Evacuation Plan Template- Nursing Home

Instructions

The New York State Department of Health (NYSDOH) Nursing Home Evacuation Plan Template is a tool to help Nursing Homes develop and maintain facility-specific evacuation plans. The plan template is designed to help facilities easily identify the information needed to effectively plan for, respond to, and recover from events resulting in facility evacuation. This Template is intended to augment and enhance previous planning efforts. All content in this template should be reviewed and tailored to meet the needs of each facility.

How to use:

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| Any green box indicates action or directions- These should be deleted following template completion. |

Any [yellow indicates area for customization]

Note- This template has been created with limited formatting. Facilities should adjust to fit established plan/policy format for the facility.

**This page should be removed from facility documentation**

Evacuation Plan Template- Nursing Home

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| Facilities should include formatting or documentation consistent with internal plan or policy format. Such as title, logo, date, version etc. |

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| Indicate plan location in Comprehensive Emergency Management Plan (CEMP) or other planning documents as appropriate. This should reflect to structure the facility has opted to adopt for plans and procedures.  Example: “Facility Evacuation Plan- Annex P to Facility Comprehensive Emergency Management Plan (CEMP)  Or  “Facility Evacuation Plan- Appendix B of Facility Emergency Response Plan” |

Record of Changes:

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| Version | Implemented By | Revision Date | Description of Change |
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| Suggested table of contents- adjust or edit as indicated for facility |

Record of Changes

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**Plan Administration**

**Purpose**

This evacuation plan outlines policies, procedures, and guidelines for mitigation of, preparedness for, response to, and recovery from the relocation or evacuation of residents from the Healthcare Facility (HCF).

The plan incorporates all aspects of evacuation, including but not limited to:

* Relocating residents from a portion of an area
* Total evacuation of campus/buildings

In the event of a partial or full evacuation of the HCF, this plan will be used as a guide to supplement the HCF’s general emergency procedures. It may be dependent on other emergency plans based on the situation and is intended to be activated in conjunction with other portions of the facility’s emergency plan depending on emergency type, extent and severity.

**Evacuation Plan**

The evacuation plan is intended to be used for a planned or urgent evacuation where there is time to implement the foundation of the evacuation plan and call for staffing and other resources. During an emergent evacuation, portions of this plan may be applicable. An emergent evacuation will take place with the staffing available at the time. It is understood that time will not be available to implement all portions of the evacuation plan.

**Updates and Revisions**

The evacuation plan will be reviewed and updated when deemed necessary, but at least annually. Lessons learned from actual disasters, exercises, and/or updates in best practice shall be incorporated into the evacuation plan as soon as possible.

**Relationship to Overall Emergency Plans**

The evacuation plan is intended to serve as a single section or annex to the HCF’s overall Comprehensive Emergency Management Plan (CEMP) or similar plan. Activation of the evacuation plan may be in conjunction with or resulting from the activation of other portions of the emergency plan based upon type, extent, severity, impacts and duration of an emergency.

**Authority Having Jurisdiction (AHJ)**

For purposes of this document, the term Authority Having Jurisdiction (AHJ) refers to the organization, office, or individual having the statutory authority to recommend or order the evacuation of regional HCFs and is responsible for coordinating the associated resources.

**Note:** The title **Chief Elected Official** is interchangeable with **AHJ**

**Training and Exercises**

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| Please refer to any CEMP Training and Exercise sections. If facility has other policy or procedure for specific evacuation Training and Exercise plans, please reference in this section |

**Types of Evacuation**

For **NYSDOH** purposes there are three categories of evacuations:

**Emergent Evacuation**

Circumstances making immediate evacuation essential (e.g., an uncontrolled fire, a physical plant, security, or environmental emergency). Any delay in evacuation is potentially life-threatening. All alternatives to evacuation have been considered and are not acceptable to Unified Command. Public safety resources will play a significant role in initial evacuation activities.

**Urgent Evacuation**

Threatening circumstances that potentially render the environment of care unsafe or inhospitable, or that may adversely impact the provision of resident care or ancillary services. Evacuation should begin within a pre-determined brief time frame (for example, four hours or less) to maintain resident care in a suitable environment. Movement or escape away from an area that contains an impending threat, an on-going threat, a hazard to life and property, or a mission-critical system problem that is not correctable within a short time frame. Any prolonged delay in evacuation is potentially life-threatening. All alternatives to evacuation have been considered and are not acceptable to Unified Command. Public safety resources will play a significant role in evacuation activities.

**Planned Evacuation**

Circumstances are anticipated and allow for preparation and wait-and-see (e.g., coastal storm). These circumstances allow for time to gather information, review plans and get to safety. There will be a period of lag time prior to the anticipated evacuation. This lag provides time to inform residents, staff and family members, plan activities, mobilize resources, and control the relocation without extraordinary measures (e.g., a planned alteration in the physical plant, environmental circumstances, or staffing conditions). This type of evacuation generally will be anticipated several hours to days in advance and may not require extensive public safety resources.

**Response Considerations/Evacuation Decision Making**

**Authority to Evacuate**

Administrator or designee will make this decision independent of outside authorities.

In an emergent evacuation, where a delay in decision-making or movement may be life-threatening, the authority to evacuate the area immediately affected may be made by the person in charge in that space (e.g., Charge Nurse).

**Evacuation Decision Making**

Determine the facility’s ability to continue to provide resident care. Consider the following factors:

* Structural integrity
* Utilities
* Weather conditions
* Transportation resource availability
* Receiving facility availability
* Supplies
* Ability to receive supplies
* Ongoing Ability to receive supplies

**Sheltering-in-Place**

Sheltering-in-Place (SiP) is only in accordance with a *mandatory evacuation order* by the Local Chief Elected Official that *includes* an option to SiP. HCFs *cannot* proceed to SiP without the approval of NYSDOH and the AHJ. (*Appendix I*).

