



NYC Health Care Coalition (NYCHCC) Emergency Preparedness Symposium (EPS) co-hosted with the Bronx Emergency Preparedness Coalition (BEPC)

NYC DOHMH OFFICE OF EMERGENCY PREPAREDNESS AND RESPONSE
BUREAU OF HEALTHCARE AND COMMUNITY READINESS

Thursday, October 21, 2021



Welcome!



Agenda

- ▶ **2:00 – 2:10 PM: Arrivals / Opening Remarks and Welcome**
 - **Heather Murphy**, Stakeholder Engagement Specialist, OEPR-Bureau of Healthcare and Community Readiness, NYC DOHMH
 - **Janice Halloran**, Associate Executive Director, NYC H+H | Jacobi, Emergency Preparedness Co-Chairperson, Bronx Emergency Preparedness Coalition (BEPC)
- ▶ **2:10 – 2:30 PM: Bronx Emergency Preparedness Coalition (BEPC) Community Engagement in the Time of COVID**
 - **Carrie Shumway**, Emergency Preparedness Coordinator, NYC H+H | Jacobi
- ▶ **2:30 – 3:00 PM: Ambulance Response and Transportation Challenges**
 - **Jim O'Connor**, Vice President, Empress Ambulance
- ▶ **3:00 – 3:45 PM: Coastal Storm Briefing**
 - **Kate Butler-Azzopardi**, Healthcare Facility Preparedness Manager, NYS Department of Health, Office of Health Emergency Preparedness
- ▶ **3:45 – 3:50 PM: Coalition Announcements**
- ▶ **3:50 – 4:00 PM: Closing Remarks**
 - **David Miller Jr.**, Executive Director, OEPR-Bureau of Healthcare and Community Readiness, NYC DOHMH
- ▶ **4:00 PM: Adjourn**

Bronx Emergency Preparedness Coalition



18 months after Phase I of COVID

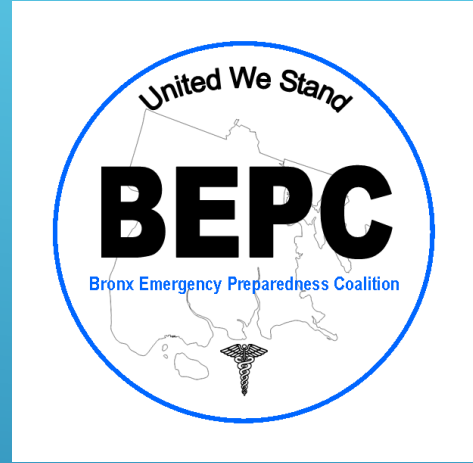
- What issues are we dealing with now
- What does the Coalition look like
- What does forward look like



Bronx Emergency Preparedness Coalition (BEPC) Community Engagement in the Time of COVID

Carrie Shumway, Emergency Preparedness Coordinator
NYC H+H | Jacobi

Community Engagement in the Time of COVID



BEPC COMMUNITY BOARD TOUR PREPAREDNESS MONTH 2021

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- ▶ EM.01.01.01 EP 3: The hospital, together with its community partners, prioritizes the potential emergencies identified in its hazard vulnerability analysis (HVA) and documents these priorities. Note: The hospital determines which **community partners are critical to helping define priorities** in its HVA. Community partners may include other health care organizations, the public health department, vendors, **community organizations**, public safety and public works officials, representatives of local municipalities, and other government agencies.
- ▶ EM.01.01.01 EP 4: The hospital **communicates its needs and vulnerabilities to community emergency response agencies and identifies the community's capability to meet its needs**. This communication and identification occur at the time of the hospital's annual review of its Emergency Operations Plan and whenever its needs or vulnerabilities change. (See also EM.03.01.01, EP 1)
- ▶ EM.02.02.01 EP 6: The Emergency Operations Plan describes the following: **How the hospital will communicate with the community** or the media during an emergency.



About Community Boards

Bronx Boards

Brooklyn Boards

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About Community Boards

Community boards play an important role in improving the quality of life for all New Yorkers, but many people don't know a lot about them or how they operate. We urge you to browse this page to discover how your community board can help you, and how you may be able to help your community board.

Go directly to the information you need by using the quick links below:

[Community Boards \(CBs\) & City Government](#)

[The Mayor](#)

[The City Council](#)

[The Borough President](#)

[Board Composition & Membership](#)

[Responsibilities](#)

[Meetings](#)

[Committees](#)

[The Borough Board](#)

[The Borough Service Cabinet](#)

[Reference Materials](#)

