



# NYC COASTAL STORM OPERATIONS OVERVIEW PREPARED FOR HEALTHCARE FACILITIES

Last Updated: July 28, 2021

*NOTE: Every coastal storm will present unique circumstances and challenges. Please note, this document is for informational purposes only and does not replace the healthcare facilities' own plans and processes. This document is not prescriptive or comprehensive. The actions described will not necessarily be completed during every event nor is every response activity that may be required described. City, State and federal, nonprofit and volunteer partners will use judgment and discretion to determine the most appropriate actions at the time of the event.*

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## GENERAL

### PURPOSE

Provide healthcare facilities with an overview of potential citywide operations during a coastal storm, including planning assumptions and timelines as well as specific considerations for coastal storms.

### HAZARD OVERVIEW

Tropical Cyclones are organized areas of precipitation and thunderstorms that form over warm tropical ocean waters and rotate counterclockwise around a low-pressure center. Such storms are classified as follows:

- **Tropical depression:** organized system of clouds and thunderstorms with a defined low pressure center and maximum sustained winds of 38 miles per hour (mph) or less
- **Tropical storm:** organized system of strong thunderstorms with a defined low pressure center and maximum sustained winds of 39 to 73 mph
- **Hurricane:** intense tropical weather system of strong thunderstorms, a well-defined low pressure center (“eye”), and maximum sustained winds of 74 mph or more

Tropical cyclone classification **should not** be used as an indicator or predictor for the potential impacts and consequences of a coastal storm. Regardless of nomenclature, hazards of coastal storms may include beach erosion, significant coastal flooding, storm surge, and other significant impacts.

### MOST EXTREME FORECAST

The most extreme forecast for New York City is a Category 4 hurricane with a westerly bearing (i.e., WNW, NW, NNW) and landfall near Atlantic City, New Jersey

- Hazards include 131-155 mph winds and 33.9-foot storm surge
- Infrastructure damage and flooding would be severe and widespread
- An estimated three million people would be ordered to evacuate
- Hundreds of thousands of residents would seek refuge in emergency shelters

Comparatively, smaller hurricanes (e.g., Category 1 or less) bring similar hazards on a smaller scale. Even small storms may bring major damage and necessitate a large-scale evacuation.

### SEASONAL OVERVIEW

- The Atlantic hurricane season lasts from June 1 to November 30.
- New York City (NYC) is at a greater risk between August 1 and October 31 because Northern Atlantic water temperatures are warm enough to sustain a hurricane during this time.

### WEATHER PRODUCTS

A **watch** lets you know that weather conditions are favorable for a hazard to occur. It means "be on guard!" During a weather watch, gather awareness of the specific threat and prepare for action - monitor the weather to find out if severe weather conditions have deteriorated.

The National Hurricane Center (NHC) predicts storm track (i.e., bearing) and intensity and issues the products<sup>1</sup> listed below:

Product	Description
<b>Tropical Storm Watch</b>	Tropical storm conditions are possible within the specified area within 48 hours.
<b>Hurricane Watch</b>	Hurricane conditions are possible within the specified area. Issued 48 hours in advance of the anticipated onset of tropical storm-force winds.
<b>Short Term Watches and Warnings</b>	Detailed information on specific hurricane threats, such as tornadoes, floods, and high winds.
<b>Storm Surge Watch</b>	<p>The possibility of life-threatening inundation from rising water moving inland from the shoreline somewhere within the specified area, generally within 48 hours, in association with a tropical, subtropical, or post-tropical cyclone. The watch may be issued earlier:</p> <ul style="list-style-type: none"> <li>• when other conditions, such as the onset of tropical storm-force winds, are expected to limit the time available to take protective actions for surge (e.g., evacuations)</li> <li>• for locations not expected to receive life-threatening inundation, but which could potentially be isolated by inundation in adjacent areas</li> </ul>

A **warning** requires immediate action. This means a weather hazard is imminent - it is either occurring- or it is about to occur at any moment. During a weather warning, it is important to take action: grab the emergency kit you have prepared in advance and head to safety immediately. Both watches and warnings are important, but warnings are more urgent.

Product	Description
<b>Tropical Storm Warning</b>	Tropical storm conditions are expected within the specified area within 36 hours.
<b>Hurricane Warning</b>	Hurricane conditions are expected within the specified area. Issued 36 hours in advance of the anticipated onset of tropical storm-force winds.
<b>Storm Surge Warning</b>	<p>The danger of life-threatening inundation from rising water moving inland from the shoreline somewhere within the specified area, generally within 36 hours, in association with a tropical, subtropical, or post-tropical cyclone. The warning may be issued earlier:</p> <ul style="list-style-type: none"> <li>• when other conditions, such as the onset of tropical storm-force winds, are expected to limit the time available to take protective actions for surge (e.g., evacuations)</li> <li>• for locations not expected to receive life-threatening inundation, but which could potentially be isolated by inundation in adjacent areas</li> </ul>

## STORM BEARING IMPACT ON SURGE HEIGHTS

The storm bearing is the direction in which the center of the storm is heading. Bearing significantly influences potential surge heights and the extent of areas inundated. The greatest surge is found near the center of the storm and in the upper right quadrant, where winds are the strongest. Storms with a westerly bearing (i.e., WNW, NW, NNW) will produce the worst surge for New York City.