**Plan Implementation**

**Planning Assumptions:**

* The scope of an event exceeds the HCF’s ability to maintain an environment of care for the residents and requires either a partial or full evacuation
* HCF administration or other AHJ declares the HCF environment unsafe, requiring evacuation
* HCF will decompress resident population as appropriate and available
* Receiving facilities will identify non-traditional surge spaces where resident care can take place
* HCF will notify the NYSDOH Central Office and NYSDOH Regional Office about their change in status
* HCF will use the New York State Evacuation of Facilities in Disasters System (eFINDS) to log and track residents to destinations during a full or partial evacuation
* HCF may only be able to send minimal staff with residents
* Preestablished send/receive arrangements will be leveraged
* Insert additional facility specific assumptions

**Plan Activation**

The individual in charge of the building at the time of the event will serve as the Incident Commander until relieved and will be responsible to make the decision to evacuate.

**Command Center**

Command Center will be activated, if one has not already been established.

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| Please refer to any CEMP Activation sections. If facility has other policy or procedure for specific evacuation Activation plans, please reference in this section |

**Notification and Communications**

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| Please refer to any CEMP Notification sections. If facility has other policy or procedure for specific evacuation notification and communication plans, please reference in this section |

**Facility Preparation**

**Building Lockdown / Access Control**

Consider implementing building lockdown procedures or restricting access as the situation requires.

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| --- |
| If facility has other policy or procedure for specific lockdown/access control and, please reference in this section |

**Loading Area**

Establish a Loading Area for resident departure.

Insert facility specific information

**Vehicle Staging Areas**

Establish vehicle staging areas.

Insert facility specific information

**Resident Preparation**

**Census Reduction**

The following categories will be used for temporary relocation for the duration of the event:

* Home with no care needs: These are residents who typically have a stable medical condition, are ambulatory, alert and oriented, and have family support. Prior to commencing evacuation, the HCF will contact the resident’s family/ caregiver to discuss opportunities for temporary relocation for the period of the event. The HCF will also arrange for transportation by the most appropriate means if the family/caregiver is unable to provide transportation.
* Home with Home Care: These are residents who require continuation of care after temporary relocation for the period of the event and can be managed safely in a private home environment. Prior to commencing evacuation, the HCF will contact the resident’s family/caregiver as necessary to discuss opportunities for temporary relocation for the period of the event with home care assistance if indicated. The HCF will arrange for transportation by the most appropriate means if the family/caregiver is unable to provide transportation, including transportation and delivery of medical supplies and equipment (e.g., oxygen concentrator). Home Care providers will be contacted by the HCF and services will be coordinated with families/caregivers. Home care agencies will be expected to activate their internal surge plans as needed to accommodate the influx of residents temporarily relocated for the period of the event.

**Medications**

A 72-hour supply of medications should be provided for each resident.

* Resident medications, if time allows, will be placed in a sealable container labeled with resident’s name, sending HCF room number and name of sending HCF.
* If time does not permit sending medication with evacuating residents, medications should be packaged as outlined and delivered directly to the receiving HCF for provision to the resident after the evacuation.

**Controlled Substances**

Prescribed controlled substances should be evacuated with the resident and will be placed in a sealable container labeled with resident’s name, sending HCF room number and name of sending HCF.

Anyone who is authorized by law to prescribe, dispense, or administer controlled substances may transport these medications. A controlled substance count will be done and documented at the receiving HCF.

If an authorized individual is not available to accompany a resident at the time of the evacuation, controlled substances may be delivered to the receiving HCF by an authorized individual after the evacuation is complete. A controlled substance count will be done and documented at the receiving HCF.

**Transportation Assistance Levels (TALs)**

**Resident Evacuation Prioritization**

For the purposes of evacuation, residents will be categorized into one of three mobility levels utilizing the NYSDOH Standardized Transportation Assistance Levels (TALs) (*Appendix B*). TAL categorization shall be conducted by clinical staff on the resident units.

* This categorization is documented at the unit level whenever a Comprehensive Emergency Management Plan activation requires submission of transportation status reports. The data is aggregated by the Planning Section.
* A resident’s mobility level determines the number of staff needed to move the resident, the type of movement device(s) required, the loading area location, and the type of transportation resource required for evacuation.
* The TAL category determined for each resident shall be identified by the appropriate icon label (e.g., gurney, wheelchair, walking man)
* HCFs are expected to use TALs to categorize residents. Use of the icons is not required. Each HCF shall operationalize use of the icons as deemed practicable.
* When operationalized, these items should be available in a location known to all HCF staff and easily accessible. Ensure they are available to each unit as they prepare residents for evacuation.

**Resident Evacuation Prioritizations**

Insert any facility policy or procedure related to prioritizations

**Resident Confidentiality**

Health care providers can share resident information as necessary to provide treatment. Treatment includes:

* Sharing information with other providers (including nursing homes, hospitals and clinics)
* Referring residents for treatment (including linking residents with available providers in areas where the residents have relocated)
* Coordinating resident care with others (such as emergency relief workers or others that can help in finding resident appropriate health services)

Providers can share resident information to the extent necessary to seek payment for these health care services.

Notification of the individual’s location, general condition, or death.

* Health care providers can share resident information as necessary to identify, locate, and notify family members, guardians, or anyone else responsible for the individual’s care. The health care provider should get verbal permission from individuals, when possible; but, if the individual is incapacitated or not available, providers may share information for these purposes if, in their professional judgment, doing so is in the resident’s best interest
* When necessary, the facility may notify the police, the press, or the public at large to the extent necessary to help locate, identify or otherwise notify family members and others as to the location and general condition of their loved ones
* In addition, when a health care provider is sharing information with disaster relief organizations that are authorized by law or by their charters to assist in disaster relief efforts (e.g., The American Red Cross), it is unnecessary to obtain a resident’s permission to share the information if doing so would interfere with the organization’s ability to respond to the emergency

**Imminent Danger**

Providers can share resident formation with anyone as necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public consistent with applicable laws and the provider’s standards of ethical conduct.

**Facility Directory**

HCFs maintaining a directory of residents can tell people who call or ask about individuals whether the individual is at the HCF, their location in the HCF, and general condition.

**Evacuation Routes**

Insert any facility policy or procedure related to horizontal and vertical evacuation routes

**Evacuation Room Markers**

Use an evacuation designation (e.g., sign, chalk mark, tape, door tag, sticker) to indicate that a room has been evacuated. The designation will be the same throughout the HCF or campus.

Evacuation room markers are available in a location known to all HCF staff and are easily accessible. Ensure they are available to each unit as they prepare residents for evacuation.

