

NEW YORK CITY HEALTH CARE FACILITY EVACUATION OPERATIONS

2023 Coastal Storm Season

PRESIDENT, KENNETH E. RASKE • 555 WEST 57TH STREET, NEW YORK, NY 10019 • T (212) 246-7100 • F (212) 262-6350 • WWW.GNYHA.ORG

The information provided below will help facilities located in New York City better understand and coordinate with New York City operations during a coastal storm response.

HEALTH CARE COORDINATION WITH GNYHA, CITY, AND STATE AGENCIES

Prior to a coastal storm, New York City Emergency Management (NYCEM) will activate the Emergency Operations Center (EOC), and the New York State Department of Health (DOH) will activate the Healthcare Facility Evacuation Center (HEC). DOH's HEC is a resource to address unmet needs regarding patient evacuation, including placement in an appropriate health care facility and transportation to the facility. New York City's EOC provides all other support that could be needed, including requests for resources. GNYHA staff will have representation at each of these centers and will share contact information via Emergency Preparedness Bulletins.

Coastal Storm Surveys

DOH HERDS

DOH will survey hospitals via the Health Electronic Response Data System (HERDS) 96 hours before the storm's predicted zero hour and again 72 hours before zero hour to gather census and transportation assistance information.

GNYHA Sit Stat

GNYHA will send surveys to members during the pre-storm and post-storm phase using its Sit Stat 2.0 system, with inquiries focused on operational aspects of the response, including facility status, and impact to operations.

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 exhaust resources within their health system and existing business arrangements. Facilities that have exhausted these options and still have unmet needs can request resources from government agencies through their association (e.g., GNYHA) representatives.

Transportation Requests

The City's transportation branch works with both the New York State HEC and the New York City EOC to coordinate requested transportation for evacuating hospital and nursing facility patients as well as the transportation needs associated with the Homebound Evacuation Operation (HEO) and the Post-Emergency Canvassing Operation (PECO). Therefore, transportation branch staff—comprising the Fire Department City of New York (FDNY), the Regional Emergency Medical Services Council of New York City (REMSCO), and transportation agency representatives—should understand the level of activity at each hospital or nursing facility outside of the evacuation zone(s) and be able to adjust HEO and PECO transportation destinations when possible, so as to not overwhelm a single facility.



GNYHA is a dynamic, constantly evolving center for health care advocacy and expertise, but our core mission—helping hospitals deliver the finest patient care in the most cost-effective way—never changes.

Federal Medical Assets

While Federal medical assets will likely be requested of New York City's Federal partners, these resources could be limited due to the regional impact of coastal storms. Additionally, Federal assets, if available, would not be in place for several days. Therefore, the New York City health and medical community should plan to meet the needs of community members through existing operations and capabilities.

Hospital Discharge Planning and Referrals to the Sheltering System

In the 72 hours before an expected coastal storm, health care facilities in New York City are expected to decant their facilities by undertaking rapid patient discharge. Hospital and nursing facility care teams should help patients being discharged who live in an evacuation zone included in an emergency evacuation order to find lodging with friends or family, if possible. As a last resort, discharge planning staff can use the Hurricane Evacuation Zone Finder to locate the Evacuation Center closest to the hospital and arrange for transportation to it. Once at the Evacuation Center, the individual will be triaged to a Hurricane Shelter, Accessible Shelter, or Special Medical Needs Shelter (SMNS) based on their needs, as noted.

Health Care Facilities in Evacuation Zones - Stay Teams & Shelter in Place

Stay Teams

Hospitals and nursing facilities located in evacuation zones could consider the development of plans and protocols to support stay teams. While the facility would significantly reduce operations, stay team personnel would be available to provide emergency medical care and to maintain the facility to allow restoration of normal operations after the storm.

Shelter in Place

DOH has identified facilities requesting pre-season shelter-in-place (SiP) through its annual Critical Asset Survey (CAS) and Facility Evacuation Planning Application (FEPA).