Community Boards (CBs) & City Government

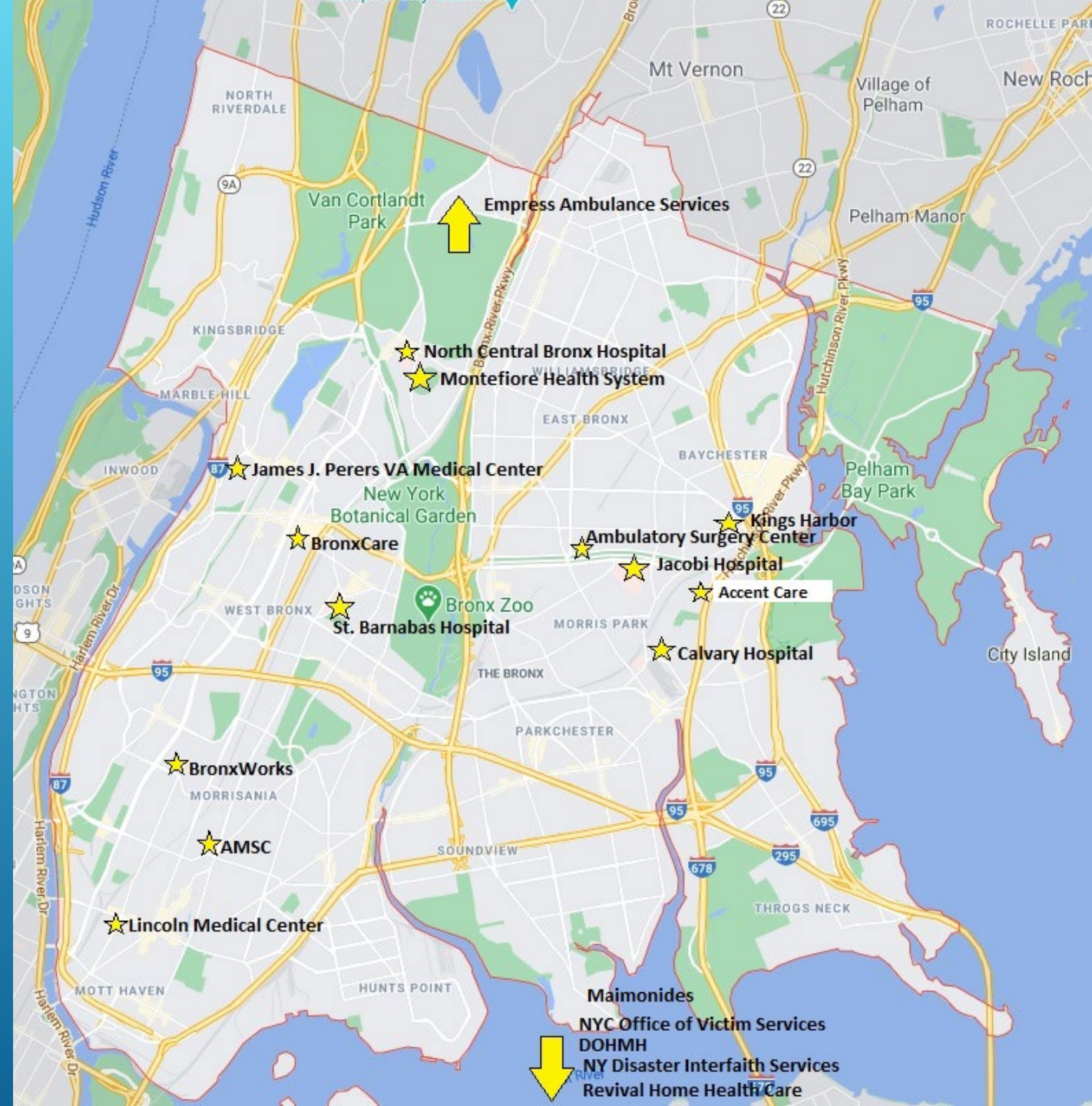
New Yorkers elect the Mayor, Borough Presidents, City Council Members, Public Advocate, and Comptroller. These officials are collectively responsible for overseeing City government, either directly or through their appointees. The City Charter defines the authority of each official or body, including community boards, and the relationships among them.

For more information on the City Charter, visit the [NYC Charter Revision Commission's website](#).

Why did we target the community boards?

<https://www1.nyc.gov/site/cau/community-boards/about-community-boards.page>

WHERE ARE OUR MEMBER FACILITIES?



“The Grid”

Community Board	General Neighborhoods	Meeting Date	CB Contact Info	BEPC Members in that CB -presenters
1	Mott Haven, Port Morris, Melrose	No Response from CB	718-585-7117 Health + Human Services (2nd Tuesday) brxcb1@optonline.net	Lincoln
2	Hunts Point, Longwood, Morrisania	No Response from CB	718-238-9125 H+HS (1st Tuesday) Chair, Alexandra Guadalupe brxcb2@optonline.net	n/a
3	Bathgate, Crotona Park E, Claremont Village, Melrose, Woodstock, Morrisania	Sept 16 th , 2021 11am	Admin Etta Ritter: eritter@cb.nyc.gov, H&HS Chair: Anddy Perdomo aperdomo@voa-gny.org	BronxCare (Fulton), St. Barnabas Confirmed Presenters: Elroy Fields, Morena Lasso, Annie Luciano, Carrie Shumway
4	Highbridge, Concourse, Mt. Eden, Concourse Village	No Response from CB	718-299-0800 H+HS (2nd Monday) bx04@cb.nyc.gov	BronxCare
5	Fordham, University Heights, Morris Heights, Bathgate, Mount Hope	No Response from CB	718-364-8426: H+H ldodson@cb.nyc.gov	BronxWorks
6	Belmont, Bathgate, West Farm, E Tremont	TBD	H+HS (3rd Tuesday) bronxcb6@bronxcb6.org	n/a St. Barnabas is close
7	Norwood, Bedford Park, Fordham, Kingsbridge Hts, University Hts, Jerome Park	Sept 21st, 6:30pm	H+HS (3rd Tuesday): DM Ischia Bravo –Michelle Avila, committee chair, michelle.avila15@gmail.com	NCB, VA, Montefiore Confirmed presenters: Kyesha Fries, Carlos Carlo, Carrie Shumway
8	Fieldston, Kingsbridge, Kingsbridge Heights, Marble Hill, Riverdale, Spuyten Duyvil, Van Cortlandt Village	No Response from CB	718-884-3959 (2nd Wednesday) bx08@cb.nyc.gov	n/a NCB and Montefiore are closest
9	Parkchester, Westchester Square, Unionport, Soundview, Castle Hill, Bruckner, Harding Park, and Classon Point	Sept 1, 2021 7:00pm	Shirley SanAndres-Alonzo, SSanAndres-Alonzo@cb.nyc.gov	n/a -Jacobi is close Confirmed Presenters: Carrie Shumway
10	Co-op City, City Island, Spencer Estates, Throggs Neck, Country Club, Zerega, Westchester Square, Pelham Bay Park, Eastchester Bay, Schuylerville, Edgewater, Locust Point, Silver Beach	Sept. 23rd, 6:30pm, no confirmation from CB	Dist. Manager, Matt BX10@cb.nyc.gov	n/a -CB 11 facilities are close Carrie Shumway attended in March 2021, unable to confirm for September, no response from CB 10.
11	Morris Park, Pelham Parkway, Pelham Gardens, Allerton, Bronxdale, Laconia Van Nest	October 12, 7pm (in-person)	718-892-6262, H+HS (2nd Thursday) hlasky@cb.nyc.gov (Confirmed with Sandy Unger sandiunger@yahoo.com	Kings Harbor, Accent Care, Amb Surg Center, Calvary Hospital, Jacobi Confirmed Presenters: Louis Kaplan, Carrie Shumway
12	Edenwald, Wakefield, Williamsbridge, Woodlawn, Norwood, Fish Bay, Eastchester, Olinville, and Baychester	No Response from CB	718-944-3300, (1st Wed) ugreene@cb.nyc.gov	n/a NCB is close

Planning: PLAN AHEAD.