Insert any facility policy or procedure related to evacuation markers

**Upward Facility Evacuation**

* Upward internal HCF evacuation (retreat) should not be considered if ***any*** ability to evacuate the HCF remains, as residents and staff may become trapped on the upper levels of the building.
* A rescue of these individuals may be extremely challenging, placing responders at risk, along with those trapped.

**Evacuation Equipment**

Insert any facility policy or procedure related to evacuation resources

**Tracking and Accountability**

**Resident Tracking**

A **Resident Evacuation Critical Information and Tracking Form** should be completed for each resident. This form will redundantly track residents throughout the entire evacuation process including:

* Leaving the unit
* Arriving at an internal holding area
* Arriving at an internal loading area
* Departure from the HCF
* Arrival and departure at an external holding area (where applicable)
* Arrival at a receiving facility

If time permits, the form should be initially completed by clinical staff members on each resident unit. Ensure forms are available to the resident care staff on each unit. Otherwise, the form will be completed in a holding area. (*Appendix G*).

**Staff Accountability/Tracking**

Staff accompanying residents to receiving HCFs can be tracked via eFINDS.

All other staff leaving the building will be tracked per facility policy.

**Visitor Accountability**

Insert any facility policy or procedure related to visitation

**Facility Shutdown**

**Physical Plant Shutdown**

Insert any facility policy or procedure related to physical plant shutdown

**Stay Team**

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| Consists of Security, Maintenance, and Environmental Services staff. The number of team members will be based on the work to be done and the risk assessment for the Stay Team. For example, if evacuating due to an impending storm, the team should be minimal and focus on securing the HCF. If the evacuation is secondary to a fire, the team size may be significant and focused on recovery, restoration, and clean-up activities. |

Insert any facility policy or procedure related to stay team

**Recovery and Repatriation**

When returning from a multi-facility evacuation, repatriation and the return process will take additional time as shared resources are employed. The AHJ’s role is to facilitate the expeditious return process until each site has been re-occupied.

The Incident Commander will work with the AHJ to determine return sequencing.

**Repatriation process:**

* The HCF must comply with all local inspection requirements for all building areas and services to be reopened/repatriated
* The HCF must contact the local municipality to determine any required actions, certifications/approvals or mitigation prior to repatriation
* A NYSDOH regional office sanitarian will conduct an inspection of areas to be reopened/repatriated via an abridged life safety assessment
* The NYSDOH regional office will provide a description of conditions and mitigation to NYSDOH Central Office for the final approval to reopen
* The HCF may repatriate/reopen following receipt of NYSDOH Central Office approval to reopen

Insert any facility policy or procedure related to repatriation

**Recovery Planning**

From the moment that an evacuation begins, leadership should initiate recovery and re-occupancy planning. Once the cause of an evacuation has been resolved, the HCF can apply full focus and energies to a timely re-occupancy.

**Repatriation and Re-occupancy**

Re-occupying the HCF will typically follow the reverse sequence of the evacuation. The major difference will be the pace of events and the associated urgency.

The following general sequence will be applied. The **Resident Evacuation Critical Information and Tracking Form** should be used during the repatriation process to ensure resident care is maintained.

**Re-occupancy Planning**

Planning Section Chief or designee will oversee the development of an Incident Action Plan (IAP) for re-occupancy. The re-occupancy IAP shall include (but not be limited to) the operational periods (time line), re-occupancy objectives, priorities and sequencing, resource allocation and needs projection, safety analysis and mitigation measures, and leadership assignments.

Resident clinical condition will be reviewed to determine the appropriateness of individual resident return to the facility.

**Re-occupancy Decision**

The Incident Commander shall ultimately determine if the HCF is safe for re-occupancy and the appropriate sequencing for re-occupancy. Such determination shall be based on input and recommendations from stakeholders including (as applicable), but not limited to:

* The Authority Having Jurisdiction (AHJ)
* Other agency participants in the Unified Command organization
* New York State Department of Health
* Local Health Department
* Community public safety agencies
* Department of Buildings & Regulatory Compliance
* Nursing leadership
* Staff representatives
* Resident representatives
* Community representatives

Utilize the Facility Recovery and Inspection Guidelines (*Appendix D*) to assist in the decision-making process.

**Communications and Notifications**

Insert any facility policy or procedure related to re-occupancy and repatriation notification

**Appendix A- Resident Preparation Guide**

**Resident Notification**

Inform each resident of the pending evacuation situation and explain the general evacuation process.

**Resident Identification**

Ensure resident is properly identified by wristband or other method.

**Resident Information and Tracking**

Complete a “*Resident Evacuation Critical Information and Tracking Form”* for each resident prior to evacuation and attach to front of resident’s chart. This form must be completed in addition to eFINDS.

**Mobility Categorization**

Categorize residents by mobility level utilizing the NYSDOH Standardized Transportation Assistance Levels (TALs). Document TAL category on “*Resident Evacuation Critical Information and Tracking Form”*. Report TAL category totals to the Command Center.

**Medical Records**

Collect and prepare the resident’s hardcopy chart information including:

* Medication Administration Record (MAR)
* Physician Orders
* Treatment Sheet
* Care Plan
* Advanced Directives and Healthcare Proxy
* If the capability exists and time permits, print out key electronic resident information. Otherwise, this will be accomplished off-site.
* If the HCF utilizes electronic medical records, tailor this section to indicate how electronic record information with be accessed and ultimately sent with the resident.
* Attach the “*Resident Evacuation Critical Information and Tracking Form”* to the front of the chart.

**Resident Personal Effects**

* Personal effects (e.g. eyeglasses, dentures, hearing aids, etc.) are to be placed in a Personal Effects Bag, pillowcase or other bag and labeled to accompany the resident.
* Resident prostheses shall either be utilized by the resident of placed in a Personal Effects Bag, pillowcase or other bag and labeled to accompany the resident.
* Valuables should be secured by the HCF, as applicable.

**Medications/Supplies**

**Medications**

A 72-hour supply of medications should be provided for each resident.

* Resident medications, if time allows, will be placed in a sealable bag labeled with resident’s name, sending HCF room number and name of sending HCF.
* If time does not permit sending medication with evacuating residents, medications should be packaged as outlined and delivered directly to the resident receiving HCF after the evacuation.

