

**New York State Department of Health
Office of Health Emergency Preparedness**

**Facility Evacuation
Planning Application (FEPA)
v 3.1**

**Users Guide
New York City (NYC)**

Updated December 2022

Executive Summary

The New York State Department of Health (NYSDOH) – Facility Evacuation Planning Application (FEPA), previously known as the Facility Profile Application, is a **planning tool** that provides Health Care Facilities (HCF) (adult care facilities, hospitals, nursing homes) with an easy process to assess and maintain information about the facility's patient/resident send – receive arrangements with other HCFs as part of their evacuation planning.

The FEPA Users Guide is a component of NYSDOH HCF evacuation guidance, including application specific webinar training sessions, *Healthcare Facility Evacuation Center (HEC) Facility Guidance* document, and other Health Commerce System (HCS) based resources. All are offered and updated annually.

HCFs should refer to the FEPA Users Guide 3.1 as a resource for information as they use the application.

This FEPA Users Guide complements, but does not in any way replace, an individual HCF's evacuation plans, its coordination with the HCF's respective jurisdiction plans and procedures, or discussions between HCFs as part of their send – receive arrangement planning.

The FEPA has undergone significant revision and improvements for this version. These updates allow for streamlined flow of work, reduced action activities, and will allow for the documentation of all hazard send/receive arrangements.

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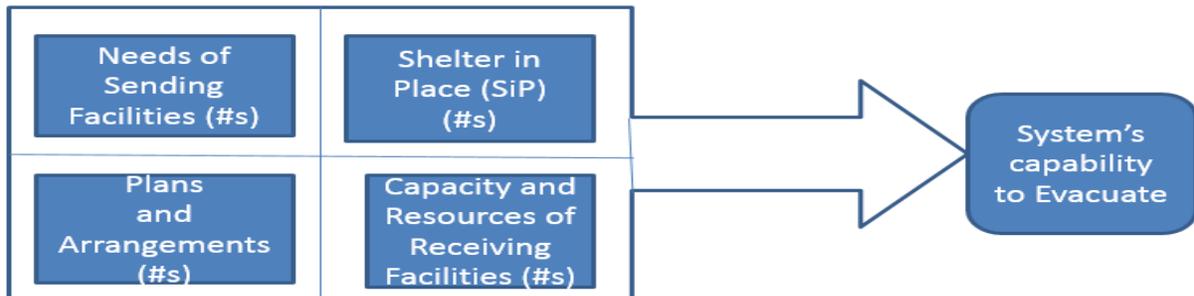
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Background and Introduction

The FEPA 3.1 will provide HCFs throughout New York State (NYS) an updated application to facilitate planning and incident management for short and no notice incidents where the nature of the incident will determine senders and receivers in addition to New York City (NYC) specific coastal storm planning parameters. The data in the application informs more accurate estimates of HCF non-traditional surge capability, capacity, and resource needs to facilitate and coordinate regional surge planning.

FEPA 3.1 continues to contain data on NYC and collar county HCFs that have a high risk of storms and floods, location in designated evacuation or flood zones, capability and capacity of HCFs to receive patients/residents from other like facilities, resources needed to maximize facility receiving capacity, and existing send/receive arrangements with other HCFs. FEPA data is supplemented with infrastructure, emergency power systems, resilience, and non-traditional surge capacity data collected in the **Critical Asset Survey (CAS)**.

The FEPA uses an evacuation model (below) that is composed of four components, each of which represents a key determinant of the regional health system's capability to successfully manage a large-scale evacuation. Each is represented numerically by the HCF data that is logged into the FEPA. Analysis of these data is used to report information back to HCFs during outreach and review of arrangements and to inform state and local agency planning.



The FEPA serves as a tool to assist HCFs in developing and managing both pre-storm and low notice send/receive arrangements and prompts agencies to consider and update incident management processes and resources. Planning efforts and information collection yields an overall increase in the entire system's capability to manage HCF evacuation, while enabling HCFs to focus on patient/resident care.

Access to the FEPA is accomplished by assigning appropriate staff to the Facility Evacuation Planning Application Coordinator role in the HCS Communications Directory.

2022 NYC Coastal Storm and Flood Planning Activities

Beginning January 2022, NYSDOH, Office of Health Emergency Preparedness (OHEP) is initiating its 2022 Coastal Storm and Flood planning activities. The coastal storm and flood planning activities outlined below are required for HCFs **annually** and must be completed by **March 31, 2022**. A copy of the Dear Administrator Letter (DAL) and 2022 Coastal Storm and Flood Planning Activities and Timeline Notice sent to all NYC HCFs can be found in **Appendix 2**. These documents include further details about required 2022 Coastal Storm & Flood planning activities. This document is intended to support facilities in completing all required components of the FEPA. The FEPA includes multiple screens that must be completed by all healthcare facilities. A summary of required activities and FEPA components are included below.

Activity:	Required of:
1. <i>Assign staff</i> - to the Facility Evacuation Planning Coordinator Role in Health Commerce System (HCS) Communications Directory <i>(done by a facility HCS Coordinator)</i>	ALL NYC HCFs
2. <i>Review/update and submit</i> – all data in the Critical Asset Survey in the HERDS application on the HCS	ALL NYC HCFs
3. <i>Review/update and submit</i> - all data on the Population to Evacuate (PTE) Screen in the FEPA	ALL NYC HCFs
4. <i>Review/update and submit</i> - all previously documented or newly arranged, Send-Receive Arrangements in the FEPA	ALL NYC HCFs
5. <i>Review/update and submit</i> - the Request for SiP Screen in the FEPA <u>ONLY if requesting to SiP</u> - review/update and submit all data on the Request for SiP Screen in the FEPA	FACILITIES IN DESIGNATED NYC EVACUATION ZONES, <u>ONLY</u>
6. <i>Review and submit</i> – the 2022 FEPA Coastal Storm Planning Attestation	ALL NYC HCFs

Planning and Operating Principles

In addition to annual HCF coastal storm and flood planning efforts, NYC HCF evacuation planners should consider the following operating principles and document any all hazard send/receive arrangements:

- The All Hazard model will facilitate planning and incident management for short and no notice incidents where the nature of the incident will determine senders and receivers.
- Send-receive arrangements should be made with facilities of like type, (e.g., hospital to hospital, nursing home to nursing home, adult care facility to adult care facility).
- Facility evacuation planning should seek to account for 100% of the sending facility's expected census, that is **REDUCED** due to early discharges and or cancellation of ancillary and or elective procedures.
- Conversations and agreements need to take place **PRIOR** to setting up arrangements in the FEPA. Clear communication between sending and receiving facilities is crucial. The FEPA is designed to document agreed upon send-receive arrangements and **does not replace direct facility dialogue** to develop arrangements.
- Sending arrangements should always have plans with the receiving facility that include processes for provision of the patient/resident medical records, staff, medications and specialized medical equipment.
- Receiving arrangements should not result in the over commitment of Primary Arrangements to receive patients/residents from other HCFs that is beyond the stated maximum capacity of their non- traditional surge spaces and post-decompression bed availability.
- Send-Receive arrangements should be used by HCFs to manage their evacuations prior to consulting with their regional or state partners for further support. Plans made during the preparedness phase must be evaluated and modified at the time of an event based on actual circumstances.

If a mandatory evacuation order is **not** issued by the jurisdictions chief elected official, HCFs need to conduct their own individual facility evacuation decision making.

Coastal Storm Specific Planning and Operating Principles

- Planning should be designed to address **a large scale, multi-facility evacuation**. Distinguish these planning activities from those of a **single facility** incident that may require evacuation, such as a fire, internal flooding or loss of critical facility infrastructure.
- Receiving facility cannot be located in an evacuation/flood zone.
- Shelter in Place (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 or flood zones, is incident-specific and requires approval of NYSDOH. **HCFs cannot proceed to SiP without the approval of NYSDOH and the Local Chief Elected Official.**
- The size of the accepted surge should be determined based on the number of patients/residents the facility considers it can safely and efficiently manage for at least 96 hours. Additional population may result in a facility census that exceeds the facility's licensed bed capacity per its operating certificate, the following should be noted:
 - Hospitals and Nursing Homes: Under New York Codes, Rules and Regulations (NYCRR), Title 10 Section 401.2 (a) as applies to hospital and nursing homes, "the medical facility shall control admission and discharge of patients or residents to

assure that occupancy should not exceed the bed capacity specified in the operating certificate, except a hospital ["hospital" also refers to nursing homes] may temporarily exceed such capacity in an emergency." Therefore, hospitals and nursing homes have the right, without any formal request or permission, to accept patients/residents in such numbers that may temporarily exceed the facility's licensed bed capacity during an emergency, such as large-scale evacuations due to coastal storms. Supplies and /Personnel needs should be considered and need to be commensurate with the TOTAL population size.

- Adult Care Facilities (ACF) – those facilities not located in evacuation or slosh/flood zones should also determine their feasible surge capacity during a coastal storm, however, ACFs must be granted a waiver to accept residents in numbers that exceed their certified bed capacity. This type of waiver was issued as a blanket waiver to all ACFs in impacted areas by the NYSDOH Commissioner of Health to facilitate evacuations for Hurricane Irene/Tropical Storm Lee and Superstorm Sandy (see HEC Facility Guidance Document). ACFs may individually request such a waiver prior to/during an emergency using the process for requesting a waiver that is outlined in the Health Evacuation Center (HEC) Healthcare Facility Guidance document.

Please note that some arrangements or transfers may be more challenging due to ongoing COVID-19 response activities. This will be directly related to overall patient/resident case numbers at the time of any event. Facilities are asked to continue using pre- COVID-19 planning numbers and assumptions.

If any send/receive arrangements have been temporarily adjusted or specific considerations for activation of arrangements is included, please include this in the "notes" section for the arrangement.

Facility Evacuation Planning Application (FEPA) 3.1- Application Screens

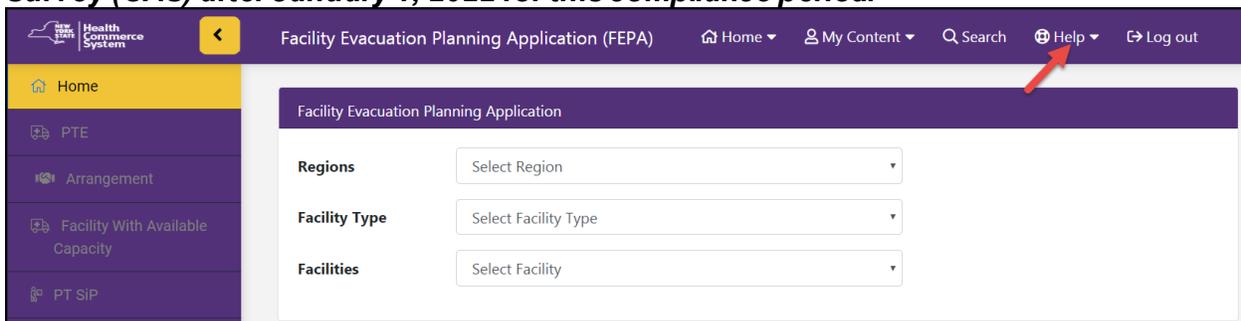
As indicated in the 2022 Dear Administrator Letter and 2022 Coastal Storm and Flood Planning Activities Notice (Appendix 2), facilities are required to review, update/complete all components of the FEPA and will be required to update or verify existing application data on an annual basis. This section reviews key elements of each FEPA screen, provides definitions of any term(s) used on the screen, as well as the targets for any associated measures.

On all screens, hovering over the  nearest a term provides you a definition of the term, which are also presented in this section of the User's Guide. Additionally, more specific instructions are included in each screen of the application as appropriate.

Each page allows the user to progress in a linear step-wise fashion; each page/activity "unlocks" the next function.

Home Screen

To access the application facilities must review, update, and submit their Critical Asset Survey (CAS) after January 1, 2022 for this compliance period.



Resource documents can be found in the **Help Menu** located in the top right-hand corner of the home screen.