Determine which committee you'd like to address: General Board vs. Health and Human Services Committee vs. Public Safety Committee

Review the CB website to learn what cadence their meeting schedule follows and email the District Manager to introduce the Coalition and to request time on the agenda.

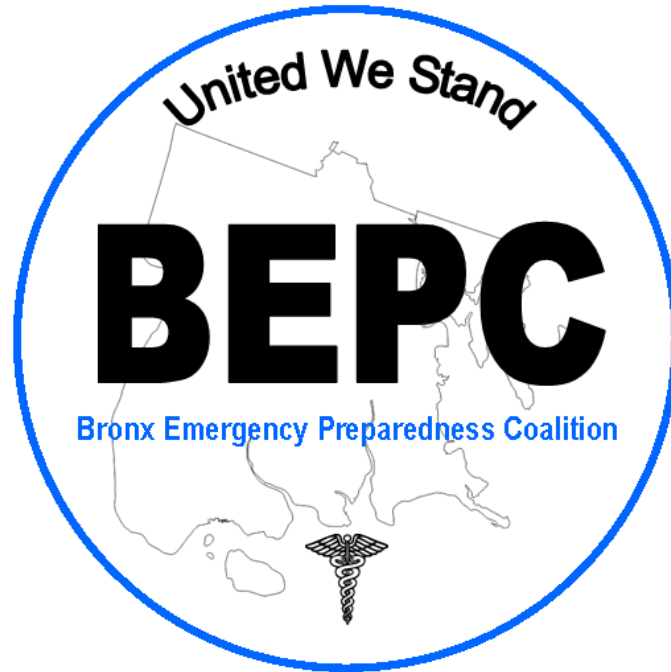
For those boards that are responsive to your requests and agree to add you to the agenda, rally your teammates! Match the facilities that are located in those community boards to co-facilitate the presentation.

A month before the meeting, send the presentation to the committee chair the meeting date approaches to confirm you are ON the agenda.

Plan a run slide review/ run through with teammates ahead of the meeting.

After the meeting close the loop and thank the CB for having you, keep communication open for future collaboration.

Example “Board Tour Presentation”



Community Board 11
Preparedness Month Presentation

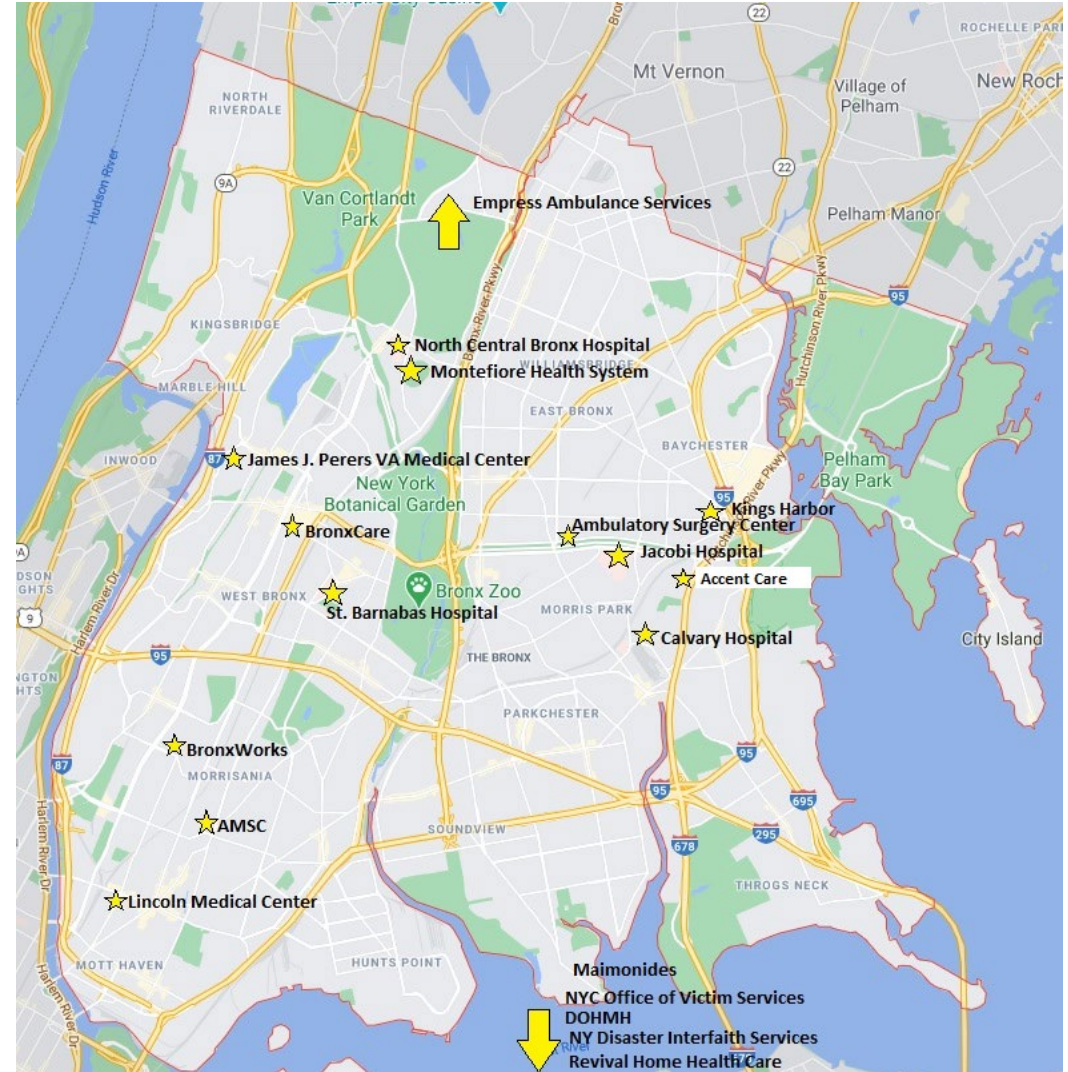
“The Presentation”

BEPC Purpose:

- The purpose of the Bronx Emergency Preparedness Coalition is to plan for and respond to emergency events in the Bronx community as a coordinated healthcare response coalition, and if there is a disaster outside the Bronx, to provide assistance and mutual aid.