<sup>1</sup> NHC Tropical Cyclone Text Product Descriptions. Retrieved from <http://www.nhc.noaa.gov/aboutnhcprod.shtml>

## CITY PLANS AND ASSUMPTIONS

### CITYWIDE INCIDENT MANAGEMENT SYSTEM (CIMS)

CIMS is an incident management doctrine for managing emergency incidents and planned events in NYC. CIMS establishes roles, responsibilities and designated authority for City agencies performing and supporting emergency response. Natural disasters and weather emergencies are considered Unified Command Incidents within CIMS. For natural disasters and weather emergencies the primary agencies operating in the Unified Command include NYCEM, NYPD, FDNY, DOT, and DSNY. However, City, State, and Federal agencies as well as private entities and non-profit organizations can either lead or support operations components in a coastal storm response.

### RESPONSE CONSIDERATIONS AND OPERATIONS

**Coastal Storm Plan Trigger:** National Weather Service (NWS) forecasts a coastal storm-making *landfall north of North Carolina* with potential impacts to NYC.

In the event of a coastal storm, NYC activates its Coastal Storm Plan, which outlines a distinct timeline for specific emergency actions, including healthcare facility (HCF) evacuations.

#### KEY RESPONSE OPERATIONS, CENTERS, AND RESOURCES

##### NYC Emergency Operations Center (EOC)

- Central location for senior officials from City, State, and federal agencies and relevant private entities to coordinate response efforts, make decisions, and gather and disseminate information
- Resolves interagency issues, disseminates situational awareness, and provides a forum for prioritization of critical resources and concurrent needs

##### Emergency Support Function: Health and Medical

*Coordinating Agency: NYCEM  
Health & Medical ESF  
Coordinator(s)*

- Sets up and facilitates Health & Medical ESF calls
- Coordinates healthcare system resource requests
- Addresses the public health and medical needs during activation
- Key agencies include NYC DOHMH, FDNY, NYC Health + Hospitals, REMSCO, OCME, NYSDOH, GNYHA, HHS-ASPR Region II, OSHA and additional partners<sup>2</sup>

##### Shelter Command Center (SCC)

*Lead Agency: NYC DSS/DHS*

- Command center for the coastal storm shelter system
- Provides tactical-level system management including managing routine logistics operations and summarizing information from evacuation centers

##### Joint Information Center (JIC)

- Clearing house for City emergency information and responds to all media requests
- Organizes regular press updates for the media on the City's operations

##### Logistics Center (LC)

*Lead Agency: NYCEM  
Logistics*

- A scalable operation that supports resource management and asset movement control during emergencies in NYC

<sup>2</sup> Those who are part of the response and conference calls but may not be sitting in the EOC

### NYC Medical Reserve Corps (MRC)

Lead Agency: NYC DOHMH

- Enhances New York City’s emergency preparedness by ensuring that a trained group of health professionals is ready to respond to health emergencies
- Works in partnership with professional associations, universities, and hospitals to organize this multidisciplinary group of volunteer health professionals

### Healthcare Facility Evacuation Center

Lead Agency: NYSDOH

- Finds available space (beds) for evacuating HCFs when a facility cannot locate beds through existing relationships
- Provides coordination between evacuating and receiving HCFs during an evacuation
- Communicates with HCF staff to identify and track evacuating patients/residents and to confirm the existing supply of beds in receiving facilities once HCFs have exhausted their existing send – receive arrangements
- Coordinates the evacuation of hospitals (including Veterans Affairs), psychiatric centers, nursing homes and adult care facilities within potentially affected zones and will continue operations during and immediately after the storm
- Provides information to the transportation branch regarding needed transports
- Performs initial repatriation communications and activities with HCFs following the storm.

### Transportation Branch (HCF)

Lead Agency: FDNY

- Coordinates the transportation of patients/residents from evacuating to receiving HCFs
- Coordinates requests for accessible transportation resources outside of standard agency operations or unified sheltering operation
- Serves as the single point of coordination for un-planned emergency evacuation and post-storm relocation requests, as identified through the Emergency Operations Center (EOC)

### Transportation and General Population Evacuation

Lead Agencies: NYPD, MTA, DOE, FDNY, DoITT

- During an evacuation, the City will work with transportation providers to maximize the use of trains, subways, buses, and roadways. The City encourages evacuees to use public transportation to travel to Evacuation Centers, friends, family, or hotels/motels within and outside the City, and to engage in storm-preparedness activities
- Additionally, the Homebound Evacuation Operation (HEO) coordinates evacuation of homebound individuals (who have no other transportation options) living in an Evacuation Zone to an Evacuation Center through 311

### NYC Sheltering

Lead Agency: NYC DSS/DHS

- **Evacuation Center (EC):** The entry point for staff and evacuees
- **Hurricane Shelter:** A temporary emergency facility for shelterees before, during, and after a storm
- **Special Medical Needs Shelter (SMNS):** A temporary emergency facility providing care to shelterees whose medical condition exceeds the capabilities of a hurricane shelter and an accessible shelter, but is *not* severe enough to require hospitalization or a nursing home. **The system is not designed as an overflow for healthcare system capacity or as a way to decompress surges of patients in facilities**

**CITYWIDE COASTAL STORM PLAN OVERVIEW – OPERATIONS/TIMELINE**

**Zero Hour and Timing of Event Phases**

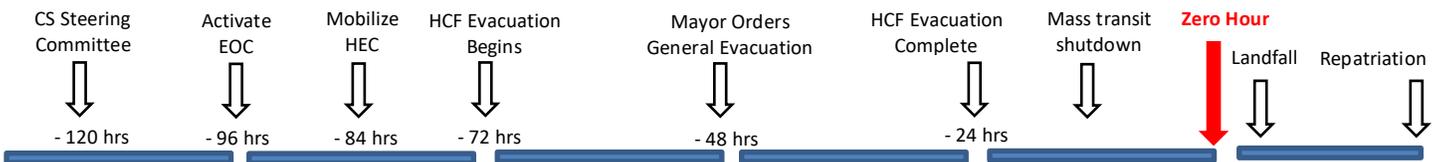
Pre-storm operations are focused on Zero Hour:

- Zero Hour is the predicted time of arrival of sustained tropical storm-force (>39mph) winds
- Predicted Zero Hour will vary with the forward speed of the storm; NYCEM and NWS continuously monitor the storm progress
- For safety reasons, all evacuation operations must cease prior to Zero Hour
  - All pre-storm times in this plan are described as Hours before Zero Hour

Some of the designated event phases used in this document (planning, mobilization, and evacuation) are not tied to specific hours before Zero Hour and can vary based on the operation and the anticipated severity of the storm. The table below describes the approximate timing and the type of agency operation characteristic of each phase.

Event Phase	Approximate Timing	Description
Planning	-120 to -48 hours	Agencies assess the storm’s potential impact on daily operations and the status of personnel and equipment likely to be needed for the response and recovery
Mobilization	-96 to -48 hours	Agencies assess and stage resources needed to maintain essential services and execute response and recovery operations
Evacuation	-72 to 0 hours	Citywide evacuation operations commence following a Mayoral order to evacuate.
Pre-Zero Hour	-24 to 0 hours	Zero Hour shutdown procedures are implemented. Evacuation operations continue through this phase, though they begin to wind down including transportation staging and closures; preparations for post-storm operations continue
Zero Hour	0 hours	Agency operations and essential services have ceased; agency personnel shelter in secure locations until safe conditions resume; preparations for post-storm operations continue
Post-Storm	0 hours onward	Though the Post-Storm phase begins immediately after landfall, most post-storm operations do not begin until the end of tropical storm-force winds in NYC

Below is a sample timeline only. It depicts the ideal timeframe for each activity to initiate and is not prescriptive or comprehensive. City agency personnel will use judgement and discretion to determine the most appropriate actions at the time of an event.



Pre-storm operations are focused on Zero Hour, which is the predicted arrival of sustained tropical storm-force (>39 mph) winds. Note that the predicted Zero Hour will vary with the forward speed of the storm. All pre-storm times below are described as Hours before Zero Hour\*.

<b>Hours before Zero Hour: 120-96</b>	
<i>Potential City and State Actions</i>	<i>Considerations for Healthcare Facilities</i>
<ul style="list-style-type: none"> <li>▪ Coastal Storm Steering Committee is convened</li> <li>▪ Coastal Storm Plan and associated plan(s) and taskforces/operations activated</li> <li>▪ NYCEM EOC and Logistics Centers activated</li> <li>▪ ESF-8 coordinators and partner agencies are alerted</li> <li>▪ Schedule Health &amp; Medical ESF conference call</li> <li>▪ NYSDOH activates 96 Hour Survey for all potential evacuating healthcare facilities</li> </ul>	<ul style="list-style-type: none"> <li>▪ Coastal Storm Steering Committee Calls will be convened to share general situational awareness, discuss agency issues, and identify resource needs</li> <li>▪ Health &amp; Medical ESF calls will be convened to share situational awareness and additional calls will be scheduled as needed</li> <li>▪ GNYHA, H+H, and other associations will represent healthcare facilities on these calls</li> </ul>
<b>Hours before Zero Hour: 96-72</b>	
<ul style="list-style-type: none"> <li>▪ Open the Healthcare Facility Evacuation Center (HEC)</li> <li>▪ NYSDOH activates the 72 Hour survey to determine receiving healthcare facility capacity</li> <li>▪ Anticipate and mitigate resource needs</li> <li>▪ Determine healthcare evacuation priorities and objectives</li> <li>▪ The shelter command center (SCC) is opened</li> </ul>	<ul style="list-style-type: none"> <li>▪ CSP taskforces includes post-storm operations (e.g., Feeding / Commodity Distribution, Debris, Service Centers, Donations, Volunteers)</li> <li>▪ The plan adds an additional 24 hours to the 48 hours to account for the complexities of HCF evacuations</li> <li>▪ To safely evacuate healthcare facilities, the decision to evacuate HCFs should occur no later than at 72 hours before Zero Hour</li> </ul>
<b>Hours before Zero Hour: 72-48</b>	
<ul style="list-style-type: none"> <li>▪ The HEC could adjust healthcare facility evacuation priorities and expand evacuation support to additional facilities, as needed</li> <li>▪ Healthcare facility evacuation order takes effect</li> </ul>	<ul style="list-style-type: none"> <li>▪ Decision to close schools must be made before sheltering operations begin</li> </ul>
<b>Hours before Zero Hour: 48-24</b>	
<ul style="list-style-type: none"> <li>▪ General Evacuation Order and/or Recommendation takes effect (see page 10)</li> <li>▪ Transition to post-storm facility support preparations</li> <li>▪ Evacuation Centers open to the public</li> <li>▪ Begin Homebound Evacuation Operations (HEO)</li> </ul>	<ul style="list-style-type: none"> <li>▪ General Evacuation begins 48 hours prior to Zero Hour with a Mayoral Order</li> <li>▪ HCF evacuations should conclude 24 hours before Zero Hour, when the majority of the general evacuation is expected to occur</li> </ul>
<b>Hours before Zero Hour: 24-0</b>	
<ul style="list-style-type: none"> <li>▪ Transition to healthcare facility repatriation planning</li> <li>▪ Mass transit shutdown including rail, subway, and buses</li> <li>▪ Healthcare facilities evacuation should be completed</li> <li>▪ HEO ceases</li> </ul>	<ul style="list-style-type: none"> <li>▪ Information will come out from MTA regarding mass transit shutdown<sup>3</sup></li> <li>▪ All evacuation operations must cease prior to Zero Hour for safety purposes</li> </ul>
<b>Zero Hour: Arrival of tropical storm force winds</b>	
<b>Post-Storm</b>	
<ul style="list-style-type: none"> <li>▪ Conduct Life Safety Operations and Immediate Response Operations</li> <li>▪ Begin damage assessment and initiate recovery</li> <li>▪ Begin repatriation assessment and communications with HCFs</li> </ul>	<ul style="list-style-type: none"> <li>▪ Consider surge of patients due to flooding or wind damage</li> <li>▪ Consider needs for healthcare facility evacuation based on damage assessments</li> </ul>