Population to Evacuate (PTE) Screen

The PTE screen is designed to assist in developing All Hazard related planning estimates of your facility's PTE.



All screens will have information tabs that can be expanded for further detail or closed for ease of navigation:



Population to Evacuate (PTE)

Can be expanded or closed

The PTE screen is designed to assist in developing All Hazard related planning estimates of your facility's Population to Evacuate. Complete this table in consultation with your facility's emergency management and bed discharge planners. You will need:

- A count of your facility's Staffed or Operational Beds
- Average Daily Census by bed type

Instructions (data entry fields in green):

All data entry fields will be in green

- **Staffed or Operational Beds**
Enter the number of beds by health care sector specific bed types that the facility staffs and is currently using.
- **Average Daily Census**
Identify average daily census by healthcare sector specific bed type. Log each patient/resident only once, by bed type that best
- **24 hours Estimated Rapid Discharge**
Using your facility's established decompression protocols for All Hazards, enter the estimated number (#) of patients/residents

Note: Enter '0' (zero) for any bed type that is not operated. Do not leave any blanks

Calculated fields (in gray):

Gray shaded areas will be auto filled

The following fields are calculated based on the data entered:

- **Population to Evacuate (PTE)**
The number of patient/residents remaining in the facility after discharge that may need to be evacuated.
Calculation: 'Average Daily Census' minus '24 hours Estimated Rapid Discharge'.
- **Staffed/Operational Beds Receiving Capacity**
The number of available staffed/operational beds at the facility after discharge.
Calculation: 'Staffed or Operational Beds' minus 'Average Daily Census' plus '24 hours Estimated Rapid Discharge'.
- **Population to Arrangements (PAR)**
The percentage of patients covered by Active Primary and/or Network Arrangements.
Calculation: Total [Active (Primary + Network) Arrangements] / PTE

Draft and Submit buttons

After reviewing the data collected on the PTE screen, facilities will enter the following fields:

Population to Evacuate (PTE)					
Draft Data		Submitted Data			
Bed Types	Staffed or Operational Beds	Average (Daily) Census	24 hours Estimated Rapid Discharge	Population to Evacuate (PTE)	Staffed/Operational Beds Receiving Capacity
Adult Med / Surg	100	40	3	37	63
Peds Med / Surg	1	1	1	0	1
Adult ICU	9	7	5	2	7
Peds ICU	1	1	1	0	1
Adult Acute Rehab	8	5	4	1	7
Peds Acute Rehab	11	1	1	0	11
TBI Acute Care	1	1	0	1	0
Coma Recovery	29	29	21	8	21
Ventilator Access	11	11	11	0	11
Bariatric	7	4	2	2	5
AIIR Room	18	11	10	1	17
Adult Psych	15	12	5	7	8
Peds Psych	1	1	1	0	1
Infant / Cribs	4	2	2	0	4
Healthy Newborn Isolettes	6	5	3	2	4
NICU	23	23	22	1	22
L & D	22	11	10	1	21
Post Delivery	1	1	1	0	1
Other	1	1	1	0	1
Non Traditional Surge Bed	555	0	0	0	555
Totals	824	167	104	63	761

This screen is your work area, your draft data will remain on this tab if you save as draft. All data submitted will be on the submitted data tab. Note- all green fields should be filled. If there is not a value, please enter zero (0).

When complete click 'Submit'

Data in the 'Submitted Data' tab cannot be changed. To make any adjustments return to 'Draft Data' tab.

Draft Data		Submitted Data			
Bed Types	Staffed or Operational Beds	Average (Daily) Census	24 hours Estimated Rapid Discharge	Population to Evacuate (PTE)	Staffed/Operational Beds Receiving Capacity
Adult Med / Surg	10	3	3	0	10
Peds Med / Surg	22	3	2	1	21
Adult ICU	1	1	1	0	1
Peds ICU	10	10	10	0	10
Adult Acute Rehab	5	5	5	0	5
Peds Acute Rehab	5	5	5	0	5
TBI Acute Care	5	5	5	0	5
Coma Recovery	5	5	5	0	5

Arrangement Screen

Following the completion of the PTE screen, facilities can begin to populate/verify arrangements.

This page is used to create and present information on the facility's sending/receiving arrangements with other healthcare facilities. It provides HCFs with a complete process to log and manage their information related to send-receive arrangements.

Entering a new arrangement:

On arrangement screen click on "New Sending Arrangement"

Evacuation Zone: New York City Evacuation Zone 2

Certified Bed Capacity: 225

Non-Traditional Surge Capacity: 100

PTE: 63

Staffed/Operational Beds Receiving Capacity: 761

Sending (Active)		Receiving (Active)	
Primary	12	Primary	12
Network	0	Network	0
Total	12	Total	12

New Sending Arrangement

Type	Facility	Evacuation Zone	Total
View	Sending To	00 Test Hospital - (HSPT0)	12

The facility will then choose the receive location from the drop-down menus

Regions: Select Region

Facility Type: Select Facility Type

Facilities: Select Facility

On the arrangement screen, enter information into the fields

Receiver: Calvary Hospital Inc - 1175

1740-70 EASTCHESTER ROAD
BRONX 10461
POC Name: Test Test
Phone: 718-518-2210
Email: a@a

Receiver Capacity	
Total Available Receiving Capacity	861
Current Capacity to Receive	849

Priority: [dropdown] Status: PENDING

Arrangement Total: [input field]

By Patient/Resident Type: [radio buttons]

Arrangement Materials: [checkboxes]

Arrangement Updated: [checkbox]

Arrangement Reviewed by: [input field] Arrangement Reviewed Date: [input field]

Submit Delete Cancel

Select the priority level of the arrangement (Primary, Network, or Contingency), and the total number

Additional details for each arrangement can be added to this screen as well. Click on the radio button "By Patient/Resident Type" to add detail by bed type.