List of 2021 Member Organizations

- Accent Care of New York
- Ambulatory Surgery Center of Greater New York, LLC
- AMSC, LLC Downtown Bronx ASC
- BronxWorks
- BronxCare Health System
- Calvary Hospital
- DOHMH
- Empress Ambulance Services
- IPRO ESRD
- James J. Peters VAMC
- Kings Harbor
- Maimonides
- Montefiore (All campuses/sites)
- New York Pediatric Disaster Coalition
- NYC Health + Hospitals/Jacobi + North Central Bronx
- NYC Health + Hospitals/Lincoln
- St. Barnabas
- NY Disaster Interfaith Services
- NYS Office of Victim Services
- Revival Home Health Care



Why do we exist?

Unity of Effort

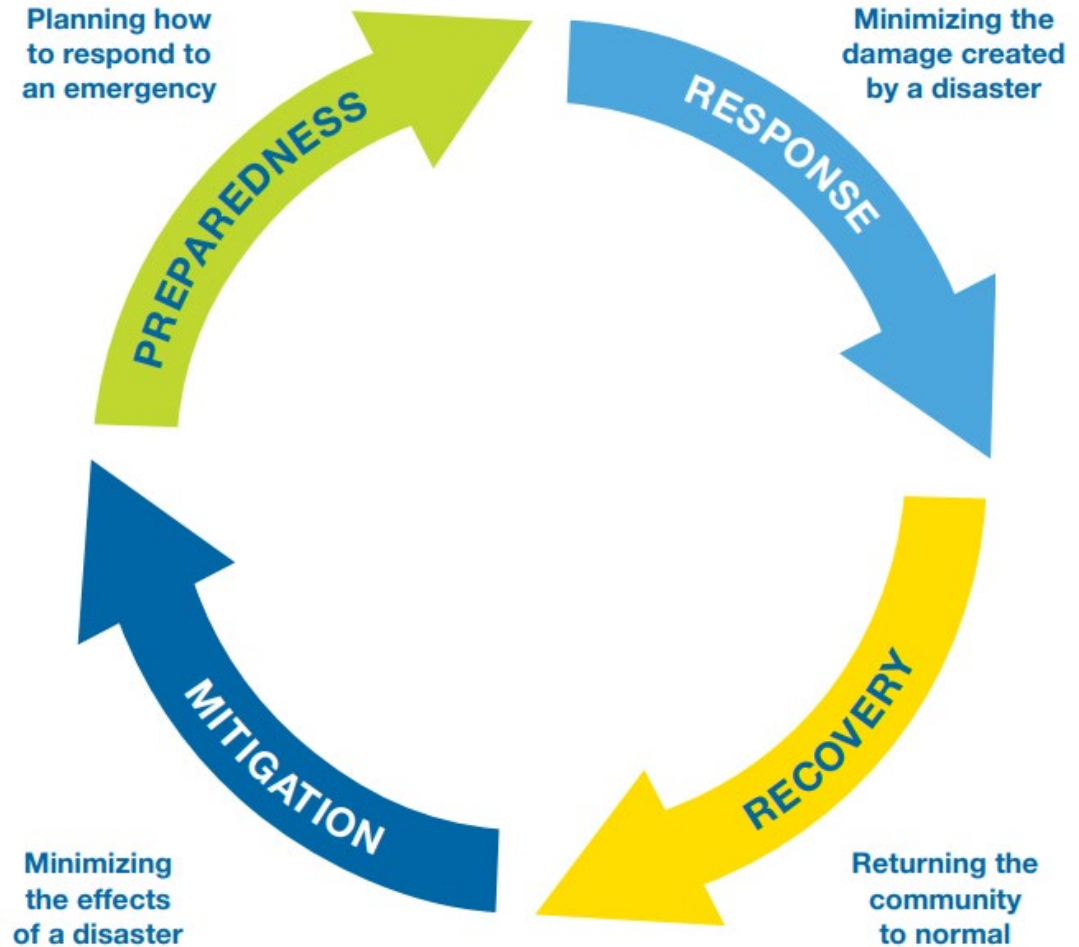
The NIMS guiding principle of Unity of Effort means coordinating activities among various organizational representatives to achieve common objectives. Unity of effort enables organizations with jurisdictional authority or functional responsibilities to support each other while allowing each participating agency to maintain its own authority and accountability.



Slide taken from FEMA’s Independent Study IS-0700.b “An Introduction to National Incident Management System” (NIMS)

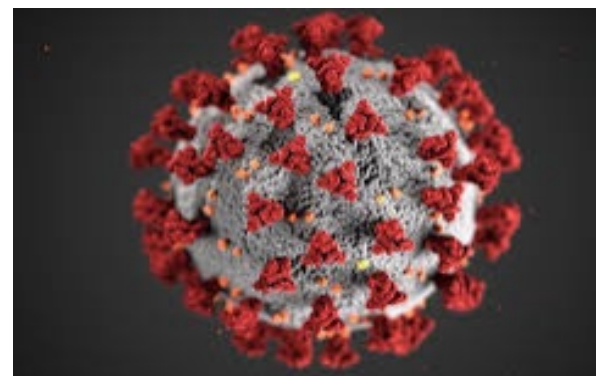
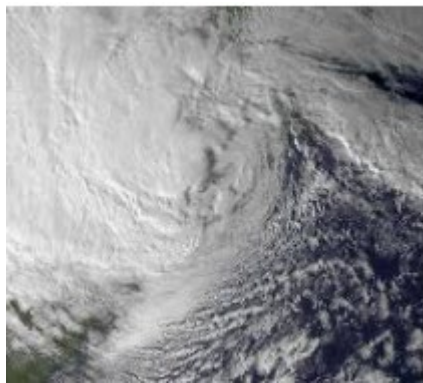
What is
Emergency
Preparedness?

The Cycle of Emergencies



"The Presentation"

What kinds of emergencies are we at risk for in the Bronx?



What do BEPC member-organizations do to be prepared for emergencies?

- Train
- Make Plans
- Practice our plans through drills and exercises
- Share our findings/lessons learned
- Review and update our plans based on drill experience and outcomes
- Practice, Practice, Practice
- Respond if the real thing ever happens
- Support each other when emergency strikes
- Develop (and share!) best practices

What can community members do to be personally prepared?