**Controlled Substances**

Prescribed controlled substances should be evacuated with the resident and will be placed in a sealable bag labeled with resident’s name, sending HCF room number and name of sending HCF.

Anyone who is authorized by law to prescribe, dispense, or administer controlled substances may transport these medications. A controlled substance count will be done and documented at the receiving HCF.

If an authorized individual is not available to accompany a resident at the time of the evacuation, controlled substances may be delivered to the receiving HCF by an authorized individual after the evacuation is complete. A controlled substance count will be done and documented at the receiving HCF.

**Special Considerations**

* Transmission-based precautions, if used, shall be maintained where indicated throughout the evacuation process. Transmission-based Precaution signs, if used, from the resident room doors shall be packaged with the resident
* As needed, request stretchers and wheelchairs, oxygen cylinders with regulators, portable suction units, if applicable, and other applicable equipment from the Command Center.
* Staff may need to accompany specific residents to the Holding Area as necessary. Staff should then return to the unit. Staff should report to the Labor Pool once the unit evacuation is completed.
* Family members/visitors should be directed to a Responsible Party (Resident Family) Area.
* Identify any residents with a latex allergy and ensure latex allergy wristband is in place.
* If a resident is off the unit, gather personal effects, label with resident’s name, and prepare to send with chart to area where the resident is at the time. The area the resident is in should coordinate this process.

**Appendix B- NYS Transportation Assistance Levels (TAL)**

A standard Transportation Assistance Level (TAL) classification system to help streamline and coordinate evacuations statewide has been developed. The TALs classifications are used by healthcare professionals to assess the types of resources needed (e.g. buses, vans, ambulances) by each patient/resident at a facility during a **planned evacuation**. This hierarchy is not a clinical assessment or triage scale. Continuity of clinical care is an independent issue to be addressed concurrently with transportation modality determination.

TALs are not intended for use during an emergent situation such as a fire. Easily recognized universal symbols corresponding to each TAL category have been developed. These may be printed and affixed to each patient/resident to help make their transport needs visually and immediately apparent. Though all HCFs are expected to use TALs to categorize patients/residents, use of the icons is not required and each facility may operationalize use of the icons during an exercise or **planned evacuation** as deemed feasible.

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| **Transportation Assistance Level** | | | | **Staffing support** | | **Transportation Asset** | | **Accompaniment** | | **Designation symbols** | |
| **1** | | **Non‐Ambulatory - Stretcher** | | Require clinical observation ranging from intermittent to 1:1 nursing. Critical cases may require a team of health care providers | | Requires an ambulance or other specialized vehicle (e.g., helicopter medevac) for transport dependent on circumstance (e.g. high water) | | Must be accompanied by one or more clinical provider(s) (e.g. EMT, paramedic, nurse, or physician) appropriate to their condition | | 1 | |
| Individuals unable to travel in a sitting  position and require stretcher transport.    These patients/residents are clinically unable to be moved in a seated position and may require equipment including but not limited to oxygen, cardiac monitors, or other biomedical devices to accompany them during movement. | | | |
| **Non‐Ambulatory - Vent** | | | | Require clinical observation ranging from intermittent to 1:1 nursing. Critical cases or interrupted procedures may require a team of health care providers | | Requires an ambulance or other specialized vehicle (e.g., helicopter medevac) for transport dependent on circumstance (e.g. high water) | | Must be accompanied by one or more clinical provider(s) (e.g. EMT, paramedic, nurse, or physician) appropriate to their condition | |
| Individuals unable to travel in a sitting  position, are on mechanical ventilation and  require stretcher transport.    These patients/residents are clinically unable to be moved in a seated position, and require equipment including but not limited to mechanical ventilators, oxygen, cardiac monitors, or other biomedical devices to accompany them during movement. | | | |
| **Non‐Ambulatory - Bariatric** | | | | Require clinical observation ranging from intermittent to 1:1 nursing. Critical cases or interrupted procedures may require a team of health care providers | | Requires an ambulance or other specialized vehicle (e.g., helicopter medevac) for transport dependent on circumstance (e.g. high water) | | Must be accompanied by one or more clinical provider(s) (e.g. EMT, paramedic, nurse, or physician) appropriate to their condition | |
| Individuals unable to travel in a sitting  position and require transportation on a  wider stretcher.    These patients/residents are clinically unable to be moved in a seated position, and may require equipment including but not limited to oxygen, mechanical ventilators, cardiac monitors, or other biomedical devices to accompany them during movement. | | | |
| **Transportation Assistance Level** | | | | **Staffing support** | | **Transportation Asset** | | **Accompaniment** | | **Designation symbols** | |
| **2** | | **Wheelchair** | | Safely managed by a single non‐clinical staff member or healthcare facility‐designated person if a saline lock is in place.  Continued IV infusion would require a nurse or paramedic during transport. | | May be transported as a group in a wheelchair appropriate vehicle (e.g., medical transport van or ambulette) | | A single staff member or healthcare facility‐designated person appropriate to the most acute patient/resident’s condition while accompanying a group of patients/residents | | 2 | |
| Individuals who cannot walk on their own but  can sit for an extended period.  Those who are alert but unable to walk due to physical or medical condition. They are stable, without any likelihood of resulting harm or impairment from wheelchair transport or prolonged periods of sitting, and do not require attached medical equipment or medical gas other than oxygen, an indwelling catheter or a PEG tube during their relocation or evacuation. Intravenous infusion lines should be converted to saline locks or discontinued for transport. | | | |
| **3** | | **Ambulatory** | | Escorted by staff members, but may be moved in groups led by a single non‐clinical staff member or healthcare facility‐designated person. The optimum staff‐to‐patient ratio is 1:5. | | Can be transported as a larger group in a passenger vehicle (e.g., bus, transport van, or private auto) | | A single staff member appropriate to the most acute patient/resident’s condition while accompanying a group of patients/residents | | 3 | |
| Individuals who can walk on their own  at a reasonable pace.    Those who can walk the distance from their in‐patient location to the designated relocation or loading area without physical assistance, little supervision, and without any likelihood of resulting harm or impairment | | | |

**Appendix C- Facility Evacuation Planning Application (FEPA)**

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 arrangementswith 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 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.