*\*Timing of actions is suggested and may be altered based on the incident.*

<sup>3</sup> To find this information during an incident, please visit [www.nyc.gov/notifynyc](http://www.nyc.gov/notifynyc) and/or [www.mta.info](http://www.mta.info)

## MASS TRANSIT, BRIDGE AND TUNNEL PLANNING ASSUMPTIONS

The Metropolitan Transportation Authority (MTA), Port Authority of New York/New Jersey (PANYNJ), Amtrak, and New Jersey Transit (NJT) all have varying policies to protect their infrastructure and the general population. The table below is meant to serve as a guide for HCF staffing and hoteling plans. These plans and triggers are subject to change and **should not be a substitute for general situational awareness or continuous monitoring of open source media, transportation infrastructure, travel bans, or travel restrictions.**

Each coastal storm event is unique; agencies will make shutdown decisions based on planning assumptions which are informed by the specifics of the storm. It is important to note that the below timeline should **not be considered concrete** and is subject to change depending on the coastal storm forecasted to affect the region.

Agency/Infrastructure Type	Trigger/Timing
MTA Bridges	Decisions are based on factors specific to the storm and other transportation network decisions.
MTA Tunnels	Decisions are based on factors specific to the storm.
MTA NYC Transit (subways)	Approximately 8 hours before zero hour – service begins to curtail
MTA NYC Transit (bus service)	Approximately 6 hours before zero hour – service begins to curtail
MTA Long Island Railroad	Approximately 12 hours before zero hour – service begins to curtail
MTA Metro-North Railroad	Approximately 8 hours before zero hour – service begins to curtail
PANYNJ Trains (PATH)	Coordinated with MTA Subways, NJ Transit and Amtrak
PANYNJ Bridges	Decisions are based on factors specific to the storm and other transportation network decisions.
PANYNJ Tunnels	Decisions are based on factors specific to the storm.
Amtrak	Decisions are based on factors specific to the storm and other mass transit decisions. Amtrak can shut their system down with little lead-time.
NJ Transit Service Announcement	Approximately 72 hours prior to zero hour – service announcements made
NJ Transit Trains <small>*Dependent on need to shelter/protect infrastructure &amp; equipment</small>	Approximately 24 – 48 hours prior to zero hour – service begins to curtail. Would most likely align with when a train goes out of service for the end of shift – that train would not pull out for the next shift.
NJ Transit Bus Service <small>*Dependent on need to shelter/protect infrastructure &amp; equipment</small>	Approximately 6 hours before zero hour – service begins to curtail. Would most likely align with when a bus goes out of service for the end of shift – that bus would not pull out for the next shift.

\*Sourced directly from MTA, PANYNJ, Amtrak and NJ Transit Emergency Management Offices.

## GENERAL POPULATION EVACUATION OVERVIEW

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New York City's hurricane contingency plans are based on six evacuation zones. Hurricane evacuation zones are areas of the City that may be inundated by storm surge or isolated by storm surge waters. There are six zones, ranked by the risk of storm surge impact, with Zone 1 being the most likely to have storm surge flooding. In the event of a hurricane or tropical storm, residents and/or healthcare facilities in these zones may be ordered to evacuate.

Deciding to issue evacuation instructions requires in-depth analysis of storm forecasts and local conditions. The mayor can issue two different kinds of evacuation instructions:

**Evacuation Recommendation (General Population):** The Mayor may recommend certain residents take steps to evacuate voluntarily. A recommendation might be issued to cover residents of certain zones, communities, or building types. An evacuation recommendation could also be issued for the benefit of people with mobility challenges who need extra time to evacuate.

**Evacuation Order (General Population):** The Mayor may through an Executive Order, mandate that residents of specific zones or communities leave their homes for the protection of their health and welfare in the event of an approaching storm.

### Why is this important to healthcare facilities?

Staffing plans should take into consideration the evacuation recommendations or order for staff in the hurricane evacuation zones. This includes providing for transportation planning in staffing plans for the duration of the incident. Staff can find out if they are in a hurricane evacuation zone by visiting <https://maps.nyc.gov/hurricane/>.

## FACILITIES

### HEALTHCARE FACILITY EVACUATION OVERVIEW

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The HEC is a NYSDOH-led entity that coordinates the evacuation, shelter-in-place, and repatriation of HCFs during a regional multi-facility evacuation scenario with the assistance of agency partners that are specific to the region that the HEC is operating in. These agencies include LHDs, OEMs, and HCF associations among others. The HEC will also provide situational awareness among all affected counties.

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 Health and Medical structure for mission assignments that are not HEC related.