- Stay informed (consider your sources)
 - [NYC Office of Emergency Management](#)
 - @nycemergencymgt (Twitter)
 - [Notify NYC](#) Emergency public communication program
 - [CDC Emergency Preparedness and Response](#)
 - [National Weather Service](#)
 - @NWSNewYorkNY (Twitter)
- Make a Plan, Get Trained, and Get Involved!
 - [Ready New York](#) (Individual and Family Preparedness App)
 - Join your local [Community Emergency Response Team](#)

Contact info:

- Chairperson : Janice Halloran, Jacobi Medical Center
- Co-Chairperson, Lou Kaplan, Kings Harbor



- Instagram @bepc.nyc
- Website Link <https://bepc.nyc>

Louis A. Kaplan, PA-C, CWS, WCC

Director of Post-Acute Services

Safety Officer

Kings Harbor Multicare Center

Co-Chairperson, Bronx Emergency

Preparedness Coalition

Clinical Advisor for the Bronx Emergency

Preparedness Coalition

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shumwayc@nychhc.org

“The Presentation”

WHAT'S THE PURPOSE OF THIS COMMUNITY BOARD TOUR, ANYWAY?

- ▶ To increase public confidence in our healthcare emergency preparedness programs and our response efforts:
 - ▶ Post-COVID world, magnifying glass on our field
 - ▶ Continue to build public confidence and pride in our healthcare system
- ▶ To meet community leaders:
 - ▶ Build bridges between community and healthcare
 - ▶ Learn about new healthcare and human services programming around the Bronx
- ▶ To share resources:
 - ▶ Connect community leaders with existing city, state, and federal EP resources
 - ▶ Share BEPC Website and @bepec.nyc Instagram account
- ▶ To encourage individual preparedness:
 - ▶ Empower community boards and individual Bronx residents to make their own emergency response plans

MAKING NEW CONNECTIONS

- ▶ CB 3: NY Project Hope Coping with Covid-Northside, FEMA funded program 917-817-5029
- ▶ South Bronx Emergency network –Coag
- ▶ CB 11: NIDC –Bronx-Based Youth & Community Development Org www.nidcny.org 718 231 9800



Lessons Learned:

- Set realistic expectations for how long your presentation will last
- Clearly define your scope so community questions do not get too far off topic
- Encourage participation by additional Coalition Members, regardless of CB affiliation
- Know what EP Activities are already happening within a CB, eg., CERT teams, to acknowledge efforts and “shout out” their team.

COMMUNITY FEEDBACK:

- ▶ *“Thank you so much for your presentation, we have forgotten how important it is to be prepared. I have already ordered materials for us to distribute to the community. You can go on our website <http://nidcny.org>, to see what our organization does and see if we can partner in any way.”* Hazel – CB11 Community Member, NIDC Staff
- ▶ *“It was our pleasure having you and Louis make the presentation. It was very informative and interesting. Also, thanks for sending copy of the presentation. Please keep us in the loop.”* -- Sandi CB11 Office Manager
- ▶ *“Thank you so much, it was very informative and we will share with the full board . If you want to reach more community members you are welcome to come to this month’s full board meeting, let us know if you are interested!”*–Joanne CB11 Board Member





THANKS TO THE FOLLOWING BEPC EPCS
FOR PARTICIPATING IN THE BRONX
COMMUNITY BOARD TOUR:

- ▶ Carlos Carlo, James J. Peters VA Medical Center
- ▶ Elroy Fields, BronxCare
- ▶ Kyesha Fries, NYC Health + Hospitals / NCB
- ▶ Louis Kaplan, Kings Harbor
- ▶ Morena Lasso, St. Barnabas
- ▶ Annie Luciano, St. Barnabas



Ambulance Response and Transportation Challenges

Jim O'Connor, Vice President
Empress Ambulance



Ambulance/EMS: Response and Service Challenges in NYC 2021

- NYC Health Care Coalition (NYCHCC)
- Emergency Preparedness Symposium (EPS)
- NYC DOHMH Office of Emergency Preparedness and Response
- Bureau of Healthcare and Community Readiness (BHCR)

October 21, 2021



Jim O'Connor, Vice
President

- Board of Directors – American Ambulance Association
- Board of Directors – United New York Ambulance Association
- Career from 1976 to present



October 29, 2012 Super Storm Sandy hits NYC!

- Private ambulance companies respond immediately to assist in evacuation of impacted hospitals (Coney Island, NYU, Bellevue, etc.)
- Companies were able to allocate resources for this emergency due to some excess capacity in their organizations

Today's EMS
Landscape
tells of EMS
Nationwide
Staffing
Shortages

EMS WORKFORCE SHORTAGE IN NYS:
WHERE ARE THE EMERGENCY MEDICAL RESPONDERS?

COVID-19 case surge triggers stronger hiring demand for EMS workers

Nationwide EMT Shortage Plagues Emergency Providers

Ambulance services face national paramedic shortage

Paramedic, EMT shortage across the nation due to pandemic stress: Waterbury ambulance crews discuss impact

Paramedic shortage, 911 call surge, and packed hospitals lead to Orange County delays in ambulance responses

Nationwide shortage of EMTs and Paramedics affecting local branches

▼ Why a decline in staffing all of a sudden?

- There are LESS staffed ambulances on the streets of NYC today than in 2012 -2019.
- Covid impacted not only service to communities and hospitals, but it opened everyone's eyes to potential personal health risks associated with EMS
- Longer “on scene” times due to PPE and decontamination mandated procedures
- Longer shifts for employees and the stress of “am I bringing this home with me?”
- New York State EMT training was “paused” in 2020. Eliminated the pipeline for new employees for ambulance services (private, volunteer and municipal)
- Opportunities for EMTs to earn more money at vaccination and testing sites



Another cause over the years has been the Reimbursement for ambulance transportation

- Medicaid (\$191) severely below operating cost for ambulance companies
- Medicare (\$275) is 6% below operating cost
- Historic low wages/benefits due to reimbursement
- Throughout Covid no funding (or minimal resources) available to ambulance services (FEMA)



The impact of fewer ambulettes in operation:

- Decline in availability of ambulette (wheelchair) transportation during Covid
- Ambulette companies were no longer permitted to transport more than one (1) patient in their vehicle
- Business model based on 4-6 patients per vehicle per trip
- Many companies closed and hundreds of vans taken out of circulation for hospital discharges, dialysis trips, doctor visits, etc.
- Much of this was transferred to requests for ambulances to transport these patients



What are many
ambulance
companies doing?