Health Commence System | Facility Evacuation Planning Application (FEPA) | Calvary Hospital Inc - 1175

Receiver
 Calvary Hospital Inc -
 1740-70 EASTCHESTER ROAD
 BRONX 10461
 POC Name: Test Test
 Phone: 718-518-2210
 Email: a@a.a

Priority: Primary | Status: PENDING

Arrangement Total: []

By Patient/Resident Type: [x]

Patient/Resident Bed Types

Adult Med / Surg [] Peds Med / Surg [] Adult ICU [] Peds ICU [] Adult Acute Rehab [] Peds Acute Rehab []
 Bariatric [] AIRR Room [] Adult Psych [] Peds Psych [] Infant / Cribs [] Healthy Newborn Isolettes []
 Other [] Non Traditional Surge Bed []

Arrangement Materials: Staff [] Equipment and Supplies [] Transportation Resources [] None [x]

Arrangement Updated: [] Arrangement has been reviewed - no changes are needed

If there are additional staff or materials included in the arrangement enter here.

When complete click 'Submit'
Repeat for all new receive arrangements

Reviewing existing arrangements:

If it is a preexisting arrangement the facility should verify the arrangement annually. Click to "View" the in the arrangement screen.

Health Commence System | Facility Evacuation Planning Application (FEPA)

Evacuation Zone: New York City Evacuation Zone 2
 Certified Bed Capacity: 225
 Non-Traditional Surge Capacity: 100
 PTE: 63
 Staffed/Operational Beds Receiving Capacity: 761

Sending (Active)		Receiving (Active)	
Primary	12	Primary	12
Network	0	Network	0
Total	12	Total	12

New Sending Arrangement

Global Filter

	Facility	Evacuation Zone	Total
View	Sending To: 00 Test Hospital - (HSPT0)		12
	Albany Medical Center Hospital -		

Make any changes that are needed or click on the "Arrangement has been reviewed- no changes needed" radio button.

Health Commerce System

Facility Evacuation Planning Application (FEPA)

Calvary Hospital Inc - 1175

Receiver

00 Test Hospital - HSPTD
875 Central Ave
Albany 12206
POC Name
Phone 518-999-9999
Email

Priority Primary Status **PENDING**

Arrangement Total 12

By Patient/Resident Type

Arrangement Materials Staff Equipment and Supplies Transportation Resources None

Arrangement Updated 12/17/2018 12:21:06

Arrangement has been reviewed - no changes are needed

Arrangement Reviewed by William S Newton Arrangement Reviewed Date 12/17/2018

Submit Delete Cancel

Receiver Capacity ⓘ
Total Available Receiving Capacity
Current Capacity to Receive

Enter changes if needed

No changes, click here

When complete click 'Submit'
Repeat for all send/receive arrangements

Reviewing new arrangements:

If a new arrangement is made, the sending facility should initiate the arrangement and enter the information as outlined previously. An email will be sent to the receiving facility that there is a pending arrangement that needs review. If the arrangement is approved, change the status to "active". Note- if this is not approved the status should be changed to "inactive"

Health Commerce System

Facility Evacuation Planning Application (FEPA)

Calvary Hospital Inc - 1175

Sender

Z Test Hospital in Evac Zone 1 - 8880
90 Church St
New York 10007
POC Name Evac 1 Test
Phone 518-473-8144
Email valerie.shuba@health.ny.gov

Priority Primary Status **ACTIVE**

Arrangement Total 12

By Patient/Resident Type

Arrangement Materials Staff Equipment and Supplies Transportation Resources None

Arrangement Updated 12/13/2018 10:50:23

Arrangement has been reviewed - no changes are needed

Arrangement Reviewed by William Newton Arrangement Reviewed Date 12/13/2018 10:50:20

Submit Delete Cancel

Receiver Capacity ⓘ
Total Available Receiving Capacity
Current Capacity to Receive

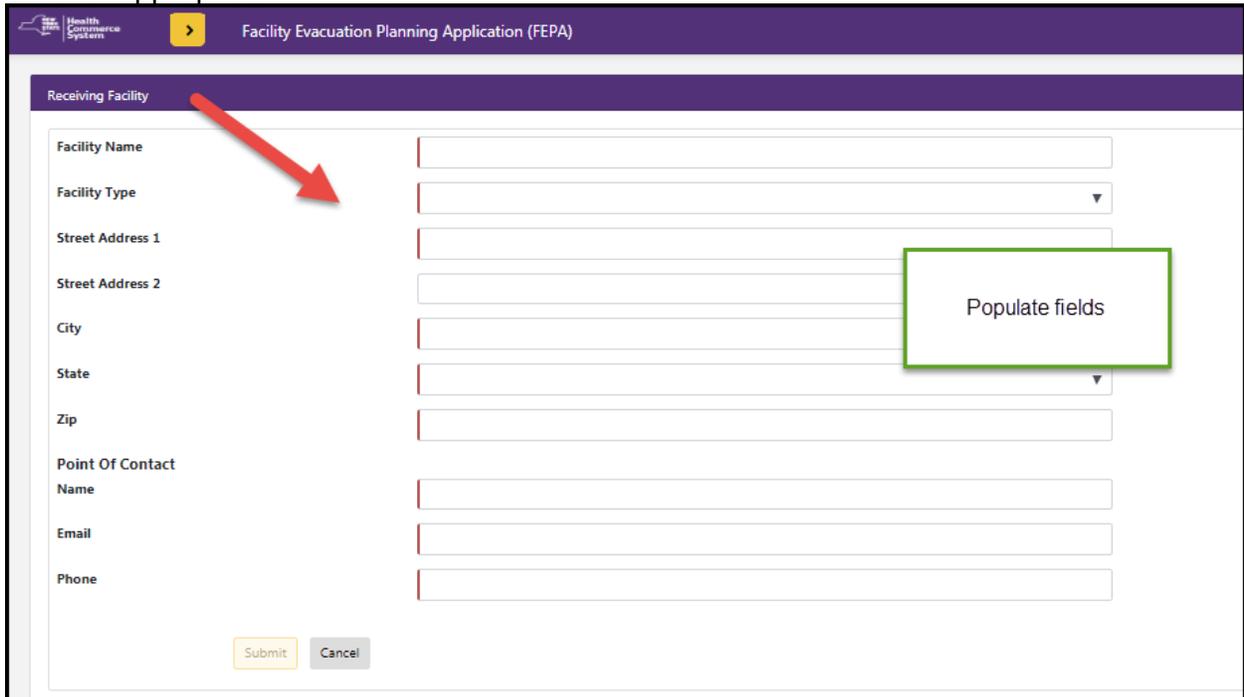
When complete click 'Submit'

Other Arrangement screen functions:

Entering arrangements outside of NYS HCFs. If a facility arrangement is outside of NYS or with another organization type, it can be entered in the new arrangement area by creating a facility.