**Planning Consideration:** *The HEC telephone number varies based on the identified location of the HEC at the time of an event. The designated HEC phone number will be communicated to healthcare facilities and HEC partners prior to activation.*

**Healthcare Facility Evacuation Recommendation:** While the NYSDOH Commissioner would consult with partners as required, the decision to evacuate PRIOR to an order issued by the Mayor (a.k.a. *voluntary evacuation*) is that of the facility.

**Planning Consideration:** *It is neither required nor advised that a healthcare facility wait until a mandatory evacuation order is in place to begin evacuation and/or decompression.*

**Mandatory Evacuation Order:**

In New York City, the Mayor is responsible for issuing a mandatory evacuation order.

**Healthcare Facility Evacuation:** The NYSDOH Commissioner does not issue an evacuation order. Facilities are ultimately responsible for the safety and security of patients or residents. NYSDOH requires healthcare facilities to create and maintain a written facility evacuation plan. **HCFs must be prepared to EVACUATE 100% of their post discharge patients/resident census.**

Healthcare Facilities By Zone					
	Hospital	Nursing Home	Adult Care Facility	NYS OMH In-Patient Psychiatric Center	Total
<b>Zone 1</b>	4	22	18	0	<b>44</b>
<b>Zone 2</b>	4	4	5	1	<b>14</b>
<b>Zone 3</b>	3	9	5	2	<b>19</b>
<b>Zone 4</b>	6	11	5	0	<b>22</b>
<b>Zone 5</b>	9	8	4	2	<b>23</b>
<b>Zone 6</b>	5	11	4	1	<b>21</b>
<b>Total</b>	31	65	41	6	<b>143</b>

Note totals are as of 2021. Please refer to [www.nyc.gov/knowyourzone](http://www.nyc.gov/knowyourzone) for the most up-to-date information on hurricane evacuation zones.

### SHELTER-IN-PLACE<sup>4</sup> (SiP)

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 Healthcare Facilities (HCF) 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 the Mayor.**

**HCFs cannot SiP without the decision of the NYSDOH Commissioner and approval from the Mayor.**

#### The Process:

- Before coastal storm season, a facility completes all the required sections of the NYSDOH Facility Evacuation Planning Application (FEPA), and indicates whether they wish to be considered for the PRE-SEASON SiP List.
  - Facilities that wish to be considered for the PRE-SEASON SiP List are vetted and evaluated by NYSDOH, NYCEM, FDNY, and DOB before coastal storm season.
- If the NYC Mayor issues a mandatory evacuation order NYSDOH and NYCEM will review the SiP related information in the FEPA of those facilities on the PRE-SEASON SiP List and make a recommendation regarding Shelter-in-Place to the NYC Mayor.
 

**SiP consideration points are included in the FEPA.**
- The decision to approve or deny SiP requires the decision of NYSDOH Commissioner and approval and inclusion of SiP option in the evacuation order by the NYC Mayor.

**Planning Consideration:** *If the NYC Mayor approves a SiP request, the SiP order will only apply to the small percentage of fragile patients who are at risk of death or are at high risk for sustaining significant additional illness/injury if evacuated.*

**Planning Consideration:** *HCFs must be prepared to evacuate 100% of their patient census in the event a SiP request is denied. SiP consideration points are included in the FEPA. See Annex I of HEC Manual for further details.*

<sup>4</sup> New York State Department of Health. Healthcare Facility Evacuation Center (HEC) Manual (May 2020).

## NYSDOH HEALTH COMMERCE SYSTEM APPLICATIONS

Healthcare facilities in New York City will use key NYSDOH Health Commerce System (HCS) Applications for Planning, Data Sharing and Receiving of Notifications, including:

- **Facility Evacuation Planning Application (FEPA)** –The FEPA is 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.
- **Health Electronic Response Data System (HERDS)** - HERDS surveys will be conducted with hospitals, adult care facilities and nursing homes to collect information regarding potential facility beds needed or beds available for evacuation efforts.

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:

- **(96 Hours)** NYSDOH activates the 96-hour HERDS survey for all potential evacuating HCFs; FDNY deploys local personnel to assist the facility with the completion of 96-hr survey. This survey gathers the total facility census and Transportation Assistance Level (TAL) of each patient/resident. This survey will be deployed only to HCFs in NYC Evacuation Zones 1-6 and based on the predicted impact of the event.
- **(72 Hours)** the HEC Sending/Receiving forms will be deployed to HCFs. Based on the event, a determination will be made to identify the impacted HCFs who will be assigned as Sending. Receiving facilities will also be identified and will include facilities outside of evacuation zones.

**Planning Consideration:** *Each HERDS Survey includes a point of contact for survey related questions. NYSDOH Regional Office staff can always be consulted for technical assistance as well.*

- **eFINDS Patient/Resident Tracking Application (hospitals, nursing homes and ACFs only):** If healthcare facility evacuation becomes necessary, hospitals, nursing homes or adult homes must use the eFINDS system to track the movement of all patients and residents between sending (evacuating) and receiving facilities.
  - eFINDS is a secure, confidential, application on the Health Commerce System (HCS). It provides real-time access to the location of HCF patients/residents in the process of being evacuated and received in addition to important health and contacts data, and allows facilities to track patient/resident movement to other facilities.

**Planning Consideration:** *The NYSDOH Regional Offices should be notified of eFINDS related issues. Additionally, the NYSDOH Duty Officer number (1-866-881-2809) may be contacted nights and weekends for public health emergencies.*

**TRANSPORTATION ASSISTANCE LEVEL (TAL) CATEGORIES<sup>5</sup>**

TALs are easily recognized, universal symbols corresponding to each TAL categories that have been developed. These may be printed and affixed to each patient/resident to help make their transport needs visually and immediately apparent. Though all healthcare facilities are expected to use TALs to categorize patients/residents, use of the icons is not required and each facility may operationalize use of the icons during an exercise or **planned evacuation** as deemed feasible.