*Aggressive and
sustained
Recruiting Efforts*

- Wages increased dramatically in NYC market for EMTs and Paramedics
- Sign on bonus for Paramedics range from \$5,000 to \$25,000
- Referral bonus offered in many companies
- Visiting high schools and offering training for soon to be graduates
- Offer to pay while EMT students attend classes with immediate employment upon graduation from a NYS EMT program
- Social media pushes demonstrating new career paths (EMT-Medic-Community Paramedic and Telehealth)
- In the meantime -- Many NYC ambulance companies are covering shifts with OT and double time to fill empty shifts

Letter to US Senate and House Leaders:

- American Ambulance Association letter to Congress:
 - “Many healthcare providers have extensive professional development resources, but that simply does not exist for EMS.”
- Funds through Health Resources and Services Administration (HRSA) to pay for critical training and development programs
- Paramedic and EMT Direct Pay Bump – via HRSA to help ambulance services retain Medics and EMTs with pay directly to them. These funds could be distributed to each State with specific guidance for the State to distribute the funds to all ground ambulance services using a proportional formula (per field personnel).
- COVID-19 Medicare Reimbursement Increase
- Congressional Hearings on EMS Workforce Shortage – to develop long term solutions and focus the country’s attention on these urgent issues

Thank you for this
opportunity to speak
with all of you on behalf
of many EMS
organizations in NYC

QUESTIONS



Coastal Storm Briefing

Kate Butler-Azzopardi, Healthcare Facility Preparedness
Manager
New York State Department of Health Office of Health
Emergency Preparedness



**Department
of Health**

Coastal Storm Preparedness Briefing

Office of Health Emergency Preparedness

Facility Impact

	NYC Specific Evacuation Zones						
	Number of NYSDOH Licensed/Regulated Facilities Impacted by Identified Zone						
NYC Facility	Zone 1	Zone 2	Zone 3	Zone 4	Zone 5	Zone 6	Total
Hospitals	3	5	0	6	10	3	27
Nursing homes	23	3	7	7	15	10	65
Adult care facilities	17	4*	3	6	6	3	39
Total potential evacuating facilities per zone	43	12	10	19	31	16	131

*Counts Inspir Carnegie Hill as 1 location with 2 operating licenses

Facility Evacuation Planning Application-2021

TOTAL SHORTFALL AVERAGE CENSUS P/N									
			Zone 1	Zone 2	Zone 3	Zone 4	Zone 5	Zone 6	Totals
Hospital			90	-89	-22	16	-21	-60	-86
Nursing Home			852	370	254	532	215	-7	2216
Adult Care Facility			-7	5	347	-19	-335	-26	-35
			935	286	579	529	-141	-93	2095
TOTAL SHORTFALL P/N STAFFED BEDS									
Hospital			575	77	100	301	599	34	1686
Nursing Home			1552	469	512	802	443	352	4130
Adult Care Facility			300	69	463	73	-238	-6	661
			2427	615	1075	1176	804	380	6477

Introduction

The Healthcare Facility Evacuation Center (HEC) is a NYSDOH-led entity that coordinates the evacuation, shelter-in-place (with consent of NYSDOH and Local Chief Elected Official), and repatriation of healthcare facilities during a regional multi-facility evacuation scenario with the assistance of multi-agency partners that are specific to the region that the HEC is operating in. These agencies include local health departments, offices of emergency management, and healthcare facility associations, among others.

Healthcare Facility Evacuation Center (HEC)

Mission of the HEC

- Finds beds for evacuating facilities (Hospitals, ACFs, NHs)
- Arranges transportation between facilities
- Provides guidance to receiving facilities
- Provides shelter-in-place guidance
- Troubleshoots evacuation issues
- Assists with repatriation

Where does the HEC fit in?

NYC Coastal Storm Plan

- Coastal Storm Activation Playbook
- Evacuation Plan
- Recovery and Restoration Plan
- Sheltering Plan
- Logistics Plan
- Public Information Plan
- Debris Management Plan
- **Healthcare Facility Evacuation Plan**

The Current Players in the HEC

- New York State Department of Health (NYSDOH)
- New York City Emergency Management (NYC EM)
- Greater NY Hospital Association (GNYHA)
- NYC Health + Hospitals (H+H)
- NYC Department of Health and Mental Hygiene (DOHMH)
- Veterans Administration (VA)
- NYS Office of Mental Health (OMH)
- Fire Department of New York (FDNY)
- Regional EMS Council (REMSCO)
- Multiple nursing home and ACF associations
- Nassau, Suffolk, and Westchester County Departments of Health and Offices of Emergency Management (OEM)

Historical Challenges

- Transportation resources
- Bed availability
- Communications
- Ensuring adequate staffing with mission expansion
- Maintaining Situational Awareness (situation reports, dashboards, reports, etc.)
- Physical location

When to Use the HEC

- Pre-HEC Activation
 - All HCFs continue to use their partnerships and resources in their evacuation decision-making and operations
- HEC Activation
 - Once activated, the HEC must be notified of all patient movements to provide better situational awareness and Common Operating Picture (COP)
- Mandatory Evacuation Order (NYC specific)
 - If a mandatory evacuation order is issued by the local chief elected official, all transportation resources will be coordinated through the HEC
 - Exception: If a system is moving patients within their system and using their own resources, they just need to notify the HEC of those movements

HEC Communications

- Two-way
 - Increased information sharing between HEC and other planning partners
 - HEC Application Dashboard for real time data
- POC Information
 - NYSDOH Health Commerce System Communications Directory
 - Updated information obtained at the beginning of the response

HEC vs. Emergency Support Function-8 (ESF-8)

- What the HEC is used for:
 - Bed matching
 - Transportation
 - Shelter in Place (SiP) Issues
- What local ESF-8 is used for:
 - Everything else
 - Generators
 - Fuel
 - Placards
 - ESRD Issues
 - Etc



