSDOH provides SiP report to Chief Elected Official as requested
- HEC staff begin preliminary calls to impacted facilities
- 72-hour HERDS surveys are activated to all sending (in evacuation zone) and receiving (out of evacuation zones) facilities
- HERDS survey results are uploaded to the appropriate HEC Application operation

5.3 HCF Evacuation - 72-24 Hours Prior to Zero Hour

- The HEC Application is the repository of all evacuation related data and is updated in real-time as coordinators update facility status and sending and receiving data. The application is able to connect HEC/ incident related data with e-FINDS activity. This is done via the Manage Events/Incidents tab in the application. The application is currently maintained on the NYSDOH HCS site. For an Application Quick Guide see Annex A. HEC staff use the application, in conjunction with the operational period priorities, to:
    - Log all communications with HCFs
    - Update facility status information
    - Match sending facility bed type needs with receiving facility capabilities
    - Send all requests for transportation assistance to the Transportation Unit
    - Maintain vehicle inventory and assign vehicles to support transfers
    - Maintain situational awareness & generate reports
- General population evacuation begins at about 48 hours
- Evacuation of HCFs within zones should be completed by the end of this phase

5.4 HCF Support - 24-0 Hours

- Mass Transit Shutdown may occur by about eight (8) hours
- HCFs may begin damage assessment planning. HEC staff function to:
    - Confirm safety of HEC personnel and HEC facility for storm period
    - Maintain communication (wellness checks) with **all** HCFs as needed
    - Monitor status of SiP facilities

- Facilitate communications between HCFs and NYSDOH regarding Re-occupancy Process (Appendix K)

5.5 HCF Post Storm Assessment - N Hours

- Obtain status report on SiP facilities
- Receive and triage damage assessments from sending and receiving facilities
- Coordinate with NYCEM recovery branch to use damage assessments for re-occupancy planning if patients are in unstable locations
- Determine and prioritize patients/residents to transport back to their original facility or to suitable alternate facilities for care

5.6 Re-occupancy - N+ 1 Hours

- HCFs provide documentation of completion of all re-occupancy procedures
- Based on damage assessments and re-occupancy procedure documentation, OPCHSM/OALTC Regional Office staff approve re-occupancy requests to return patients/residents back to original facility or to suitable alternate facilities for care
- Filter requests for transportation support of re-occupancy activities to the HEC Transportation Unit
- HEC Director submits demobilization plan to NYSDOH Commissioner for approval

5.7 HEC Demobilization

- The HEC Director and the HEC Operations Lead will obtain approval from the NYSDOH Commissioner to begin demobilization of the HEC
- Re-occupancy activities may shift to the NYSDOH offices to allow for HEC demobilization as operations conclude
- The following activities will occur during demobilization:
    - A hot wash of the activation will be conducted
    - The Administration Lead collects all reports and documents
    - The Administration Lead and HEC Operations Lead direct staff to prepare for and return HEC facility to owner
    - HEC Data Lead will ensure that all files that were used during the operation are archived and provided to NYSDOH offices for access by agencies, as needed
    - Staff is dismissed to their agencies

6. Figure 1: Sample Executive Decision-Making Timeline

Sample Executive HEC Operations Decision Making Time Line

PHASES OF OPERATION

HEC Activation/ Initial HCF Assessment

96-84 Hours

1

Trigger: Conference call with affected jurisdictions, 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 (FEPA).

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

HEC Mobilization

84- 72 Hours

2

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

Description: Set up HEC and coordinate information collection

HCF Evacuation

72 – 24 Hours

3

Trigger: HCF mandatory evacuation order needed to complete HCF evacuations by 24 hrs. Order modified per decision-makers if SiP included in order.

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

General population evacuation begins at about 48 hours.

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

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 re-occupation planning if patients are in unstable locations

Re-occupation

N + 1 Hours

6

Trigger: Needs established for prioritized patient/resident transport

Description: Assist facilities with transportation of prioritized patient/resident back to their original facility or to suitable alternate facilities for care

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

Last Revised: March 2023

7. Facilities Sheltering-In-Place (SiP)- NYSDOH Recommendation

New York State Department of Health SiP Review Process

For 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 Emergency Preparedness (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 CMS EP Rule.

NYSDOH SiP review process is based on the data derived from the CAS and FEPA. This includes several 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 Facility Evacuation Profile Application (FEPA).

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, 2023 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.

Figure 2: HEC Decision Making Timeline – NYC Only

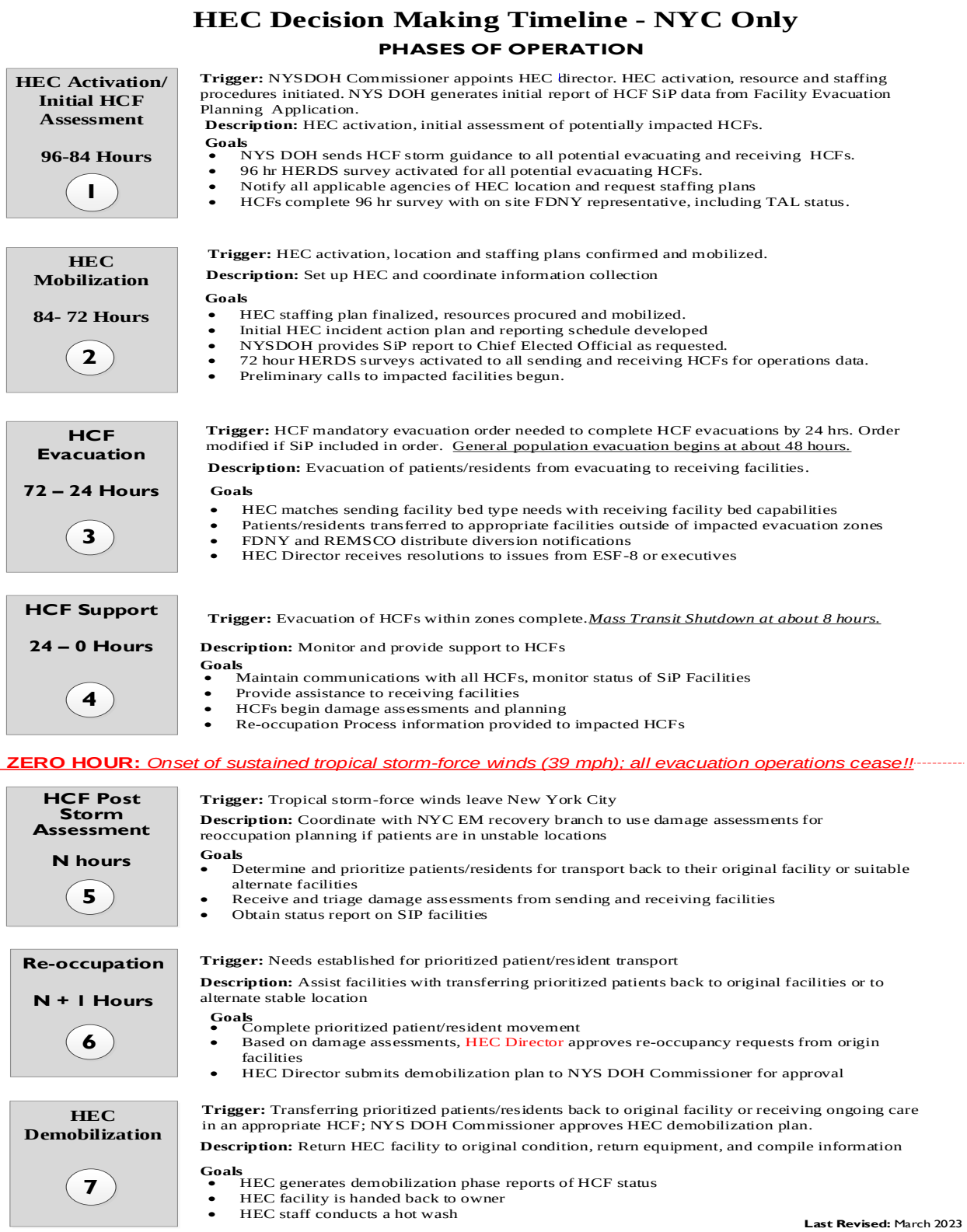


Figure 3: Organizational Chart

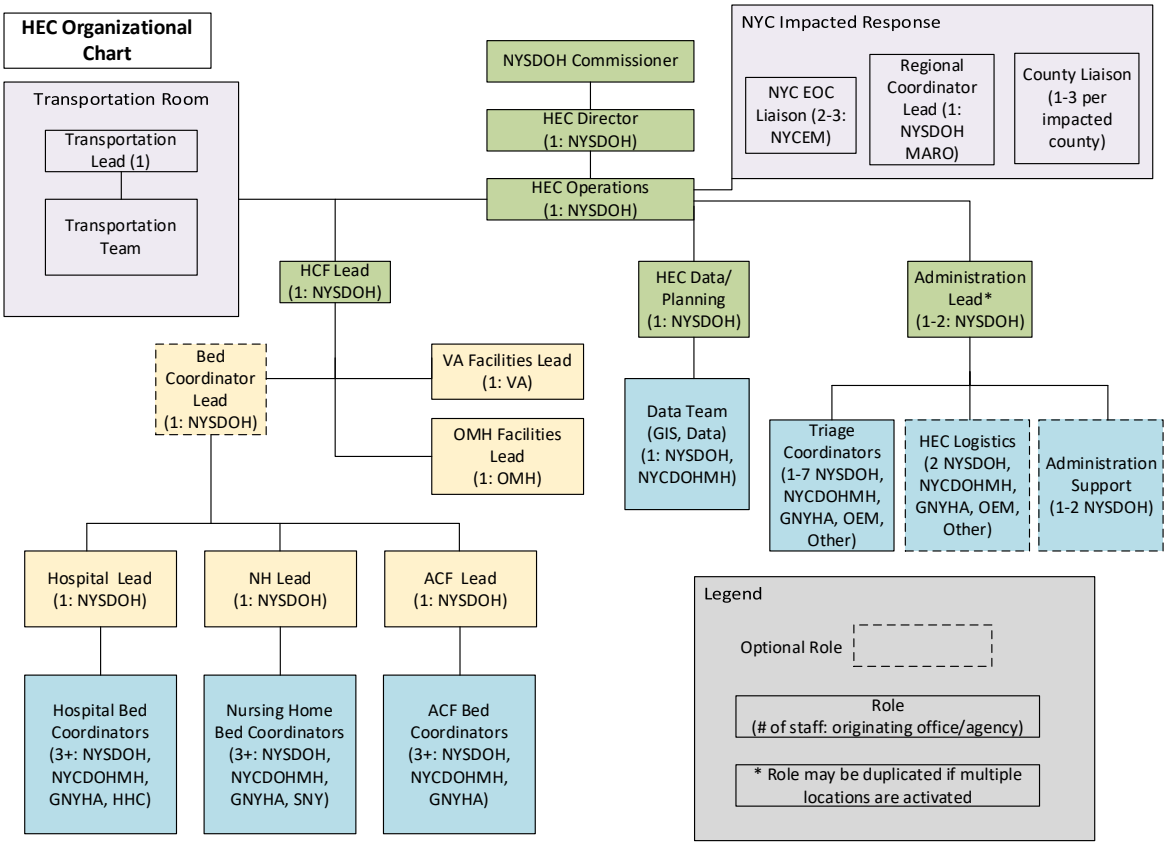
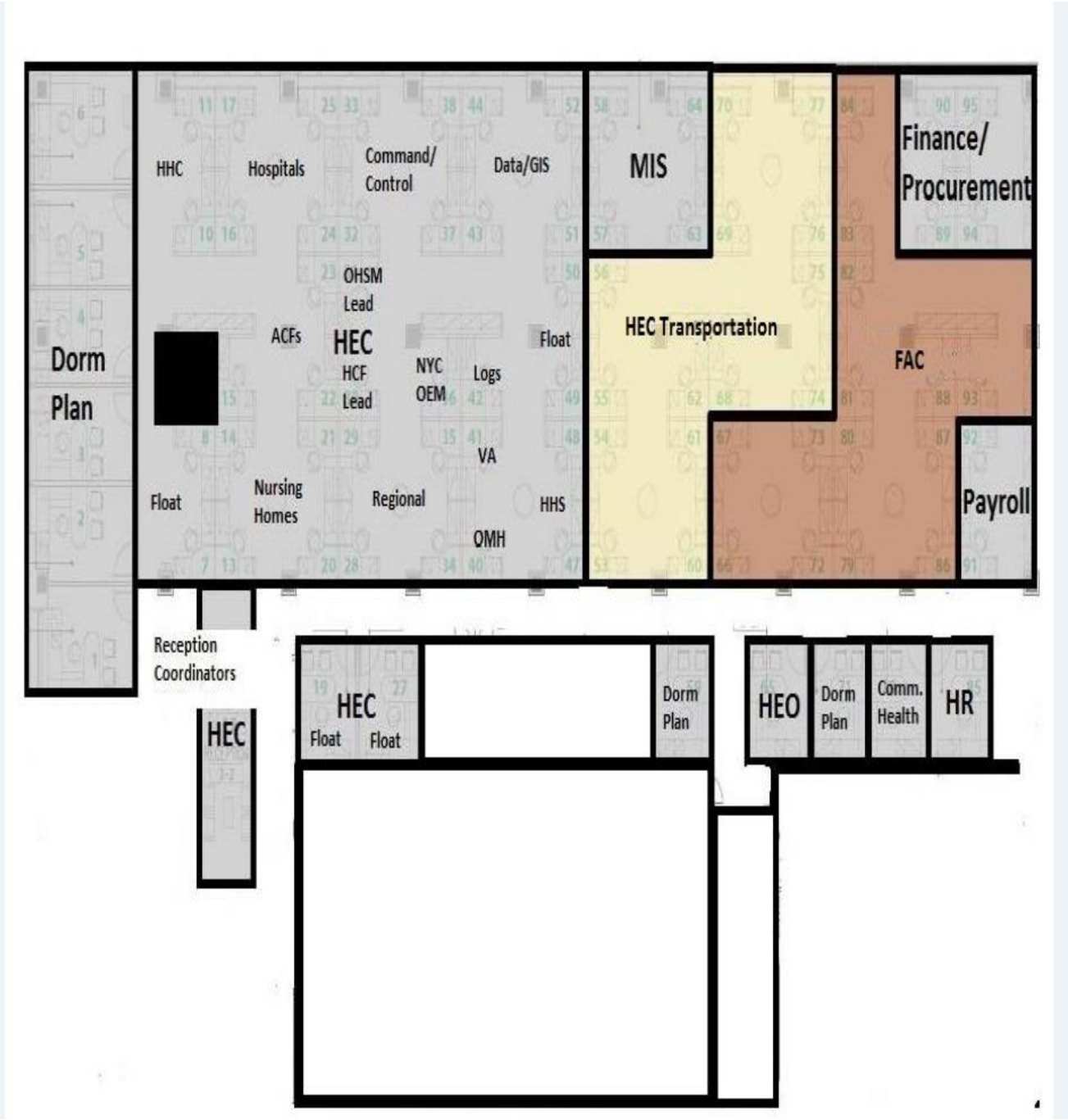
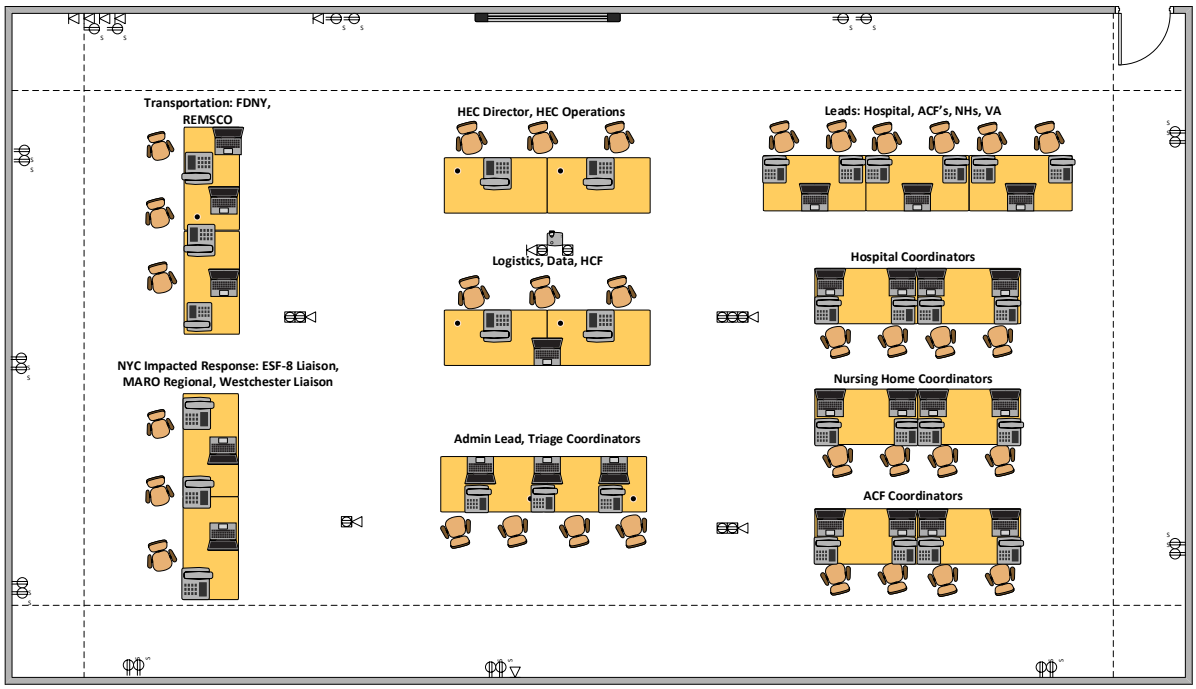


Figure 4: HEC Layout




Transportation: FDNY, REMSCO
HEC Director, HEC Operations
Leads: Hospital, ACF's, NHs, VA
Logistics, Data, HCF
Hospital Coordinators
Nursing Home Coordinators
NYC Impacted Response: ESF-8 Liaison, MARO Regional, Westchester Liaison
Admin Lead, Triage Coordinators
ACF Coordinators

8. Agency Staff Allocations

These are recommended **minimum** numbers based upon a Metropolitan Area Regional Office (MARO) coastal storm event.

Agency Staff Allocations Agency (Total minimum number per shift)	HEC Role (Minimum number per shift by role)
NYSDOH	Data Team (2)
	Data & Planning Lead (1)
MARO (1)	Regional Coordination Lead (1)
OHEP (3)	Operations (1)
	Administrative Lead (1)
	Administration Support (1)
OPCHSM/OALTC (11)	HEC Director (1)
	HCF Lead (1)
	Bed Coordinator Lead (1)
	Hospital Lead (1)
	NH Lead (1)
	ACF Lead (1)
	ACF Coordinator (2)
	Hospital Coordinator (1)
	NH Coordinator (1)
	Triage Coordinator (1)
NYCDOHMH (5)	ACF Coordinator (2)
	Hospital Coordinator (1)
	NH Coordinator (1)
	Triage Coordinator (1)
FDNY (1)	Transportation (1)
GNYHA (3)	Hospital Coordinator (1)
	NH Coordinator (1)
	Triage Coordinator (1)
H+H (1)	Hospital Coordinator (1)
NASSAU (1)	County Liaison (1)
NYCEM (3)	Logistics (1)
	EOC Liaison (1)
	Support Coordinator (1)
OMH (1)	OMH Lead (1)

REMSCO (1)	**Transportation (1)**
Southern New York Association (SNYA) (1)	**NH Coordinator (1)**
Suffolk (1)	**County Liaison (1)**
VA (1)	**VA Lead (1)**
Westchester (1)	**County Liaison (1)**

9. Job Action Sheets

Job Action Sheets-Please see Annex E for specific files

HEC Director JAS

HEC Operations JAS

HCF Lead JAS

HEC Data Planning JAS

HEC Data Team JAS

County Liaison

Administration Lead JAS

Administration Support JAS

Bed Coordinator Lead JAS

VA Facility Lead JAS

Office of Mental Health (OMH) Facility Lead JAS

Hospital Lead JAS

Nursing Home Lead JAS

Adult Care Facility (ACF) Lead JAS

Hospital Coordination Staff JAS

Nursing Home Coordination Staff JAS

ACF Coordination Staff JAS

Triage Coordinators JAS

HEC Logistics and Lodging JAS

NYC EOC Liaison JAS

Regional Coordination Lead JAS

Transportation Lead JAS

Transportation Assignment Coordinator JAS

Ambulance Team JAS

Ambulette Team JAS

Bus Team JAS

Job Action Sheets- Secondary HEC Location

HEC Operations Lead- Regional Liaison

Healthcare Facility Lead- Regional Liaison

Administration Lead- Regional Liaison

Bed Coordinator Lead- Regional Liaison

Annex A: HEC Application Quick Reference Card

Health Care Facility Evacuation Center (HEC) Application

Access to HEC Application

The **HEC Administrator** *(write access for all functions)*, **HEC Bed Coordinator, HEC Transport, and HEC Triage Coordinator** are the four role assignments required to access the HEC application.

- To verify your user ID is properly linked to a HEC role, click **My Content** > **See what roles I hold**.
- Click **My Content** > **Change my contact information** to access your business and emergency contact info. Verify this info to receive notifications and stay informed.

Open HEC App

1. Login to the HCS (https://commerce.health.state.ny.us) If you cannot remember your user ID or password, please call Commerce Accounts Management Unit (CAMU) at 1-866-529-1890.
2. Click **HEC Application** from **My Applications** list located in left side panel > **Select Event/Incident** and your **role**.

View Details in Call Log All HEC roles, except Transport

1. Verify **Event/Incident** in upper left corner OR Select **Event/Incident** from the HEC Home menu
2. Click Call Log
3. Locate Call Log to be updated by sorting the column headings in ascending or descending order **OR** Enter search criteria (Caller Name, Facility or Number) into the Search Call Log box
4. Click View corresponding to the caller and facility
5. Review, enter additional details OR re-route call as needed
6. Click Save
7. Confirm message displays Record added successfully and updated data has been saved.

TIPS: The Call Log displays the call list with most recent date and time at top. **Sort** column headings with one click to sort in ascending order and a second click to sort in descending order.

Route calls from non-standard facility types to **Other-Administrator Lead.**

Enter Call into Call Log All HEC roles, except Transport

1. Click Call Log from the HEC menu bar
2. Click + New Call Log
3. Select **Caller Type** > County > Facility Name
   Note: Select Other for Caller Type for a non standard facility such as a fire house, enter facility and if needed check the Flagged box to indicate it needs 1.attention
4. Enter **Caller's name** > **Caller's Phone Number(s)**
5. Select the **Routing** from the list: HEC-Hospital, HEC-NH, HEC-ACF, HEC-OMH, HEC-VA, NYC ESF-8, Nassau, Suffolk, Westchester or Other-Admin. Lead (*See Incoming Call Script for further direction about routing calls*)
6. Click + Comments
7. Click Add New Comment
8. Click Save
9. Confirm message displays: Record added successfully > Transfer caller.

Search & View Facility Status for All HEC roles

1. Select Facility Status from menu bar
2. Enter partial facility name in the Search box
3. Click View
4. Click Cancel if no changes were needed. **TIP:** Comments are at bottom of page.

Update Facility Status All HEC roles, except HEC Transport

1. Verify **Event/Incident** OR Select an **Event/Incident** from HEC Home
2. Select Facility Status from menu bar
3. Enter partial facility name in the Search box
4. Click View from the Action column to update profile
5. Make all necessary changes, including comments.
6. Click Save
7. Confirm message displays Record added successfully

TIP: This message displays to all users who view the same Facility Status concurrently: Warning Message: The Facility Status you attempted to update has been modified by User (user name) at Time [yyyy-mm-dd hh:mm:ss]
Page has been refreshed with latest data.

Add New Facility Status All HEC roles, except HEC Transport

1. Verify or Select **Event/Incident**
2. Select Facility Status from HEC menu bar
3. Click + New Facility Status
4. Select Facility Type > County > Facility Name > Sending or Receiving
5. Answer all questions to the best of your ability
   TIP Bed Types display according to facility type (i.e. Hospital, Nursing, ACF); only Sending Facilities have TAL data
6. Add Comments then click on Save verify Record added successfully

Check Bed Availability All HEC roles, except Triage & Transport

1. Select Bed Availability from HEC menu bar
2. Receiving Facility Type, Bed Type, Region/County, and facility name are search options. Alternatively, Sending facility type, facility name, and 'n' miles from sender will produce a map 'View Radius Map' with receiving facilities in the radius specified.
3. Click Create Bed Transfer to start a bed transfer with a facility from the list.

