**NYC Coastal Storm**

**Operations Overview**

**Prepared for Healthcare Facilities**

**Last Updated: June 16, 2017**

*NOTE: Every coastal storm will present unique circumstances and challenges. Please note, this document is for informational purposes only and does not replace the healthcare facilities’ own plans and processes. This document is not prescriptive or comprehensive. The actions described will not necessarily be completed during every event nor is every response activity that may be required described. City, State and federal, nonprofit and volunteer partners will use judgment and discretion to determine the most appropriate actions at the time of the event.*

|  |
| --- |
| **Table of Contents** |

**Purpose 3**

**Hazard Overview 3**

Most Extreme Forecast **3**

Seasonal Overview **3**

Weather Products **3**

Storm Bearing Impact on Surge Heights **4**

**Citywide Incident Management System** **5**

**Response Considerations and Operations** **5**

Key Response Operations **5**

Citywide Coastal Storm Plan Overview – Operations/Timeline **7**

**Mass Transit, Bridges and Tunnels Guidance 9**

**General Population Evacuation Overview** **10**

**Healthcare Facility Evacuation Overview 11**

Shelter-in-Place **12**

NYSDOH Health Commerce System Applications **13**

Transportation Assistance Level Categories **14**

Potential Healthcare Facility Impacts **15**

**Potential Federal Resources 16**

**Acronym & Abbreviation List 17**

**Appendix A – Contact Information 18**

**Appendix B – Healthcare Facilities by Zone 19**

**Appendix C – GNYHA Sit Stat 27**

|  |
| --- |
| **general** |

**Purpose**

Provide healthcare facilities with an overview of potential citywide operations during a coastal storm, including planning assumptions and timelines as well as specific considerations for coastal storms.

**Hazard Overview**

Tropical Cyclones are organized areas of precipitation and thunderstorms that form over warm tropical ocean waters and rotate counterclockwise around a low-pressure center. Such storms are classified as follows:

* **Tropical depression:** organized system of clouds and thunderstorms with a defined low pressure center and maximum sustained winds of 38 miles per hour (mph) or less
* **Tropical storm:** organized system of strong thunderstorms with a defined low pressure center and maximum sustained winds of 39 to 73 mph
* **Hurricane:** intense tropical weather system of strong thunderstorms, a well-defined low pressure center (“eye”), and maximum sustained winds of 74 mph or more

Tropical cyclone classification **should not** be used as an indicator or predictor for the potential impacts and consequences of a coastal storm. Regardless of nomenclature, hazards of coastal storms may include beach erosion, significant coastal flooding, storm surge, and other significant impacts.

|  |
| --- |
| **Most ExtREME FORECAST** |

The most extreme forecast for New York City is a Category 4 hurricane with a westerly bearing (i.e., WNW, NW, NNW) and landfall near Atlantic City, New Jersey

* + Hazards include 131-155 mph winds and 33.9-foot storm surge
  + Infrastructure damage and flooding would be severe and widespread
  + An estimated three million people would be ordered to evacuate
  + Hundreds of thousands of residents would seek refuge in emergency shelters

Comparatively, smaller hurricanes (e.g., Category 1 or less) bring similar hazards on a smaller scale. Even small storms may bring major damage and necessitate a large-scale evacuation.

|  |
| --- |
| **Seasonal Overview** |

* The Atlantic hurricane season lasts from June 1 to November 30.
* New York City (NYC) is at a greater risk between August 1 and October 31 because Northern Atlantic water temperatures are warm enough to sustain a hurricane during this time.

|  |
| --- |
| **Weather Products** |

A **watch** lets you know that weather conditions are favorable for a hazard to occur. It means "be on guard!" During a weather watch, gather awareness of the specific threat and prepare for action - monitor the weather to find out if severe weather conditions have deteriorated.