What the Health Operations Center (HOC) is used for

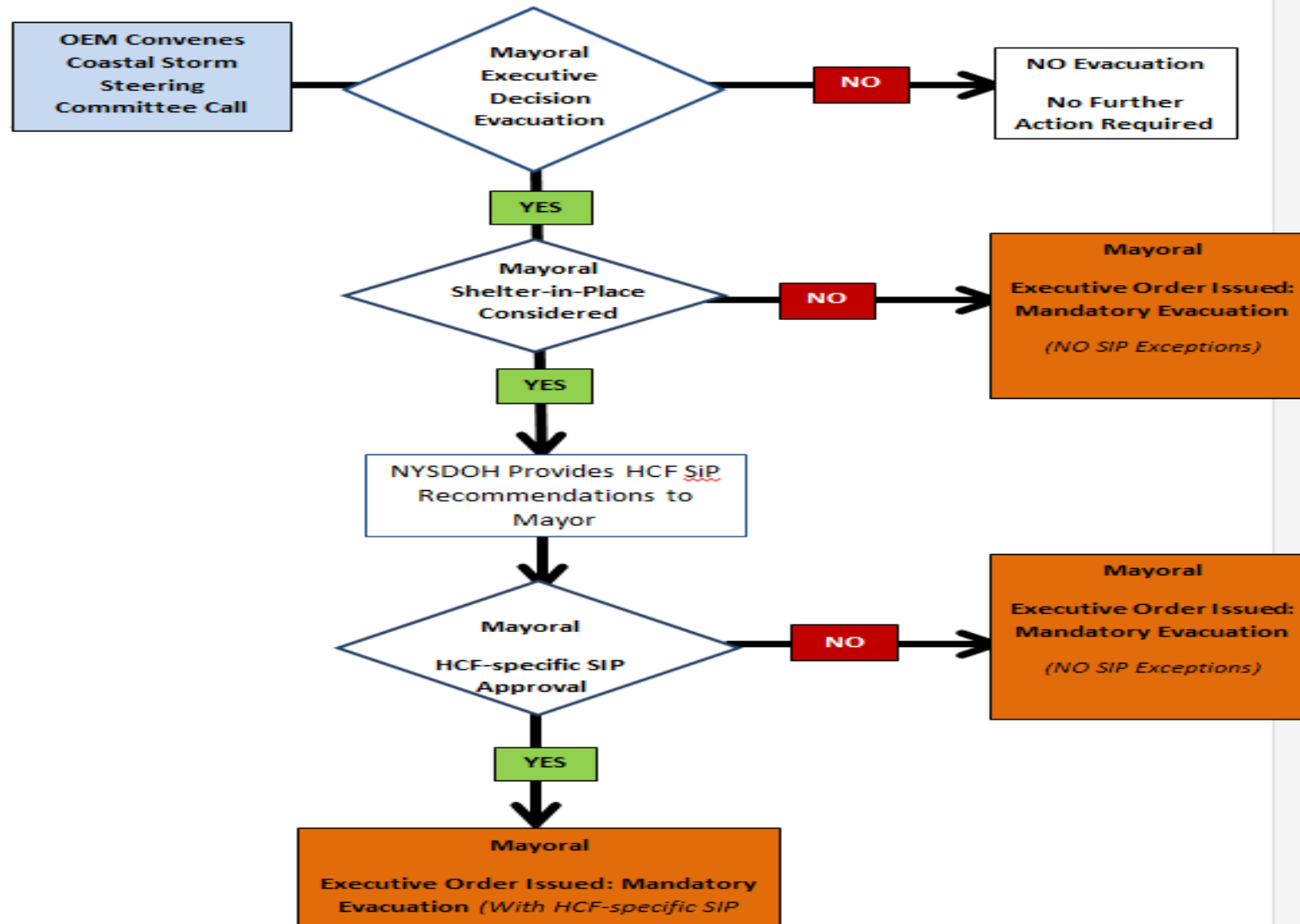
- Larger NYSDOH related issues
 - Billing/reimbursement
 - Policy and/or guidance to HCFs affected by disaster
 - Units of DOH not currently included in the HEC
 - Broader Communications with HCFs or partners

Shelter-in-Place (SiP)

- Does **NOT** involve entire facility
- Should only include those patients/residents whose risk of a negative outcome from moving exceeds the risk from sheltering-in-place
- Whether or not SiP will be allowed is part of the evacuation decision and included in any evacuation orders issued by the local CEO
- What happened during past storms was not SiP as defined
- Requests to SiP are now integrated with Facility Profile Application

In NYC SiP Decision Tree

In NYC Shelter-In-Place Decision Tree



HEC Activities

- -96 to -84 Hours to Zero Hour (sustained tropical winds of 39 mph)
 - Information gathering
 - Activation and notification
- -84 to -72 Hours
 - Recommendation to NYC Local Chief Elected Official regarding evacuation/SiP
 - Notification to facilities about use of eFINDS
- -24 Hours
 - HCF evacuation complete

HEC Activities

HEC Activation/ Initial HCF Assessment

96-84 Hours

1

Trigger: Conference call with affected jurisdictions, NYSDOH Commissioner appoints HEC director. HEC activation, resource and staffing procedures initiated. NYS DOH generates initial report of HCF SiP data from Facility Evacuation Profile Application (FEPA).

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

HEC Mobilization

84- 72 Hours

2

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

Description: Set up HEC and coordinate information collection

HCF Evacuation

72 – 24 Hours

3

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

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

General population evacuation begins at about 48 hours.

HCF Support

24 – 0 Hours

4

Trigger: Evacuation of HCFs within zones complete. Mass Transit Shutdown at about 8 hours.

Description: Monitor and provide support to HCFs

HEC Activities

ZERO HOUR: Onset of sustained tropical storm-force winds (39 mph); all evacuation operations cease!!-----

**HCF Post
Storm
Assessment**

N hours

5

Trigger: Tropical storm-force winds leave New York City

Description: Coordinate with NYC EM recovery branch to use damage assessments for repatriation planning if patients are in unstable locations

Repatriation

N + 1 Hours

6

Trigger: Needs established for prioritized patient/resident transport

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

**HEC
Demobilization**

7

Trigger: Transferring prioritized patients/residents back to original facility or receiving ongoing care in an appropriate HCF; NYS DOH Commissioner approves HEC demobilization plan.

Description: Return HEC facility to original condition, return equipment, and compile information

How will HCFs know the HEC is Active?

- All HCFs and planning partners will be notified in advance, when the HEC is going to be activated and how to contact the HEC
 - Notification via NYSDOH Health Commerce System Integrated Health Alert Notification System (IHANS) Alert
 - Notification through associations
 - Notification through LHD and/or local OEM

How do HCFs contact the HEC?