Add A New Bed Transfer

All HEC roles, except HEC Triage & HEC Transport

1. Select Bed Transfer from HEC menu bar.
2. Select + New Bed Transfer
3. Select **Sending Facility (SF) Type** > County (optional) > **Sending Facility** If needed enter **SF Contact Name** and **Phone number.**
4. Select **Receiving Facility (RF) Type** > County > **Receiving Facility**
5. If needed enter **RF Contact Name** and **Phone number.**
6. Scroll down to view **Bed Transfer info.**
7. Verify or update totals for both sending and receiving
8. Scroll down to **TAL Needing HEC Arrangement** (Transportation Assistance Level is required to send request to Transportation Unit). **Note:** This info is ONLY related to *this* Bed Transfer.
9. Enter **Comments**
10. Click Save to save the Bed Transfer details
11. Click Reserve and Confirm to respectively complete the reservation of bed types at the receiving facility.
12. Click No Transportation Needed to complete the bed transfer without any transportation assistance OR
13. Populate/confirm the TAL Needing HEC Arrangement column.
14. Click Send to Transportation Unit to have the transportation group provide vehicles, assign passengers, and complete the bed transfer.
    A confirmation email is sent to the user when a Bed Transfer is Sent to the Transportation Unit.

TIPS:
All comments are 'linked' together (i.e. Call Log, Facility Status, Bed Transfer) **ALL** statuses display on the Bed Transfer screen.

***WARNING:** Saving a Bed Transfer does **NOT** reserve the beds**!**

Available Beds are recalculated **only** when Bed Transfers are Confirmed.

Once a Bed Transfer is sent to the Transportation Unit, it cannot be cancelled. When a Bed Transfer is complete, the facility's request for HEC assistance is also complete.

Deleting a Bed Transfer will remove all records of the transfer, regardless of the status - confirm removal by selecting Yes for
"Are you sure you want to delete this record?"

The Bed Availability for the receiving facility will be recalculated.

Remember:
The purpose of HEC App, is to identify impacted facilities (Sending), locate facilities with available beds (Receiving), keep Point of Contact (POC) info up to date, log all communications with detail, and facilitate Bed Transfers.

View Reports All HEC roles

1. Verify or Select **Event/Incident**
2. Click **Reports** and select Report by Name:
3. Select Region > Select Evac Zone (optional)
4. Select Facility Type > Sender and/or Receiver
5. Select Graphic Option Yes/No
6. Click Generate
7. Scroll down (if Graph option was selected) to view details and optionally Export to Excel or PDF.

View Dashboard All HEC roles

Click Dashboard to view HERDS Data, Facilities Requesting Assistance, eFINDS data, TAL Levels and Bed Transfer Statuses and details

- There are options to: Refresh, Filter, Click to view, and export survey details
- Click or to display facilities on page
- Click + to view more info within any box.
- Click Start Auto Refresh to set the screen to automatically refresh every 5 minutes.
- Click Advanced Filter to select filters by Region or by Evacuation Zone and Apply Filter to view results.

5/14/2019

Annex B: HEC/HERDS SURVEY ACTIVATION PROCESS

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

- Assign HCFs to respond to each survey
  - 96 Hour survey
  - 72 Hour Sending Facility survey
  - 72 Hour Receiving Facility survey
- Identify timeline for survey completion (2-hour response time)
- Develop the Integrated Health Alert Network System (IHANS) message(s) to include event-specific information
- Notify HCFs of survey activation

The **FDNY SF1** form gathers the total facility Census and the Transportation Assistance Level (TAL) of each patient/resident at 96 hrs pre-event. The deployment of this form will be only to HCFs in NYC Evacuation Zones 1-6 and based on the predicted impact of the event.

At 72 hrs, the **HEC Sending (Facility type) Info** and **HEC Receiving (Facility type) Info** forms will be Activated in HERDS for Hospitals, Nursing Homes (NHs), and Adult Care Facilities (ACFs). Based on the event, a determination will be made to identify the impacted HCFs that will be assigned as Sending Facilities. Receiving Facilities will also be identified and will be comprised of facilities outside of any Evacuation Zones.

The HERDS surveys will be finalized and activated by persons who are assigned to the role of HERDS System Administrator at the state level. All survey forms have been prepared in the HCS Form Builder application and then deployed to the HERDS application for HEC use. NYC HCFs have been separated into their respective evacuation zones for assignment to the surveys as appropriate.

Once finalized, IHANS will be used to notify HCFs of the activation of the HERDS surveys. The notification will include event-specific information and instructions for completing the surveys. A timeline for survey completion will also be included.

Once the requested data is Submitted into HERDS, it will be available for viewing/downloading in the standard HERDS reports or included in any data visualization applications managed by NYSDOH. The HEC Data Team will be responsible for uploading completed HERDS surveys to the event operation within the HEC Application.

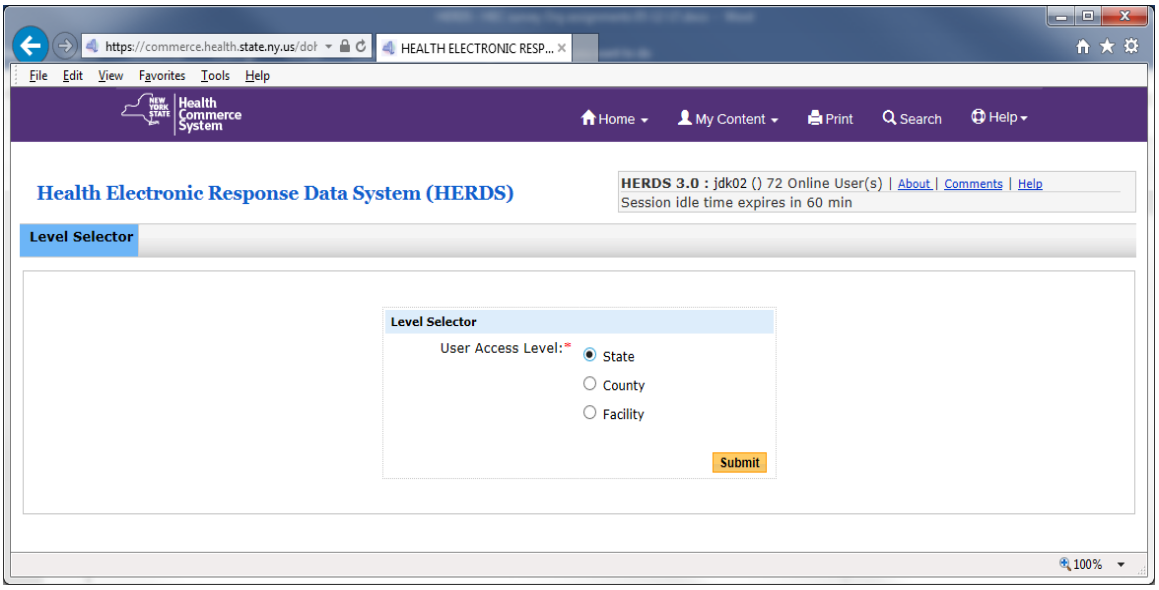
Creating Activities grouped by Evacuation Zones

During a HEC activation where HERDS will be used to collect data from affected facilities in Evacuation Zones, Health Commerce Systems (HCS) users assigned to the role of **HERDS System Administrator** at the State level may perform the following tasks to prepare/deploy the data collection forms.

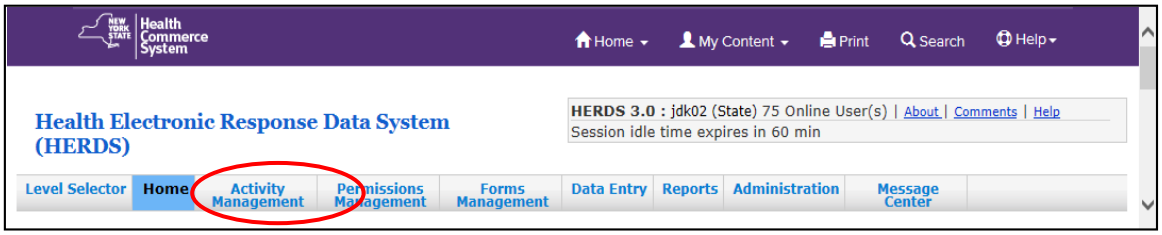
The HERDS Admin role does NOT have to be in the Org Type: OHEP

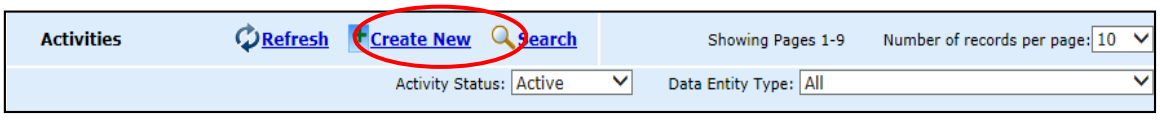
Log on to the HCS and go to **HERDS**

If user has permissions for > 1 Org Type, choose **State** in the Level Selector and **Submit**

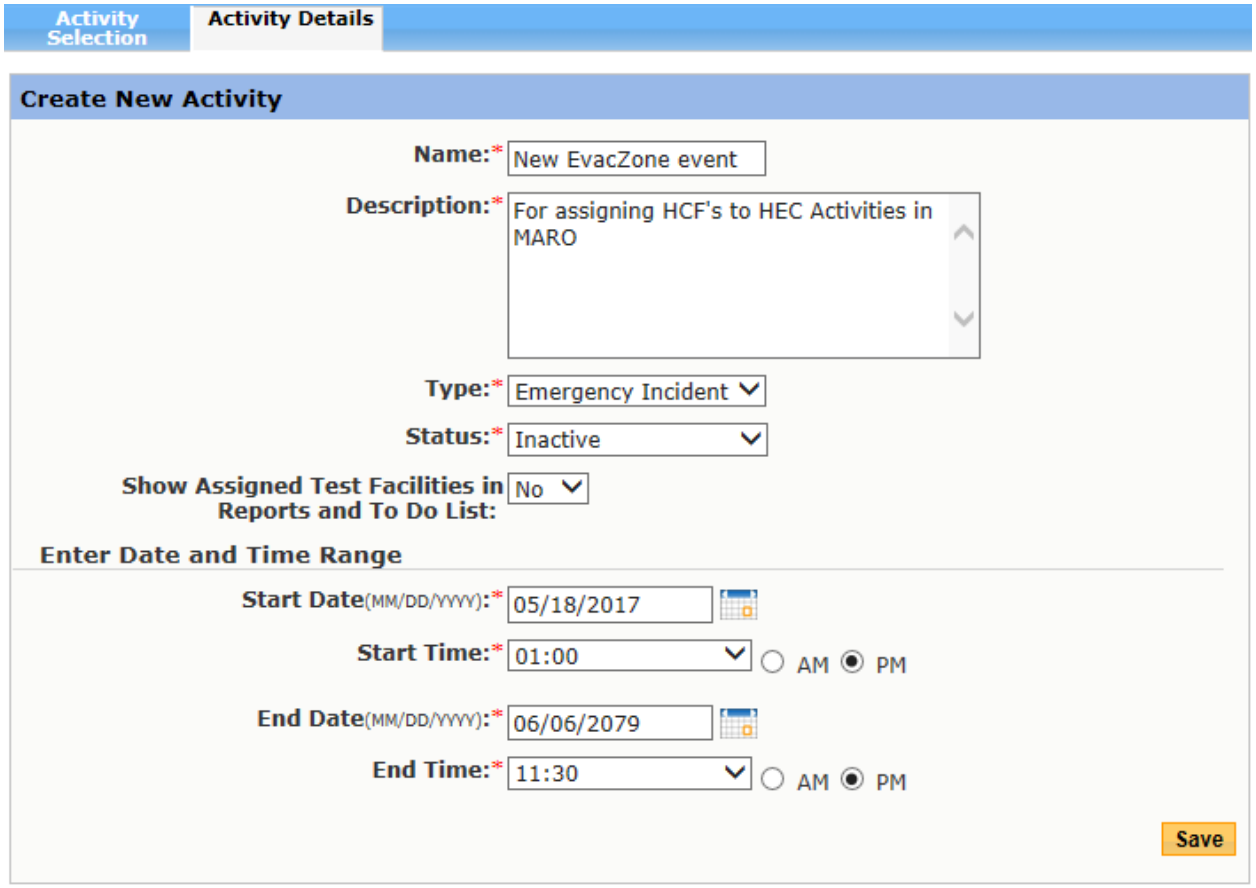


Go to **Activity Management** and **Create New** Activity





Enter the information for the new Activity and **Save**



The Activity **Name** should come from the standard naming convention established for the current Event.

The **Description** is not displayed on any other screen. It can be a short narrative for the current Event.

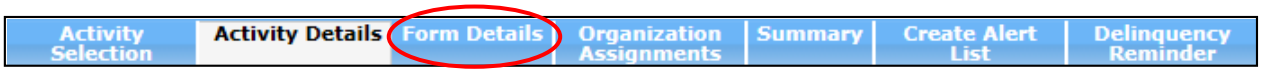
The **Type** should be set to **Emergency Incident** for a real event.

The **Status** should always be set to **Inactive** during the initial setup.

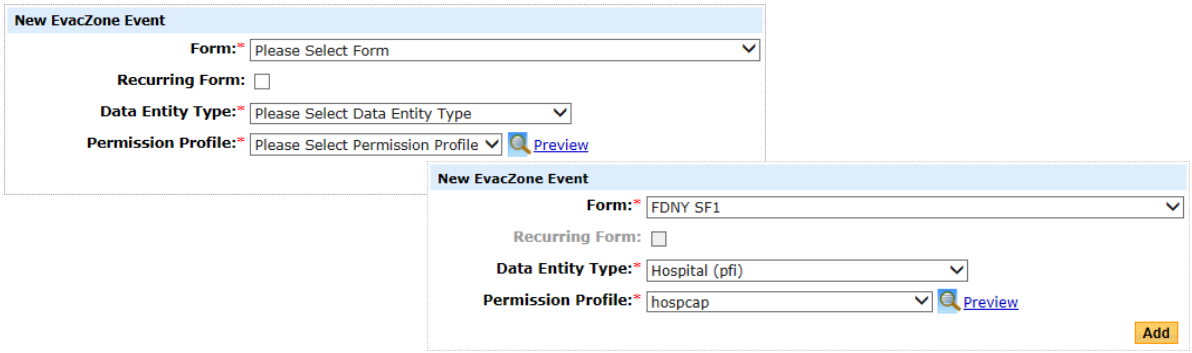
Do not **Show Assigned Test Facilities** during a real event. This will change the Completion Status count.

The **Start Date** should be entered as the current date/time. The **End Date** can be left to its default during the initial setup. These both can be changed later if/when needed.

Save this info and go to **Form Details**



Each Data Entity (Org) Type will need to have a form identified to be pulled into the Activity.



Forms for HEC surveys

Note: these are the ONLY forms that should be used.

Changing any of the forms (Form ID) will cause an incompatibility with HERDS data processing.

Name	Form Id:	Notes	Current Version in HERDS
FDNY SF1	9716	Sending Facilities only	1.5
72 hr forms			
Name	**Form Id:**	**Notes**	
HEC Receiving Hospital info	10997	all Events	1.7
HEC Receiving NH info	11016	all Events	1.5
HEC Receiving ACF info	11017	all Events	1.5
HEC Receiving PsychFac info	11019	all Events	1.5
HEC Sending Hospital / TAL info	10996	For use when NO 96 hr form sent	1.8
HEC Sending NH / TAL info	11036	For use when NO 96 hr form sent	1.7
HEC Sending ACF / TAL info	11018	For use when NO 96 hr form sent	1.9
HEC Sending PsychFac / TAL info	11037	For use when NO 96 hr form sent	1.5
HEC Sending Hospital info	14676	For use following 96 hr form	1.0
HEC Sending NH info	14677	For use following 96 hr form	1.0
HEC Sending ACF info	14678	For use following 96 hr form	1.0
HEC Sending PsychFac info	14679	For use following 96 hr form	1.0

Each form must be selected individually, then assigned a **Permission Profile**.

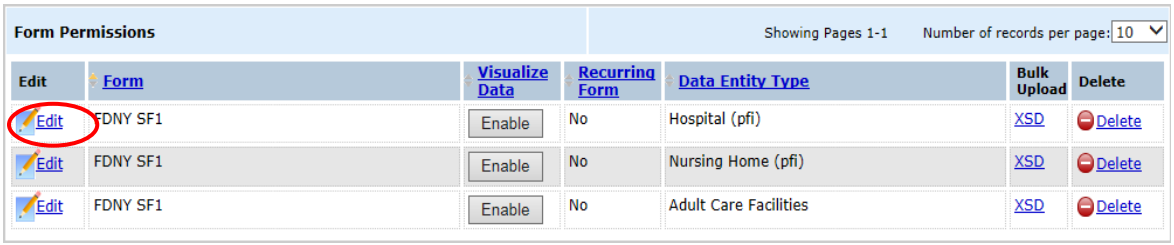
For Office of Health Emergency Preparedness (OHEP) purposes/use, each Org Type (Hospital/NH/ACF) has a predefined (default) profile.

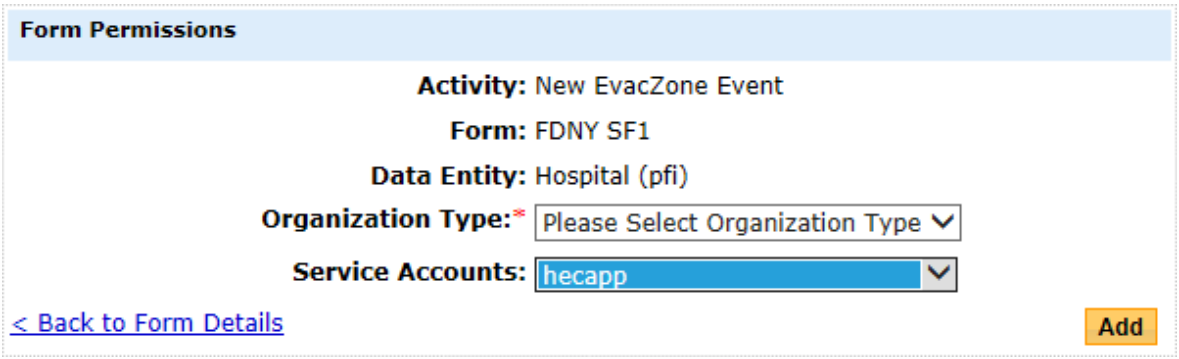
Data Entities/Permission Profiles

Data Entity Type	Permission Profile
Adult Care Facilities	hcbc
Hospital (pfi)	hospcap
Nursing Home (pfi)	nuhsur

In the case of a 96 hr survey being deployed, the three primary Org Types (Hospital/NH/ACF) will each need to have the (same) form assigned to them and will appear separately in the Form Permissions.

Once the Permission Profiles have been assigned, each Org Type must have the data for each form linked to the HEC Application. Click **Edit** to proceed.

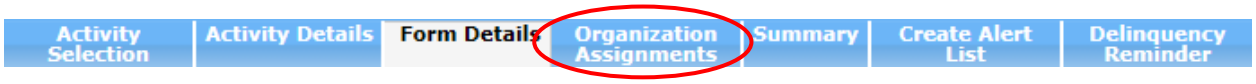




This screen can be used to either assign additional permissions OR add a Service Account to the form.

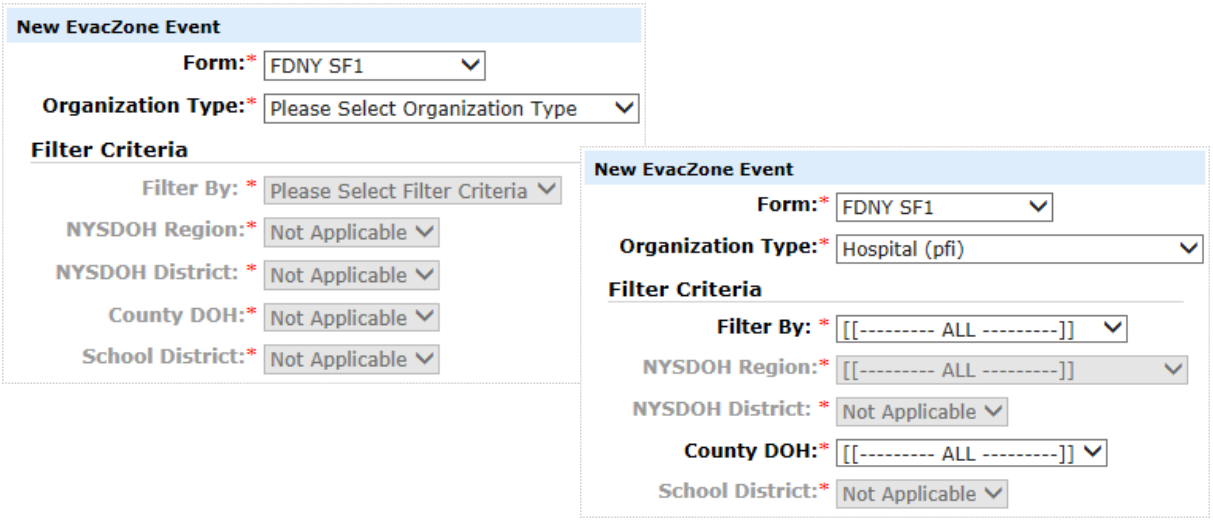
Select the **hecapp** from the list of Service Accounts and press **Add**.

Be sure to go **Back to Form Details** and repeat this process for each Org type. Once all forms have been added and connected to the HEC App, go to **Organization Assignments**.

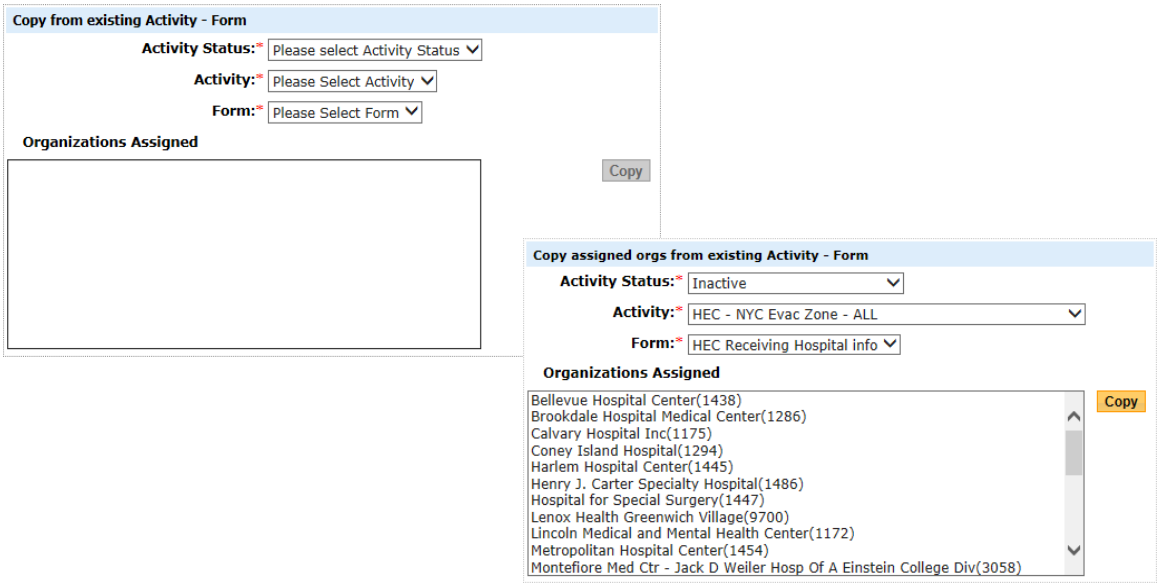


Each Org Type will need to have their Organizations assigned to the form separately.

Select the **Form**, **Org Type** and then **Filter By**: **ALL**



For HEC surveys, the **Copy from existing Activity** feature is used. An Activity has been created for each Evacuation Zone in MARO - along with combinations of Evac/non-Evac Zones.