The National Hurricane Center (NHC) predicts storm track (i.e., bearing) and intensity and issues the products[[1]](#footnote-1) listed below:

|  |  |
| --- | --- |
| **Product** | **Description** |
| **Tropical Storm Watch** | Tropical storm conditions are possible within the specified area within 48 hours. |
| **Hurricane Watch** | Hurricane conditions are possible within the specified area. Issued 48 hours in advance of the anticipated onset of tropical storm-force winds. |
| **Short Term Watches and**  **Warnings** | Detailed information on specific hurricane threats, such as tornadoes, floods, and high winds. |
| **Storm Surge Warning** | The danger of life-threatening inundation from rising water moving inland from the shoreline somewhere within the specified area, generally within 36 hours, in association with a tropical, subtropical, or post-tropical cyclone. The warning may be issued earlier:   * when other conditions, such as the onset of tropical storm-force winds, are expected to limit the time available to take protective actions for surge (e.g., evacuations) * for locations not expected to receive life-threatening inundation, but which could potentially be isolated by inundation in adjacent areas |

A **warning** requires immediate action. This means a weather hazard is imminent - it is either occurring- or it is about to occur at any moment. During a weather warning, it is important to take action: grab the emergency kit you have prepared in advance and head to safety immediately. Both watches and warnings are important, but warnings are more urgent.

|  |  |
| --- | --- |
| **Product** | **Description** |
| **Tropical Storm Warning** | Tropical storm conditions are expected within the specified area within 36 hours. |
| **Hurricane Warning** | Hurricane conditions are expected within the specified area. Issued 36 hours in advance of the anticipated onset of tropical storm-force winds. |
| **Storm Surge Watch** | The possibility of life-threatening inundation from rising water moving inland from the shoreline somewhere within the specified area, generally within 48 hours, in association with a tropical, subtropical, or post-tropical cyclone. The watch may be issued earlier:   * when other conditions, such as the onset of tropical storm-force winds, are expected to limit the time available to take protective actions for surge (e.g., evacuations) * for locations not expected to receive life-threatening inundation, but which could potentially be isolated by inundation in adjacent areas |

|  |
| --- |
| **STORM BEARING IMPACT ON SURGE HEIGHTS** |

The storm bearing is the direction in which the center of the storm is heading. Bearing significantly influences potential surge heights and the extent of areas inundated. The greatest surge is found near the center of the storm and in the upper right quadrant, where winds are the strongest. Storms with a westerly bearing (i.e., WNW, NW, NNW) will produce the worst surge for New York City.

|  |
| --- |
| **city PLANS AND ASSUMPTIONS** |

**Citywide Incident Management System (CIMS)**

CIMS is an incident management doctrine for managing emergency incidents and planned events in NYC. CIMS establishes roles, responsibilities and designated authority for City agencies performing and supporting emergency response. Natural disasters and weather emergencies are considered Unified Command Incidents within CIMS. For natural disasters and weather emergencies the primary agencies operating in the Unified Command include NYCEM, NYPD, FDNY, DOT, and DSNY. However, City, State, and Federal agencies as well as private entities and non-profit organizations can either lead or support operations components in a coastal storm response.

**Response Considerations AND OPERATIONS**

**Coastal Storm Plan Trigger:** National Weather Service (NWS) forecasts a coastal storm-making ***landfall north of North Carolina*** with potential impacts to NYC.

In the event of a coastal storm, NYC activates its Coastal Storm Plan, which outlines a distinct timeline for specific emergency actions, including healthcare facility (HCF) evacuations.