*NYC and Non-NYC FEPA user guide is available via the FEPA help menu in the application*

**Appendix D- Facility Recovery and Inspection Guidelines**

Prior to re-opening a Healthcare Facility (HCF) (or portion thereof) that has undergone extensive water, wind, or other damage, or environmental contamination, inspections need to be conducted to determine if the building is salvageable. If the decision is made to proceed with recovery and remediation, building and life safety inspections must be completed before any restoration work is done to the HCF. The following information describes those activities that need to be completed. This if followed by guidance for infection control review of HCFs to be done before the HCF can reopen.

Prior to re-occupying any portion of the HCF, adequate support services need to be available to establish and maintain a safe, suitable environment of care. Contracting with outside services may be considered, and should be managed through the Finance Section.

**Structural and Life Safety Inspections**

As conditions warrant, the following should be evaluated by facilities experts:

* Structural integrity and missing/damaged structural items
* Assessment of air quality, including testing for carbon monoxide, hazardous materials, or remnants of products of combustion
* Assessment of hidden moisture
* Electrical system damage, including high voltage, insulation, and power integrity
* Water distribution system damage
* Sewer system damage
* Fire emergency systems damage
* Air handling system damage
* Medical waste and sharps disposal system

**Water Removal**

Water should be removed as soon as possible once the safety of the structure has been verified, using the following process:

* Pump out standing water
* Wet vacuum residual wetness from floors, carpets and hard surfaces
* Carpets should be completely dry when the HCF is reoccupied
* Clean wet vacuums after use and allow to dry

**Water Damage Assessment and Mold Remediation**

* Open the windows in the damaged areas of the building during remediation
* Remove porous items that have been submerged or have visible mold growth or damage
* Minimize dispersion of mold spores by covering the removed items and materials with plastic sheeting (dust-tight chutes leading to dumpsters outside the building may be helpful)
* Dispose of these items as construction waste
* Seal off the ventilation ducts to and from the remediation area and isolate the work area from occupied spaces, if the building is partially occupied
* Scrub and clean hard surfaces with detergents to remove evident mold growth (If a biocide is used, follow manufacturer’s instructions for use and ventilate the area. Do not mix chlorine-containing biocides with detergents or biocides containing ammonia.)
* Dry the area and remaining items and surfaces
* Evaluate the success of drying and look for residual moisture in structural materials (Moisture detection devices [e.g., moisture meters] or borescopes could be used in this evaluation.)
* Remove and replace structural materials if they cannot be dried out within 48 hours

**Inspect, repair, disinfect where Appropriate, or Replace Facility Infrastructure**

* HVAC system (motors, duct work, filters, insulation) inspection, disinfection, repair and replacement
* Water system (cold and hot water, sewer drainage, steam delivery, chillers, boilers)
* Steam sources (if piped in from other places e.g., utility companies it will impact autoclaves)
* Electrical system (wiring, lighting, paging and resident call systems, emergency generators, fire alarms)
* Electronic communication systems (telephones, paging and patient call systems, computers)
* Medical gas system
* Hazardous chemicals storage

**General Inventory of Areas with Water, Wind, Mold, or Contaminant Damage**

**Determine what furniture can be salvaged**

* Discard wet porous furniture that cannot be dried and disinfected (including particle board furniture)
* Disinfect furniture with non-porous surfaces and salvage
* Discard upholstered furniture, drapery, and mattresses if they have been under water or have mold growth or odor
* Discard all items with questionable integrity or mold damage

**Determine what supplies can be salvaged**

* Salvage linens and curtains following adequate laundering
* Salvage prepackaged supplies in paper wraps that are not damaged, or have been exposed to water or extreme moisture/humidity, smoke, hazardous vapors, or were in a molded environment
* Discard items if there is any question about integrity, moisture, or mold exposure
* Dry essential paper files and records (professional conservators or recovery vendors may be contacted for assistance)

**Inspect electrical medical/biomedical equipment**

* Check motors, wiring and insulation for damage
* Inspect equipment for moisture damage
* Clean and disinfect equipment following manufacturers’ instructions
* Do not connect wet electronic equipment to electricity sources

**Inspect interior structures and surfaces**

* Inspect, clean, repair, refinish, or replace wallboard, ceiling tiles, and flooring
* Repair, replace, and clean damaged structures

**Review Issues for Reopening Facilities**

The following physical plant requirements must be addressed prior to re-opening a facility:

* Potable water
* Adequate sewage disposal
* Electrical power is restored and reliable
* Adequate waste and medical waste management
* All areas to be opened been thoroughly dried out, repaired, and cleaned
* The number of air exchanges in areas of the facility meet recommended standards

**Post-Reoccupation Surveillance**

Focused microbial sampling may be indicated to determine if residents who are receiving care in the reopened facility acquire infections that are potentially healthcare-facility associated and that may be attributed to Aspergillus spp. or other fungi, non-tubercular mycobacteria, Legionella, or other waterborne microorganisms above expected levels.

**Reference the following:**

* The water in the HCF’s water distribution system meets the microbial quality of the Safe Drinking Water Act (<http://www.epa.gov/safewater/sdwa/index.html>)
* Mold remediation efforts were effective in reducing microbial contamination in the affected areas of the hospital (<http://www.epa.gov/mold/mold_remediation.html>)

**Appendix E- Health Commerce System (HCS)**

The **Health Commerce System (HCS)** is a highly secure, internet based, electronic portal, extensively used for communications and critical data/information sharing. Facility staff with HCS accounts are assigned to the various HCS Communications Directory roles that match their job function and responsibilities, to receive information and ensure rapid response to requests for information by the State and/or local Department of Health. The facility has a sufficient number of staff who have their own HCS accounts, are knowledgeable of their account IDs and passwords and of the use of critical HCS applications, and has sufficient HCS Coordinators to ensure that a user is available on a 24-hour basis.