Transportation Assistance Level		Staffing support	Transportation Asset	Accompaniment	Designation symbols
<b>1*</b>	<b>Non-Ambulatory</b>	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, physician) appropriate to their condition	
	<p>Individuals unable to travel in a sitting position (i.e., require stretcher transport).</p> <p>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.</p>				
<b>2</b>	<b>Wheelchair</b>	Safely managed by a single non-clinical staff member or healthcare facility-designated person	May be transported as a group in a wheelchair appropriate vehicle (e.g., medical transport van, 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	
	<p>Individuals who cannot walk on their own but are able to sit for an extended period of time.</p> <p>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, a maintenance intravenous infusion, an indwelling catheter or a PEG tube during their relocation or evacuation.</p>				
<b>3</b>	<b>Ambulatory</b>	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, private auto)	A single staff member appropriate to the most acute patient/resident's condition while accompanying a group of patients/residents	
	<p>Individuals who are able to walk on their own at a reasonable pace.</p> <p>Those who are able to 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</p>				

\*For NYC HCF 96 Hour Survey: Three TAL 1 subdivisions are used: TAL 1 Stretcher, TAL 1 Stretcher VENT, TAL 1 Stretcher Bariatric.

<sup>5</sup> New York State Department of Health. Healthcare Facility Evacuation Center (HEC) Manual (May 2020).  
Last Revised: July 28, 2021

**POTENTIAL HEALTHCARE FACILITY IMPACTS**

Non-evacuating and receiving facilities may experience various impacts post-storm including but not limited to:

- **Facility Surge:** Individuals with chronic conditions (e.g., dialysis, methadone maintenance, and diabetic patients) living at home are likely to be impacted more severely, may not have access to medications and treatment in their community, and be forced to seek treatment in hospitals or ambulatory care sites.
- **Supply Shortage:** Potential supply shortages and access issues with medical supplies and pharmaceuticals may occur and can be anticipated due to medical sheltering operations and hospital and nursing home evacuations (especially in a prolonged event).
- **Staffing Issues:** HCFs should routinely review with staff the facility evacuation and emergency response plans, plans for flooding, including vertical, horizontal or out of facility evacuation arrangements and protocols, applicable mutual aid plans, and local and regional emergency contact information. Consider alternate staffing arrangements; shifts and management of staffing shortages due to transportation impacts; and, the securing of needed supplies and preparations for staff that remain on.
- **Access to Healthcare:** Patients and/or residents may have difficulty accessing supplies locally (closed pharmacies, lack of access to primary care providers). Essential services, such as dialysis or homecare visits, especially for Level 1 homecare patients, may not be available following the storm; Providers of these services should plan to schedule services in advance of the storm as much as possible, to avoid missing essential care. Dialysis centers that are unavailable for service due to damage from the storm should plan for partner centers to provide dialysis to their patients for the duration of their outage. These providers should communicate with the ESRD Network and NYSDOH regarding these issues.
- **Utilities:** HCFs should review plans for the loss of power, water, and steam. Preparedness activities include testing and confirming operations of emergency generator(s); confirming or acquiring adequate emergency generator fuel supply and that it is onsite and able to last for at least 96 hours; and assuring adequate emergency lighting throughout the facility; and, providing access to EHR and patient records.
- **Communications:** HCFs should review communications plans in preparation for loss of service. Various communications failures should be anticipated, including (but not limited to): Telephone outages, data communication outages, cellular service interruption, and loss of access to the Electronic Health Record System (EHR). Facilities should also confirm that their 700MHz and/or 800MHz NYCEM radios are operational and that staff know when and how to use these devices.
- **Safety & Security:** HCFs should review their safety and security plans. Safety and security issues may be a discrete issue or may be part of a larger, system-wide issue. Potential issues include (but are not limited to): disruptive patients or family members, loss of CCTV/Security Cameras, loss of fire panel communications, and loss of panic alarms in sensitive areas.
- **Potential Facility issues:**
  - **Mortuary Services and Morgue Operations:** In New York City, OCME may delay or suspend citywide mortuary services to recover claim cases from healthcare facilities due to hazardous weather/travel conditions. HCFs should consider the impact to the funeral industry and other relevant partners that may result in delays in releasing cases.
  - **Regulated Medical Waste:** New York State Department of Health (NYSDOH), New York Codes, Rules and Regulations Title 10, Part 70 (10 NYCRR, Part 70) describe the requirements that are in place for the proper handling and treatment of regulated medical waste (RMW). The requirements are applicable to hospitals, residential healthcare facilities, and diagnostic and treatment centers and clinical laboratories.

## POTENTIAL FEDERAL RESOURCES

During incidents with significant public health and medical impacts, if a resource need exceeds the capacity of the City and the State, the City/State may need to request additional federal resources to support the incident objectives. Below is a brief list of HHS resources related to ESF-8 Public Health and Medical Services and is not meant to be an exhaustive list of federal resources. All resource requests go through the City and State Logistic Centers.