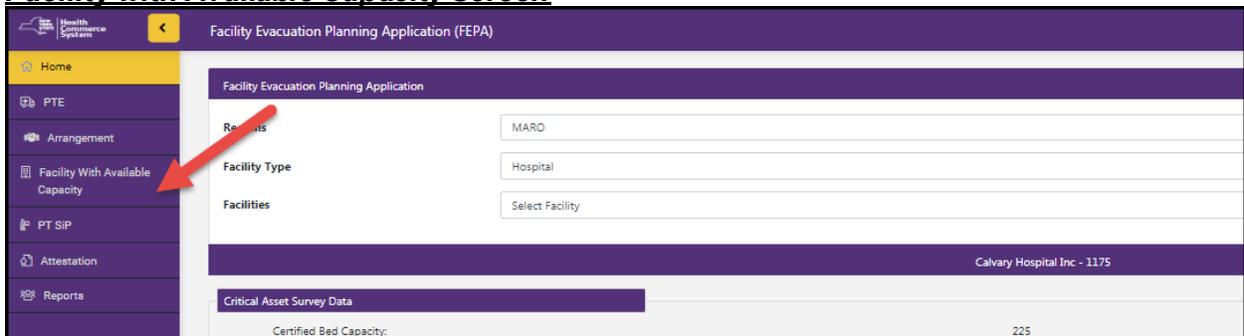


Enter all appropriate information



When complete click 'Submit'

Facility with Available Capacity Screen



If a facility is seeking additional arrangements, facilities with available capacity can be searched within this screen. This function does not replace additional conversations and formal arrangements between the facilities.

PT SiP Screen

Following the completion of the previous screens, NYC facilities located in designated evacuation zones should indicate their request for consideration to SiP. If a facility does **not** request to SiP, click on "I do not wish to request to SiP" button and proceed to the "attestation"

screen.

Health Commerce Systems > Facility Evacuation Planning Application (FEPA)

Calvary Hospital Inc - 1175

For the purpose of NYSDOH evacuation planning and incident management, potential to Shelter in Place (SiP) is defined as:
A pre-season acknowledgement by the NYSDOH that a NYSDOH regulated health care facility (HCF) (hospital, nursing home, ACF, etc.) has the resources and physical plant capacity to safely retain, for at least health or psychological outcome if moved, while the remainder of the facility is evacuated in accordance with a mandatory evacuation order by a local chief elected official that allows an option to SiP.

Request to be considered for SiP
HCFs that request to be considered for SiP must complete the Population to SiP table, which identifies, based on an average daily census, the type and number of patients/residents identified to SiP and acknowledge that successful completion of this screen does NOT obligate or authorize your facility to SiP.
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.

PT SiP Table
The PT SiP table is designed to assist in developing planning estimates of your facility's identified Population to Shelter in Place. This table should be completed in consultation with your facility's emergency management team to ensure accurate estimates of the number of patients and staff to SiP.

You will need:

- Planned number of patients/residents to SiP by Bed Type (based on Average Daily Census)

I wish to proceed to the PT SiP form | I do not wish to Request to SiP

If a facility wishes to request pre-season SiP consideration, proceed to the PT SiP Form. Working with facility discharge planners and clinical staff, enter the number of patients/residents by bed type that your facility has identified should be considered for SiP.

Health Commerce Systems > Facility Evacuation Planning Application (FEPA)

Calvary Hospital Inc - 1175

For the purpose of NYSDOH evacuation planning and incident management, potential to Shelter in Place (SiP) is defined as:
A pre-season acknowledgement by the NYSDOH that a NYSDOH regulated health care facility (HCF) (hospital, nursing home, ACF, etc.) has the resources and physical plant capacity to safely retain, for at least health or psychological outcome if moved, while the remainder of the facility is evacuated in accordance with a mandatory evacuation order by a local chief elected official that allows an option to SiP.

Request to be considered for SiP
HCFs that request to be considered for SiP must complete the Population to SiP table, which identifies, based on an average daily census, the type and number of patients/residents identified to SiP and acknowledge that successful completion of this screen does NOT obligate or authorize your facility to SiP.
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.

PT SiP Table
The PT SiP table is designed to assist in developing planning estimates of your facility's identified Population to Shelter in Place. This table should be completed in consultation with your facility's emergency management team to ensure accurate estimates of the number of patients and staff to SiP.

You will need:

- Planned number of patients/residents to SiP by Bed Type (based on Average Daily Census)

I wish to proceed to the PT SiP form | I do not wish to Request to SiP

The PT SiP form will open. SiP calculations should be entered for the facility. For additional SiP information please refer to Appendix 1- NYSDOH Shelter in Place (SiP) Process.

Instructions

- The Population to SiP screen uses columns from the PTE Table, including:
 - Bed Types, Staffed or Operational Beds, Average Daily Census, 24 hours Estimated Rapid Discharge, and Population to Evacuate (PTE).
- Population to SiP
 - This column is the only data entry column on the Population to SiP screen. Using your facility, evacuation and SiP protocols, provide estimates of the number of patients/residents per bed type you would want to SiP; this is based on your professional and clinical criteria/decisions regarding patient/resident safety. Provide data for all bed types, including a 0 if you do not plan to SiP any patients/residents of this type.
 - This represents the desired number of patients/residents you wish to remain in the facility. This data will be reviewed during SiP consultation with NYSDOH.
 - Do not leave any blanks in the table or your submission will result in an error.
- POST-SiP Population to Evacuate
 - The Post SiP PTE refers to the adjusted PTE. It
 - a mandatory evacuation order, issued by the local chief elected official includes an option to SiP, and
 - the NYSDOH has approved your facility's request to be considered for SiP.
 - This will be reviewed during SiP consultation with NYSDOH.
 - This table should be completed in consultation with your facility's emergency management and bed discharge planners as it includes consideration of the facility's established bed discharge planning and decision making for the retention of patients and staff to SiP.