The Health Electronic Response Data System (HERDS) has been designed to allow the NYSDOH identify and monitor the status of facilities during all types of emergency situations as they occur. For facility staff to access HERDS they must each have their own, active HCS user account as well as be assigned by a facility HCS Coordinator, to an HCS Communications Directory role that grants access to the HERDS application. \_\_\_\_\_\_\_\_\_\_\_\_as more than one individual assigned to Communications Directory roles that grant HERDS access, including, Nursing Home Data Reporter, Administrator, Emergency Response Coordinator and Director of Nursing

If an incident occurs where HERDS should be activated, the NYSDOH will develop a survey relevant to the incident and notify facilities to respond to the survey, via email and/or phone alert. The NYSDOH will determine which information must be monitored during the Emergency Activation. The Nursing Home has assured that its HCS Coordinators have maintained the business and emergency contact information for staff assigned to Communications Directory roles in an up to date status and that these staff will be able to receive these alerts reliably. More information about the survey is available on the homepage of HERDS.

**Appendix F- Evacuation of Facilities in Disasters Systems (eFINDS)**

**Overview.** The New York State Evacuation of Facilities in Disasters System (eFINDS) is a secure, confidential system intended to provide authorized users with real-time access to the location of residents evacuated during an emergency event. The system is accessed by facilities on the HCS. The Nursing Home will use this system to log and track residents during an urgent or non-emergent evacuation.

During an emergent evacuation (e.g., for a fire), the facility incident commander shall implement the use of eFINDS as soon as possible, prior to, or if not possible, immediately following the safe evacuation of residents. In an emergency, providers will affix barcoded wristbands, pre-printed with the facility name, on all their residents, which are scanned using hand-held scanners, or paper tracking (if power and/or phones are out of service) to create a resident record in eFINDS. Receiving facilities will also scan the wristband to update the resident record with their new/current location. Resident locations are updated whenever they move to new location and tracked.

eFINDS is required to be used by all NYSDOH licensed hospitals, nursing homes and adult care facilities. All local, and NYSDOH (regional and central office) health departments; facility networks also have access to eFINDS. eFINDS is used during all facility evacuations.

**Access.** To access and use the eFINDS application on the HCS, an individual must: (1) have their own HCS account, and (2) be assigned to at least one of two HCS Communications Directory roles that provide access to the eFINDS application. These roles are: the eFINDS Reporting Administrator, which is assigned to an administrative person to oversee eFINDS system activities, and the eFINDS Data Reporter, which is assigned to any account user who will be making system entries. The role assignments are made in the Communications Directory by the HCS Coordinator to HCS users among the facility staff.

**Web Application.** The eFINDS web application is located on the HCS at <https://commerce.health.state.ny.us/public/hcs_login.html>. See the eFINDS Quick Reference Card (at the end of this section) for directions on HCS or eFINDS access issues.

**eFINDS System Components.** The system has three principal components: a bar code scanner, a series of bar-coded resident wristbands that are facility-specific (incorporating the facility PFI), and a web application hosted on the HCS. Training wristbands were also provided with the initial deployment kit, and additional real event wristbands and additional training barcode numbers are available upon request, by sending email to: [efinds@health.ny.gov](mailto:efinds@health.ny.gov)

**Concept of Operation.** eFINDS will be used during all full or partial evacuation events, whether directed by the NYSDOH or the facility Incident Commander. Those individuals who may shelter in place during the event must also be wrist banded and an eFINDS record established for them during the event. Individuals sent home similarly must be wrist banded and have an eFINDS record established during the event. During an evacuation, each resident is assigned a wrist band, the wrist band is scanned using the bar-code scanner to create a record for that individual in eFINDS. The barcode number becomes a unique identifier for that person throughout the entire evacuation event and across any resident change of location. Basic demographic information about the resident (e.g., name, birthdate and gender) and evacuation status information is added to their record in the eFINDS application. Whenever the resident is moved or their status changes, their FINDS record is updated again, by scanning the barcode and entering the new information into the associated record. For use during periods when computer or web access is not available, a series of bar-coded tracking sheets are also available through the application (a set of these sheets was included in the initial eFINDS supplies shipment sent to each facility. These sheets may be used to manually track the resident’s information associated with the wristband; the data can be manually entered into the eFINDS application when connectivity is restored or entered by a receiving facility when they receive an evacuating resident from the sending nursing home. The eFINDS wristband/ barcode should be affixed to each resident including those discharged to home, and those sheltering in place.

**eFINDS Supplies and Equipment.** eFINDS equipment is to be maintained in a location accessible and known to facility staff. The following items are included:

* Handheld scanner issued by NYSDOH. The scanner connects via USB port to any facility computer(s) and directly scans the barcode into the barcode field in the eFINDS application.
* A number of real events, eFINDS wristbands, equal to the certified number of resident beds at the facility, i.e., during an actual evacuation; and a small number of training wristbands; the training wristbands clearly indicate the word “training” on them and the barcodes on training wristbands all end in the letter “D”. Wristbands all have the facility name and barcode number pre-printed directly on the band. Initial supplies of wristbands were a sticky type of band; newer bands being sent to nursing homes may also include a clip style, suitable to be used for residents that may attempt to remove the wristband themselves.
* A paper Barcodes Log that includes a list of all barcodes assigned to the facility, the facility name, and blank fields to enter resident data (name, DOB, gender,)

When directed, the eFINDS Administrator or eFINDS Data Reporter will retrieve the equipment and deliver it to the designated locations as defined in the facility’s evacuation plan (e.g., clinical units, evacuation loading areas/exit portals).

**eFINDS Operation-Initiating the Incident:**

Activate staff pre-assigned to eFINDS Reporting Administrator and eFINDS Data Reporter roles in the HCS Communications Directory, and provide eFINDS Job Action Sheets. The names of facility staff assigned to eFINDS Administrator and eFINDS Data Reporter roles can be found in the eFINDS Kit. If these persons are not available, the Facility HCS Coordinator should assign other staff to the eFINDS roles in the HCS Communications Directory at the time of the emergency, and provide just-in-time training

For emergencies involving just one facility evacuating to other nursing homes, the facility should instruct staff persons assigned to the eFINDS Reporting Administrator role to create an evacuation “Operation” in eFINDS, related to the incident. The facility should also be sure to communicate the name of the eFINDS operation it created to any facilities receiving the evacuating residents, so that the receiving facility(ies) may properly update the evacuees’ records when they are received.  
  
In a larger evacuation situation that would involve many facilities, the NYSDOH will create an operation in eFINDS and alert all potentially impacted facilities to the name of the operation to be used in eFINDS for the event.

The Incident Commander or Operations Section Chief activates the Evacuation Branch, Resident Tracking/Accountability Unit.