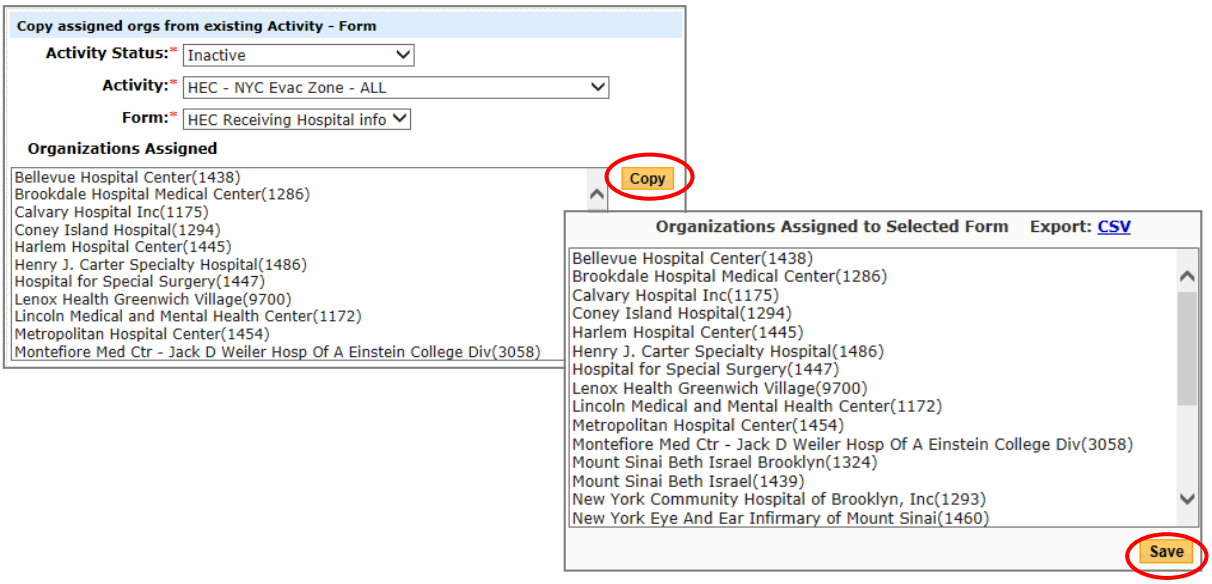


The Activity Status should be set to **Inactive**. Then, select a pre-assigned Activity from the list below.

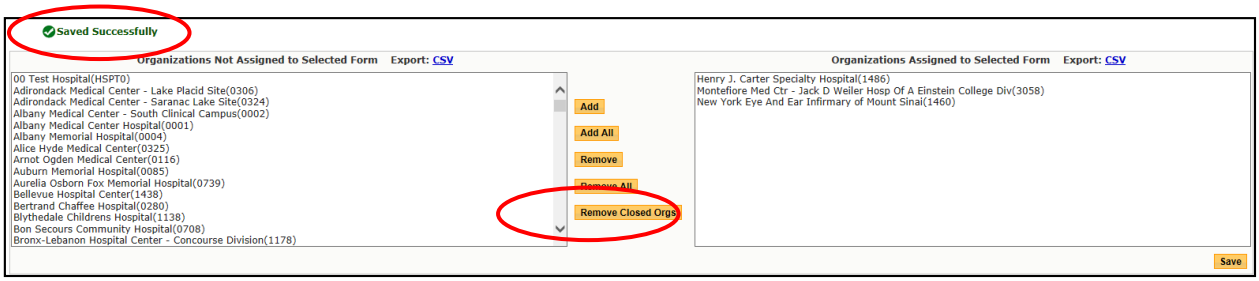
Pre-Assigned HERDS Activities for HEC surveys

Activity Name	
HEC - MARO Evac Zone - ALL	HEC - Nassau Co Evac Zone 1
HEC - MARO non-Evac Zone - ALL	HEC - Nassau Co Evac Zone 2
HEC - NYC Evac Zone 1	HEC - Nassau Co Evac Zone 3
HEC - NYC Evac Zone 2	HEC - Nassau Co Evac Zone 4
HEC - NYC Evac Zone 3	HEC - Nassau Co Evac Zone - ALL
HEC - NYC Evac Zone 4	HEC - Nassau Co non-Evac Zone - ALL
HEC - NYC Evac Zone 5	HEC - Suffolk Co Evac Zone 1
HEC - NYC Evac Zone 6	HEC - Suffolk Co Evac Zone 2
HEC - NYC Evac Zone - ALL	HEC - Suffolk Co Evac Zone 3
HEC - NYC non-Evac Zone - ALL	HEC - Suffolk Co Evac Zone 4
HEC - Westchester Co Evac Zone - ALL	HEC - Suffolk Co Evac Zone - ALL
HEC - Westchester Co non-Evac Zone - ALL	HEC - Suffolk Co non-Evac Zone - ALL

The Activity Status for all HEC Activities is/will remain **Inactive**. After selecting the **Activity** and **Form**, press **Copy**. Users will need to select each Activity one at a time if combining > 1 in the new survey.



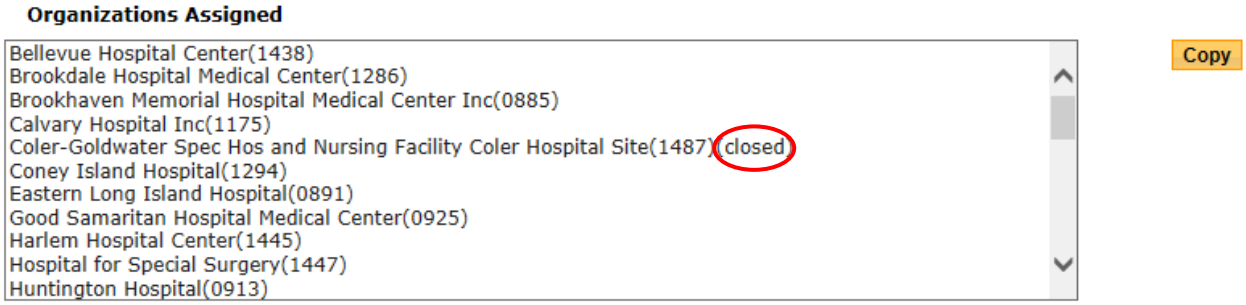
Once all Orgs have been Copied from all other Activities, press **Save**.



The system will display a message that the process was successful (above).

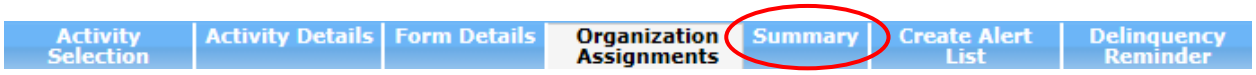
The Evac Zone assignments in each pre-assigned Activity are updated at the beginning of each Hurricane Season.

Note: when using the Copy feature to assign orgs from previous Activities, some of the Orgs (previously) Assigned may have now been designated as Closed.

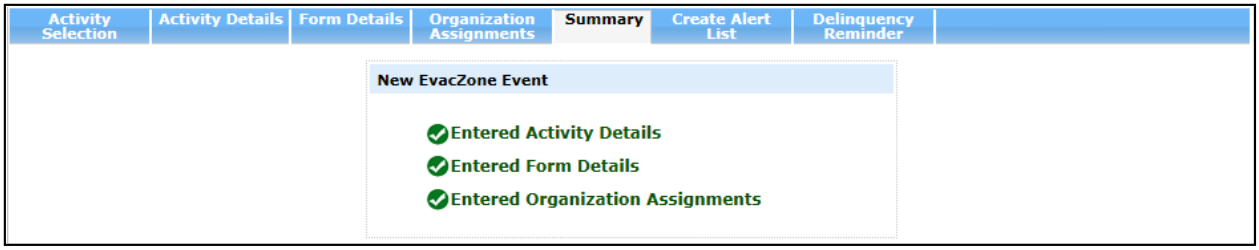


Any facility that has been designated as Closed must first be part of the Copy/Save process and can then be manually removed using the 'Removed Closed Orgs' button (see above).

Once all Orgs have been Assigned, got to the **Summary** page.

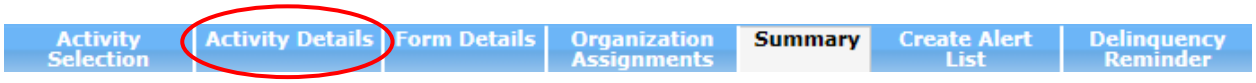


The system will display a confirmation that all necessary steps are complete.

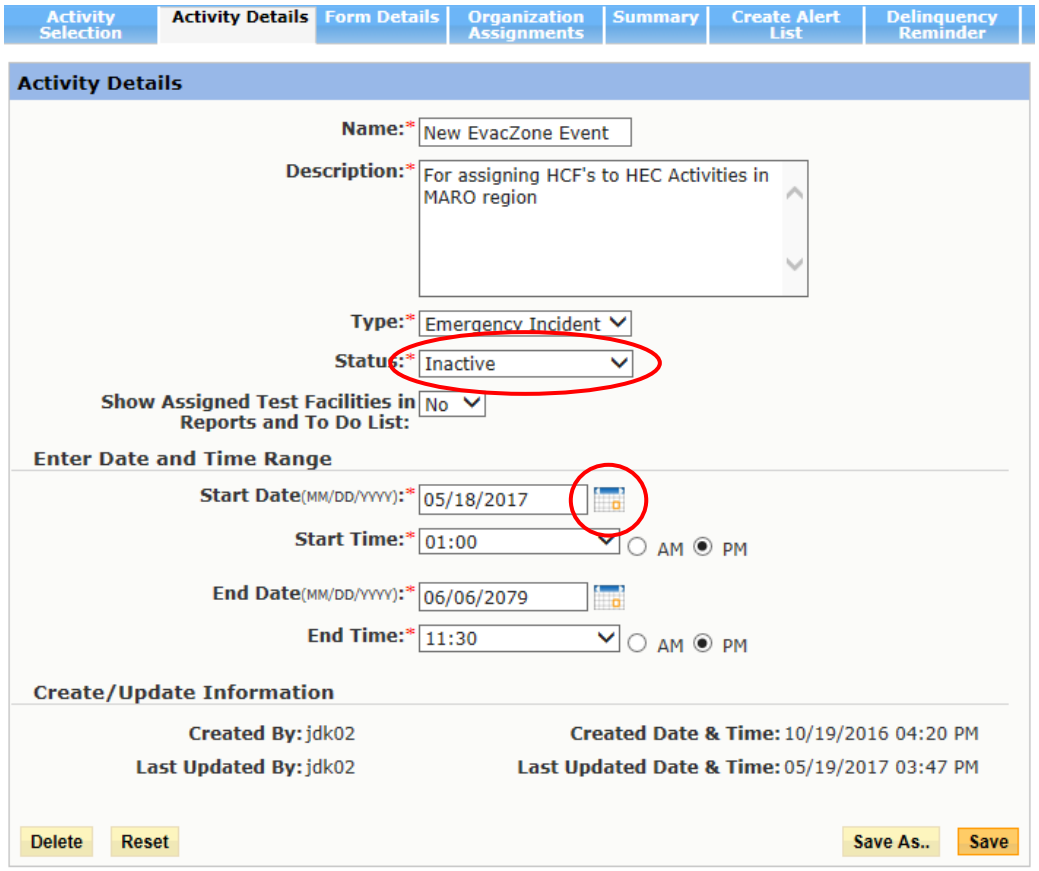


Create Alert List

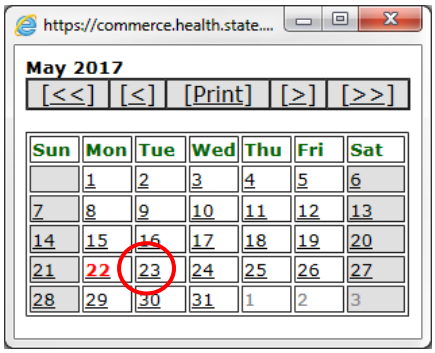
The final step in preparing the HERDS Activity for deployment is to Create an Alert List. The Activity must first be in **Active** status. Go to **Activity Details**.



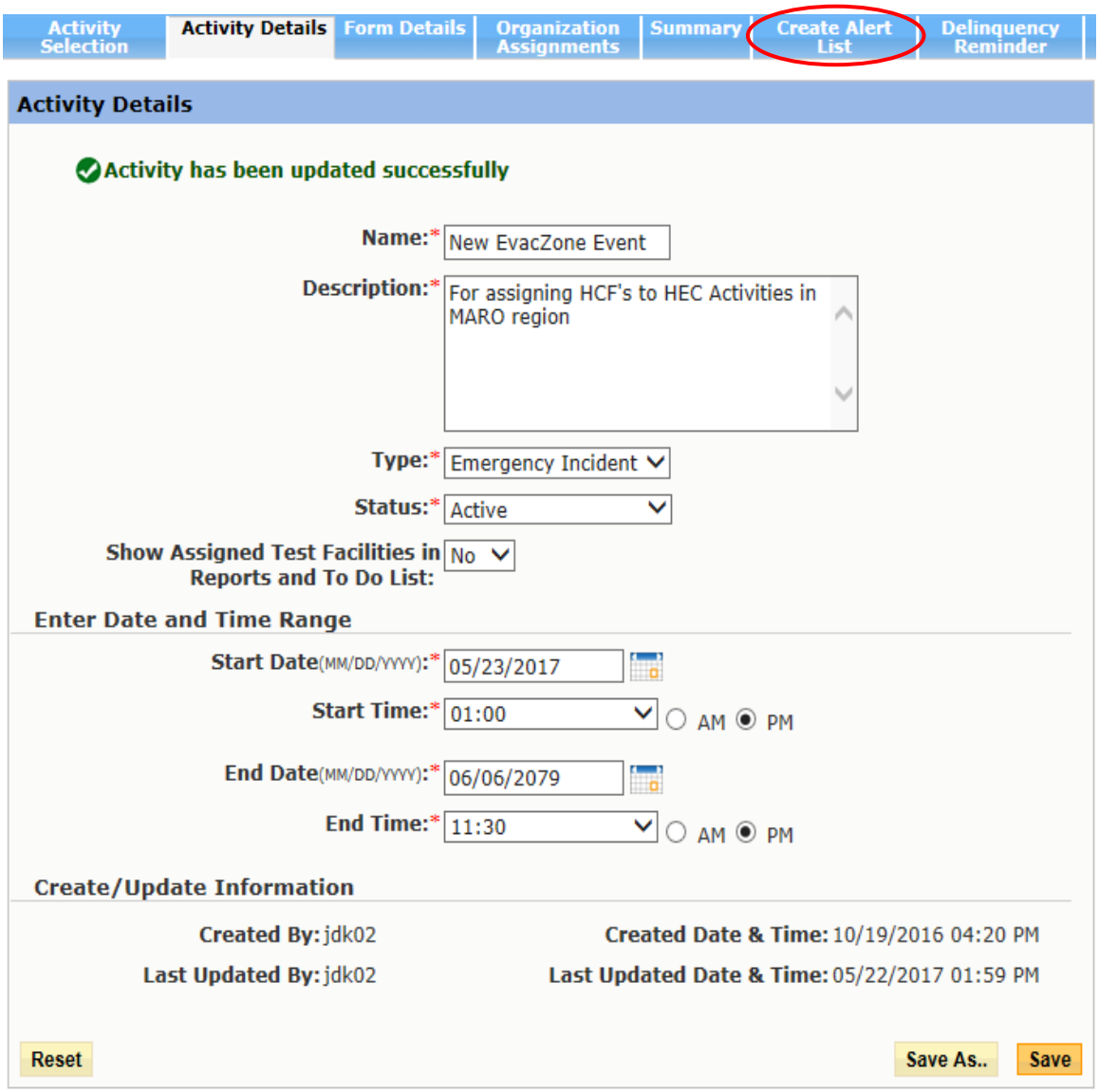
Change the **Status** to **Active** and then click on the Calendar icon next to the **Start Date**.



The current date will be highlighted in red. Click ahead <u>one day</u>, then press **Save**.



The Activity will show that it has been updated. Go to **Create Alert List**.



This will produce an IHANS List that includes ALL roles in the Permission Profile for each Data Entity that is assigned to a form in the Form Details screen. In the case of our New EvacZone Event, three different Org Types (Hospitals, NHs and ACFs) are assigned to the SF1 form for this Activity and will all be included in the same List.

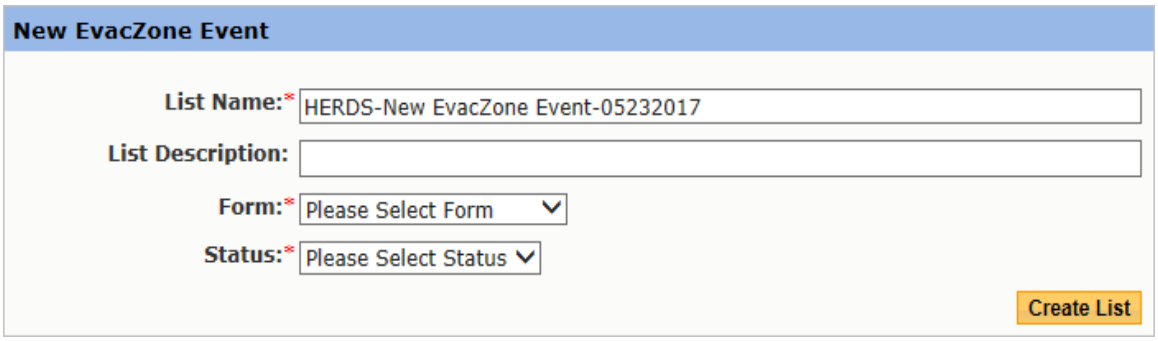
NOTE: The List Produced by this method will be a Private List. Only the Editor and Author of the List is the person that creates the List. In order to allow other HCS users to be Editors/Authors/Owners of this List, the List Creation utility must be used.

The **List Name** is generated by default and can be used or updated as deemed appropriate.

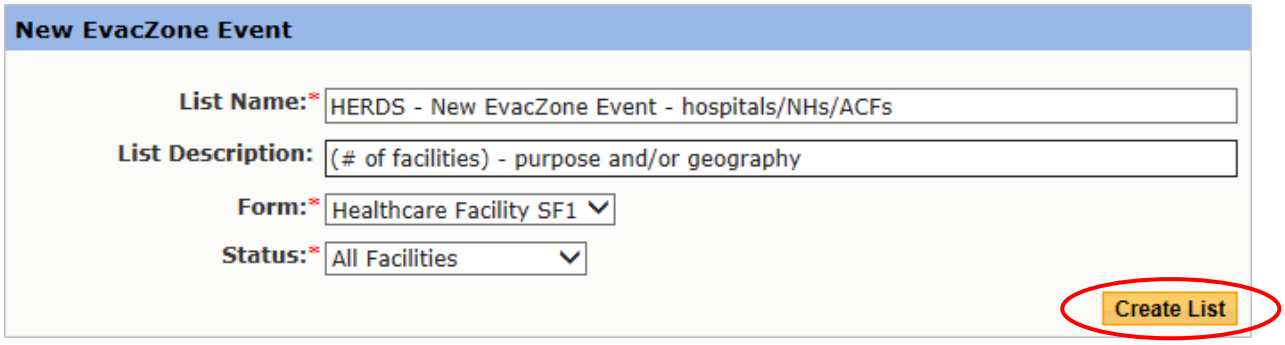
The **List Description** can be used to capture the number of facilities and info on the event.

The (one) form for this Activity is the **Healthcare Facility SF1** form.

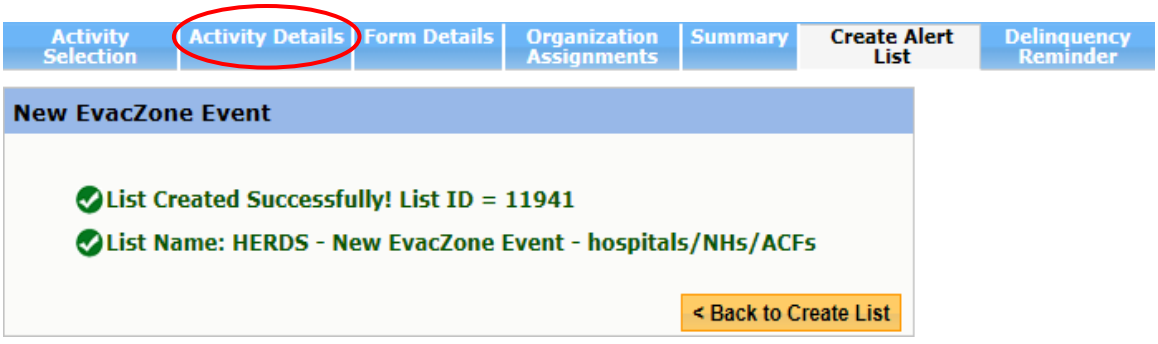
At the start of the data collection, the **Status** should always be **All Facilities**.



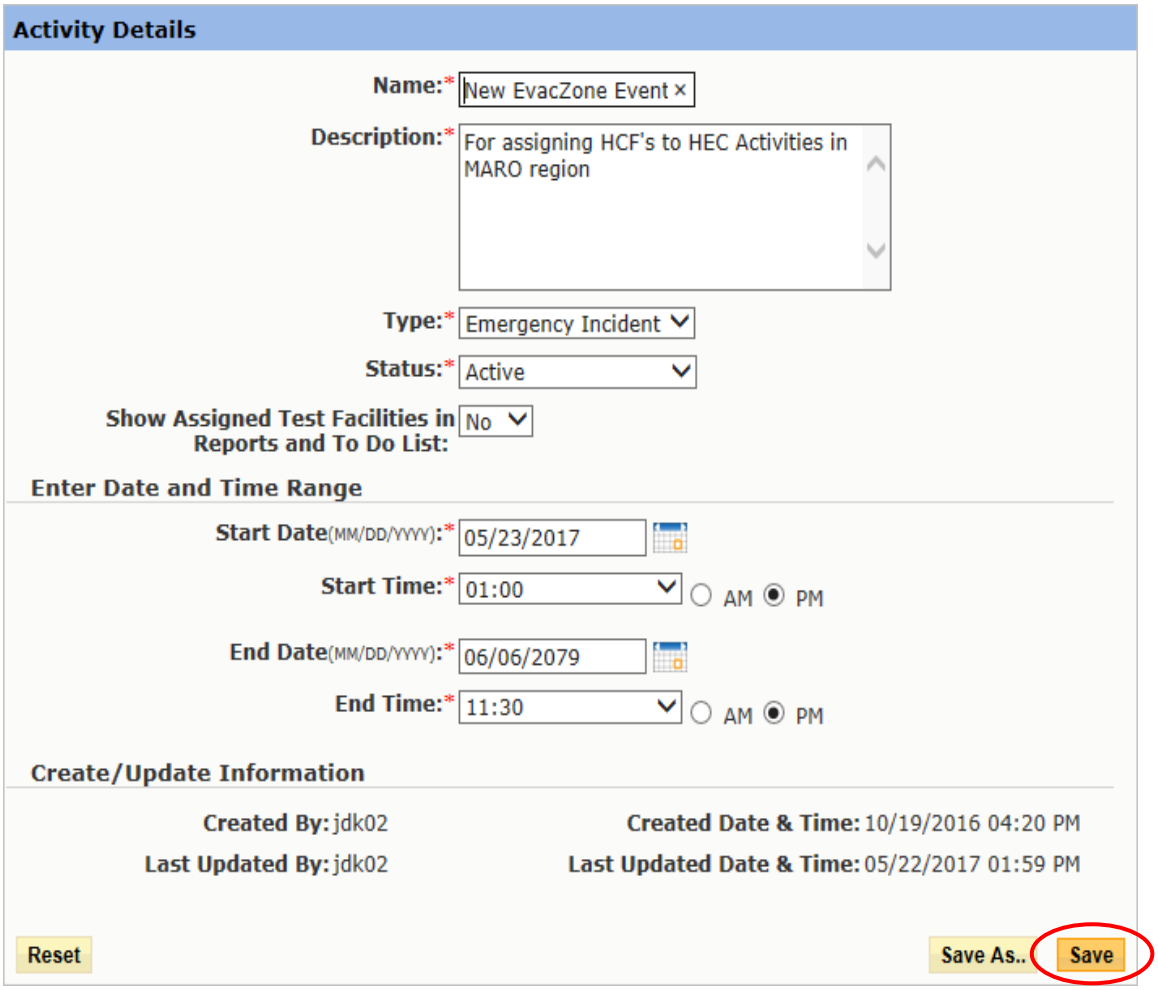
Press **Create List**.



Once the List has been created, go back to **Activity Details**.



The Activity Status should already be set to **Active**. Check to ensure that the Start Date/Time are acceptable. If not, make any necessary changes and press **Save**.



The survey is now live and available for **Data Entry**.

Annex C: Sample HEC Activation Notification

As directed by the NYSDOH Commissioner or his/her designee, the HEC Director will initiate an IHANS Alert via NYSDOH HCS to notify healthcare facilities of HEC Activation. Sample language is included on the following below.

