

New York City Community Evacuation and Sheltering Operations and Implications for Hospitals and Health Systems

June 2019

The 2019 North Atlantic Coastal Storm Season officially begins June 1, with the greatest potential for storms in our region from August through October. If a coastal storm is expected in the New York region, GNYHA will send all members e-mails with forecast information, government agency planning actions, and contact information for GNYHA staff. GNYHA will also update and maintain its Weather-Related Events page on the GNYHA website.

For facilities located outside of evacuation zones, patient surge planning should include receiving patients from evacuating health care facilities, as well as medically vulnerable community members living in evacuation zones. Based on current operational plans, such community members could be brought to a hospital during the pre-event phase or post-event, so hospital patient surge plans should account for both.

Resources that may be helpful with surge planning include the New York State Department of Health (DOH) Healthcare Facility Evacuation Center Metropolitan Area Regional Office Facility Guidance Document for the 2019 Coastal Storm Season, which can be accessed via the DOH Health Commerce System. Additionally, members are encouraged to review the [Patient Evacuation Toolkit](#), which includes numerous resources for bed matching and transportation needs developed via a collaborative workgroup process, and the [NYC Coastal Storm Operations Overview](#), which describes planning assumptions, and citywide operations and timelines.

The New York City Sheltering System

New York City (NYC) residents ordered to evacuate by government officials will be directed to an Evacuation Center if they have no alternative place to stay. NYC has 60 Evacuation Centers. Once at an Evacuation Center, evacuees will be evaluated and recommended for one of three types of shelters: Hurricane Shelters, Accessible Shelters, or Special Medical Needs Shelters (SMNSs). A Hurricane Shelter is a temporary emergency facility usually located in a school or other municipal building. An Accessible Shelter provides similar services to a Hurricane Shelter but is located in a building that is accessible to individuals with access or functional needs. An SMNS is for evacuees whose medical condition exceeds the capabilities of a Hurricane Shelter or an Accessible Shelter, but is not severe enough to require hospitalization (please see additional information below). If a coastal storm is expected to impact NYC, a searchable [Hurricane Evacuation Zone Finder](#) showing the locations of all activated Evacuation Centers will be made available.

Special Medical Needs Shelter

In a coastal storm scenario, NYC's plan calls for up to eight SMNSs across the five boroughs. These shelters assist individuals with basic medical needs, including activities of daily living. Clinical staff include a



physician and nurse lead complemented by experienced caregivers. NYC Health + Hospitals provides a portion of the clinical staff for the SMNSs for the first 72 hours of operations. NYC will rely on the NYC Medical Reserve Corps, a trained group of more than 9,000 highly skilled health care professionals ready to respond to health emergencies, to augment staffing during this period, and to help meet staffing needs beyond the initial 72 hours. In order to provide adequate staffing, GNYHA encourages member health systems to promote the participation of non-hospital providers in the NYC Medical Reserve Corps. Please see the [New Member Registration Guide](#) for more information.

Inclusion criteria for admission to an SMNS in New York City are any of the following:

- Diabetic who needs assistance with glucose monitoring and has no caregiver assistance
- Individual who requires help taking medications and has no caregiver assistance
- Individual who requires assistance with activities of daily living and has no caregiver assistance
- Individual who requires wound care or sterile technique for care and has no caregiver assistance
- Individual who requires a nebulizer or other types of treatments to be administered by medical personnel
- Individual with visual, hearing, or gait issues that require medical assistance such as personal care or help taking medications
- Individual on 3L or less of oxygen
- Individual scheduled for advanced home care services that will be provided by the home care agency in the SMNS
- Individual with behavioral health or neurocognitive disorders such as Alzheimer's, other dementia, or debilitating stroke that requires medical intervention for safety and wellness
- Individual experiencing a high-risk pregnancy in her third trimester currently being followed by a prenatal care provider

Admission decisions can be modified by the Medical and/or Nursing Director lead at each SMNS. Individuals whose needs exceed those listed above will be transported to a hospital for care throughout the coastal storm. Additionally, evacuees who present with any of the following conditions *will be immediately transported to a hospital*:

- Acute diarrhea
- Require more than 3L of oxygen
- Drug withdrawal symptoms
- Communicable disease

New York City Homebound Evacuation Operation (HEO)

When the Mayor issues an evacuation order due to a coastal storm, people with disabilities or other access or functional needs who have no other options to evacuate safely can request transportation assistance from NYC by contacting 311 and answering the questions below. Depending on the information provided by the caller, he/she will be: transferred to MTA Access-A-Ride, routed to the Fire Department of the City of New York, which will dispatch firefighters to provide evacuation assistance, or transferred to 911 for assistance via ambulance. If an ambulance is dispatched, as per New York State Public Health Law, the individual

will be transported to a hospital outside of an evacuation zone. Individuals cannot request transportation to a specific address.

To determine transportation requirements, the 311 Call Center operator will ask evacuees several questions, including:

- Can you get to the sidewalk?
- Can you sit up and remain seated on your own for an extended period of time?
- Do you have any assistive devices or durable medical equipment that must travel with you?
- Do you have a service animal or pet that needs to travel with you?
- Will a caregiver or personal attendant be travelling with you?

While it is difficult to predict how many community members may be brought to a hospital during a coastal storm under this plan, based on previous experiences and proximity to evacuation zones, hospitals should prepare to possibly receive individuals with ongoing medical needs from the community.

Hospital Discharge Planning and Referrals to the Sheltering System

In the 72 hours before an expected coastal storm, hospitals located both within and outside evacuation zones will undertake rapid patient discharge. If a patient is ready to be discharged but lives in a zone that is included in an emergency evacuation order, the discharge planning team should help the individual find lodging with friends or family. If the individual's only option is a hurricane shelter, the discharge planning staff should use the [Hurricane Evacuation Zone Finder](#) to locate the Evacuation Center closest to the hospital and arrange for the individual to be transported there. Once at the Evacuation Center, the person will be triaged to a Hurricane Shelter, Accessible Shelter, or SMNS based on their needs, as noted.

New York City Post-Emergency Canvassing Operation

New York City's Post-Emergency Canvassing Operation (PECO) is designed to rapidly survey households after a disaster, such as a coastal storm, to assess and identify the critical needs of those who do not have anyone to assist them, and cannot or will not evacuate. PECO is triggered by incidents that affect more than 5,000 households for more than 48 hours. Areas with a high density of impacted households, such as high-rises, will be prioritized. Canvassers, comprised of City employees and members of approved voluntary organizations, will go door to door to collect information on needs, and will refer requests to appropriate partners for resolution. Resource requests may include food, water, electricity, and non-emergent medical care, including, in some cases, durable medical equipment. Emergent medical needs would be immediately referred to 911.

The large majority of medical needs—including medical services, medical equipment, and medication—will be handled via referral to Visiting Nurse Service. Residents who wish to relocate to a hurricane shelter and cannot do so on their own or with the help of friends and/or family may request transportation assistance. Once the individual provides information on their mobility level, a vehicle and, if needed, assistive personnel will be assigned for dispatch. Individuals truly bed-bound (e.g., require ambulance transport) will be transported via ambulance to a hospital, as in the HEO.

Federal Medical Assets

While NYC will likely request Federal medical assets, because of the regional nature of a coastal storm, there is no guarantee that such assets will be provisioned. Additionally, Federal assets, if available, would not be in place for several days. Therefore, the NYC health and medical community should plan to meet the needs of community members through existing operations and capabilities.

Coordination with GNYHA, City, and State Agencies

During a coastal storm, NYC Emergency Management will activate the Emergency Operations Center (EOC), and DOH will activate the Healthcare Facility Evacuation Center. GNYHA will send staff to both locations and will activate its own emergency staffing plan to meet members' needs. DOH will survey hospitals via the Health Electronic Response Data System (HERDS) 96 hours before the storm's predicted zero hour, and again at 72 hours before zero hour in order to gather census and transportation assistance information. GNYHA will survey members during the pre-storm and post-storm phase using its Sit Stat 2.0 system, with questions focused on operational aspects of response including facility status, and supply and staffing levels. Members needing assistance with non-evacuation-related issues (e.g., emergency power, supplies) would be instructed to call a GNYHA Triage Line or the GNYHA Desk at the NYC EOC (718-422-8770). All evacuation-related issues will be directed to the New York State Healthcare Facility Evacuation Center.