**Planning Consideration:** *State and Federal personnel from outside the NYC Metro area may not know the area as well as local responders. These personnel may need additional materials and information to aid them in completing their tasks (e.g., specific addresses, maps, telephone numbers).*

<p><b>National Disaster Medical System (NDMS)</b></p>	<p>A nationwide partnership designed to deliver quality medical care to the victims of, and responders to, a domestic disaster. NDMS provides state-of-the-art medical care under any conditions at a disaster site, in transit from the impacted area, and in participating definitive care facilities. This includes the capability to relocate ill and injured patients from a disaster area to areas unaffected by the disaster. The main NDMS teams consist of the following:</p> <ul style="list-style-type: none"> <li>▪ <b>Disaster Medical Assistance Team (DMAT):</b> DMATs provide primary and acute care, triage of mass casualties, initial resuscitation and stabilization, advanced life support and preparation of sick or injured for evacuation.</li> <li>▪ <b>Disaster Mortuary Operational Response Team (DMORT):</b> DMORTs work under the guidance of local authorities by providing technical assistance and personnel to recover, identify, and process deceased victims.</li> <li>▪ <b>National Veterinary Response Team (NVRT):</b> NVRT provides assistance in identifying the need for veterinary services following major disasters, emergencies, public health or other events requiring federal support and in assessing the extent of disruption to animal and public health infrastructures.</li> </ul>
<p><b>ASPR Strategic National Stockpile (SNS)</b></p>	<p>A national repository of antibiotics, chemical antidotes, antitoxins, life-support medications, IV administration and airway maintenance supplies, and medical/surgical items. The SNS is designed to supplement and re-supply State and local public health agencies in the event of a national emergency anywhere and at any time within the U.S. or its territories.</p>
<p><b>Federal Emergency Medical Services Contract (FEMSC)</b></p>	<p>Formerly the National Ambulance Contract, the purpose of the Federal Emergency Medical Services contract is to provide a full array of licensed ground and air ambulance services and para-transit services that may be ordered as needed to supplement the Federal and Military response to a disaster, act of terrorism or other public health emergency.</p>
<p><b>Federal Medical Station (FMS)</b></p>	<p>An HHS deployable healthcare facility that can provide surge beds to support healthcare systems anywhere in the U.S. that are impacted by disasters or public health emergencies. FMS are not mobile and cannot be relocated once established.</p>

## ACRONYM & ABBREVIATION LIST

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ACF	Adult Care Facility
CIMS	Citywide Incident Management System
DMAT	Disaster Medical Assistant Team
DMORT	Disaster Mortuary Assistance Team
DOHMH	(NYC) Department of Health and Mental Hygiene
DOT	(NYC) Department of Transportation
DSNY	Department of Sanitation of New York City
DSS/DHS	(NYC) Department of Social Services/Department of Homeless Services
EC	Evacuation Center
EHR/EMR	Electronic Health Record/Electronic Medical Record
EOC	Emergency Operations Center
ESF	Emergency Support Function
FDNY	Fire Department of New York City
FEMSC	Federal Emergency Medical Services Contract
FEPA	(NYS) Facility Evacuation Planning Application
FMS	Federal Medical Station
GNYHA	Greater New York Hospital Association
HCF	Healthcare Facility
HCS	Health Commerce System
HEC	Healthcare Facility Evacuation Center
HERDS	Health Emergency Response Data System
HEO	Homebound Evacuation Operation
HS	Hurricane Shelter
JIC	Joint Information Center
LC	Logistics Center
LHD	Local Health Department
METU	Medical Evacuation Transportation Unit
NDMS	National Disaster Medical Services
NHC	National Hurricane Center
NVRT	National Veterinary Response Team
NWS	National Weather Service
NYCEM	New York City Emergency Management
NYPD	New York City Police Department
NYSDOH	New York State Department of Health
OCME	(NYC) Office of Chief Medical Examiner
SCC	(NYC) Shelter Command Center
SiP	Shelter in Place
SMNS	Special Medical Needs Shelter
SNS	Strategic National Stockpile
TAL	Transportation Assistance Level

## APPENDIX A – CONTACT INFORMATION

### IMPORTANT TELEPHONE NUMBERS

Agency, Entity or Department	Phone Number
NYCEM Watch Command	(718) 422-8700
GNYHA Main Office	(212) 246-7100
NYS DOH desk at NYCEM EOC	Varies per activation
NYS DOH HEC	Varies per activation – see p. 11 for further details
NYS DOH eFINDS – Contact MARO Region	(212) 417-5550 – see p. 13 for further details
NYS DOH HERDS Helpdesk – Contact MARO Region	(212) 417-5550 – see p. 13 for further details

### WHEN TO CONTACT VARIOUS ENTITIES

Contact your Health and Medical ESF representative (GNYHA, NYC H+H, NYC DOHMH, NYS DOH, OCME, Etc.) for the following:

- Requests for scarce or difficult to source resources
- Urgent/emergent issues regarding staffing
- Critical staff denial of access during travel bans
- Critical infrastructure issues

Contact the Healthcare Facility Evacuation Center (HEC) for the following:

- Updating bed availability (receiving facilities)
- Updating the number of patients requiring placement at receiving facilities and/or transport (sending facilities)
- Ambulance/Ambulette assignment questions
- General Healthcare Facility Evacuation Operations related questions
- Repatriation questions immediately following the storm

## **APPENDIX B – GNYHA SIT STAT**

GNYHA’s Sit Stat system is a comprehensive, web-based information sharing and situational awareness platform designed to enhance preparedness and response capabilities at the facility, health system, and regional levels. Currently Sit Stat is offered to GNYHA member hospitals in New York State, and all nursing homes located in New York City.

### **Hospital Surveys**

In the event of a coastal storm, GNYHA will activate its hospital bed-matching surveys, which use a set of previously tested [standardized bed definitions](#), to provide situational awareness and help facilitate facility evacuations. These surveys will be deployed to hospitals at a set interval during the evacuation period. GNYHA will also deploy daily [operational surveys](#), both leading up to and following landfall, in order to assess facility impacts and operations outside patient movement.