At a minimum, the HEC Activation Notification IHANS Alert should be sent to the following Communications Directory Roles:

- Adult Care Facilities - 24 by 7 Facility Contact
- Adult Care Facilities – Administrator
- Adult Care Facilities – Administrator- BACKUP
- Adult Care Facilities - Director, Resident Services
- Adult Care Facilities – Emergency Response Coordinator
- Adult Care Facilities - Plant Manager
- County DOH - On-Duty Public Health Officer
- County DOH - Commissioner/Public Health Director
- County DOH – Director, Disease Control
- County DOH - Director, Patient Services
- County DOH – Medical Director
- County DOH - Public Health Preparedness - Primary Contact
- Hospital (pfi) - 24 by 7 Facility Contact
- Hospital (pfi) - BT Coordinator
- Hospital (pfi) - Chief Executive Officer or President
- Hospital (pfi) - Chief Executive Officer or President- BACKUP
- Hospital (pfi) – Director, Emergency Department
- Hospital (pfi) - Director, Nursing
- Hospital (pfi) – Director, Pharmacy
- Hospital (pfi) - Director, Safety/Security
- Hospital (pfi) - Emergency Response Coordinator
- Hospital (pfi) - Hospital Emergency Communications Contact
- Hospital (pfi) - Medical Director
- Hospital (pfi) - Medical Director-BACKUP
- Hospital (pfi) - Plant Manager
- Nursing Home (pfi) - 24 by 7 Facility Contact
- Nursing Home (pfi) – Administrator
- Nursing Home (pfi) – Administrator- BACKUP
- Nursing Home (pfi) - Director, Nursing
- Nursing Home (pfi) - Director, Nursing- BACKUP
- Nursing Home (pfi) – Director, Safety/Security
- Nursing Home (pfi) - Emergency Response Coordinator
- Nursing Home (pfi) - Medical Director
- Nursing Home (pfi) - Medical Director- BACKUP
- Nursing Home (pfi) - Plant Manager
- NYSDOH Regions – Director, Regional Office
- NYSDOH Regions – Hospital Program BT Coordinator
- NYSDOH Regions – Public Health Preparedness Coordinator
- Health Care Associations, Other – Emergency Preparedness Coordinator
- Health Care Associations, Hospital – Emergency Preparedness Coordinator
- Health Care Associations, Nursing Home – Emergency Preparedness Coordinator
- Health Care Associations, Adult Care – Emergency Preparedness Coordinator

- A HEC Activation Notification should also be sent via IMS List to ensure notification of NYSDOH Central and Regional Office Staff, NYC DOHMH, NYC EM, VA, OMH and FDNY.
    ** Consider notification to additional facilities (i.e. non-HCF Hospice)

HEC ACTIVATION NOTIFICATION SAMPLE LANGUAGE:

"Due to [INSERT EVENT SPECIFIC INFORMATION] which is affecting [INSERT AFFECTED AREAS], the New York State Department of Health (NYSDOH), along with its preparedness partners, is opening the Healthcare Facility Evacuation Center (or HEC) to assist with the potential evacuation operations of healthcare facilities. The HEC will be activated as of [INSERT TIME IN HRS] on [INSERT DATE DD/MM/YYYY] and will remain activated until further notice. The HEC can be reached at [INSERT PHONE NUMBER WITH AREA CODE] beginning at that time. Additionally, an operation has been created in eFINDS named [INSERT NAME] for use of healthcare facilities if evacuating. If you have any questions or concerns prior to that time, please contact your NYSDOH Regional Office program staff."

Annex D: HEC Call Scripts

HEC Triage Coordinator Incoming Call Guidelines

Incoming Call Received to HEC

Obtain/Document in call log the following info from caller:
Name, Phone #

- Facility/Organization (Name, type, county)
- If application indicates Facility Status Does Not Exist, refer to appropriate Bed Coordination Staff in HEC. Facility Status should only be entered/updated by bed coordination staff.

** All incoming calls to the HEC should be documented in Call Log. Record of all calls from the same facility are kept at the bottom of the call log screen.

Is call related to the following:

1. A need for an **Item or Supply,** e.g., food, fuel, a generator, other at your facility.
   YES – identify the item, **document request** in call log comments field and **route the call to ESF8**
   NO – go to the next Question

2. A need for assistance with **evacuation of patients or residents from your facility** such as identifying beds at a receiving facility
   YES – Identify the overall need, e.g., needs beds for 100 hospital patients, and document in call log comments field
   - Route the call to the appropriate domain coordination staff to assist the facility per their JAS.

   NO – go to the next question

3. A need for assistance with **transportation of patients or residents from** your facility to another facility:
   YES – Identify the overall need, e.g., transportation for 100 hospital patients, and document in call log comments field
   - Route the call to the appropriate domain coordination staff
   - The coordination staff will need to confirm the send – receive arrangements then proceed with the transportation mission request per JAS.

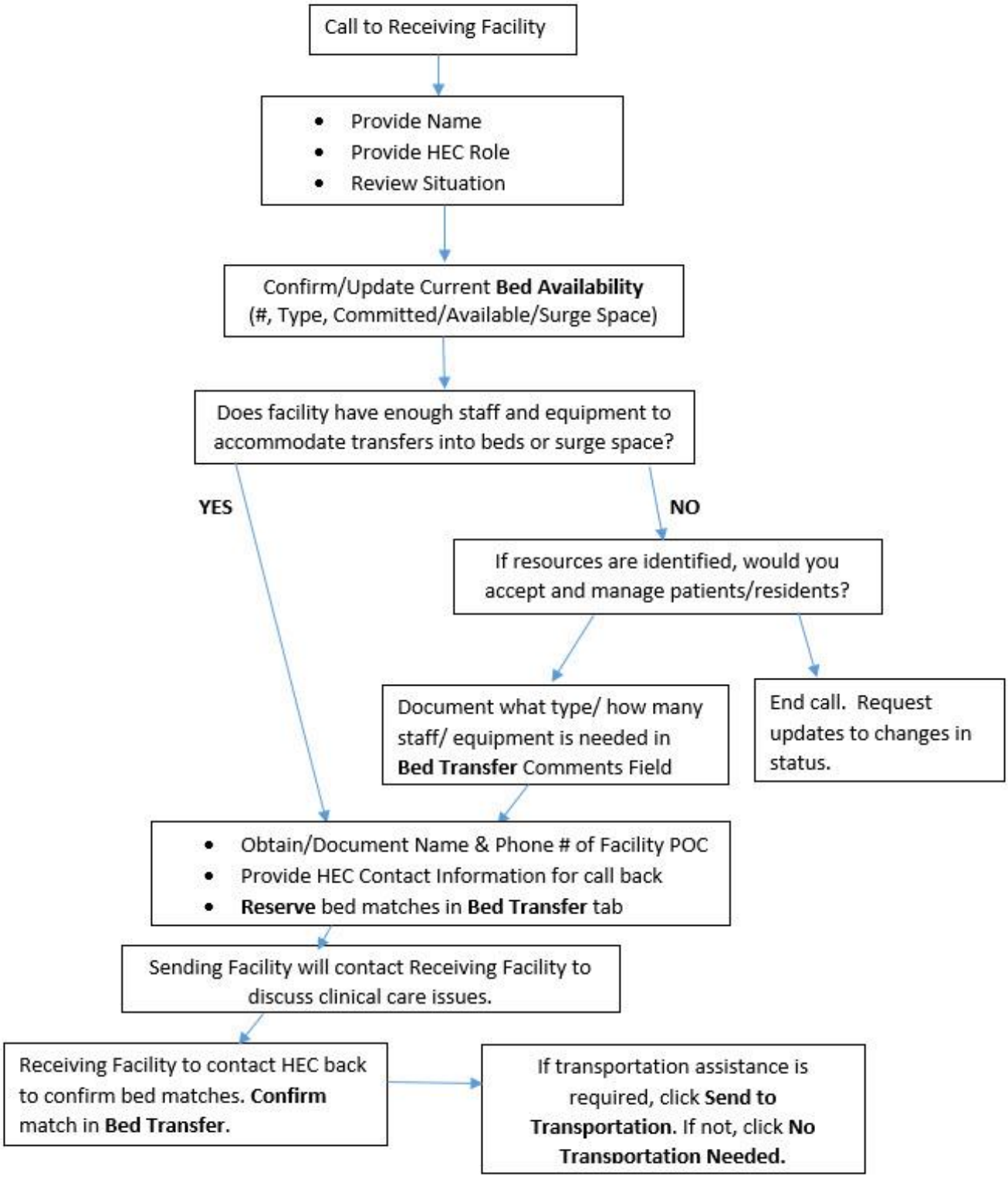
   NO – go to the next question

4. A facility that has **bed space and will accept** patient/resident evacuees TO the facility
   YES – Identify the overall capability/capacity, e.g, **HAS** beds for 100 hospital patients, and document in call log comments field
   - Route the call to the appropriate domain coordination staff

   NO - go to the next question

5. Some **other** need for assistance
   YES – Document the need in the call log comments field and redirect or relay the request to Administration Lead if assistance is needed.
   NO – Redirect call out of HEC as appropriate

HEC Bed Coordination Staff Outgoing Call Guidelines



Annex E: Job Action Sheets

HEC Director **Role Summary-** The *HEC Director* is responsible for all HEC activities and the staff in the HEC. The HEC *Director* has operational authority over decisions that relate to healthcare facility evacuation
Initial Activation
- Meet with NYSDOH Commissioner regarding decisions and priorities
- Establish HEC Site Location(s) and acceptable modes of communication
- Direct HEC Operations Lead to mobilize HEC Central and/or Regional locations upon direction of the NYSDOH Commissioner or his/her designee.
- Work with the HEC Ops lead to identify HEC staffing needs
- Notify ESF-8/Health and Medical Branch at New York City Emergency Management of activation and location(s)
Immediate Activities
- Meet with the outgoing *HEC Director* (second shift and going forward) regarding outstanding issues
- In conjunction with *HEC Operations Lead* and Ops Regional Liaison (if activated), set objectives for current operational period for all activated HEC locations
Intermediate Activities
- Communicate with *NYSDOH Commissioner* regarding policy and decisions impacting HEC operations
- In conjunction with *HEC Operations Lead* and Ops Regional Liaison (if activated), update objectives as necessary
- Respond to requests from EOC/ESF-8/Health and Medical Branch
- Attend Planning and Operations meetings with ESF-8/Health and Medical Branch, NYSDOH Incident Management System (IMS) Incident Manager, NYSDOH Health Operations Center (HOC) Incident Commander, and others as needed
- In conjunction with *HEC Operations Lead* and Ops Regional Liaison (if activated) conduct mid-shift review with all units/roles to confirm progress toward objectives
- Review and approve Incident Action Plans and Situation Reports
Final Activities
- Confirm open or pending issues with *HEC Operations Lead*
- Debrief with incoming *HEC Director*; provide updates on issues from the previous shift and discuss any changes to HEC protocols and/or HCF evacuation priorities
Documents/Tools

HEC Operation Lead **Role Summary-** *HEC Operations* is responsible for all coordination and operations of the HEC
Initial Activation
- Work with *HEC Director* to establish HEC Site Location(s)
- Upon direction of the HEC Director, take the necessary steps to activate the HEC site(s) and mobilize HEC staff
Immediate Activities
- Meet with the outgoing *HEC Operations* (second shift and going forward) regarding outstanding issues
- Meet with *HEC Director* regarding decisions and priorities
- In collaboration with the *HEC Director* set objectives for current operational period and communicate to HEC staff via floor brief
- Review and approve staffing schedules from *Administrative Lead*
Intermediate Activities
- Communicate with *HEC Director* regarding policy and decisions impacting HEC operations
- Works to update objectives as necessary
- If directed respond to requests from EOC/ESF-8/Health and Medical Branch
- Conduct planning meetings for HEC staff according to established schedule and disseminate updates on operations
- Troubleshoot issues from HEC Staff
- Work with NYC EM *EOC Liaison* to communicate HCF Evacuation status to Executive staff
- Attend Planning and Operations meetings with ESF-8/Health and Medical Branch, NYSDOH Health Operations Center (HOC) Incident Commander, and others as needed
- In conjunction with *HEC Director*, conduct mid-shift review with all units/roles to confirm progress toward objectives.
Final Activities
- Confirm open or pending issues with HEC Staff
- Work to convene change of shift debriefing for all location incoming HEC ops Liaisons
Documents/Tools

Healthcare Facility Lead **Role Summary-** The *HCF Lead* in conjunction with the Bed Coordinator Lead is responsible for the oversight of all staff performing the functions of bed assignment and placement. Depending on size and scope of event this role may be combined with Bed Coordinator Lead
Immediate Activities
- Report to Central *HEC Operations Lead*
- Thoroughly read JAS and supporting materials
- Meet with the outgoing *HCF Lead* (second shift and going forward) to transition any outstanding issues
- Review data with HEC Central Operations Lead, HEC Data and Planning Lead and Transportation Lead to estimate the number of ambulances, ambulettes, and buses necessary to support an evacuation
- Meet with the incoming Bed Coordinator *Lead*, *VA Facilities Lead* and *OMH Facilities Lead* (if applicable) to review HCF communication objectives for upcoming operational period
Intermediate Activities
- Identify and communicate needs of Bed Coordinator *Lead, VA Facilities Lead* (if applicable), and *OMH Facilities Lead* (if applicable) to *HEC Operations Lead, HEC Data and Planning* Lead, and *Administration Lead*
- Work with Bed Coordinator *Lead, and Operations Lead* to ensure appropriate staffing for *Hospital, Nursing Home*, and *ACF Leads*
- Attend Planning and Operations meetings with ESF-8/Health and Medical Branch, NYSDOH Health Operations Center (HOC) staff, and others as needed
- Assist *HEC Data and Planning* Lead with HCF status updates during HEC meetings, as needed
- Coordinate with *Administration Lead* regarding staffing, lodging, and other needs
Final Activities
- Work to convene change of shift de briefing for all location incoming HEC ops Liaisons
Documents/Tools

HEC Data Planning Lead **Role Summary-** *HEC Planning Lead* is responsible for coordination of all Planning efforts of the HEC
Initial Activation
- Works to establish HEC staffing plans and to establish communications systems and plan flow between HEC location(s) (as applicable)
- Establish/verify reporting requirements for HEC
Immediate Activities
- Meet with the outgoing *HEC Planning Lead* (second shift and going forward) regarding outstanding issues
- Meet with *HEC Director* regarding decisions and priorities
- In collaboration with the *HEC Director* set objectives for current operational period and communicate to HEC staff via floor brief
- Communicate reporting requirements to all staff
Intermediate Activities
- Maintain/update all staffing plans as needed and required
- If requested generate or contribute to ongoing incident action plan
- Maintain /update HEC communications plan
- Provide any reporting documentation (e.g., situation reports, data)
- Attend Planning and Operations meetings with ESF-8/Health and Medical Branch, NYSDOH Health Operations Center (HOC) Incident Commander, and others as needed
Final Activities
- Confirm open or pending issues with HEC Staff
Documents/Tools

HEC Data Team **Role Summary-** The *Data Team* is responsible for providing technical assistance and support for applications used for HEC activities to include, Data System, GIS mapping, and informational dashboard tools
Initial Activation
- Assist the *HEC Data and Planning Lead* to ensure incoming staff have appropriate access to the Health Commerce System (HCS) and HEC Application
- Review access and availability of HERDS and GIS-mapping data systems
Immediate Activities
- Report to *HEC Data and Planning Lead*
- Review and become familiarized with Annex A of the HEC Manual (HEC Application Quick Reference Guide)
- Thoroughly read JAS and supporting materials
- Meet with the outgoing *HEC Data Team* (second shift and going forward); transition any outstanding issues, review data collection method, and review meeting and reporting schedule from last operational period
- Meet with the *HEC Data and Planning Lead* to review current and anticipated requests for data-related items (e.g., HERDS Survey) as well as issues involving planning and documentation
- Provide just-in-time training on use of the HEC Application to HEC Staff, as necessary
Intermediate Activities
- Using the HEC Application Dashboard and other resources, compile updates on current status of operations *for HCF Lead* and *Transportation Group Leads*
- Develop and provide GIS and mapping documents as requested
- Collect and forward data for situation reports, as directed by the HEC Data and Planning Lead
- Provide assistance in the use of the HEC Application to staff as needed; troubleshoot issues to the correct resource
Final Activities
- Debrief with incoming *HEC Data Team*; provide updates on issues from the previous shift
- Upon demobilization, assist the *HEC Data and Planning Lead* with the reconciliation of reports
- Deactivate the training operations within the HEC Application on the Health Commerce System (HCS) for the event
Documents/Tools

County Liaison **Role Summary-** The *County Liaison HEC Representative* manages requests from county government (outside NYC) regarding bed arrangements, transportation and other related requests.
Immediate Activities
- Report to the *Regional Coordination Lead*
- Thoroughly read JAS and supporting materials
- Meet with the outgoing *County Liaison (*second shift and going forward*)* to transition any outstanding issues, review database, current standing of assigned facilities, and confirm contact information for county-designated point-of-contact (POC)
- Initiate contact with the county-designated POC and review the process of managing bed and transportation requests; obtain staff scheduling at the county level (e.g., EOC) and share contact information (i.e. phone numbers, emails at the HEC and county operating site)
- Communicate with county-designated POC regarding issues impacting facility evacuation(s), as applicable, outstanding requests and/or necessary actions needed at the HEC.
Intermediate Activities
- Route requests from the county-designated POC for new bed transfers to the Triage Coordinators for entry into the HEC Application
- Respond to requests from county healthcare facilities routed from triage to liaisons and documents information as appropriate in HEC application
- Provide updates to the county-designated POC regarding the status of requests as well as final disposition
- Provide situation reports and/or updates to the county-designated POC(s), as needed including the status of bed and transportation requests
- Gather information necessary for HEC-related situation reports and provide to the HEC Data and Planning Lead
- Maintain situational awareness (refer to HEC application Dashboard) of hospital, nursing home, and ACF bed transfer and transportation assistance requests by county
Final Activities
- Debrief incoming *County Liaison HEC Representative* and provide updates on issues from the previous shift, review database, provide summary of pending issues and confirm county POC contact information for next period
Documents/Tools

Administration Lead **Role Summary-** The *Administration Lead* is responsible for managing Triage Coordinators and HEC Logistics or other needs
Initial Activation
- Meet with *HEC Logistics* group to review anticipated needs for HEC staff including lodging, food and refreshment, security, HEC Site access and other related tasks
- Coordinate with *NYSDOH Administrative Preparedness Group* to ensure appropriate administration and billing processes
Immediate Activities
- Report to *HEC Operations Lead*
- Thoroughly read JAS and supporting materials
- Distribute and review JASs, Organization Chart and related HEC documentation to all incoming HEC staff
- Coordinate with all leads to ensure immediate staffing is established for the next seven (7) days (12-hour operational shifts) and identify any shortcomings
- Maintain and Update HEC Communication Plan among HEC staff
- Convene a briefing between the incoming and outgoing Administration lead (second shift and going forward) to transition any outstanding issues and review basic request protocols
Intermediate Activities
- Supervise activities involving *Triage Coordinators* and troubleshoot issues that require additional attention
- Confirm that incoming Triage Coordinators can access and understand phone systems as well as resolve any issues with appropriate IT leads
- Update and maintain HEC staffing roster for current and future operational period
- Organize and log requests for HEC Staff by type (e.g., IT, food, facilities, security) and status (i.e., submitted, pending, fulfilled). Submit requests to appropriate source and note resolution status and timeframe
Final Activities
- Works to convene change of shift debriefing of incoming *Admin Lead* to provide updates on issues from the previous shift related to request process; review logistical requests and highlight open issues including status and points of contact
- Ensure that all HEC Staff sign out for time and record-keeping purposes
- Upon demobilization, work with *HEC Operations Lead* to prepare for the return of the HEC Site to its managing agency
Documents/Tools
Annex M - Triage Coordinator Job Aid/Resources Technical Support Job Aid/Resources

Administration Support **Role Summary-** *Administration Support* is responsible for assisting the Administration Lead with Triage Coordinators and HEC Logistics or other needs
Immediate Activities
- Report to *Administration Lead*
- Thoroughly read JAS and supporting materials
- Assist with distributing and reviewing JASs, Organization Chart and related HEC documentation to all incoming HEC staff
- Assist in coordination with all leads to ensure immediate staffing is established for the next seven (7) days (12-hour operational shifts) and identify any shortcomings
- Maintain and Update HEC Communication Plan among HEC staff
- Meet with outgoing *Administration Support* (second shift and going forward) to transition any outstanding issues and review basic request protocols
Intermediate Activities
- Assist *Triage Coordinators* to troubleshoot issues that require additional attention
- Confirm that incoming *Triage Coordinators* can access and understand phone systems as well as resolve any issues with appropriate IT leads
- Assist with updating and maintaining HEC staffing roster for current and future operational period
- Assist with organizing and logging requests for HEC Staff by type (e.g., IT, food, facilities, security) and status (i.e., submitted, pending, fulfilled). Submit requests to appropriate source and note resolution status and timeframe
Final Activities
- Works to convene change of shift debriefing of incoming Administration Support to provide updates on issues from the previous shift related to request process; review logistical requests and highlight open issues including status and points of contact
- Ensure that all HEC Staff sign out for time and record-keeping purposes
- Upon demobilization, work with *Administration Lead* to prepare for the return of the HEC Site to its managing agency
Documents/Tools
Annex M - Triage Coordinator Job Aid/Resources Technical Support Job Aid/Resources

Bed Coordinator Lead **Role Summary-** The *Bed Coordinator Lead* in conjunction with the HCF Lead is responsible for the oversight of all staff performing the functions of bed assignment and placement. Depending on size and scope of event this role may be combined with HCF Lead
Initial Activation
- Confirm staffing needs for *Hospital, Nursing Home*, and *ACF Coordination Teams* with Bed Coordinator *leads* and take appropriate action
Immediate Activities
- Report to *HCF Lead*
- Thoroughly read JAS and supporting materials
- Convene a briefing between the incoming and outgoing Bed Coordinator lead (second shift and going forward) to transition any outstanding issues
Intermediate Activities
- Attend Planning and Operations meetings with ESF-8/Health and Medical Branch, NYSDOH Health Operations Center (HOC) Incident Commander, and others, as requested by the HCF Lead
- Maintain situational awareness (refer to HEC application Dashboard reports as needed) of hospital, nursing home, and ACF bed transfer and transportation assistance requests
- Assist *HEC Data and Planning Lead* with HCF status updates during HEC meetings, as needed
- Coordinate with *Administration Lead* regarding staffing, lodging, and other needs
Final Activities
- Works to convene change of shift debriefing of incoming *Bed Coordinator Lead* and liaisons from all locations to provide updates on issues from the previous shift
Documents/Tools
Annex M - Bed Coordinator Job Aid/Resources

VA Facility Lead **Role Summary-** *VA Facility Lead* is responsible for coordinating the needs of origin and receiving facilities for VA Facilities
Immediate Activities
- Report to the *HCF Lead or Liaison*
- Thoroughly read JAS and supportive materials
- Relay contact information with VA staff and confirm protocols for managing requests for bed transfers
- Meet with the outgoing *VA Facility Lead (*second shift and going forward*)* to transition outstanding issues and review current standing of matching processes by evacuation zone
Intermediate Activities
- Communicate with VA-regulated facilities to ensure completion of HERDS Survey and update facility status information
- Contact VA-regulated facilities to obtain initial data for evacuation needs. Manually enter data into the HEC Application under the “Facility Status” field
- Communicate with the HCF Lead or Liaison issues involving the lack of available VA-regulated beds
- Track and enter all information on bed requests/availability, patient type and transportation needs into the HEC Application
- Using the HEC Application, create groups of matches between patients requiring evacuation and facilities with appropriate available staffed beds
- Maintain and update Facility Status Tab in the HEC Application
- Update origin and receiving facilities about the progress of bed transfer requests and collaborate information-sharing between sites (use call scripts as appropriate)
- Maintain situational awareness on progress of bed transfers and relate difficulties to the HCF Lead
- As requested, provide situation reports to the HEC Data and Planning Lead
Final Activities
- Debrief with incoming *VA Facility Lead* and provide updates on issues from the previous shift
Documents/Tools
Annex M - Bed Coordinator Job Aid/Resources

OMH Facility Lead **Role Summary-** *OMH Facility Lead* is responsible for coordinating the needs of origin and receiving facilities for OMH Facilities
Immediate Activation
- Report to *HCF Lead or Liaison*
- Thoroughly read JAS and supportive materials
- Relay contact information with OMH staff and confirm protocols for managing requests for bed transfers
- Meet with the outgoing *OMH Facility Lead* (second shift and going forward), transition outstanding issues, and review current standing of matching process by evacuation zone
Intermediate Activities
- Contact OMH-regulated facilities outside the evacuation zones and determine bed availability by number and type. Determine any additional resources needed as part of any bed transfer request (e.g., additional staff needed at receiving facilities)
- Contact OMH-regulated facilities outside the evacuation zones and determine bed availability by number and type. Determine any additional resources needed as part of any bed transfer request (e.g. additional staff needed at receiving facilities)
- Communicate with the *HCF Lead or Liaison* involving the lack of available OMH-regulated beds
- Track and enter all information on bed requests/availability, patient type and transportation needs into the HEC Application
- Maintain and update Facility Status Tab in the HEC Application
- Using the HEC Application, create groups of matches between patients requiring evacuation and facilities with appropriate available staffed beds
- Update origin and receiving facilities about the progress of bed transfer requests and collaborate information-sharing between sites
- Maintain situational awareness on progress of bed transfers and relate difficulties to the Regional HCF Liaison
- As requested, provide situation reports to the *HEC Data and Planning Lead*
Final Activities
- Debrief with incoming *OMH Facility Lead* and provide updates on issues from the previous shift
Documents/Tools
Annex M - Bed Coordinator Job Aid/Resources

