

New York State Department of Health

Advisory

September 04, 2019

Hurricane Dorian Guidance for Hospital, Nursing Home, Adult Care Facilities, Home Care, Hospice, Intermediate Care Facilities for Individuals with Developmental Disabilities and Diagnostic and Treatment Center Providers

The New York State Department of Health (NYSDOH) is closely monitoring updates to the forecasted path of Hurricane Dorian. Based on the current, forecasted track of the storm, the National Weather Service (NWS) does not expect a serious impact on coastal areas of NYS. This expectation will certainly change if the path of the storm should take a more westerly direction over the next few days.

As Dorian is still expected to remain a Category 1 storm as it passes to the southeast of the NYC/Long Island area, some potential impacts of the hurricane on Friday into early Saturday morning may include power outages, strong rip currents, minor to moderate coastal storm flooding, high surf and strong winds that may gust between 30 to 35 mph in the NYC area and 50 mph on the eastern edge of Long Island. Tropical storm force winds are considered to be a low probability at this time.

Given the remaining measure of uncertainty about the path of the storm, the NYSDOH is providing the following pre-storm preparations guidance to be taken by facilities in the potential impact area.

We thank you in advance for your attention to these important preparations.

General Guidance (NOTE: not all activities apply to all types of provider):

1. Prepare your facility

- Review plans for the loss of power and/or water; test and confirm operations of emergency generator; confirm or acquire adequate generator fuel supply is onsite for at least 96 hours and emergency lighting;
- Review with staff the facility evacuation and emergency response plans for flooding, including vertical, horizontal, or out of facility evacuation arrangements and protocols, applicable mutual aid plans, send/receive arrangements and local and regional emergency contact information
- Consider alternate staffing arrangements; shifts and management of staffing shortages due to transportation impacts; the securing of needed supplies and preparations for staff that remain on site if roadways are not passable; how to handle communications outages.

- Review and update patient/resident census and status by Transportation Asset Level (TALs) Categories* and related transportation asset needs
- Review procedures for discharge and other methods to reduce facility census if the needed
- Review communications plan; primary and back-up communication's systems including radios use at your facility or contacts for trained radio operators
- Ensure adequacy of food service, water, pharmacy, medical and environmental service supplies at facility for at least 96 hours
- Ensure full fuel, oxygen, and medical gases and other general supplies to last a period of 24 hours prior to and 72 hours following the storm.
- Ensure you know where your eFINDS supplies, i.e., barcode scanner, wrist bands, and paper tracking logs are stored and that you will have staff available on all shifts who can use the eFINDS system (hospitals, nursing homes and adult care facilities only).
- Assure contact information for your local Office of Emergency Management, if the facility is in need of services or supplies. It is important to note that facilities should rely on their OEM as a backup for obtaining needed resources and should first exhaust all arrangements with their primary vendors and suppliers.
- Be ready to use key NYSDOH Health Commerce System (HCS) Applications for planning, data sharing and receipt of alerts and advisories.

Assure there are staff on every shift with active HCS accounts and HCS Communications Directory Role assignment to enable your facility/agency to comply with, per regulation, ** requests for essential data, particularly information needed to prepare for, and respond to the impact of emergency events. Your HCS Coordinator can assign staff to the appropriate roles needed to access each of the HCS applications. See details of essential HCS applications in bullet #4 below.

2. Prepare your staff

- Evaluate staffing levels, particularly plan for shift changes that may be compromised if the storm makes transportation routes impassable and begin to alert staff
- Encourage staff to develop/review family disaster plans, to include pet and child care

3. Prepare your patients and residents

- Plan to communicate your plans with patients, residents and their families/caregivers

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4. Be ready to use essential HCS data applications, including:

- **The Facility Profile Application (hospitals, nursing homes and ACFs only)** – review and confirm existing send/receive arrangements your facility has made in the event evacuation becomes necessary.
 - ***Access to the Facility Profile Application:*** The HCS Communications Directory Role that must be assigned to an individual to access this application on the HCS is: *“Facility Profile Coordinator”*.

- **Health Electronic Response Data System (HERDS)** - HERDS surveys will be conducted with **Hospitals, Adult Care Facilities, Nursing Homes, Homecare Agencies and Hospices** to collect information regarding potential facility beds needed or beds available for evacuation efforts.
 - **If these surveys are activated, all facilities, both in and out of evacuation zones, MUST respond.**
 - ***Access to HERDS:*** HCS Communications Directory Roles that must be assigned to staff in the HCS Communications Directory for access to HERDS:

For Hospitals: HERDS Data Manager, or HERDS Data Reporter, or HERDS Survey Reporter

For Nursing Homes: Nursing Home Data Reporter

For Adult Care Facilities: Data Reporter

For Homecare agencies (CHHAs and LHCSAs): Administrator, Data Reporter, Director of Patient Services, Emergency Response Coordinator, and HPN Coordinator

For Hospices: Administrator, Data Reporter, Director of Patient Services, Emergency Response Coordinator and HPN Coordinator

- **eFINDS Patient/Resident Tracking Application (hospitals, nursing homes ACFs and ICF/IID only):** In the event that evacuation of hospitals, nursing homes or adult care facilities becomes necessary, the NYSDOH is reminding facilities that they must use the eFINDS system to track the movement of all patients and residents between sending (evacuating) and receiving facilities.
 - ***Access to eFINDS:*** HCS Communications Directory Roles that must be assigned for access to eFINDS: *eFINDS Data Reporting Administrator or eFINDS Data Reporter.*
 - ***Should evacuations become necessary,*** the NYSDOH will send an alert to facilities to begin preparing their patients and residents with wristbands and registering their wristband barcode in the eFINDS system, and to announce the name of the Evacuation Operation to select when registering enter your patient/resident data into eFINDS.

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- Make sure that staff who have been trained on the use of the system are available to perform this function.
- For help with eFINDS use, please send email to: efinds@health.ny.gov. eFINDS quick reference cards and self-paced training are available on the HCS. Just enter “eFINDS” in the search box on HCS, and all eFINDS help resources will be available.
- **The HCS Communications Directory** - all business and emergency contact information for key administrators and roles in the Communications Directory must be updated and accurate. This contact information is used by the NYSDOH for sending emergency and informational notifications to providers. If this data is not up to date, providers may not receive key information.
 - Your HCS Coordinator can assist in updating this information and assigning roles to access the applications mentioned above.

* TAL Categories:

TAL 1: Non-Ambulatory - Individuals unable to travel in a sitting position (e.g. require stretcher, are ventilator dependent or bariatric)

TAL 2: Wheelchair - Individuals who cannot walk on their own but are able to sit for an extended period of time

TAL 3: Ambulatory - Individuals with disabilities who are able to walk on their own without physical assistance.

** For Hospitals and Nursing Homes: Title10 NYCRR §§ 400.10
 For Adult Care Facilities: Title 18 NYCRR §§ 487.12 (k), 488.12 (m), 490.12(k)
 For CHHAs, LHCSAs and Hospice: Title10 NYCRR §§ 763.11(f), 766.9 (o)

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