ATTENTION FOR STAY TEAM AND NOTE OF NEXT STEPS:
 Successful completion of this screen does NOT obligate or authorize your facility to SiP.
 Upon receipt of your request to SiP, if your facility has met all required SiP request targets, the NYSDOH will:

- review all information documented in the FERA
- schedule follow-up discussions with the facility to further review its resilience and vulnerability information, and
- notify the facility of its pre-storm season, SiP consideration status based on review results.

Any questions in the interim can be directed to disarc@ny.gov.

Important Note: At the time of an event, NYSDOH will evaluate requests to SiP based on the pre-storm season SiP consideration approved list. Based on the characteristics of each specific storm event, incident-specific SiP eligibility will be determined, assuming the local chief-elected official is authorizing SiP for that event.

Global Filter	Bed Types	Staffed or Operational Beds	Average (Daily) Census	24 hours Estimated Rapid Discharge	Population to Evacuate (PTE)	Population to SiP	SiP Population to Evacuate
	Adult Med / Surg	100	40	3	97	3	34
	Peds Med / Surg	1	1	1	0	0	0
	Adult ICU	9	7	5	2	0	0
	Peds ICU	1	1	1	0	0	0
	Adult Acute Rehab	8	5	4	1	0	1
	Peds Acute Rehab	11	1	1	0	0	0
	TBI Acute Care	1	1	0	1	0	1
	Coma Recovery	29	29	21	8	4	4
	Ventilator Access	11	11	11	0	0	0
	Ballistic	7	4	2	2	0	2
	AIR Room	18	11	10	1	0	1
	Adult Psych	15	12	5	7	2	5
	Peds Psych	1	1	1	0	0	0

When complete click on the "Request to SiP" button and proceed to the "attestation" screen.

Post Delivery	1	1	1
Other	1	1	1
Non Traditional Surge Bed	555	0	0
Totals	824	167	104

Supplemental Totals	PTE	Population to Shelter in Place (PT SiP)
	63	32

The identified Population to SiP exceeds the ceiling of 15% of the identified PTE of the facility.

I have reviewed the information presented on this screen for **Calvary Hospital Inc - 1175**.
 The information is correct and the facility has sufficient numbers of stay team personnel available with expertise to provide:

- ALL the clinical support to patients/residents.
- Safeguard the safety and security of patients/residents, staff and infrastructure, and
- manage the facility (i.e., engineers, plant managers, electricians, housekeeping)

for the duration of the Shelter in Place incident.
 Shelter in Place requested by: Priyanka Dash Date: 12/18/2018 14:24:34

Request to SiP Do Not Request to SiP

Note- if after SiP calculations are complete, facilities can adjust request

Attestation Screen

When all components of the 2022 Coastal Storm and Flood Planning Activities are complete, each facility must complete the attestation screen.

Health Commerce System

Facility Evacuation Planning Application (FEPA)

Home

PTE

Arrangement

Facility With Available Capacity

PT SIP

Attestation

Reports

Facility Evacuation Planning Application

Regions: MARO

Facility Type: Hospital

Facilities: Select Facility

Critical Asset Survey Data

Certified Bed Capacity:

Non-Traditional Surge Capacity:

On the attestation screen click on the radio button for “submit”. This will enable “print confirmation” button. This should be saved for facility records.

Health Commerce System

Facility Evacuation Planning Application (FEPA)

Home

PTE

Arrangement

Facility With Available Capacity

PT SIP

Attestation

Attestation

On behalf of
Calvary Hospital Inc

I attest that the data reflected in the Facility Evacuation Planning Application is accurate for the 2019 compliance period.

Submit

Print Confirmation

Appendix 1- NYSDOH Shelter in Place (SiP) Process

New York State Department of Health Shelter in Place (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:

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 PA.

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 v 3.1, 2022 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
<ul style="list-style-type: none"> • 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 PA. Choose the Request to SiP option to continue. • Complete an evaluation of the facility's proposed population to SiP on the PA – PT SiP table. This generates an email notice to NYSDOH to schedule a SiP review with the facility. • <i>Review/update and submit</i> - 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: <ul style="list-style-type: none"> ➢ 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. 	<ul style="list-style-type: none"> • 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