Hospital Lead **Role Summary-** The *Hospital Lead* in conjunction with the Bed Coordinator Lead is responsible for all aspects of bed assignment and placement for hospitals
Initial Activation
- Confirm HEC staffing needs for Hospital Coordination Group, depending on size and scope of event
Immediate Activities
- Report to *Bed Coordinator Lead*
- Thoroughly read JAS and supporting materials
- Meet with the outgoing *Hospital Lead* (second shift and going forward) and transition any outstanding issues
- For detailed information on HEC Application, see Annex A of HEC Manual
Intermediate Activities
- Maintain awareness and monitor the progress of bed transfers and requests for transportation assistance at all stages of all Hospitals requesting assistance
- Manage the activities of the hospital coordination staff and prioritize tasks as necessary including delegation of requests for bed transfers
- Assist hospital coordination staff with resolving issues involving requests for bed transfers and elevate any concerns to the *Bed Coordinator Lead*, as appropriate
- Work with *Adult Care Facility and Nursing Home Leads* to address any cross-placement of patients/residents, if necessary. Final determination of cross-placement is at the direction of the Bed Coordinator Lead and/or HCF Lead
- As requested by the *Bed Coordinator Lead*, provide updates on the status of bed transfer for use in situation reports
Final Activities
- Debrief incoming *Hospital Lead* and provide updates on issues from the previous shift
Documents/Tools
Annex M - Bed Coordinator Job Aid/Resources

Nursing Home Lead **Role Summary-** The *Nursing Home Lead* in conjunction with the Bed Coordinator Lead is responsible for all aspects of bed assignment and placement for nursing homes
Initial Activation
- Confirm HEC staffing needs for Nursing Home Coordination Group, depending on size and scope of event
Immediate Activities
- Report to *Bed Coordinator Lead*
- Thoroughly read JAS and supporting materials
- Meet with the outgoing *Nursing Home Lead* (second shift and going forward) and transition any outstanding issues
- For detailed information on HEC Application, see Annex A of HEC Manual
Intermediate Activities
- Maintain awareness and monitor the progress of bed transfers and requests for transportation assistance at all stages of all Nursing Homes requesting assistance
- Manage the activities of the nursing home coordination staff and prioritize tasks as necessary including delegation of requests for bed transfers
- Assist nursing home coordination staff with resolving issues involving requests for bed transfers and elevate any concerns to the *Bed Coordinator Lead*, as appropriate
- Work with *Hospital and Adult Care Facility Leads* to address any cross-placement of patients/residents, if necessary. Final determination of cross-placement is at the direction of the Bed Coordinator Lead and/or Healthcare Facility (HCF) Lead
- As requested by the *Bed Coordinator Lead*, provide updates on the status of bed transfer for use in situation reports.
Final Activities
- Debrief incoming *Nursing Home Lead* and provide updates on issues from the previous shift.
Documents/Tools
Annex M - Bed Coordinator Job Aid/Resources

Adult Care Facility Lead **Role Summary-** The *Adult Care Facility (ACF) Lead* in conjunction with the Bed Coordinator Lead is responsible for all aspects of bed assignment and placement for ACFs
Initial Activation
- Confirm HEC staffing needs for ACF Coordination Group, depending on size and scope of event
Immediate Activities
- Report to *Bed Coordinator Lead*
- Thoroughly read JAS and supporting materials
- Meet with the outgoing *Adult Care Facility Lead* (second shift and going forward) and transition any outstanding issues
- For detailed information on HEC Application, see Annex A of HEC Manual
Intermediate Activities
- Maintain awareness and monitor the progress of bed transfers and requests for transportation assistance at all stages of all ACFs requesting assistance
- Manage the activities of the ACF coordination staff and prioritize tasks as necessary including delegation of requests for bed transfers
- Assist ACF coordination staff with resolving issues involving requests for bed transfers and elevate any concerns to the *Bed Coordinator Lead,* as appropriate
- Work with *Hospital and Nursing Home Leads* to address any cross-placement of patients/residents, if necessary. Final determination of cross-placement is at the direction of the Bed Coordinator Lead and/or Healthcare Facility (HCF) Lead
- As requested by the *Bed Coordinator Lead*, provide updates on the status of bed transfer for use in situation reports
Final Activities
- Debrief incoming *Adult Care Facility Lead* and provide updates on issues from the previous shift
Documents/Tools
Annex M - Bed Coordinator Job Aid/Resources

Hospital Coordination Staff **Role Summary-** The *Hospital Coordination Staff* is responsible for compiling data from sending facilities and matching with available receiving facilities.
Immediate Activities
- Report to *Hospital Lead*
- Thoroughly read JAS and supporting materials
- Meet with the outgoing *Hospital Coordination Staff* (second shift and going forward), and transition any outstanding issues and current status of assigned facilities
Intermediate Activities
- For detailed information on HEC application, see Annex A of HEC Manual
- Confirm and update the Facility Status tab of the HEC application in communication with Hospitals
- Monitor Hospital status in the Facility Status tab of the HEC application; monitor status of SiP authorized facilities as applicable. Ensure facility status tab reflects either Sending Facility information (72 hr. census) OR Receiving Facility information (72 hr. available beds).
- Identify available beds for sending facilities using the Bed Availability tab of the HEC application
- Utilize HEC Bed Coordination Staff Incoming and Outgoing Call Scripts in communication with sending and receiving facilities regarding bed transfer requests
- If directed by *Hospital Lead*, follow up with Hospitals with whom there has been no confirmation with a sending or receiving facility after four hours to determine if there is any issue
- Forward bed transfers requiring transportation assistance to transportation unit using HEC application or indicate no transportation assistance required
- If there are unresolved issues, forward to *Hospital Lead* for resolution independent of application
Final Activities
- Debrief incoming *Hospital Coordination Staff* and provide updates on issues from the previous shift, review database, and provide summary of assigned facilities.
Documents/Tools
Annex M - Bed Coordinator Job Aid/Resources

Nursing Home Coordination Staff **Role Summary-** The *Nursing Home Coordination Staff* is responsible for compiling data from sending facilities and matching with available receiving facilities
Immediate Activities
- Report to *Nursing Home Lead*
- Thoroughly read JAS and supporting materials
- Meet with the outgoing *Nursing Home Coordination Staff* (second shift and going forward), and transition any outstanding issues and current status of assigned facilities
Intermediate Activities
- For detailed information on HEC application, see Annex A of HEC Manual
- Confirm and update the Facility Status tab of the HEC application in communication with Nursing Homes
- Monitor Nursing Home status in the Facility Status tab of the HEC application; monitor status of SiP authorized facilities as applicable. Ensure facility status tab reflects either Sending Facility information (72 hr. census) OR Receiving Facility information (72 hr. available beds)
- Identify available beds for sending facilities using the Bed Availability tab of the HEC application
- Utilize HEC Bed Coordination Staff Incoming and Outgoing Call Scripts in communication with sending and receiving facilities regarding bed transfer requests
- If directed by *Nursing Home Lead*, follow up with Nursing Homes with whom there has been no confirmation with a sending or receiving facility after four hours to determine if there is any issue
- Forward bed transfers requiring transportation assistance to transportation unit using HEC Application or indicate no transportation assistance required
- If there are unresolved issues, forward to *Nursing Home Lead* for resolution independent of application
Final Activities
- Debrief incoming *Nursing Home Coordination Staff* and provide updates on issues from the previous shift, review database, and provide summary of assigned facilities
Documents/Tools
Annex M - Bed Coordinator Job Aid/Resources

Adult Care Facility Coordination Staff **Role Summary-** The *Adult Care Facility Coordination Staff* is responsible for compiling data from sending facilities and matching with available receiving facilities
Immediate Activities
- Report to *ACF Lead*
- Thoroughly read JAS and supporting materials
- Meet with the outgoing *ACF Coordination Staff* (second shift and going forward) to transition any outstanding issues and current standing of assigned facilities
Intermediate Activities
- For detailed information on HEC Application, see Annex A of HEC Manual
- Confirm and update the Facility Status tab of the HEC Application in communication with ACFs
- Monitor ACF status in the Facility Status Tab of the HEC Application. Monitor status of SiP authorized facilities, if applicable ensure facility status tab reflects either Sending Facility information (72 hr. census) OR Receiving Facility information (72 hr. available beds)
- Identify available beds for sending facilities using the Bed Availability tab of the HEC Application
- Utilize HEC Bed Coordination Staff Incoming and Outgoing Call Scripts in communication with sending and receiving facilities regarding bed transfer requests
- If directed by ACF Lead, follow up with ACFs with whom there has been no confirmation with a sending or receiving facility after four hours to determine if there is any issue
- Forward bed transfers requiring transportation assistance to transportation unit using HEC application or indicate no transportation assistance required
- If there are unresolved issues, forward to *ACF Lead* for resolution independent of application
Final Activities
- Debrief incoming *ACF Coordination Staff* and provide updates on issues from the previous shift, review database, and provide summary of assigned facilities
Documents/Tools
Annex M - Bed Coordinator Job Aid/Resources

Triage Coordinator **Role Summary-** The *Triage Coordinators* are responsible for receiving all incoming calls to the HEC and routing them to the appropriate position
Immediate Activities
- Report to *Administration Lead*
- Thoroughly read JAS and supporting materials
- Meet with the outgoing *Triage Coordinator* (second shift and going forward), transition outstanding issues, review telephone technology, and troubleshoot issues
Intermediate Activities
- For detailed information on HEC Application, see Annex A of HEC Manual
- Receive all incoming calls to the HEC
- Document all incoming call information in call log on HEC application. (NOTE: If application call log indicates a Facility Status Does not exist, complete call log and forward to bed coordination staff)
- Utilize Triage Coordinator Call Scripts to identify appropriate routing and route calls to the appropriate position
- Prioritize calls if one position is receiving multiple calls at the same time
Final Activities
- Debrief with incoming *Triage Coordinator* and provide updates on issues from the previous shift.
Documents/Tools
Annex M - Triage Coordinator Job Aid/Resources

HEC Logistics Staff **Role Summary-** The *HEC Logistics staff are* responsible for managing internal HEC facility-related requests
Initial Activation
- Work with *Administration Lead or Liaison* to determine staffing numbers and schedules for HEC activation
- Determine lodging, food/refreshment, security (if applicable) and transportation requirements necessary for HEC Site operation. Defer to *Administration Lead* for protocols involving financial transactions
- Determine office supplies and other wrap-around service needs
Immediate Activities
- Report to *Administration Lead*
- Thoroughly read JAS and supportive materials
- Meet with outgoing *HEC Logistics/Lodging* (second shift and going forward), and transition any outstanding issues
Intermediate Activities
- Receive HEC facility-related logistical requests from *Administration Lead*
- Organize and track logistical requests by type (e.g., IT, food, facilities, security) and status (i.e., submitted, pending, fulfilled)
- Submit requests to appropriate person or unit outside of the HEC for resolution
- Confirm resolution of requests and timeframe; communicate outcome with requesting staff at HEC
Final Activities
- Debrief with incoming *HEC Logistics*, provide updates on issues from the previous shift related to request process, and review log and highlight open requests including status and point of contact
- Upon notice of demobilization, assist *Administration Lead* with the return of the HEC Site to its managing agency
Documents/Tools

NYC EOC Liaison **Role Summary-** The *NYC EOC Liaison* is responsible for facilitating the information flow between the HEC and the NYC EM - ESF-8 Coordinator/Health and Medical Branch in the EOC
Immediate Activities
- Report to the HE*C Operations Lead*
- Thoroughly read JAS and supporting materials
- Meet with the outgoing NYC EOC *Liaison* (second shift and going forward) regarding outstanding issues
- Confirm the schedule for submitting situation reports to the HEC with EOC/*ESF-8 Coordinator*/Health and Medical Branch
Intermediate Activities
- Transmit HEC situation reports approved by the *HEC Director* to *ESF-8 Coordinator*/Health and Medical Branch
- If forwarded, route all HCF evacuation-related requests from the *ESF-8 Coordinator*/Health and Medical Branch to the *Triage Coordination* staff for initial intake
- Manage all non HEC-related requests (ESF-8, other) and forward to the appropriate source for resolution
- When tasked by the *Operations Lead*, forward HEC-related concerns or issues to the *ESF-8 Coordinator*/Health and Medical Branch
- As needed, request updated maps and tables from *HEC Data and Planning* through the *HEC Operations Lead*
Final Activities
- Debrief with incoming *NYC EOC Liaison* and provide updates on issues from the previous shift
- Notify *ESF-8 Coordinator*/*Health and Medical Branch* of shift change
Documents/Tools

Regional Coordination Lead **Role Summary-** The *Regional Coordination Lead* is responsible for facilitating the information flow between the HEC and the impacted County Health Departments
Immediate Activities
- Report to the *HEC Operations Lead*
- Thoroughly read JAS and supporting materials
- Meet with the outgoing *Regional Coordination Lead* (second shift and going forward) regarding outstanding issues
- Confirm with staff the schedule for submitting situation reports to HEC
Intermediate Activities
- Coordinate with regional staff to identify regional evacuation issues and document within the HEC Application and communicate to the HEC Operations Lead
- Maintain ongoing communication with regional EOC/ESF-8 staff
- Receive all HCF evacuation-related activities from *ESF-8 Coordinator*/Health *and Medical Branch* and forward to the appropriate HEC Lead for resolution
- Provide pertinent information *to HEC Data and Planning* Lead for situational awareness
Final Activities
- Debrief with incoming *Regional Coordination Lead* and provide updates on issues from the previous shift.
Documents/Tools

Transportation Assignment Coordinator **Role Summary-** The *Transportation Assignment Coordinator* is responsible for assigning all HEC task orders to the appropriate vehicle team
Initial Activation
- Review staffing assignments with Ambulance, Ambulette and Bus teams
- Ensure staff access and understanding of the HEC Application and Transportation email account; report any issues to the *Transportation Lead*
Immediate Activities
- Report to *Transportation Lead*
- Thoroughly read JAS and supporting materials
- Ensure point-of-contact information, including phone numbers, has been disseminated to FDNY and other sources to facilitate communication with the HEC Transportation Group
- Assist the *Transportation Lead* in the review of data to estimate the number of assets necessary to support an evacuation
- Meet with outgoing *Transportation Assignment Coordinator (*second shift and going forward*)*, to transition outstanding issues and review current standing of transportation assignments
Intermediate Activities
- Maintain oversight of the HEC Transportation tab in the HEC application and delegate assignments to the correct group (Ambulance, Ambulettes and Bus)
- Provide support for transportation issues that cannot be resolved at the group level and forward concerns to the *Transportation Lead*, as appropriate
- Maintain situational awareness of ongoing transportation requests in the HEC Application with the use of regular scheduled checks on activities (e.g., every 2 hours)
- Provide updates to the *Transportation Lead* and assist in the preparation of situation reports
Final Activities
- Debrief with incoming *Transportation Assignment Coordinator* and provides updates on issues from the previous shift
Documents/Tools

Transportation Lead **Role Summary-** The *Transportation Lead* is responsible for overseeing all aspects of transportation related to HCF evacuation
Initial Activation
- Confirm FDNY resources deployed to collect the 96-hour survey (NYC only) information
- Confirm staffing numbers for-ambulance, ambulette and bus teams
- Review data with *HEC Operations Lead, HCF Lead, HEC Data and Planning* to estimate the number of ambulances, ambulettes, and buses necessary to support an evacuation
Immediate Activities
- Report to the *HEC Operations Lead*
- Thoroughly read JAS and supporting materials
- Meet with the outgoing *Transportation Lead* (second shift and going forward) regarding outstanding issues
- Meet with *HEC Operations Lead* regarding decisions and priorities
- Meet with the Ambulance Team, Ambulette Team, Bus Team, and *Transportation Assignment Coordinator* to review anticipated needs for the upcoming shift
- Ensure that credentials and/or access to operate within affected region(s) have been procured for all ambulances, ambulettes, and buses
- Work with Fuel Task Force to ensure appropriate fuel resources are available
- Create, maintain, and update HEC Transportation inventory in HEC application
Intermediate Activities
- Identify HCF transportation issues and develop strategies with appropriate positions for resolution
- As requested, provide situation reports on the status of transportation requests to the *HEC Data and Planning Lead*
Final Activities
- Debrief with incoming *Transportation Lead* and provide updates on issues from the previous shift.
Documents/Tools

Ambulance Team

Role Summary- *Ambulance Team Members* are responsible for assigning, dispatching, and tracking Ambulances to fulfill task orders

Immediate Activities

- Report to *Transportation Assignment Coordinator*
- Thoroughly read JAS and supporting materials
- Meet with outgoing *Ambulance Team* (second shift and going forward); transition outstanding issues, and review current standing of Ambulance assignments

Intermediate Activities

- Confirm access to the HEC Application; report issues to the *Transportation Assignment Coordinator*
- Review current Ambulance assignments including open requests in the HEC Application
- Receive transportation requests from *Transportation Assignment Coordinator*

View all transportation requests in the Transport Tab of the HEC Application.

- Search for the facility requesting transportation assistance
- When selecting the facility, click the "Action" button labeled "View"
- Review the request including "Sending" bed types and TAL information
- Click "Arranging Transportation" to note the request received and reviewed
- Identify transportation resources (FDNY, other) available in transportation inventory and assign vehicles to the transfer as appropriate.
- Click "In Transport" to note that the request is in progress
- Continue to update the request by entering information in the Comments field and saving the changes
- Once all patients/residents for the facility are confirmed to be transported to the receiving facility, click "complete" to finalize the request

- Work with *Transportation Assignment Coordinator* to address issues and determine if additional assets are needed
- Provide status updates to *Transportation Assignment Coordinator*

Final Activities

- Compile update of current status of Ambulance assignments
- Debrief with incoming Ambulance Team

Documents/Tools

Ambulette Team

Role Summary- *Ambulette Team Members* are responsible for assigning, dispatching, and tracking Ambulances to fulfill task orders

Immediate Activities
- Report to *Transportation Assignment Coordinator*
- Thoroughly read JAS and supporting materials
- Meet with outgoing *Ambulette Team* (second shift and going forward); transition outstanding issues, and review current standing of Ambulette assignments
Intermediate Activities
- Confirm access to the HEC Application; report issues to the *Transportation Assignment Coordinator*
- Review current Ambulette assignments including open requests in the HEC Application
- Receive transportation requests from *Transportation Assignment Coordinator*
View all transportation requests in the Transport Tab of the HEC Application. - Search for the facility requesting transportation assistance - When selecting the facility, click the "Action" button labeled "View" - Review the request including "Sending" bed types and TAL information - Click "Arranging Transportation" to note the request received and reviewed - Identify transportation resources (FDNY, other) available in transportation inventory and assign vehicles to the transfer as appropriate. - Click "In Transport" to note that the request is in progress - Continue to update the request by entering information in the Comments field and saving the changes - Once all patients/residents for the facility are confirmed to be transported to the receiving facility, click "complete" to finalize the request
- Work with *Transportation Assignment Coordinator* to address issues and determine if additional assets are needed
- Provide status updates to *Transportation Assignment Coordinator*
Final Activities
- Compile update of current status of Ambulette assignments
- Debrief with incoming *Ambulette Team*
Documents/Tools

Bus Team

Role Summary- *Bus Team Members* are responsible for assigning, dispatching, and tracking buses to fulfill task orders

Immediate Activities

- Report to *Transportation Assignment Coordinator*
- Thoroughly read JAS and supporting materials
- Meet with outgoing *Bus Team* (second shift and going forward); transition outstanding issues, and review current standing of bus assignments

Intermediate Activities

- Confirm access to the HEC Application; report issues to the *Transportation Assignment Coordinator*
- Review current bus assignments including open requests in the HEC Application
- Receive transportation requests from *Transportation Assignment Coordinator*

View all transportation requests in the Transport Tab of the HEC Application.

- Search for the facility requesting transportation assistance
- When selecting the facility, click the "Action" button labeled "View"
- Review the request including "Sending" bed types and TAL information
- Click "Arranging Transportation" to note the request received and reviewed
- Identify transportation resources (FDNY, other) available in transportation inventory and assign vehicles to the transfer as appropriate.
- Click "In Transport" to note that the request is in progress
- Continue to update the request by entering information in the Comments field and saving the changes
- Once all patients/residents for the facility are confirmed to be transported to the receiving facility, click "complete" to finalize the request

- Work with *Transportation Assignment Coordinator* to address issues and determine if additional assets are needed
- Provide status updates to *Transportation Assignment Coordinator*

Final Activities

- Compile update of current status of bus assignments
- Debrief with incoming *Bus Team*

Documents/Tools

HEC Operations Lead- Regional Liaison **Role Summary-** HEC Operations is responsible for all coordination and operations of the HEC. In the event that multiple HEC locations are established, a *HEC OPS Regional Location Liaison* position will be activated and should be filled by staff that have already served in the HEC OPS role. Command, control and communications originate at and route from the Central location to the Regional locations
Initial Activation
- Work with the *Central HEC Operations Lead* to activate Regional HEC sites and mobilize Regional HEC staff
- Works with *Central HEC Operations Lead and other Regional Liaison*(s) (as applicable) to establish Central and Local HEC **staffing plans,** confirm bi-located positions and to establish **communications systems and plan** flow between Central and Regional HEC location(s) (as applicable), including any bi-located positions
Immediate Activities
- Meet with the outgoing Regional *HEC Operations* (second shift and going forward) regarding outstanding issues
- Meet with *HEC Director,* Central OPS lead and other Regional OPS liaisons (as applicable) regarding decisions and priorities
- In collaboration with the *HEC Director, Central OPS lead and other Regional OPS liaisons (as applicable)*, set objectives for current operational period and communicate to HEC staff via floor brief
- Review and approve staffing schedules from *Administrative Lead with HEC OPS lead and Regional OPS liaisons (as applicable).*
Intermediate Activities
- Communicate with *HEC Director* regarding policy and decisions impacting HEC operations
- Works with Central OPS lead and other Regional OPS liaisons (as applicable) to update objectives as necessary
- If directed respond to requests from *EOC/ESF-8/Health and Medical Branch*
- Conduct planning meetings for HEC staff according to established schedule and disseminate updates on operations
- Troubleshoot issues from HEC Staff
- Work with *NYC EM EOC Liaison* to communicate HCF Evacuation status to Executive staff
- Attend Planning and Operations meetings with *ESF-8/Health and Medical Branch, NYSDOH Health Operations Center (HOC) Incident Commander*, and others as needed
- In conjunction with *HEC Director*, *Central OPS and Regional OPS liaisons* (as applicable) conduct mid-shift review with all units/roles to confirm progress toward objectives
Final Activities
- Confirm open or pending issues with HEC Staff
- Participates in Central lead change of shift debriefing with all locations
Documents/Tools

Healthcare Facility Lead- Regional Liaison **Role Summary-** The *HCF Lead* in conjunction with the *Bed Coordinator Lead* is responsible for the oversight of all staff performing the functions of bed assignment and placement. Depending on size and scope of event this role may be combined with Bed Coordinator *Lead.*
Immediate Activities
- Report to Regional *HEC Operations Liaison*
- Thoroughly read JAS and supporting materials
- Meet with the outgoing Regional *HCF Liaison* (second shift and going forward) to transition any outstanding issues
- Review data with HEC Regional Operations Liaison, HEC Data and Planning Lead and Transportation Lead to estimate the number of ambulances, ambulettes, and buses necessary to support an evacuation
- In conjunction with the Central HCF lead and Regional HCF liaison(s), as applicable, meet with the incoming Bed Coordinator *Lead*, *VA Facilities Lead* and *OMH Facilities Lead* (if applicable) to review HCF communication objectives for upcoming operational period
Intermediate Activities
- In conjunction with *Central HEC lead and Regional HCF liaisons* (as applicable), identify and communicate needs of *Bed Coordinator Lead, VA Facilities Lead* (if applicable), and *OMH Facilities Lead* (if applicable) to *HEC Operations Lead, HEC Data and Planning* Lead, and *Administration Lead*
- Work with *Bed Coordinator Lead* and Regional *HEC OPS liaison* to ensure appropriate staffing for *Hospital, Nursing Home*, and *ACF Leads*
- Attend Planning and Operations meetings with ESF-8/Health and Medical Branch, NYSDOH Health Operations Center (HOC) staff, and others as needed
- Assist *HEC Data and Planning* Lead with HCF status updates during HEC meetings, as needed
- Coordinate with *Administration Lead* regarding staffing, lodging, and other needs.
Final Activities
- Participate in Central HCF lead change of shift debriefing with all locations.
Documents/Tools

Administration Lead- Regional Liaison **Role Summary-** Support HEC facility and staffing operations. summary: The *Administration Lead* is responsible for managing *Triage Coordinators* and *HEC Logistics* or other needs
Initial Activation
- In conjunction with the Central Administration lead and other regional liaisons as applicable, meet with Central and regional HEC Logistics groups to review anticipated needs for Central and Regional HEC staff including lodging, food and refreshment, security, HEC Site access and other related tasks
- Coordinate with NYSDOH Administrative Preparedness Group to ensure appropriate administration and billing processes
Immediate Activities
- Report to Regional HEC Operations Liaison
- Thoroughly read JAS and supporting materials
- Distribute and review JASs, Organization Chart and related HEC documentation to all incoming Regional HEC staff
- In conjunction with the Admin Central lead, coordinate with all leads to ensure immediate staffing is established for the next seven (7) days (12-hour operational shifts) and identify any shortcomings
- Maintain and Update HEC Communication Plan among HEC staff
- Participate in Central Lead Admin. lead briefing between the incoming and outgoing Admin lead and **liaisons *of ALL LOCATION****S* (second shift and going forward) to transition any outstanding issues, and review basic request protocols Include region specific issues as applicable
Intermediate Activities
- Supervise activities involving Regional Triage Coordinators and troubleshoot issues that require additional attention
- Confirm that incoming Regional Triage Coordinators can access and understand phone systems as well as resolve any issues with appropriate IT leads
- Update and maintain Regional HEC staffing roster for current and future operational periods
- Organize and log requests for Regional HEC Staff by type (e.g., IT, food, facilities, security) and status (i.e., submitted, pending, fulfilled). Submit requests to appropriate source and note resolution status and timeframe
Final Activities
- Participates in Central Lead Admin lead change of shift de briefing with all locations, provide updates on issues from the previous shift related to request process; review logistical requests and highlight open issues including status and points of contact
- Ensure that all HEC Staff sign out for time and record-keeping purposes
- Upon demobilization, work with HEC Operations Lead to prepare for the return of the HEC Site to its managing agency
Documents/Tools

Bed Coordinator Lead- Regional Liaison

Role Summary- The *Bed Coordinator Lead* in conjunction with the *HCF Lead* is responsible for the oversight of all staff performing the functions of bed assignment and placement. Depending on size and scope of event this role may be combined with *HCF Lead*

Initial Activation
- In conjunction with Central Bed Coordinator lead, confirm staffing needs for Central and Regional *Hospital, Nursing Home*, and *ACF Coordination Teams* with Bed Coordinator *leads* and take appropriate action
Immediate Activities
- Report to Regional *HCF liaison*
- Thoroughly read JAS and supporting materials
- Participate in Central Lead Bed Coordinator lead briefing between the incoming and outgoing Bed Coordinator ***lead and*** **liaisons** ***of ALL LOCATION****S* (second shift and going forward) to transition any outstanding issues. Include region specific issues as applicable
Intermediate Activities
- In conjunction with Central Bed Coordinator Lead, attend Planning and Operations meetings with ESF-8/Health and Medical Branch, NYSDOH Health Operations Center (HOC) Incident Commander, and others, as requested by the Central HCF Lead or Liaison
- Maintain situational awareness (refer to HEC application Dashboard reports as needed) of hospital, nursing home, and ACF bed transfer and transportation assistance requests. Report issues as needed to the Central Lead
- In conjunction with the Central Lead, assist *HEC Data and Planning Lead* and liaison(s) with HCF status updates during HEC meetings, as needed
- In conjunction with the Central Lead, coordinate with *Administration Lead* and liaison regarding staffing, lodging, and other needs
Final Activities
- Participates in Central Bed Coordinator Lead change of shift **debriefing with liaisons from all locations.** Include region specific issues as applicable
Documents/Tools

Annex F: NYC ESF-8 Fact Sheet

Emergency Support Function 8: Public Health and Medical Services - Coordinates assistance in response to public health and medical care needs following a major disaster or emergency, or during a developing potential medical situation.