Resource Request Process

While health care facilities are required to have plans in place to meet supply needs, during a prolonged emergency, shortages may occur. Individual facilities are expected to first look to their health care system or use other existing business arrangements to meet supply needs. Facilities should then work with their group purchasing organization or association to meet supply needs. Only after these avenues are exhausted can requests be made of government agencies through association (e.g., GNYHA) representatives.

Transportation Requests

The Transportation Branch works with both the New York State Healthcare Facility Evacuation Center and the NYC EOC to coordinate requested transportation for hospital patients, as well as transportation needs associated with the HEO and the PECO. Therefore, Transportation Branch staff—comprised of FDNY, the Regional EMS Council of NYC, and transportation agency representatives—should have visibility regarding the level of activity at each out-of-zone hospital, and should be able to adjust HEO and PECO transportation destinations when possible to not overwhelm a single facility.

Considerations for Hospitals in Evacuation Zones – Stay Teams

Hospitals located in evacuation zones may wish to consider development of plans and protocols to support *Stay Teams*. While the facility will essentially be shuttered, stay team personnel would be in a position to provide emergency medical care, if needed, as well as maintain the facility in order to hasten repatriation.

Roles to consider for a Stay Team include: Surgeons, Operating Room Team, Anesthesiologists, Emergency Department clinical and operational staff, Obstetrician, Pediatrician, Psychiatrist, Orthopedists, Nurses, Radiology Technician, Pharmacists, Transporters, Respiratory Therapists, Language Services, Engineers, and Security Officers.

The decision to maintain such a team during a coastal storm would depend upon many factors including the storm forecast, the availability of other sources of emergency care for the surrounding community, and the perceived safety of the facility, and would be made in collaboration with local emergency management officials and the DOH.

Potential Impact and Recommendations for Out of Zone Hospitals

NYC's Homebound Evacuation Operation, described above, has been in place since 2007. During previous storms hospitals located close to evacuation zones have received patients. Since NYC's PECO has not yet been tested by a large emergency event, less is known about the potential post-storm impact. Hospital patient surge plans likely already account for the arrival of evacuating hospital patients from sending facilities, as well as increased community post-storm needs; plans should be modified to also take into account medically vulnerable community members who may need to be sheltered for several days. Such plans should consider use of alternative spaces, both within and outside the hospital, staffing, supplies, integration with hospital incident command, communication with external agencies, safety, and administrative oversight.

Recommendations for Patient Documentation

While facility-specific plans may differ regarding where medically vulnerable community members are to be housed, all facilities are encouraged to put a process in place that includes a brief clinical assessment, and the creation of a standard chart with an assigned medical record number. Hospitals are also encouraged to separately flag medically vulnerable community members in the electronic medical record for overall tracking purposes. GNYHA is currently exploring reimbursement mechanisms for such patients with DOH.

Fatality Management

During 2017, hospitals in Texas and Florida struggled with fatality management because of increased in-hospital deaths and system-wide impacts delaying the release of decedents, including impacts to funeral homes and cemeteries. Facilities are encouraged to review their fatality management plans to ensure the hospital's ability to store decedents in appropriate conditions for longer periods of time. While death reporting to the NYC Department of Health and Mental Hygiene (DOHMH) and the NYC Office of the Chief Medical Examiner (OCME) will remain the same in the wake of a coastal storm, hospitals should be prepared for longer than normal retention of cases. As conditions warrant, resource requests for additional refrigerated storage can be coordinated through the NYC EOC.

If you have questions or concerns on coastal storm preparedness or any of the above topics, please contact:

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