The purpose of the Sit Stat hospital surveys is to: 1) understand key actions taken by hospitals, 2) understand current and anticipated impacts to hospital operations, and 3) facilitate patient bed-matching within and outside of health system arrangements. The data collected in Sit Stat will be shared back with participating hospitals and key response agencies to provide situational awareness and inform response decisions. GNYHA will also coordinate with hospitals and agencies directly as needed.

### **Nursing Home Use**

The expansion of Sit Stat to NYC nursing homes began in 2020 and recruitment and training is ongoing. For the 2021 Coastal Storm season, there are no plans to utilize Sit Stat to survey NYC nursing homes. This will be revisited once there is broader adoption of the Sit Stat platform and familiarity with the system.

For information or questions about the GNYHA Sit Stat platform, please contact [Samia McEachin](#).

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# GNYHA SIT STAT

## HOSPITAL & SYSTEM USERGUIDE

### GETTING STARTED

#### System Requirements

GNYHA Sit Stat is compatible with the following browsers:

- Internet Explorer 8, 9, 10, 11
- Firefox Version 33
- Google Chrome

*If you are not running one of the browsers above, please contact your IT department.*

#### Login Information

At the start of the project, your team leader was sent your User ID and initial password to the Sit Stat Survey.

To log in:

- Go to: <https://sitstat.gnyha.org> (note: no "www")
- Enter: User ID and Password
- Click: Sign-On

Upon initial login, you will be prompted to reset your password. This password is valid for 365 days and must be reset upon expiration.

### YOUR SURVEYS

After signing in to Sit Stat, you will see a link to one of the following two surveys on your homescreen—the survey you see will depend on Sit Stat activation. Click on your survey name to access the survey.

#### Profile Survey | Background Hospital Information

To help facilitate the collection of information, each hospital must complete a profile survey. This survey should be completed upon initial sign-in and must be updated annually. *The profile survey is accessible when there are no active events.*

#### Response Survey | Active Event

To collect information during an active event, the Response survey will be deployed. Depending on the event, GNYHA will deploy the survey to all hospitals or to select hospitals.

The Response survey is a dynamic data collection tool that displays questions, sections, and pages based on the specifics of the event. All potentially impacted facilities will be asked to fill out at least two pages:

- **General Information:** Includes questions about whether your facility has been affected by the event, who is submitting the information, and what, if any, impact the event has had on your facility.
- **Incident Status:** Includes questions about operation status, hospital census, evacuation, and other hospital activations.

*Based on your answers to these survey questions, you may be asked to complete additional questions and sections.*

### NAVIGATING THE SURVEYS

Completing the Sit Stat Survey is designed to be an easy, self-explanatory, and intuitive process. Below are some navigation tips (see image on reverse):

#### Navigation

To move through the survey, click "Previous" or "Next" in the navigation bar at the top and bottom of the page. *Do not use your browser's "back" button; it is not supported by the Sit Stat Survey.*

#### Repeat Rows

If you need additional rows, click the "Update" button at the bottom of the page, or "Action" in the left column bar. Instructions for adding, deleting, and reordering rows will display.

#### Multi-Select Options

At times you may be asked to select from information provided from the profile survey. You will see this (🔘) icon. Click the icon to select from items provided.

#### Finish & Submit

To complete your survey and submit your data for review, click the "Finish & Submit" button on the last page of your survey.

## SYSTEM ROLES & REVIEW PROCESS

As a default, all data must be reviewed and approved at the hospital level and, if applicable, system level before submission is complete.

### Hospitals

- **User (denoted by a 1 in User ID):** Completes all survey questions and information. Once the survey is submitted, an email will be sent to the hospital reviewer signaling review is needed.
- **Reviewer (denoted by a 2 in User ID):** Reviews, edits, and approves information submitted by User. This role has an additional “check box” on the final page of the survey labeled, “The data is approved for release,” which must be checked to complete and submit the survey. Once survey is submitted, an email will be sent to the system reviewer, if applicable, signaling review is needed.

### Systems

- **System Reviewer (denoted by “Sys” in User ID):** Reviews, edits, and approves all information submitted by system hospitals. Hospitals involved in an active event will be listed as “(ACTIVE) Hospital Name” on the homescreen. This role has an additional “check box” on the final page of the survey (“The data is approved for release”), which must be checked to complete and submit the survey. Once the system reviewer submits the survey, all data will be released to GNYHA and appropriate government agencies.

If hospital is independent, submission will be complete after review at the hospital level. Hospitals and systems may opt out of review process.

## ACCESSING REPORTS

Upon completion of a survey, hospitals and systems may create and access reports of their submitted data.

### Hospital Report

To generate a hospital report, click on the report icon next to your facility’s survey link on your home screen. Reports that have been generated can be accessed by clicking on the hospital folder under the “Plans and Reports” section of the “My Documents” tab on your home screen.

### System Report

To generate a hospital report, click on the “My Documents” tab on your home screen, and click “Generate Report” next to the SITSTAT SYSTEM REPORT listing. Reports that have been generated can be accessed below, within the “Plans and Reports” section.

Reports with data that has not yet been reviewed will be marked accordingly.

## HELPFUL SCREENSHOTS

**1** Homescreen

**2** Survey Link

**3** Generate Report

**4** Navigation Bar

**5** Repeating Rows

**6** Access Reports

**7** Finish & Submit survey for review.

## QUESTIONS

If you have any questions about the Sit Stat system, contact Jenna Mandel-Ricci at (212) 258-5314 or [jmandel-ricci@gnyha.org](mailto:jmandel-ricci@gnyha.org).