ESF-8 can be activated before or during a major emergency or planned event in the City of New York. Incident types that would activate the Public Health and Medical Services ESF include:

Incident Types for ESF-8 Activation	
Incident Type	**Description**
Public Health Emergency	Incidents, such as epidemics, with sudden severe outbreaks of infectious disease within New York City or with the potential to impact New York City
CBRNE	Chemical, biological, radiological, nuclear or explosive incident with potential to impact public health. This includes accidental, industrial, or intentional incidents
Mass Fatality	Incident with the potential for 10 or more fatalities and/or involves a protracted or complex recovery operation; requires interagency coordination; where the remains are contaminated by CBRNE agents or materials; requires Family Assistance Center (FAC) operations
Mass Casualty	Incident resulting in a surge into the healthcare system including emergency medical services with the potential to impact patient care (e.g., pandemic, burn, or pediatric incident)
Weather Events	Incidents of severe weather with the potential to impact public health, cause healthcare facility evacuations, and require enhanced interagency coordination
Utility Disruptions	Prolonged, large scale utility (e.g., electric, gas, steam, or telecommunication) disruption that has the potential to affect the healthcare infrastructure and impact patient care

Operational mandates for the Public Health and Medical Service agencies with jurisdictional authority in New York City include: update as needed and date the chart

ESF-8 Agency Operations	
Agency	**Operations**
Centers for Disease Control and Prevention (CDC)	▪ Strategic National Stockpile (SNS) ▪ Radiological Response ▪ Public health monitoring/epidemiology ▪ Chempack
Community Healthcare Association of New York State (CHCANYS)	▪ Organize, educate, and advocate on behalf of more than 70 federally qualified community health centers located throughout New York State
Continuing Care Leadership Coalition (CCLC)	▪ Available beds ▪ Staffing levels ▪ Needs from other agencies ▪ Status of facilities ▪ Critical outpatient medical procedures that require patient transportation
NYC Department of Health and Mental Hygiene (DOHMH)	▪ Nurse Availability ▪ Environmental Health Investigators ▪ Poison Control Center ▪ Strategic National Stockpile ▪ Staffing for Points of Dispensing ▪ Health Clinics ▪ Mass Prophylaxis/Vaccination ▪ Outreach efforts ▪ Office of Vital Records ▪ Center for Animal Care Control ▪ Epidemiological Investigation ▪ Environmental Surveillance ▪ Syndromic Surveillance ▪ Mental Health ▪ Medical Reserve Corps (MRC) ▪ Health Alerts/Advisories ▪ Special events, especially outdoor events
Empire State Association of Assisted Living (ESAAL)	▪ Incident related impacts ▪ Available beds ▪ Status of facilities ▪ Critical outpatient medical procedures that require patient transportation ▪ Needs from other agencies

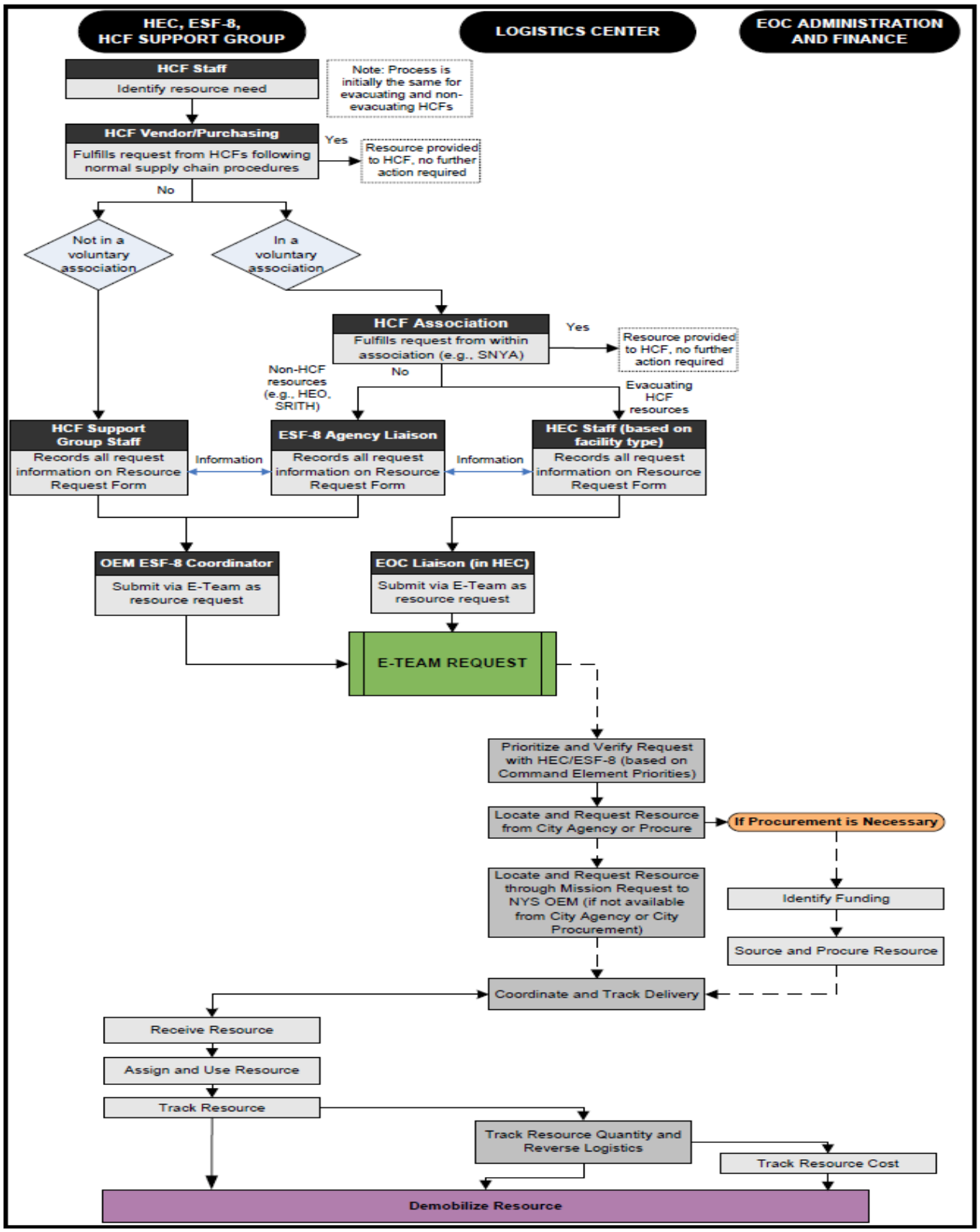
ESF-8 Agency Operations	
Agency	**Operations**
Fire Department-Emergency Medical Services (FDNY-EMS)	▪ Emergency Medical Services ▪ EMS report of unusual incidents ▪ 911 Daily Call Census Data ▪ Vehicles Off-Service ▪ Hospital Turn Around Time ▪ Specialty Center Bed Availability ▪ Spray cap (heat) ▪ Hospital Diversion Information ▪ On-line Medical Control Center ▪ Medevac Capability ▪ Special Operations Teams ▪ Staffing levels ▪ Water Pressure/hydrant issues (heat) or thawing ops (winter)
Greater New York Health Care Facilities Association (GNYHCFA)	▪ Incident related impacts ▪ Available beds ▪ Staffing levels ▪ Needs from other agencies ▪ Status of facility ▪ Critical outpatient medical procedures that require patient transportation
Greater New York Hospital Association (GNYHA)	▪ Bed Availability ▪ Radiation and Infection Control Officers ▪ Decontamination Units ▪ Staff Availability ▪ Incident related hospital visits ▪ Medical Supplies ▪ Specialty Services (e.g., trauma, burn, spinal, snake bite, replant) ▪ Syndromic Surveillance (admissions data) ▪ Patient Tracking ▪ Critical outpatient medical procedures that require patient transportation
Home Based Care Alliance (HBCA)	▪ Incident related impacts ▪ Available beds ▪ Staffing levels ▪ Needs from other agencies ▪ Status of facility ▪ Critical outpatient medical procedures that require patient transportation
Leading Age NY	▪ Incident related impacts ▪ Available beds ▪ Staffing levels ▪ Needs from other agencies ▪ Status of facility ▪ Critical outpatient medical procedures that require patient transportation
Mayor's Office	▪ Needs from other agencies ▪ Other concerns

ESF-8 Agency Operations	
Agency	**Operations**
New York Assisted Living Federation of America (NY ALFA)	▪ Incident related impacts ▪ Available beds ▪ Staffing levels ▪ Needs from other agencies ▪ Status of facility ▪ Critical outpatient medical procedures that require patient transportation
NYC Health and Hospital Corporation (HHC)	▪ Bed Availability ▪ Radiation Officers ▪ Infection Control Officers ▪ Decontamination Units ▪ Incident related hospital visits ▪ Medical Supplies ▪ Trauma, Burn, Replant Services ▪ Syndromic Surveillance ▪ Patient Locator System ▪ Staff Availability ▪ Critical outpatient medical procedures that require patient transportation
NYC Office of Chief Medical Examiner (OCME)	▪ Fatality Management ▪ Incident related deaths ▪ Syndromic Surveillance ▪ Family Assistance Center (FAC) ▪ Status of primary/backup power ▪ Refrigerated morgue facilities
NYC Office of Emergency Management (OEM)	▪ Plan and prepare for emergencies ▪ Coordinate interagency response and recovery ▪ Public education regarding preparedness ▪ Discuss interagency activities related to specific incident ▪ Resource fulfillment ▪ City EOC activation and incident action planning ▪ Weather output ▪ Disseminate emergency information ▪ Schedule additional ESF-8 calls
New York State Health Facilities Association/New York State Center for Assisted Living (NYSCAL)	▪ Incident related impacts ▪ Available beds ▪ Staffing levels ▪ Needs from other agencies ▪ Status of facility ▪ Critical outpatient medical procedures that require patient transportation
New York State Department of Health (NYSDOH)	▪ Hospitals, Nursing Homes, Home Care Agencies, Dialysis Centers ▪ Home Base Care Facilities ▪ Call Down System ▪ Alert Network Systems (e.g., HAN, HCS, HERDS) ▪ Bureau of EMS ▪ Facility outreach HCS communications/surveys

ESF-8 Agency Operations		
Agency	**Operations**	
	▪ Status of healthcare facilities ▪ Public health issues/epidemiology	
New York State Dept. of Labor (NYS DOL)	▪ License radioactive materials, laser and x-ray equipment	▪ New York State Dept. of Labor (NYS DOL)
New York State Office of Alcohol and Substance Abuse Services (OASAS)	▪ Needs from other agencies	
New York State Office of Mental Health (NYS OMH)	▪ Bed Availability ▪ Mental Health Personnel ▪ Needs from other agencies	▪ Cook chill facility (e.g., transportation, food, water) ▪ Disaster Mental Health Teams
Occupational Safety and Health Administration (OSHA)	▪ Establish and enforcement of protective standards ▪ General status	▪ Occupational Safety and Health Administration (OSHA)
Primary Care Development Corporation (PCDC)	▪ Incident related impacts ▪ Staffing levels ▪ Critical outpatient medical procedures that require patient transportation	▪ Status of facility ▪ Expand and enhance primary and preventive healthcare in underserved communities ▪ Needs from other agencies ▪ Available beds
Public Employee Safety and Health (PESH)	▪ Enforce first responder health and safety regulations	▪ Provide regulatory and policy information on employee safety and health
Regional Emergency Medical Services Council of New York (REMSCO)	▪ Provide and coordinate volunteer and private ambulance service ▪ Status of EMS providers	▪ Disseminate information to association members ▪ Critical outpatient medical procedures that require patient transport (e.g., dialysis)
Southern New York Association (SNYA)	▪ Incident related impacts ▪ Available beds ▪ Staffing levels ▪ Needs from other agencies	▪ Status of facility ▪ Critical outpatient medical procedures that require patient transportation

ESF-8 Agency Operations	
Agency	**Operations**
US Department of Energy (US DOE)	▪ Subject matter expert in nuclear or radiological incidents
US Environmental Protection Agency (EPA)	▪ General status
US Health and Human Services	▪ General status
US Public Health Services (US PHS)	▪ Supplement public health and clinical assets during public health emergencies ▪ Occupational safety and health issues
United States Department of Veteran's Affairs (VA)	▪ Veteran Healthcare ▪ Military Re-occupancy ▪ Staffing levels ▪ VA Hospital Bed Availability ▪ Status of facilities/Available beds ▪ Incident related hospital visits

NYC ESF-8 Diagram



Annex G: 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. Describe 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(s) 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) or Office of Aging and Long Term Care (OALTC), Regional Office (RO) 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 or OALTC Central Office (CO) Division and Executive staff will review the request and, where necessary, communicate the request to the Governor's Office or to the Centers for Medicare and Medicaid Services (CMS), Region 2 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 Health Alert 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 waiver request must be made every time a disaster presents. Each request will be evaluated on a case-by-case basis, and a decision made based on the unique circumstances existing during a given emergency.

Roster of Contact Information NYSDOH Programs

Division of Hospitals and Diagnostic & Treatment Centers (including Community Health Centers)		
Region	**Title**	**Phone Number**
Capital District	Regional Division Director	518-408-5329
Central New York	Regional Division Director	315-477-8592
Metropolitan Area	Regional Division Director	212-417-5990
Western New York	Regional Division Director	716-847-4310 (Buffalo) 585-423-8100 (Rochester)
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		
Capital District	Regional Program Manager	518-408-5372
Central New York	Regional Program Manager	315-477-8472
Metropolitan Area	Regional Program Manager	212-417-4999
Western New York	Regional Program Manager	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
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 (90 Church St) 631-851-3098 (Long Island)
Western New York	Regional Program Manager	585-423-8185 (Rochester) 716-847-4353 (Buffalo)
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 Manager	518-408-5287
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)
Off Hours (5:00 pm to 8:00 am, all weekends and holidays)	NYSDOH Duty Officer	866-881-2809

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

The eFINDS application is an internet based application, located on 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 other location, e.g., their home, during an emergency situation. As a result of New York State's experience in Superstorm Sandy, the Governor 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.*** 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.

Facility staff, working at the time of the emergency and also needing to relocate, may also be tracked in eFINDS. Patients and residents must be tracked across all movement/transfers during the emergency event, regardless of the number of times they may be moved to different facilities/other types of location.

Unlike evacuations involving individual facilities, where a facility can create its own eFINDS operation pertaining to their evacuation, when a large scale evacuation is anticipated the NYSDOH will create an "operation" in eFINDS and will send a NYSDOH Health Notification to impacted facilities (both evacuating and receiving), to inform them of the name of the operation to be used to enter information about patients/residents they are evacuating or receiving. Use of a singular operation in large events assures that eFINDS data for the entire event will be included in eFINDS reports used for tracking progress of the evacuation.

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.

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 includes:

- destination facility (if being evacuated),
- required medications or treatments and next of kin points of contact.

All 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.

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.

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

New York State Department of Health 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 Facility Evacuation Profile Application (FEPA).

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, 2023 Users Guide.

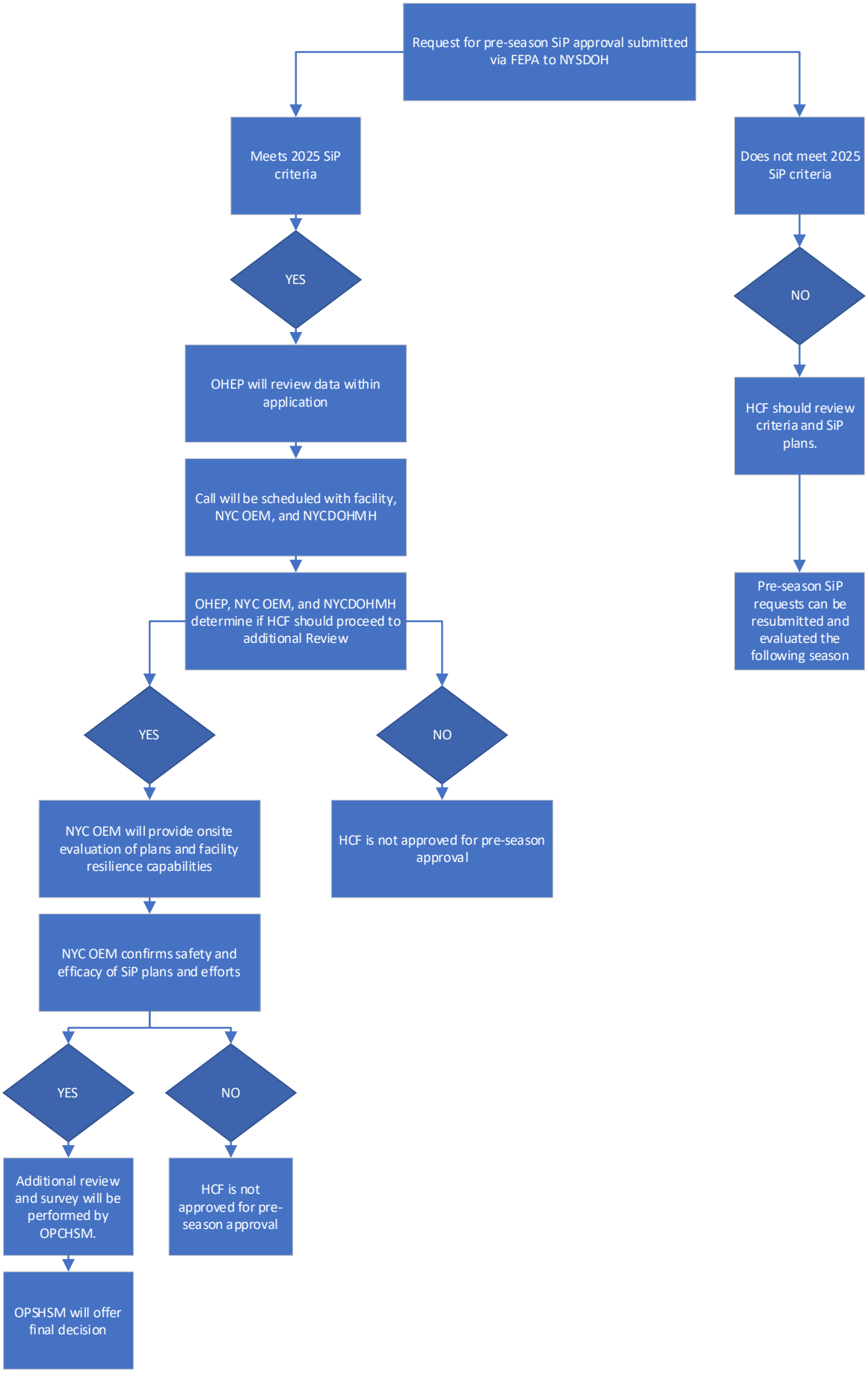
The NYSDOH SiP review process consists of two phases, a "pre-season" phase and an "incident specific" phase, as presented in the Pre-Season and Incident Specific process tables in the HEC HCF Guidance Document. *Note the process is different for NYC vs. non-NYC locations.*

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 timeline 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 2025 SiP criteria
Does not meet 2025 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 J: Transportation Assistance Levels (TALS)

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 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 K: Re-occupancy Procedures

Re-occupancy of Evacuated Patients and Residents- NYC Facilities:

The HEC will facilitate the re-occupancy of evacuated patients and residents to their home facilities, whose structures are not in a condition that could endanger life/safety.