The decision to grant a SiP during a coastal storm will depend upon many factors, including the storm forecast, availability of other sources of emergency care for the surrounding community, and the perceived safety of the facility. Decisions for facilities requesting a SiP are made in collaboration with local emergency management officials and DOH. Facilities that are granted a SiP are expected to reduce their census significantly, allowing only the most vulnerable populations to remain in place.

Potential Impact and Recommendations for Out of Zone Hospitals

New York City's [HEO](#) has been in place since 2007. During previous storms, hospitals located close to evacuation zones have received patients from this operation. While New York City's [PECO](#) has not been used in a large-scale emergency event, it is anticipated that patients who are considered medically vulnerable could present at hospitals and be difficult to discharge into the community. Hospitals are encouraged to plan for medically vulnerable community members who may need to be sheltered for several days. Plans should consider the use of alternative spaces, both within and outside the hospital, staffing, supplies, and the integration of these activities within the hospital incident command system. The EOC should be notified when significant numbers of community members are sheltering within health care facilities.

Fatality Management

Facilities are encouraged to review their fatality management plans to ensure the hospital's and nursing facility's ability to store decedents in appropriate conditions for longer periods of time. While death reporting to the New York City Department of Health and Mental Hygiene and the New York City Office of Chief Medical Examiner will remain the same after 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 New York City EOC.

Additional information on fatality management for hospitals can be found at GNYHA's [Fatality Management Document Portal & Resource Hub for NYC Hospitals](#) or, for long-term care, [Mass Fatality Management Guidance for NYC Long-Term Care Facilities](#).

NEW YORK CITY OPERATIONS ADJACENT TO HEALTH CARE

For awareness purposes, information is provided on these operations regarding evacuations that do not have a direct impact on health care facilities but is important to understand for potential patient surges and discharging purposes.

The New York City Sheltering System

New York City residents ordered to evacuate by government officials will be directed to an Evacuation Center if they have no alternative place to stay. New York City has 60 Evacuation Centers located across the five boroughs. Once at an Evacuation Center, evacuees will be evaluated and recommended for one of three types of shelters: Hurricane Shelters, Accessible Shelters, or 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 New York City, a searchable online [Hurricane Evacuation Zone Finder](#) highlighting the locations of all activated Evacuation Centers will be made available.

Special Medical Needs Shelter

In a coastal storm scenario, New York City's plan requires up to seven SMNSs across the five boroughs. These shelters help individuals address 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. New York City will rely on the New York City 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 help meet staffing needs beyond the initial 72 hours. To provide adequate staffing, GNYHA encourages member health systems to promote the participation of non-hospital providers in the New York City 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 type of treatment to be administered by medical personnel
- Individual with visual, hearing, or gait issues who requires 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 who requires medical intervention for safety and well-being
- Individual experiencing a high-risk pregnancy in her third trimester currently being followed by a prenatal care provider

GNYHA | New York City Health Care Facility Evacuation Operations

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
- Requiring more than 3L of oxygen
- Drug withdrawal symptoms
- Communicable disease

New York City Homebound Evacuation Operation

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 New York City by contacting 311 and answering the questions below. Depending on the information provided by the caller, he/she will be: 1) transferred to the Metropolitan Transportation Authority's Access-A-Ride, 2) routed to FDNY, which will dispatch firefighters to provide evacuation assistance, or 3) 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 could 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.

New York City Post-Emergency Canvassing Operation

New York City's PECO will 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. Incidents that affect more than 5,000 households for more than 48 hours trigger PECO. Areas with a high density of impacted households such as high-rises will be prioritized. Canvassers, comprising 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 could 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 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 could 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.

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

- Andrew Dahl, Vice President, Emergency Preparedness and Response (adah1@gnyha.org)
- Lisa Fenger, Senior Project Manager, Continuing Care Emergency Preparedness (lfenger@gnyha.org)
- Nicole Ziogas, Project Manager, Emergency Preparedness (nziogas@gnyha.org)