The Operations Section Chief reviews the HCF’s current documented protocols and procedures for using eFINDS to determine if there needs to be any modification to that process due to the current circumstances below). Once that determination has been made, the Operations Section Chief will communicate this to the Resident Tracking/Accountability Unit Leader:

* Use eFINDS paper and/or eFINDS online HCS components. The resident wristband with a barcode is always applied and remains on the resident until they return to the sending HCF.
* Name of the HCF’s Evacuation Operation in the eFINDS Application

HCF location(s) where eFINDS will be implemented (such as on clinical units, or at the evacuation loading areas)

Resident Tracking/Accountability Unit Leader will:

* Communicate command center directions to the eFINDS Administrator and Data Reporter staff
* Monitor eFINDS tracking of residents as they are updated at destination facilities, and account for all residents

eFINDS Administrator role:

Performs operations per the HCF plan for implementation of eFINDS on which the HCF staff have been trained. Refer to the Job Action Sheet (JAS); using and the *eFINDS Quick Reference Card* for assistance, (especially in a Just in Time training situation).

eFINDS Data Reporter role:

Performs operations per the HCF plan for implementation of eFINDS on which the staff have been trained. Refer to the Job Action Sheet and the *eFINDS Quick Reference Card* (especially in a Just in Time training situation).

**Procedure for Resident Tracking with eFINDS:**

* HCF staff determines which eFINDS functions (paper and/or electronic) will be used, based on the availability of power and internet access, and the ability to prepare residents
* eFINDS Kit (supplies and equipment) are delivered to the operational areas as directed
* eFINDS data recorders and administrators follow the designated eFINDS process. Directions for the use of functions with or without the scanner may be found in the JAS for eFINDS roles and in the ***eFINDS Quick Reference Card***.

**Emergent Evacuation**

* This procedure is used when an immediate exit from the HCF is needed due to an imminent threat/hazard. Resident movement will most likely to a stop-over point (area of refuge).
* The resident’s existing HCF wrist band issued on admission will be the form of identification. Several copies of the eFINDS preprinted logs, stored with the scanner and wristbands, can be used to quickly list residents as they leave their unit and the HCF. This will expedite the eFINDS process at the stopover facility as the eFINDS paper log will also have a barcode number that can be quickly matched to the actual wristband in the stopover facility/location. Once the individual reaches the receiving HCF, the receiving HCF can initiate the resident’s eFINDS record by scanning the barcode wristband applied to the resident at the stopover location. HCFs can also allocate different ranges of the barcodes to different units to expedite the process; only specific barcode ranges on the paper log need be distributed to the unit assigned that range.
* eFINDS should be initiated at the stop-over facility/location. Sending HCF staff will designate staff to deliver and implement eFINDS supplies and equipment at the stopover location as directed.
* Every effort should be made to use eFINDS and the barcode numbers tracked when residents are being immediately evacuated to another HCF, or to multiple locations that might include a non-healthcare facility stop-over. Receiving HCFs can initiate the eFINDS record if the sending HCF did not have time to do this. If the receiving location is not one that has access to eFINDS to record the evacuees it receives, then the sending HCF should use other communications with the receiving location, and use the paper log to track the barcode numbers on the bracelets of those evacuees received.

**Urgent or Planned Evacuation:**

**No Power/Internet access, or limited time situation:** Affix pre-printed wristbands to each resident and enter resident data (name, DOB, destination) to the Paper Barcode Log as above in the entry next to their wrist band number. A copy of the paper Log should be sent with each transport that is destined for a different HCF. Several copies of the paper log will be stored along with the other eFINDS supplies to be available at the time of an emergency.

**With Power/Internet access:** eFINDS online system be used and the pre-printed eFINDS wristband or a barcode be affixed to each resident

**Using the eFINDS application for resident data entry:** A computer with internet/HCS access is accessible where resident data entry will occur.

**Single resident entry with a scanner:** use eFINDS or compatible scanner to scan resident wristband barcode and enter resident data one at a time into eFINDS; minimum data entered should include first and last name, date of birth, gender, and destination if known

**Single resident entry without scanner:** manually enter the resident’s wristband barcode and data one at a time into eFINDS; minimum data entered should include resident first and last name, date of birth, gender, and destination if known.

**Multiple resident entries:** Multiple barcodes and residents’ demographic data may be entered manually to a fillable spreadsheet on the eFINDS system, or;

Multiple residents’ demographic data can be entered to a fillable Excel barcode spreadsheet that has been downloaded to a file on the facility’s computer. The Excel sheet can then be uploaded into the eFINDS system and will populate residents’ data into the system.

**Note**: The Excel file name cannot be changed, or the upload will fail.

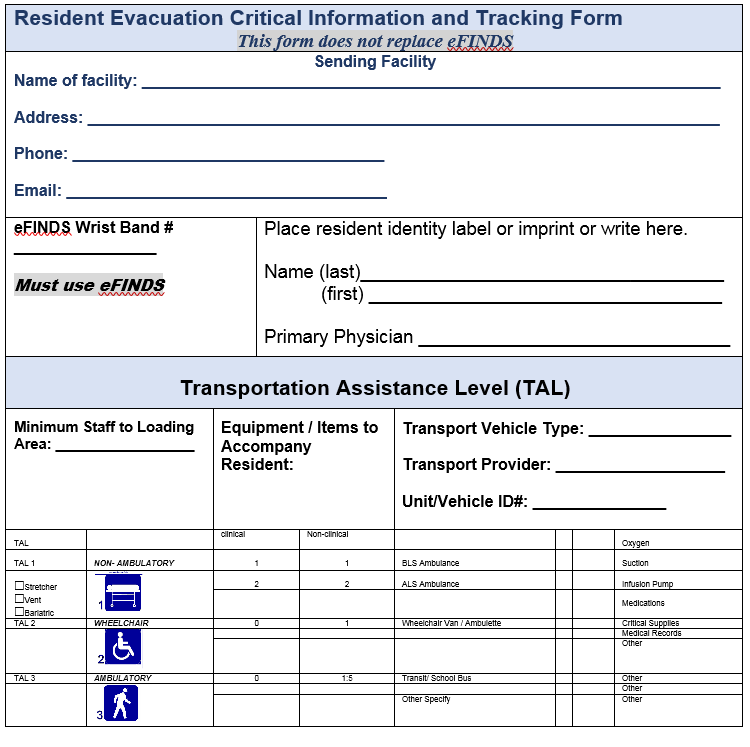
As residents arrive at receiving HCFs, their destination information is updated in eFINDS by the receiving HCF.