The process for re-occupancy at the HEC in conjunction with NYCEM is as follows:

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

2. Facilities will call into HEC program staff to request re-occupancy.

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

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

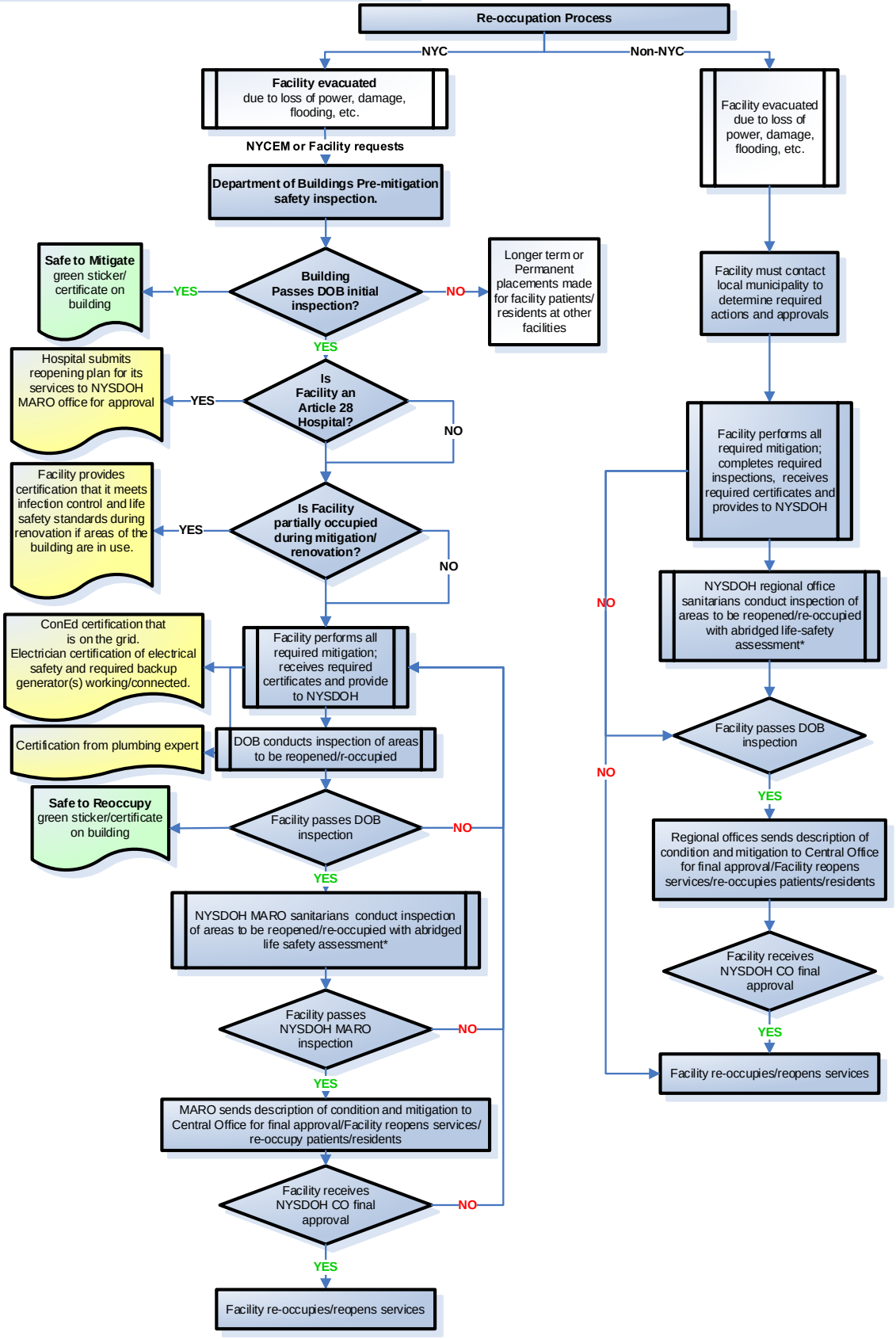
5. NYC DOB will communicate its finding for mitigation needs or approval to re-occupy to the NYCEM, which will forward the information to the HEC program staff to communicate to the facility management.

6. NYCEM 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, MARO staff will take the lead and continue communications with the facility and work with NYCEM on the process, following the steps outlined above.

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

Re-occupancy Process for Article 28 Hospitals, ACFs and NHs



Annex L: Draft Dear Administrator Letter (DAL) for Coastal Storm Alerts

New York State Department of Health

For ALL NYS Hospitals, Nursing Homes, Adult Care Facilities, Hospices, Home Care Agencies/LHCSAs, Intermediate Care Facilities for Individuals with Developmental Disabilities (ICF/IDDs) and Diagnostic and Treatment Centers (D&TC)

Advisory - Coastal Storm Season Guidance

< DATE >

The New York State Department of Health (NYSDOH) reminds providers to take the following actions to best prepare for the upcoming Atlantic Coastal Storm Season

For All Providers – General Guidance:

Leadership and staff at all facilities and agencies should review their Emergency Response and Evacuation Plans to ensure procedures are up to date, understood by staff and contact information for all key staff and response partners is current, and be ready to activate these plans when needed. Plans for ensuring adequate staffing should be reviewed and should include the information listed below for essential preparations. We thank you in advance for your attention to these important preparations *(NOTE: not all activities apply to all types of providers)*:

. **Prepare your facility/operations, and staff:**

a. Emergency Power: Given potential for power outages, it is essential to review plans for the loss of power, which includes:

   i. performing ongoing, testing of generators per NFPA requirements and testing specifically upon notification of an advancing storm, to confirm generator(s) are functioning properly.

   ii. immediately scheduling service if problems with generator operation are found. If service adequate to cover essential operations cannot be restored pre-storm, the facility should immediately contact their local Office of Emergency Management (OEM) for assistance.
   restored

   iii. confirming they currently have on site, or immediately acquire, additional fuel to ensure an onsite fuel supply adequate to cover generator use for at least 96 hours

b. Review communications plan:

   i. **Ensure that you have a plan in place to notify the appropriate NYSDOH regional office team** if you activate your Emergency Preparedness plan, anticipate or are experiencing any **problems that would potentially impact patient/resident safety or care, or if there**

is a need to evacuate, as is consistent with regulatory requirements.

ii. Test primary and all back-up communication's systems y, e.g., radios; assure correct contacts for radio operators you may depend upon to assist with radio functions

iii. Assure devices such as cell phones and laptop computers are both charged and available in case of power loss; acquire and fully charge mobile power banks to help maintain device functioning if extended power outage occurs. Consider acquiring and fully charging internet WIFI hotspot devices under your internet service provider contract to assure internet access.

iv. Ensure that contact information for the roles of emergency coordinators and leadership at the facility in the NYSDOH Health Commerce System (HCS) is up to date., as detailed below.

v. Ensure that contact information) for all essential community level partners that provide critical services or supplies is up-to-date and readily available at the facility (backed up), including:

- local Office of Emergency Management,
- fire,
- police,
- utilities,
- suppliers,
- other healthcare partners

Homecare agencies must assure that a paper backup copy of these contacts is available.

c. Critical Supplies: Ensure food service, water, pharmacy, medical gases, other medical and environmental service supplies are immediately available to the facility to last for at least 24 hours prior to arrival of the storm and 72 hours following.

d. Staffing: Update employee rosters and ensure backup of this roster

i. Plan for alternate staffing arrangements; shifts and management of staffing shortages due to transportation impacts; and

ii. Ensure preparations for staff that must be boarded on site if roadways are not passable and staff cannot get to or from their work location.

e. Patient/Residents: Review, update, and assure backup availability of your patient/resident census.

f. NYSDOH Health Commerce System Accessibility: Assure there are staff available on all shifts to use key NYSDOH Health Commerce System (HCS) Applications as detailed below, for planning, data submission and receipt of alerts and advisories.

2. Should evacuation of your facility become necessary for any reason:

a. Facilities should be sure to refer to and confirm previously developed sending and receiving evacuation arrangements.

b. If there is a need for evacuation, the facility/provider is required to notify their NYSDOH regional office for assistance

c. If there is a large scale and/or mandatory evacuation called by your location's Chief Elected Official, the NYSDOH and local county officials will provide information regarding assistance in locating receiving facilities and/or for assistance with transportation of evacuating patients/residents.

d. Facilities should review the facility evacuation and emergency response plans and protocols with their staff, including:

   i. Review of procedures for discharge and other methods to reduce facility census if needed

   ii. Review and update patient/resident census and status by Transportation Asset Level (TALs) Categories and NYSDOH Health Evacuation Center (HEC) bed categories (defined below)* and related transportation asset needs

e. eFINDS (hospitals, nursing homes ACFs and ICF/IID only):

   i. If there is a need for evacuation, the name of the eFINDS operation to be used by hospitals, nursing homes and adult care facilities when entering their evacuating patient/resident information will be emailed to facilities prior to the storm.

   ii. Facilities should ensure their eFINDS supplies are complete (i.e., barcode scanner, wrist bands, and paper tracking logs) and accessible to staff who have been trained to use eFINDS and have HCS access to eFINDS on ALL SHIFTS, (more details below)

3. Prepare/Communicate your plans with patients, residents and their loved ones/guardians

a. Assure any arrangements for transfer of residents to a loved one's home are still viable.

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

a. Health Electronic Response Data System (HERDS) - HERDS surveys will be conducted to collect information regarding potential facility beds needed or beds available for evacuation efforts as well as surveys to collect critical information from other types of providers

   i. When these surveys are activated, all facilities, both in and out of evacuation zones, ***MUST*** respond

   ii. The HCS Communications Directory Roles that enable staff to access HERDS include, but are not limited to: HERDS Data Manager, HERDS Data Reporter, HERDS Survey Reporter, Administrator, HPN Coordinator ;Data Reporter, Nursing Home Data Reporter, and Emergency Response Coordinator

b. eFINDS Patient/Resident Tracking Application: (hospitals, nursing homes or adult care facilities only).

   In the event that evacuation 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.

   i. Access to eFINDS: HCS Communications Directory Roles that must be assigned for access to eFINDS: eFINDS Data Reporting Administrator or eFINDS Data Reporter.

ii. 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.

iii. Make sure that staff who have been trained on the use of the system are available to perform this function on every shift.

iv. For help with eFINDS use, please send email to: efinds@health.ny.gov. eFINDS reference information is available on the HCS. Just enter "eFINDS" in the search box on HCS, and all eFINDS help resources will be available.

c. The HCS Communications Directory - all business and emergency contact information for key administrators and roles in the Communications Directory must be updated and accurate.

i. Your HCS Coordinator can assist in updating this information and assigning roles to access the applications mentioned above.

Highlighted Specifics for the following types of Provider:

1. **Adult Care facilities (ACF):**

a. ACFs without a generator should ensure they have adequate supplies of food that can be served without heating, additional blankets, enough oxygen supplies for those using oxygen

i. Assure they have arrangements with other ACFs to receive their residents should evacuation of all of some residents

ii. Follow manufacturer's instructions for flushing ice and/or beverage machines once power is restored

2. **Homecare Agencies/LHCSAs:**

a. Homecare agencies should review patient care needs and consider adjusting staff visits to ensure that Level 1 patients are visited prior to the start of a forecasted storm

i. Immediately following the storm, plans for adjusting staff schedules/prioritizing patient visits should be made, particularly if travel is still impeded, with a focus on reassigning staff based on proximity to patients to limit travel and reduce staff exposure to hazardous conditions

ii. Agencies should contact staffing services in advance of a storm to be prepared for the potential that a large proportion of their regular staff are unable to travel and perform any of their normal visits due to hazardous travel conditions

iii. Homecare agencies must assure that they have a paper copy of employee roster and a paper roster of patients and residents

b. Agencies should also ensure that staff and their patients have enough supplies to cover a period of at least 24 hours prior to and 72 hours following the start of the storm

c. Remind all patients of how/who to call for assistance if they lose their power or have a medical emergency

d. A plan for managing situations where patients refuse to evacuate a hazardous situation should be developed and included in the Agency's emergency response plan.

e. Agencies should also be ready to communicate with their patients during and immediately following the storm to perform checks on their safety and condition of their health

3. **End Stage Renal Disease Providers (ESRDs):**
Apart from communicating with appropriate local OEMs regarding any specific needs, Centers in the impacted area should also communicate with the New York State ESRD Network, which assists in planning and response and can also direct assistance to the providers.

   a. Centers should adjust dialysis visits prior to an advancing storm to assure that patients have received dialysis prior to storm arrival and avoid missing a treatment due to storm and travel conditions or impact on the facility

   b. Centers should contact staffing services in advance of a storm to be prepared for the potential that a large proportion of their regular staff are unable to travel and perform any of their normal visits due to hazardous travel conditions

   c. Centers should assure they have arrangements with other centers to cover treatment of their patients should their center be unable to resume operations due to damage from the storm

   d. Remind all patients of how/who to call for assistance if they lose their power or have a medical emergency

<u>* TAL Categories</u>:

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

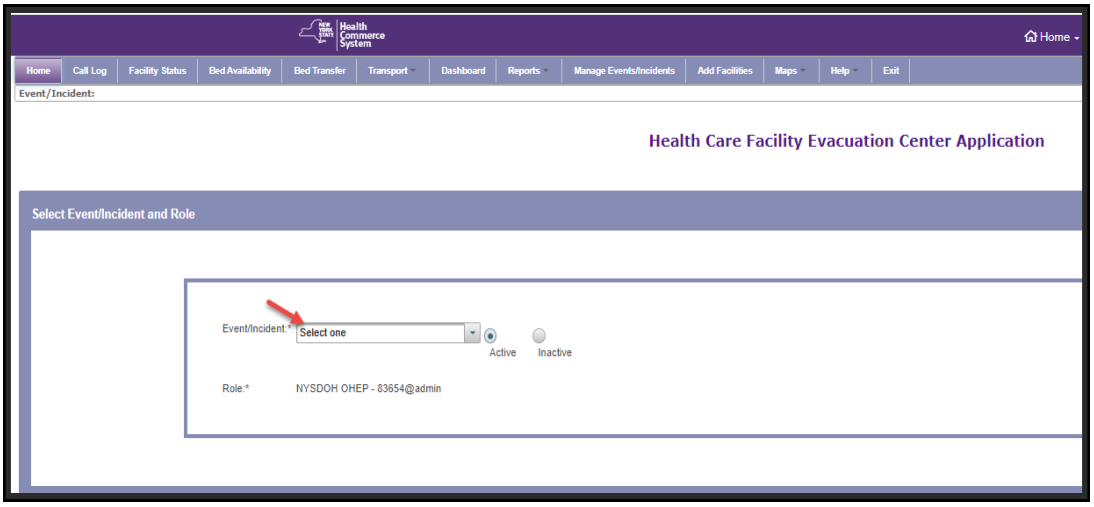
TAL 3: Ambulatory - Individuals with disabilities who are able to walk on their own without physical assistance

Annex M: Job Aids/Resources

Triage Coordinator Job Aid/Resources

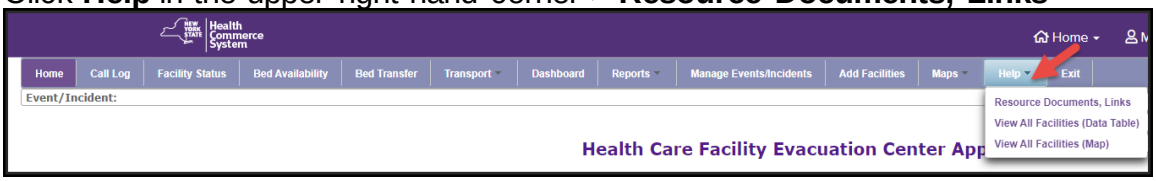
Access to HEC Application:

- Login to HCS (https://commerce.health.state.ny.us)
- Click HEC Application from **My Applications** list located in left side panel>**Select Event/Incident** and your **role**

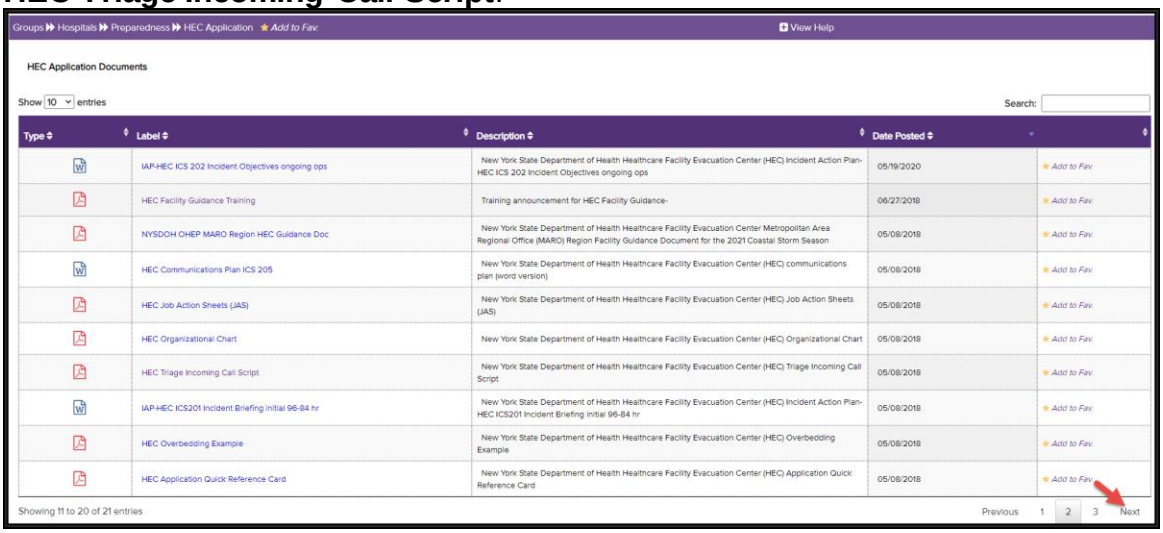


Access HEC Triage Incoming Call Script:

- Click **Help** in the upper right-hand corner > **Resource Documents, Links**



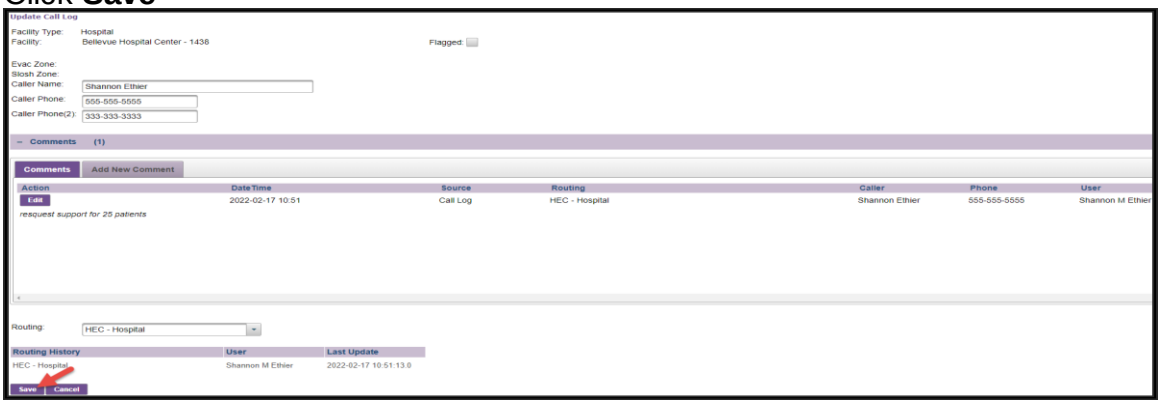
- Click **Next** at bottom of screen for additional documents until you locate the **HEC Triage Incoming Call Script**.



Create a new call log:

- Click on **+ New Call Log**
- Complete entire call log screen (including **Add New Comment** tab)

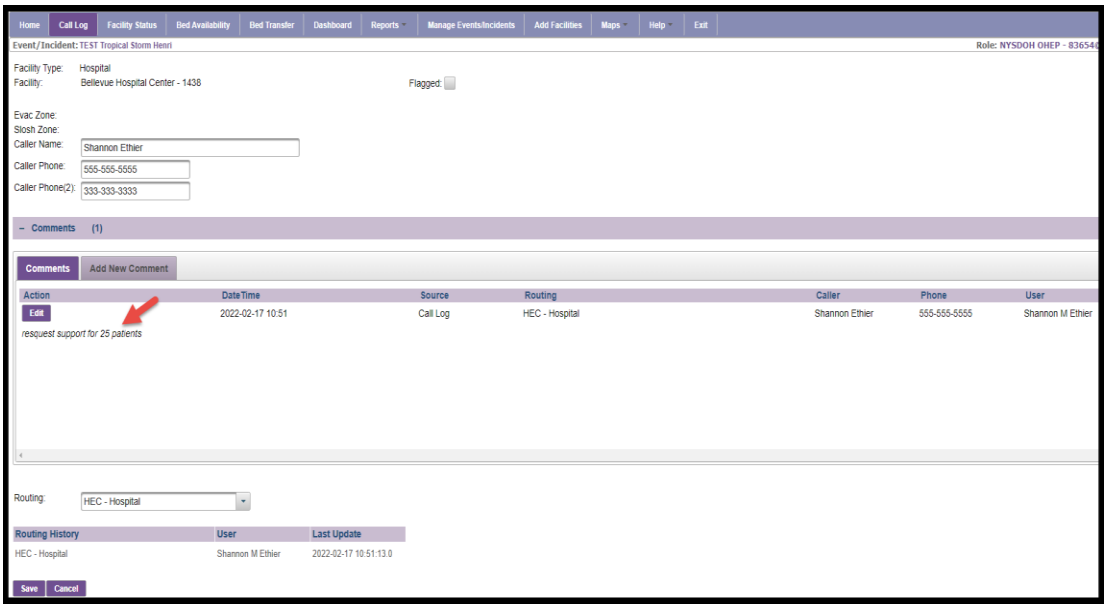
- Click **Save**



- Confirm message displays, **Record added successfully**

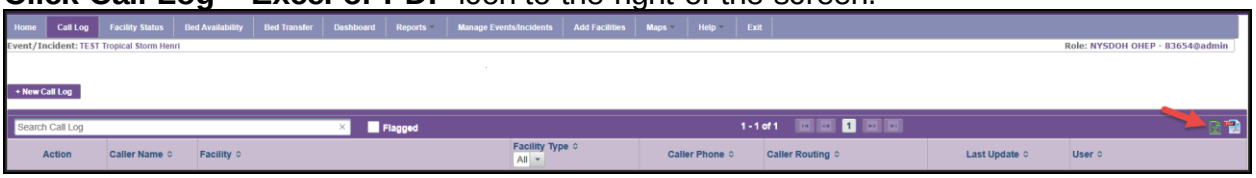
Review previous call logs:

- Click **Call Log > Search by facility name > Click View**. This will open the call log and show a history of notes at the bottom of the screen.



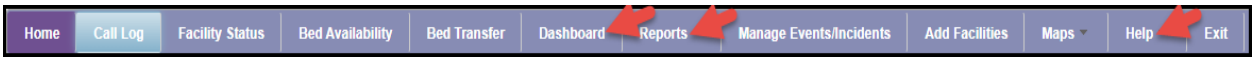
Pull data on total number of calls incoming to the HEC OR **View information specific to a facility's record related to all calls they have placed to the HEC at that time**

- **Click Call Log – Excel or PDF** icon to the right of the screen.