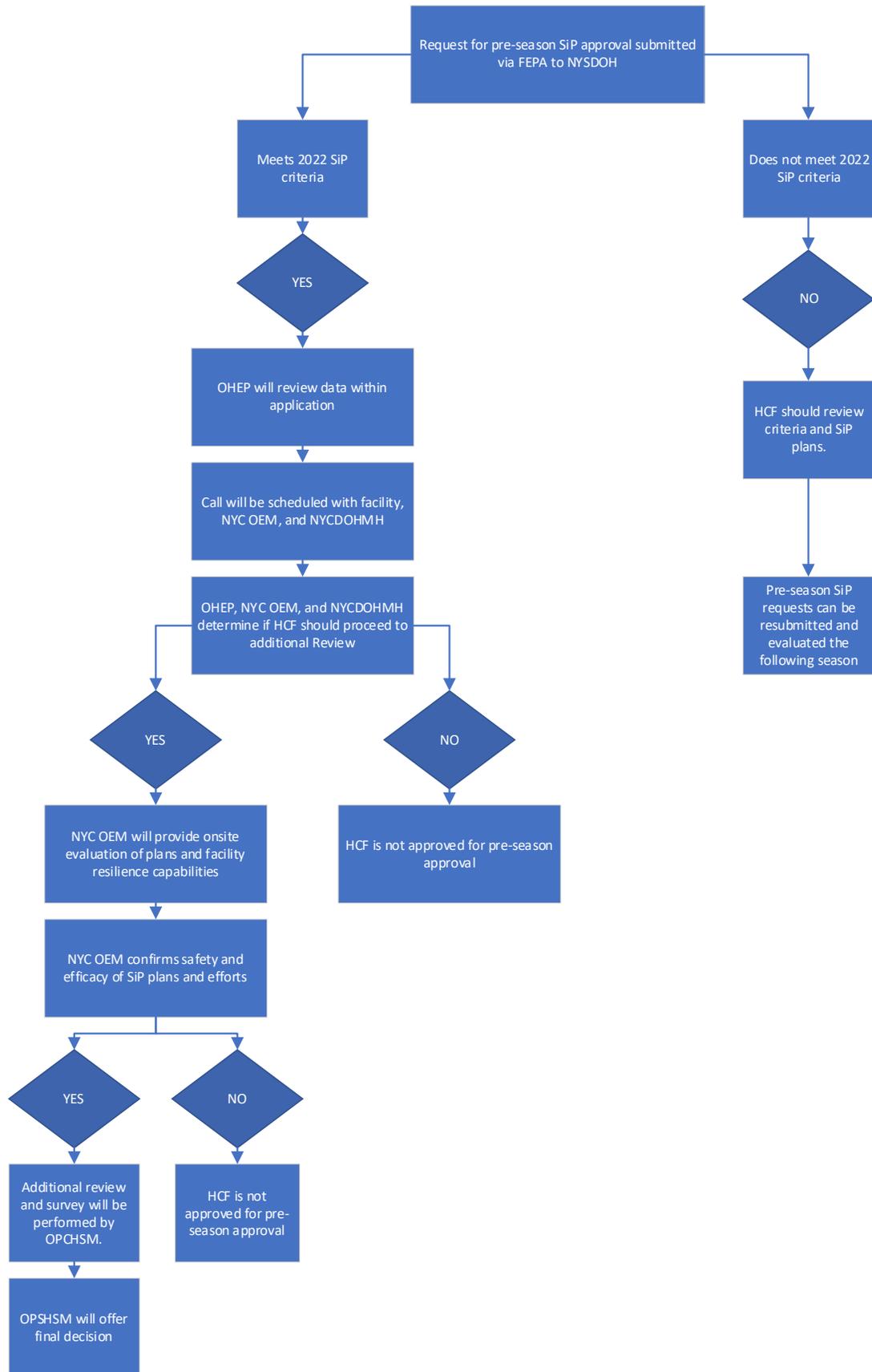
INCIDENT SPECIFIC REVIEW

IN NYC

- Conducted in alignment with the overall time line 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.

OUTSIDE NYC

- 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.**



Appendix 2- Glossary of Facility Evacuation Planning Application (FEPA) Terms

Arrangement Statuses

- **Active** arrangements are those currently in effect. Contact the receiving entity to confirm or discuss updates to existing active arrangements.
- **Pending** arrangements require action on the part of the proposed receiving facility to accept or not accept. Health Care Facilities (HCFs) will automatically receive an email sent to both the sender and the receiver to act on arrangements pending for 15 days. These arrangements will be deleted in 30 days if the facility has not reviewed or made the necessary changes. The grayed-out badge with a number, visible on the home page, indicates that the facility has Pending Arrangements that require its attention:
- **Inactive** arrangements are those that have been deactivated by the receiving facility. This action results in an email sent to both the sender and receiver.

Arrangement Types

- **Primary** arrangements should represent the preferred, most feasible and geographically proximate arrangements with facilities OUTSIDE of a known evacuation zones. To the degree possible, these arrangements should include 100% of the sending facility's expected storm census, REDUCED due decompression, early discharges and or cancellation of ancillary and or elective procedures.
- **Contingency** arrangements are to be developed with a different set of potential receiving facilities - and should include only facilities that have NOT already committed to their maximum potential to receive with other sending facilities. Out of necessity, these may need to be farther away. Contingency arrangements should represent a safety net of arrangements to be used only in the event that Primary arrangements cannot be completed.
- **Systems/Network** arrangements refers to ANY existing written agreement (for instance, a mutual aid plan or agreement or memoranda of understanding) between a HCF and any number of other like HCF (within NYC, but also outside of Evacuation Zones 1-6) designed to provide support through the exchange of resources/supplies and/or staff during a coastal storm scenario (as defined above in the Instructions).

Non-Traditional Surge Capacity

The estimated number of patients/residents that a HCF is prepared to receive from a like type facility, into its non-traditional surge spaces.

- Non-traditional surge space refers to any space that the facility does NOT currently use for patient/resident care, but that may be used in order to accept residents (over and above the facility's licensed bed capacity) from a like-type facility. This may include: common areas, meeting rooms, large hallways, etc. where patients/residents could be safely housed and managed on a temporary basis during an incident.
- Non-traditional surge space refers to potential bed numbers beyond a HCF's licensed bed capacity.
- Maximum capacity to receive does NOT include bed spaces that are first reserved for in-system/in-network use before they can be used to receive non-system/non-network facility patients/residents.

Population Arrangement Ratio (PAR)

A comparison between the number of patients/residents that the facility anticipates will need to be evacuated (PTE) to the number of patients/residents that are accounted for in the facility's send – receive arrangements. The PAR is based on a HCFs total ACTIVE arrangements.

Inactive and pending arrangements are NOT included.

- HCFs send – receive arrangements should account for 100% of its estimated PTE. For general planning, this ratio should be very close to 1 (100%).
- The 2022 PAR target is 65%. Two thirds of the PTE should be accounted for in the HCF's send - receive arrangements.

Population to Evacuate (PTE)

The number of patients/residents remaining in the facility after discharge that will need to be evacuated.

Population to SiP (PTSiP)

The number of patients/residents expected to remain in the facility. This is the population of patients/residents that the facility proposes to retain in the facility during a coastal storm/flood incident, by bed type. The 2022 target ceiling for the population to SiP is 15% of the PTE.

Receiving Facility

A facility located outside of all six (6) of the NYC evacuation zones, or any other known evacuation zone, that has the potential to receive patients or residents from a sending facility of like type.