- A single phone number will be broadcast to all HCFs and response partners when they are notified about the HEC opening (via IHANS alert)
- Items that are not HEC-related will be routed to the respective ESF-8 Desk for further handling

What information will the HEC need from HCFs that need assistance?

- HEC staff will verify information submitted in HERDS surveys on Facility Status
- Estimate of number of patients/residents to be evacuated with HEC assistance (and TAL level if transportation is needed)
- Estimate of resource support needs
- Available staff and equipment to accompany patients/residents (if any)
- Contact information for facility

What Happens After HCFs Initiate HEC Contact?

- HEC staff identify and reserve potential available beds at receiving facilities
- Ensure contact between sending and receiving facilities for clinical coordination
- Receiving facility confirms bed match
- Filter transportation requests to the Transportation Unit (if applicable)
- Filter resource requests to ESF-8 Desk (if applicable)

Repatriation

- Meet local requirements
- Meet NYSDOH requirements
- Initially conducted through the HEC and continuing at NYSDOH Central Office Program Areas
- Final approval through NYSDOH Central Office



**Department
of Health**

Companion Applications/Resources

Facility Evacuation Planning Application

- 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) with an easy process to access and maintain information about the facility's resident send-receive arrangements with other HCFs as part of their planning.

Facility Evacuation Planning Application

- FEPA complements other facility evacuation planning efforts. Does not replace other efforts.
- Can assist in documentation support for various surveys or reviews.
- Will assist state and regions with a better operating picture for both surge and evacuation planning.

Planning and Operating Principles

- 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. 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.

Planning and Operating Principles

- Conversations and agreements need to take place **PRIOR** to setting up arrangements in the FEPA.
- Receiving arrangements should not result in the over commitment of Primary Arrangements to receive residents from other HCFs that is beyond the stated maximum capacity of your non-traditional surge spaces and post –decompression bed availability.
- 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 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.

Points to Remember

- 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.

eFINDS 3.0

Evacuation of Facilities in Disaster Systems

What is eFINDS?

- Purpose of eFINDS is to tracking evacuee movement history during an event.
- Where person originated from, where they currently are, etc.
- It is a common platform for sharing evacuee location information across all types of healthcare facilities and temporary shelters.
- Data is shared in real time so you can observe immediately when Cafes updates happen.
- The system is meant to be used for small scale evacuations, such as might be caused by a fire, flood, or staff shortage that affects a single facility, up to large scale events that may affect many facilities across a broad geographic area, like Hurricane Sandy.

What eFINDS is not!

- eFINDS is not a stand-alone sentinel designed to operate in a vacuum.
- It is not a replacement for the communications that happen between you your partner agencies, first responders, and local and state health departments.

eFINDS Supplies

Internal Test Nursing Home #2(P58889) *** TRAINING ***			
Barcode	First Name	Last Name	Birth Date
98881000470			Male Female Unknown
98881000480			Male Female Unknown
98881000490			Male Female Unknown
98881000500			Male Female Unknown
98881000510			Male Female Unknown
98881000520			Male Female Unknown
98881000530			Male Female Unknown
98881000540			Male Female Unknown
98881000550			Male Female Unknown
98881000560			Male Female Unknown
98881000570			Male Female Unknown
98881000580			Male Female Unknown
98881000590			Male Female Unknown
98881000600			Male Female Unknown

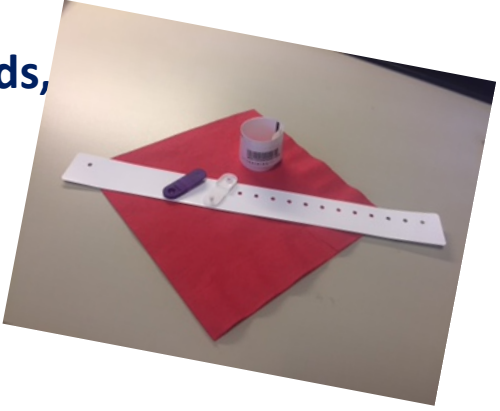
Scannable (PDF) Barcode Log

Originally distributed, currently used, sticker-type wristbands



Scanners: white for use at facilities where more stringent disinfectants are used

Newer style, clip wristbands, expected to be used going forward



Do you now where your wristbands are?



Need eFINDS Supplies

Within the application:

- Tab to request supplies is under the “Evacuation” button.
- The tab is named, “Supply Requests”.
- You must be an eFINDS Reporting Administrator to be able to order supplies.

eFINDS

A. Your Business and Emergency Contact Info is up to date, and

B. You have an eFINDS Role: eFINDS Data Reporter, eFINDS Reporting Admin., or eFINDS Reader

The screenshot shows the Health Commerce System interface for user Valerie A Shuba. The 'My Content' dropdown menu is open, displaying various options. Two red annotations with arrows point to specific menu items:

- Annotation 1: Points to 'Change my contact information...' with the text: "1. Verify your business and emergency contact info."
- Annotation 2: Points to 'See what roles I hold' with the text: "2. Confirm your user ID has been properly linked to an eFINDS role."

The 'My Applications' list on the left includes items such as Acronyms & Abbreviations, Application Access, CAMU Procedures, CART, CFCA Cost Report, ComDir Role Lookup Tool, Coord Account Tools - HCS, Coord Account Tools - LHD, Coord Account Tools - PCC, Coordinator's Update Tool, County Survey, e-FINDS, Electronic Prescribing Waivers, and Emergency Contacts.

Facility eFINDS Data Reporter

- Register People
 - with or without a scanner
 - one patient/resident at a time, or upload multiples via spreadsheet provided by eFINDS Reporting Admin.
- Update People Status, Location & Add Notes
 - with or without a scanner
 - one patient/resident at a time, or multiples

Facility eFINDS Reporting Administrator

- Same as eFINDS Data Reporter (user)
- Generate Scannable Barcode Log (pdf), Uploadable Barcode Spreadsheet (excel) or Avery Labels
- Register multiple without pre-printed barcode wristbands to scan using Multi Person Input

Questions?

NYSDOH Office of
Health Emergency Preparedness

518-474-2893

OR

OHEP@health.ny.gov



Coalition Announcements



Closing Remarks

David Miller Jr., Executive Director
OEPR-Bureau of Healthcare and Community Readiness, NYC
DOHMH



Adjourn