Additional resources within the HEC application to remember:

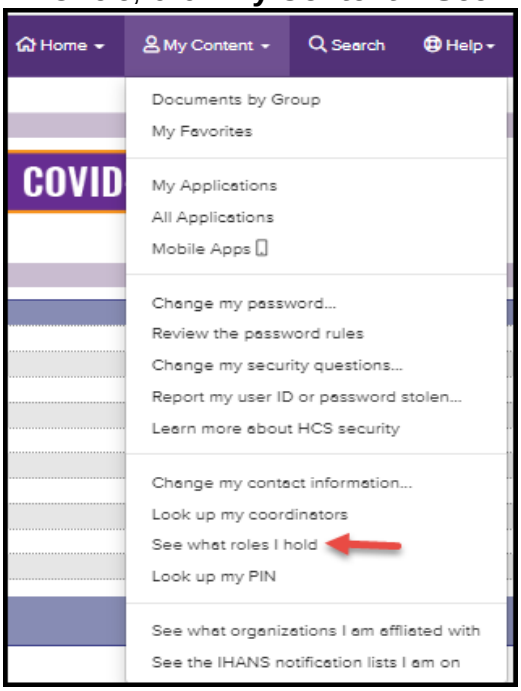
- **Dashboard** – for situational awareness
- **Reports** – to gather information that may be requested by HEC staff
- **Help** – For Resource documents (Call Script, JAS, etc)



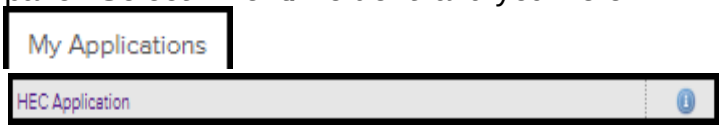
Bed Coordintor Job Aid/Resources

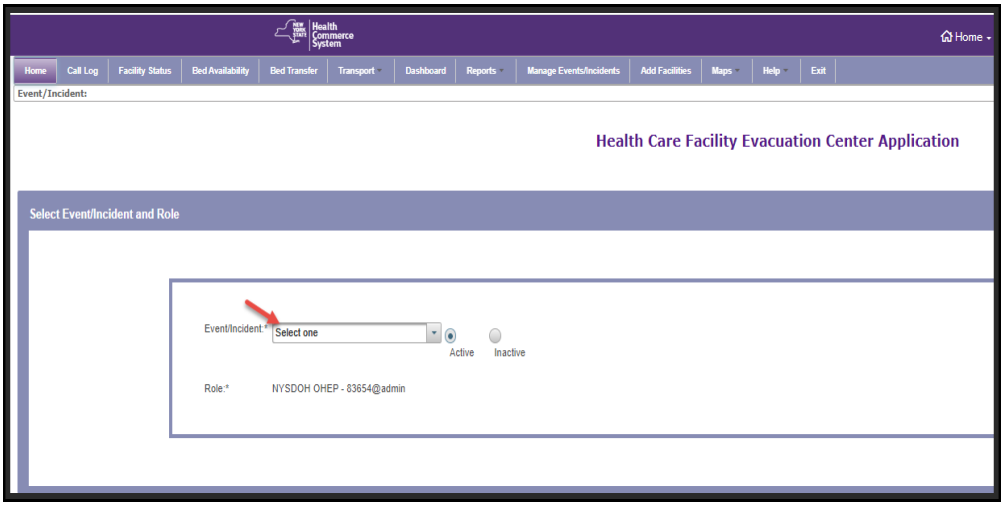
Access to HEC Application:

- Login to HCS (https://commerce.health.state.ny.us)
- Confirm access to HEC Application and verify your user ID is linked to a HEC role, click **My Content > See what roles I hold**



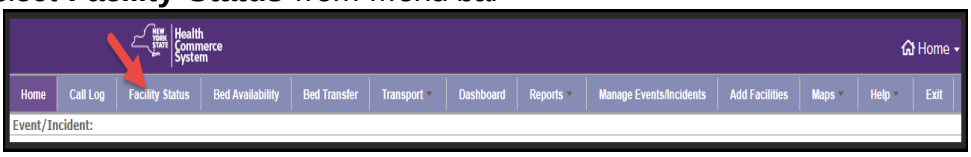
- Click HEC Application from **My Applications** list located in left side panel>**Select Event/Incident** and your **role**



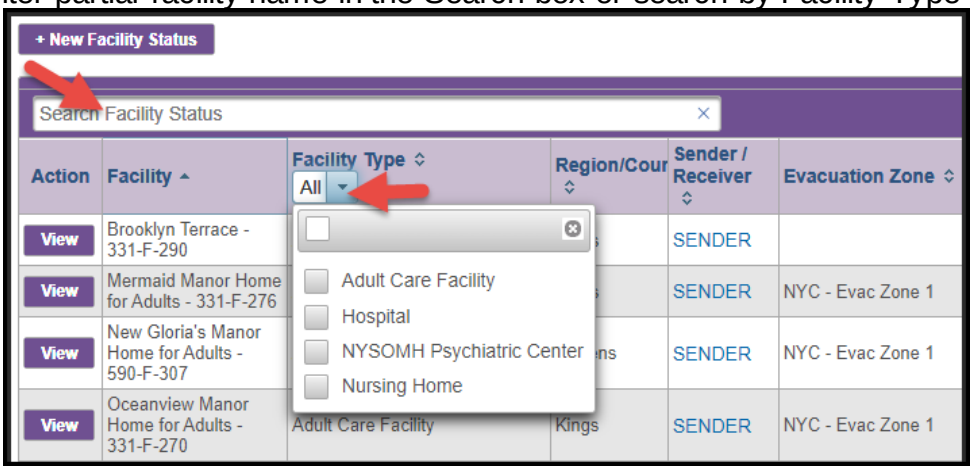


Update Facility Status:

- Verify **Event/Incident** or Select **an Event/Incident**
- Select **Facility Status** from Menu bar



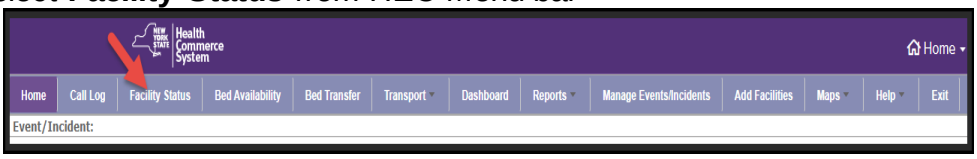
- Enter partial facility name in the Search box or search by Facility Type



- Click **View** from the Action column to update profile
- Make all necessary changes, including comments
- Click **Save**
- Confirm message displays, **Record added successfully**

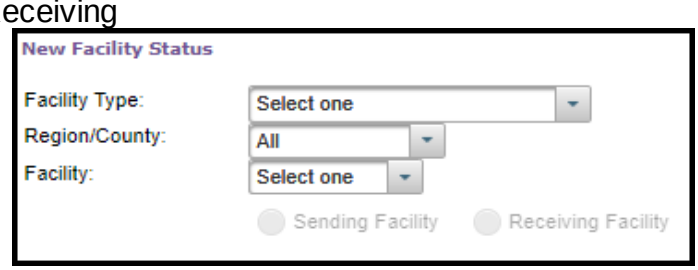
Add New Facility Status:

- Verify or **Select Event/Incident**
- Select **Facility Status** from HEC Menu bar



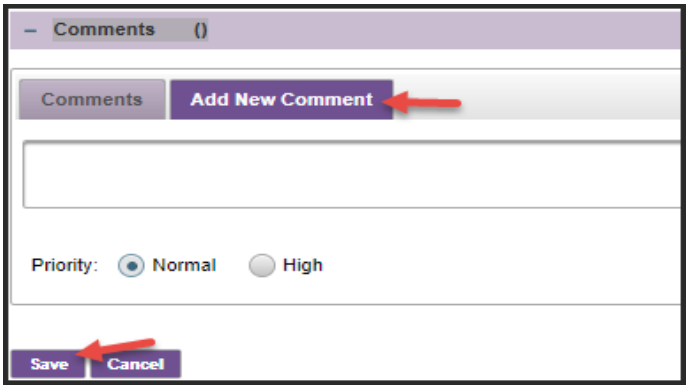
- Click **New Facility Status**

- Select Facility Type> County (optional) > Facility Name> Sending or Receiving



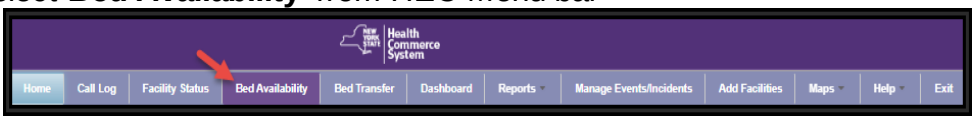
- Answer all questions to the best of your ability

- Add **Comments,** click on **Save, Record added successfully**

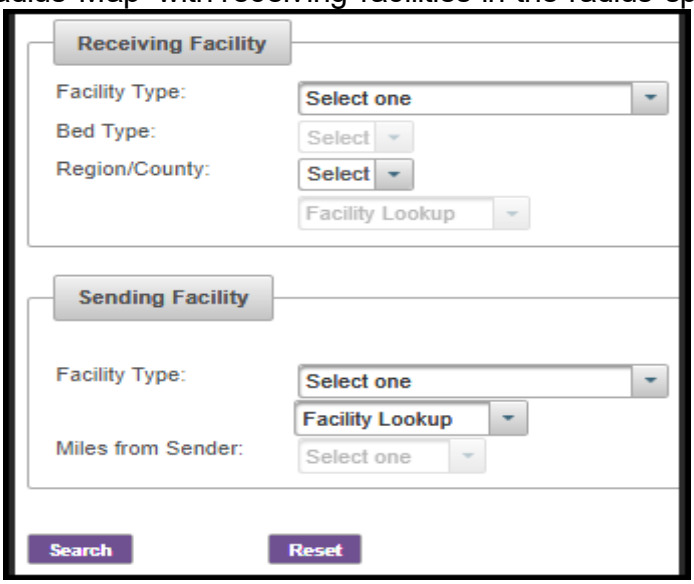


Search for Bed Availability:

- Select **Bed Availability** from HEC Menu bar

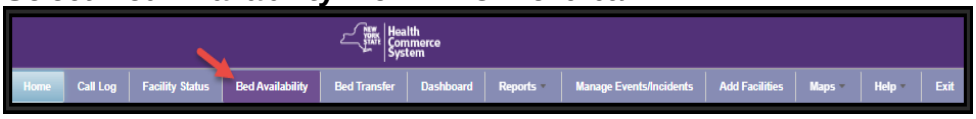


- Receiving Facility Type, Bed Type (that reflects the highest level of acuity), Region/County (Optional), and facility name are search options. Sending facility type, facility name, and miles from sender will produce a map, 'View Radius Map' with receiving facilities in the radius specified

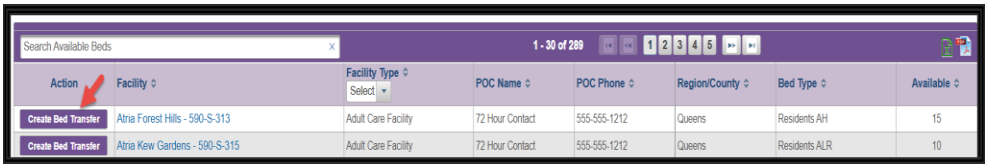


Add A New Bed Transfer:

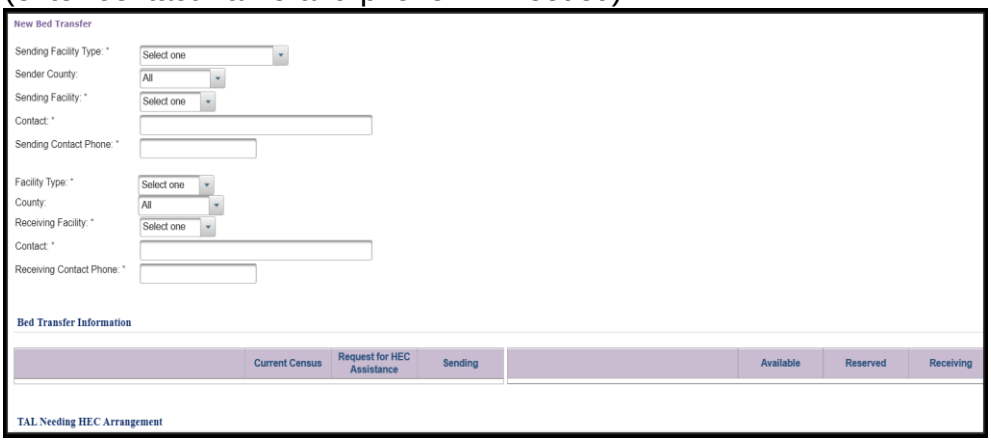
- Select **Bed Availability** from HEC Menu bar



- Click **Create Bed Transfer** from Action Column to create a new bed transfer

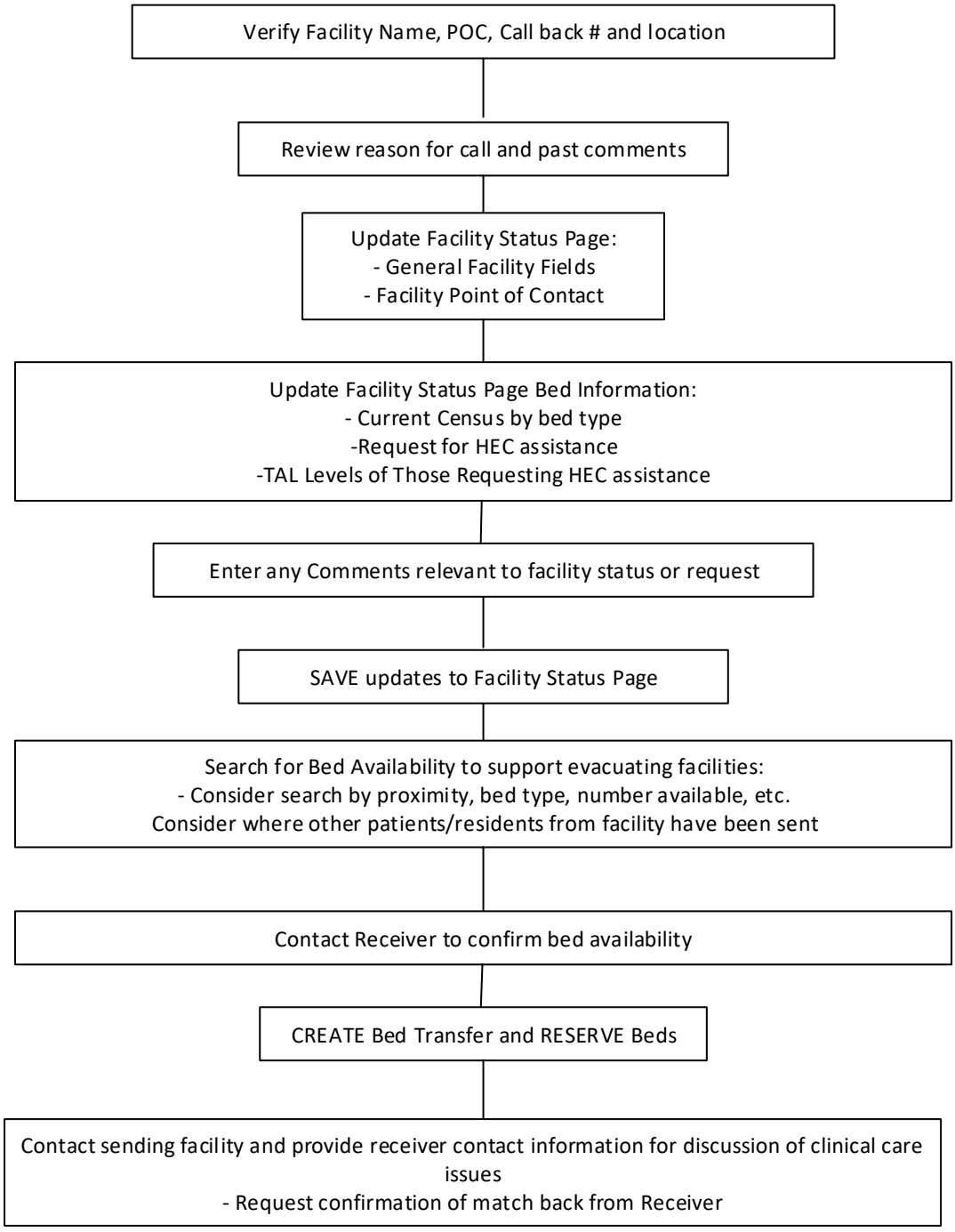


- Select **Sending Facility Type** >County (Optional) > Sending Facility (enter contact name and phone # if needed)
- Select **Receiving Facility Type**> County (Optional) >Receiving Facility (enter contact name and phone # if needed)

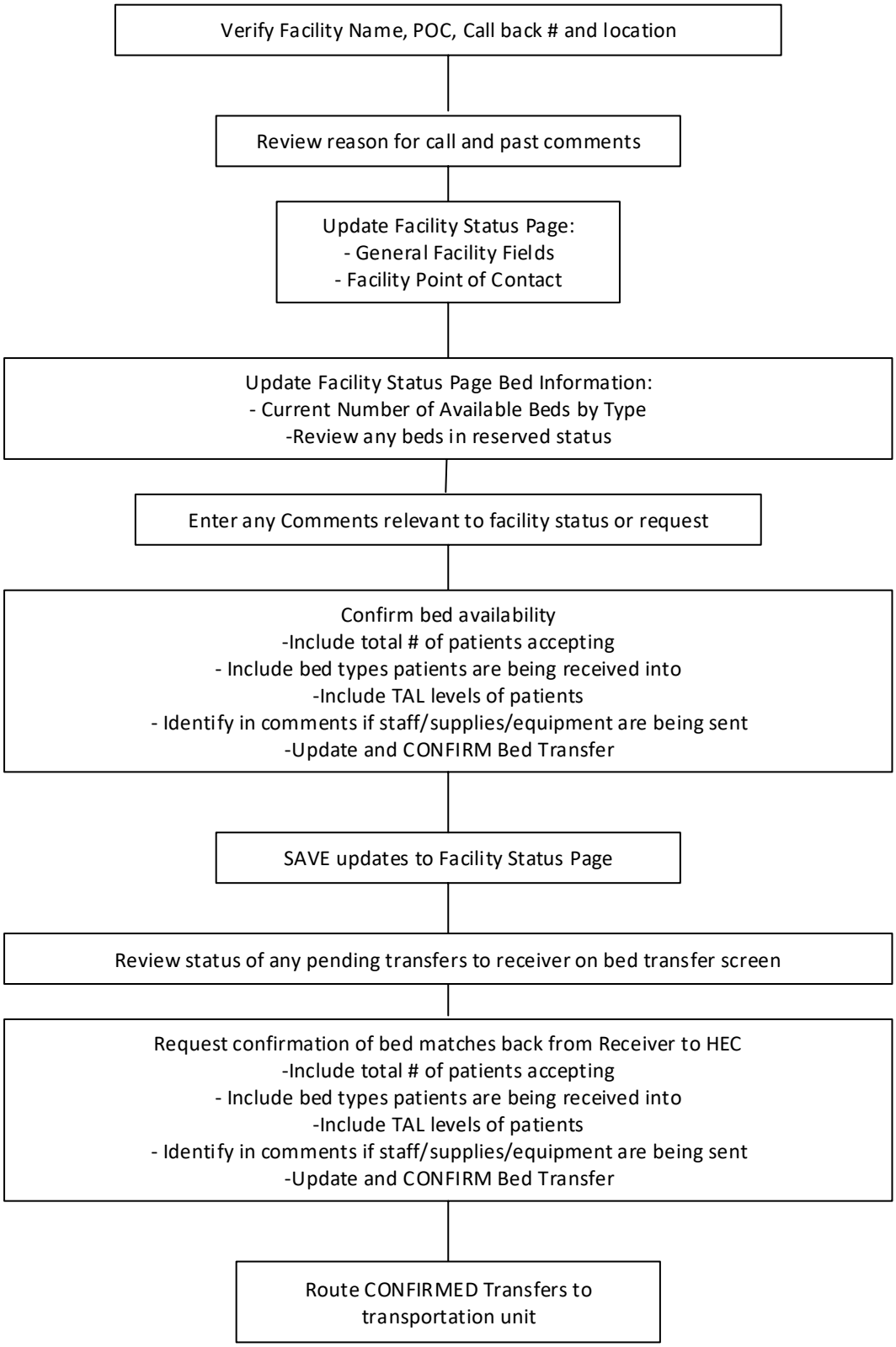


- Scroll down to view **Bed Transfer Info**
- Verify or update totals for sending and receiving
- Scroll down to **Transportation Assistance Level (TAL) Needing HEC Arrangement**
- Enter comments
- Click **Save and Reserve** to save the Bed Transfer details
- Ensure there is a clinical dialogue between the sending and receiving facilities
- Click the **Confirmed tab** once the Receiving Facility has confirmed the bed match
- Click **No Transportation Needed** to complete the bed transfer without any transportation assistance **OR**
- Populate/confirm the TAL Needing HEC Arrangement column
- Click **Send to Transportation Unit** if transportation assistance is needed

Job Aid for Communicating with Facility in Evacuation Zone



Job Aid for Communicating with Receiving Facility



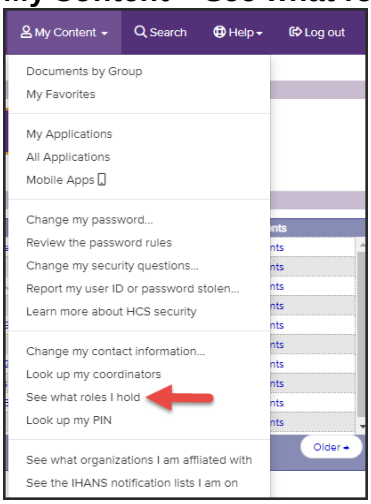
Technical Support Job Aid/Resources

Health Commerce System (HCS)

- HCS login/password problems – Contact the Commerce Accounts Management Unit (CAMU) at 1-866-529-1890 **option 1**
- Requests for new HCS account must go through the home agency HCS Coordinator or by contacting CAMU camu@its.ny.gov or call CAMU at 1-866-529-1890 option 1

Healthcare Facility Evacuation Center (HEC) Application

- Login to HCS (https://commerce.health.state.ny.us)
- Confirm access to HEC Application and verify your user ID is linked to a HEC role, click **My Content > See what roles I hold**



- Click HEC Application from **My Applications** list located in left side panel>**Select Event/Incident** and your **role**
- If HEC user access is needed, contact 518-474-2893 or OHEP@health.ny.gov. If off hours or urgent trouble shoot with HEC data team

eFINDS

- eFINDS reference information is available on the HCS. Just enter "eFINDS" in the search box on HCS, and all eFINDS help resources will be available.
- 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.
- 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.

DOH Program Area Contacts:

Adult Care Facility Information: acfinfo@health.ny.gov
Nursing Homes: nhinfo@health.ny.gov
Hospitals: hospinfo@health.ny.gov

Annex N: Incident Action Plan Template and Resources

The following templates have been created:

HEC ICS201 Incident Briefing initial 96-84 hr
HEC ICS202 Incident Objectives initial 96-84 hr
HEC ICS 201 Incident Briefing 84-72 hr
HEC ICS 202 Incident Objectives 84-72 hr
HEC ICS 201 Incident Briefing 72-24 hr
HEC ICS 202 Incident Objectives 72-24 hr
HEC ICS 201 Incident Briefing 24-0 hr
HEC ICS 202 Incident Objectives 24-0 hr
HEC ICS 201 Incident Briefing ongoing ops
HEC ICS 202 Incident Objectives ongoing ops
HEC ICS 206 Med Plan blank
ICS 205_Incident Communications Plan HEC

Individual files are stored on Health Commerce System in the following location: Groups>Hospitals>Preparedness>HEC Application

Additionally, they are available via the HEC Application Help menu

Annex O: HEC Locations and Communications

The HEC location will be highly dependent on event and scope of impact. There is no permanent location for activation. The NYSDOH Commissioner will appoint a HEC Director to identify a location(s) for the HEC. The following is a list of the minimum criteria for a physical location for a HEC:

- Conference Call Phones
- Multiple Phone Lines
- Parking (approximately 58 spots)
- Internet connectivity
- Desks and chairs for up to 58 staff per 12-hour shift
- Electricity with backup generator
- Food service or contracts
- Security or secure access

The HEC may activate in more than one location concurrently to accommodate additional/maximal staff or to limit travel into areas of danger due to event.

In previous activations and exercises the following locations have been leveraged/tested:

Primary location-

New York City Emergency Management (NYCEM) (Co-located with NYC EOC)

165 Cadman Plaza East

Brooklyn NY 11201

Contact information for activation- NYCEM Watch Command 718-422-8700 and/or HealthmedicalESFlist@oem.NYC.gov

Secondary location-

NYSDOH Health Operations Center (HOC)

800 North Pearl Street

Menands NY 12204

Contact information for activation- Office of Health Emergency Preparedness 518-474-2893

As locations are being determined for any activation communications connectivity will need to be determined and outlined in an event specific communication plan. There may be limitations/challenges for connectivity between locations (e.g., transferring calls between locations due to internal system set-up). This will be outlined at the beginning of the event. Any location will need a primary contact/role for site specific logistical support and assistance. If multiple locations are used webinar utilities (or similar) will be used to support additional information exchange between sites.

If NYSDOH HOC is activated additional information is available in NYSDOH Heath Emergency and Response Plan (HEPRP) Functional Annex 3: Planning Health Operations Center (HOC) Standard Operating Procedures (SOP).

Annex P: Acronym List

ACF	Adult Care Facility
CAS	Critical Asset Survey
CCLC	Continuing Care Leadership Coalition
CEMP	Comprehensive Emergency Management Plan
CEPA	County Emergency Preparedness Assessment
CMS	Centers for Medicare and Medicaid Services
CO	Central Office
COP	Common Operating Picture
DAL	Dear Administrator Letter
DHS	Department of Health Services
DOB	Date of Birth
e-FINDS	Evacuation of Facilities in Disasters Systems
EM	Emergency Management
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
ESF	Emergency Support Function
ESRDS	End Stage Renal Disease System
FDNY	Fire Department City of New York
FEMA	Federal Emergency Management Agency
FEPA	Facility Evacuation Planning Application
GIS	Geographic Information System
GNYHA	Greater New York Hospital Association
GNYHCFA	Greater New York Health Care Facilities Association
HCCC	Hospital Capacity Coordination Center
HCF	Health Care Facilities
HCS	Health Commerce System
HEC	Healthcare Facility Evacuation Center
HERDS	Health Electronic Response Data System
HHC	NYC Health + Hospital Corporation
HOC	Health Operations Center
ICS	Incident Command System
IHANS	Integrated Health Alert Notification System
IMS	Incident Management System
JAS	Job Action Sheet
LHD	Local Health Department
MARO	Metropolitan Area Regional Office
MPH	Mile Per Hour
MTA	Metropolitan Transit Authority
NCAAA	Nursing Home Assistance Coordination Center
NCDOH	Nassau County Department of Health
NCOEM	Nassau County Office of Emergency Management
NH	Nursing Home
NWS	National Weather Service
NYC	New York City

NYC DOB	New York City Department of Buildings
NYCDOHMH	New York City Department of Health and Mental Hygiene
NYC EM	New York City Emergency Management
NYPD	New York Police Department
NYSDOH	New York State Department of Health
OALTC	Office of Aging and Long Term Care
OEM	Office of Emergency Management
OHEP	Office of Health Emergency Preparedness
OMH	Office Mental Health
OPCHSM	Office of Primary Care and Health Systems Management
PAR	Population Arrangement Ratio
POC	Point of Contact
PTE	Population to Evacuate
PT SiP	Population to Shelter in Place
RO	Regional Office
REMSCO	Regional Emergency Medical Services Council of New York City
SiP	Shelter in Place
SCDHS	Suffolk County Department of Health Services
SCOEM	Suffolk County Office Emergency Management
SiP PTE	Shelter in Place Population to Evacuate
SNYA	Southern New York Association
VA	Veterans Administration
TAL	Transportation Assistance Level
WCDES	Westchester County Department of Emergency Services
WCDH	Westchester County Department of Health