Sending Facility

A facility located in one of the six (6) in NYC evacuation zones, or any other known SLOSH or evacuation zone, that elects to self-evacuate or is required to evacuate as a result of a “mandatory evacuation” order from the jurisdiction’s chief elected official. In NYC, this would be the office of the Mayor. Also referred to as an Evacuating Facility.

SiP PTE

The number of patients/residents that the facility expects it will need to evacuate, decreased by the number of patients/residents it proposes to SiP in the facility. Since the option to SiP is contingent on evacuation related decisions from the chief elected official of the impacted region, and may not be issued, the SiP option population is only used if SiP is in fact available. HCFs need to base their send – receive arrangement planning on the larger PTE. The PAR target for HCFs that request to be considered to SiP is 100%. (all of the SiP PTE should be accounted for in send – receive arrangements).

Appendix 3- Resources and Trouble Shooting:

Health Commerce System (HCS) Resources

If you have issues with the “Forgot your Password?” or “Forgot your User ID?” features within HCS- Call the Commerce Accounts Management Unit (CAMU at 866-529-1890 option 1. The main **Help** menu on HCS contains numerous resources:

The screenshot shows the HCS user interface. At the top, there is a navigation bar with links for Home, My Content, Print, Search, and Help. The Help menu is open, showing options for HCS v.4 Tour, HCS Help, Contact Us, About Us, and Terms of Use. Below the menu, there is a section for Frequently Asked Questions with links to various topics. The main content area is titled "User Help Page" and contains sections for "Application Information and FAQs" and "Account Information and Tools".

Help Menu:

- HCS v.4 Tour
- HCS Help
- Contact Us
- About Us
- Terms of Use

Frequently Asked Questions:

- How do I open the Prescription Monitoring Program? (aka: PMP, iStop, CSI)
- How do I order prescription pads?
- Where is the All Applications list?
- Where is the log out link?

User Help Page:

Application Information and FAQs

First look to see if there is a blue  next to the application link. Click the image to go to the **application profile** which will contain contact and...

There is also [Application FAQs](#) for general information.

[Contact Us](#) contains contact and location information on a few of the commonly searched for applications.

[Back to Top](#)

Account Information and Tools

Passwords expire every 90 days. You will still be able to access the HCS Portal, but you will be forced to select a new password.

Expired password will be disabled after 24 months. You will not be able to access the portal until your identity has been verified by a Commer...

are available daily at 1-866-529-1890 option 1, from 8:00 a.m. until 4:45 p.m. EST, excluding weekends and holidays.

The HCS Portal includes a comprehensive suite of tools for managing your account. You can access these tools under My Content in the top r...

For any account questions, please contact the Commerce Accounts Management Unit (CAMU) at camu@its.ny.gov

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Under the **My Content** there is information related to your specific account

The image shows a user interface with a purple navigation bar at the top. The navigation bar contains the following items from left to right: a home icon and the text "Home", a person icon and the text "My Content", a printer icon and the text "Print", a magnifying glass icon and the text "Search", and a globe icon and the text "Help".

The "My Content" dropdown menu is open, displaying the following options:

- Documents by Group
- My Favorites
- My Applications
 - All Applications
 - Mobile Apps
- Change my password...
 - Review the password rules
 - Change my secret questions...
 - Enable the forgotten password feature...
 - Report my user ID or password stolen...
 - Learn more about HCS security
- Change my contact information...
 - Look up my coordinators
 - See what roles I hold
 - Look up my PIN
- See what organizations I am affiliated with
- See the IHANS notification lists I am on

Three red arrows point to the following options in the dropdown menu:

- The "Change my contact information..." option.
- The "See what roles I hold" option.
- The "See what organizations I am affiliated with" option.

Background text from the page includes: "information for that specific application", "Health Contacts", "ount Management Unit (CAMU) custom", and "representative".

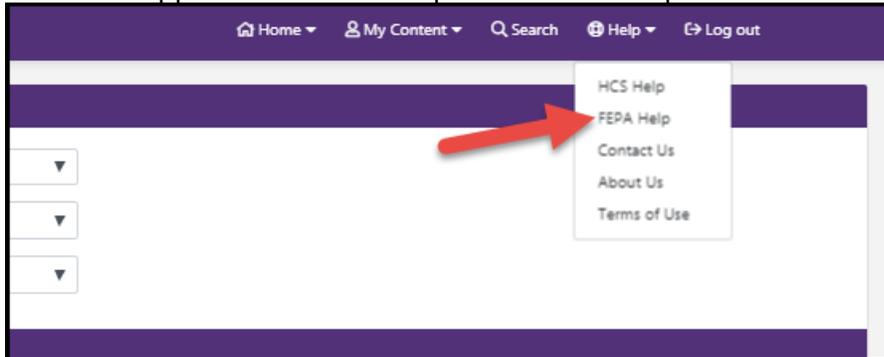
The "Getting Started" document group is a resource as well.

The screenshot displays the Health Commerce System interface. At the top left is the logo for New York State Health Commerce System. A navigation breadcrumb shows "Groups >> Getting Started >> Help" with a star icon and "Add to Fav." next to it. Below this, a "Show 10 entries" dropdown is visible. A section titled "Getting Started Document Groups" contains two entries: "Application Help" and "Listserv". A red arrow points to "Application Help". Below this section, it says "Showing 1 to 2 of 2 entries". A "Help Documents" section follows, also with a "Show 10 entries" dropdown. A table lists help documents with columns for Type, Label, and Description. The table contains four rows, with the last row, "Account Management Guide", highlighted and pointed to by a red arrow.

Type	Label	Description
	How are HCS roles used?	This will explain ho
	Administrator vs. HCS Director	This document ex
	Contact Verification	All users will be re six months. This do
	Account Management Guide	A list of guides to

Facility Evacuation Planning Application (FEPA) resources

Within the application there is a specific “FEPA Help” Menu.



This area will be updated with all related documents and resources to assist with your FEPA activities.

Resources and Trainings for the 2022 NYC Compliance period will be archived on the Learning Management System (LMS) following delivery. These will be posted in the FEPA specific “help” menu when available.

<https://www.nylearnsph.com>