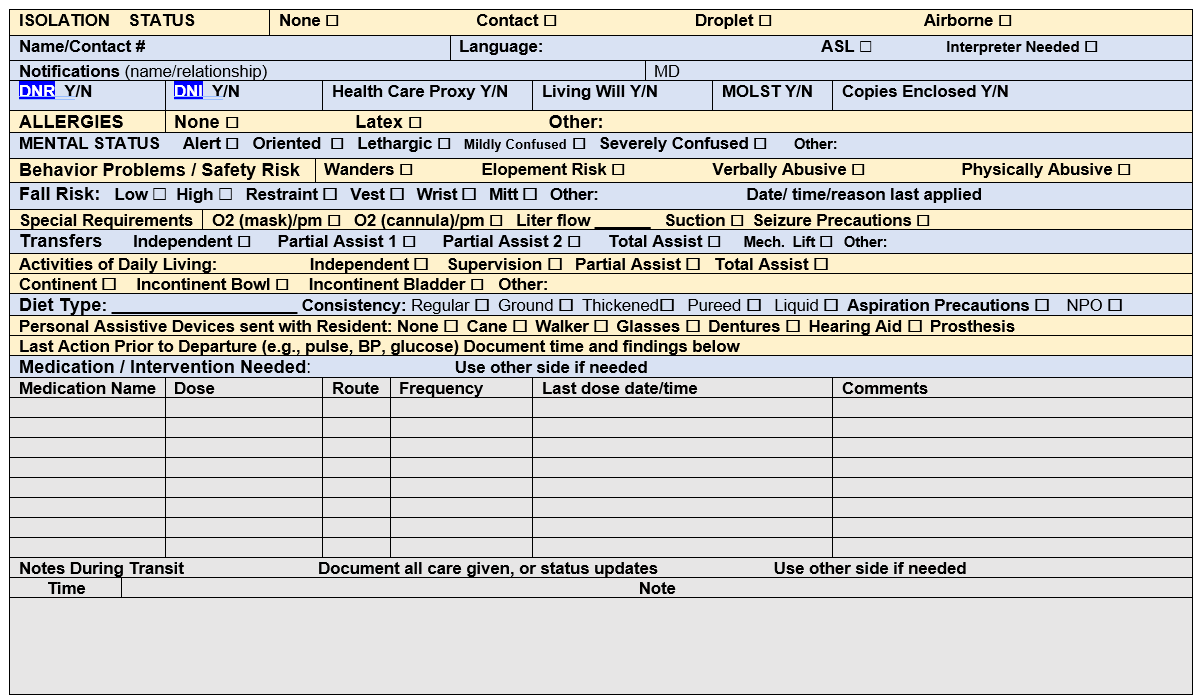
Resident destination follow-up is viewed in eFINDS through reports; however, normal communications between sending/receiving facilities regarding resident status and follow up should also be utilized. The Resident Tracking/Accountability Unit Leader monitors and records residents’ final destinations. eFINDS also assists this individual to quickly recognize an individual who should have been received but has not been shown as received in eFINDS and may have eloped; e.g., all other residents on the same transport have been acknowledged as received in eFINDS.

**Reception of Evacuees from Another HCF:**

* Under some circumstances, the Nursing Home may become a reception site for residents evacuated from another HCF.
* Should this situation arise, staff shall be assigned and the eFINDS system shall be activated as described herein. If the Nursing Home is acting as a receiving HCF it should make sure it has asked the sending HCF the name of the operation in eFINDS being used to track evacuees for the current emergency, so all resident related data for the same emergency is recorded in the same operation and all reports and data can be accurate.
* All residents arriving at the HCF shall be entered into the eFINDS system upon arrival or as soon as possible thereafter, and their status and location updated.
* If the evacuating HCF did not initiate eFINDS and the evacuees arrive without eFINDS bracelets, contact the sending HCF to determine whether they will be sending eFINDS bracelets to the Nursing Home to use to apply to the evacuees they have received; if they are not able to do this, or you cannot reach a contact there, identify the name of the sending HCF and contact your NYSDOH office for assistance.
* **Note-** Nursing Home bracelets and bar codes are uniquely coded to Nursing Home residents only. They should not be used for other resident/patient types.

**Appendix G- Resident Evacuation Critical Information and Tracking Form**





**Appendix H- Evacuation Job Action Sheets (JAS)**

Facilities are encouraged to use or create job action sheets to correspond to the facility incident management system planning documents and organizational structure as it relates to evacuation specific roles.

**Appendix I- Facility Shelter-in-Place Consideration**

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 HCF 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 Authority Having Jurisdiction 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.

NYSDOH SiP review process is based on the data derived from the Critical Asset Survey (CAS) and FEPA. This includes several FEPA measures, as outlined below:

1. **Population to Evacuate (PTE)** – The number of patients/residents remaining in the facility after discharge that 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 the 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. The 2019 target ceiling for the population to SiP is 15% of the PTE.
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. **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.** 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 for 100% of their patient/residents.
4. **Population Arrangement Ratio (PAR)** – The ratio between the PTE and the number of patients/residents that are accounted for in the facility’s active primary and network send-receive arrangementsaslisted in FEPA. The PAR target for HCFs that request to be considered to SiP is 100%
5. NOTE: The formulation of these measures is detailed in the FEPA v 3.0, 2019 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.

**HCFs cannot proceed to SiP without the approval of the NYSDOH and the Local Chief Elected Official.**

**Appendix J- Healthcare Facility Evacuation Center (HEC)**

In some regions of New York State, the Healthcare Facility Evacuation Center (HEC) may be activated to augment and assist facility evacuation. The HEC will find available space (beds) for evacuating HCFs when a facility cannot locate enough beds through existing relationships. The facility will contact the HEC for assistance to evacuate residents when Send-Receive arrangements and/or existing transportation agreements have been exhausted. Any requests for assistance should be escalated to the NYSDOH Regional Offices and/or County Office of Emergency Management as necessary.