|  |
| --- |
| **Key Response Operations, Centers, And resources** |

|  |  |
| --- | --- |
| **NYC Emergency**  **Operations Center**  (EOC) | * Central location for senior officials from City, State, and federal agencies and relevant private entities to coordinate response efforts, make decisions, and gather and disseminate information * Resolves interagency issues, disseminates situational awareness, and provides a forum for prioritization of critical resources and concurrent needs |
| **Emergency Support Function: Health and Medical**    *Coordinating Agency: NYCEM Health & Medical ESF Coordinator(s*) | * Sets up and facilitates Health & Medical ESF calls * Coordinates healthcare system resource requests * Addresses the public health and medical needs during activation * Key agencies include NYC DOHMH, FDNY, NYC Health + Hospitals, REMSCO, OCME, NYSDOH, GNYHA, HHS-Region II, OSHA and additional partners[[2]](#footnote-2) |
| **Unified Operations Resource**  **Center** (UORC)  *Lead Agency: NYC DSS/DHS* | * Command center for the coastal storm shelter system * Provides tactical-level system management including managing routine logistics operations and summarizing information from evacuation centers |
| **Joint Information Center** (JIC) | * Clearing house for City emergency information and responds to all media requests * Organizes regular press updates for the media on the City’s operations |
| **Logistics Center** (LC)  *Lead Agency: NYCEM Logistics* | * A scalable operation that supports resource management and asset movement control during emergencies in NYC |
| **NYC Medical Reserve Corps (MRC)**  *Lead Agency: NYC DOHMH* | * Enhances New York City’s emergency preparedness by ensuring that a trained group of health professionals is ready to respond to health emergencies * Works in partnership with professional associations, universities, and hospitals to organize this multidisciplinary group of volunteer health professionals |
| **Healthcare Facility Evacuation Center**  *Lead Agency: NYSDOH* | * Finds available space (beds) for evacuating HCFs when a facility cannot locate beds through existing relationships * Provides coordination between evacuating and receiving HCFs during an evacuation * Communicates with HCF administrators to identify, prioritize and track evacuating patients/residents and to confirm a sufficient supply of beds in receiving facilities once HCFs have exhausted their existing send – receive arrangements * Coordinates the evacuation of hospitals, psychiatric centers, nursing homes and adult care facilities within potentially affected zones and will continue operations during and immediately after the storm |
| **Transportation Section (HCF)**  *Lead Agency: FDNY* | * Coordinates the transportation of patients/residents from evacuating to receiving HCFs * Transportation mobilization areas are designated throughout the City for FDNY to use during an evacuation |
| **Transportation and General Population Evacuation**  *Lead Agencies: NYPD, MTA, DOE, FDNY, DoITT, Special Needs Agencies* | * During an evacuation, the City will work with transportation providers to maximize the use of trains, subways, and buses. Evacuees will use public transportation to travel to Evacuation Centers, friends, family, or hotels/motels within and outside the City, and to engage in storm-preparedness activities * Additionally, the Homebound Evacuation Operation (HEO) coordinates evacuation of homebound individuals (who have no other transportation options) living in an Evacuation Zone to an Evacuation Center through 311. |
| **NYC Sheltering**  *Lead Agency: NYC DSS/DHS* | * **Evacuation Center (EC):** The entry point for staff and evacuees * **Hurricane Shelter:** A temporary emergency facility for shelterees before, during, and after a storm * **Special Medical Needs Shelter (SMNS):** A temporary emergency facility providing care to shelterees whose medical condition exceeds the capabilities of a hurricane shelter and an accessible shelter, but is ***not*** severe enough to require hospitalization or a nursing home. **The system is not designed as an overflow for healthcare system capacity or as a way to decompress surges of patients in facilities** |

|  |
| --- |
| **Citywide Coastal Storm Plan Overview – Operations/Timeline** |

**Zero Hour and Timing of Event Phases**

Pre-storm operations are focused on Zero Hour:

* Zero Hour is the predicted time of arrival of sustained tropical storm-force (>39mph) winds
* Predicted Zero Hour will vary with the forward speed of the storm; NYCEM and NWS continuously monitor the storm progress
* For safety reasons, all evacuation operations must cease prior to Zero Hour
  + All pre-storm times in this plan are described as Hours before Zero Hour

Some of the designated event phases used in this document (planning, mobilization, and evacuation) are not tied to specific hours before Zero Hour and can vary based on the operation and the anticipated severity of the storm. The table below describes the approximate timing and the type of agency operation characteristic of each phase.

|  |  |  |
| --- | --- | --- |
| **Event Phase** | **Approximate Timing** | **Description** |
| Planning | *-120 to -48 hours* | Agencies assess the storm’s potential impact on daily operations and the status of personnel and equipment likely to be needed for the response and recovery |
| Mobilization | *-96 to -48 hours* | Agencies assess and stage resources needed to maintain essential services and execute response and recovery operations |
| Evacuation | *-72 to -80 hours* | Citywide evacuation operations commence following a Mayoral order to evacuate. |
| Pre-Zero Hour | *-24 to 0 hours* | Zero Hour shutdown procedures are implemented. Evacuation operations continue through this phase, though they begin to wind down including transportation staging and closures; preparations for post-storm operations continue |
| Zero Hour | *0 hours* | Agency operations and essential services have ceased; agency personnel shelter in secure locations until safe conditions resume; preparations for post-storm operations continue |
| Post-Storm | *0 hours onward* | Though the Post-Storm phase begins immediately after landfall, most post-storm operations do not begin until the end of tropical storm-force winds in NYC |

Below is a sample timeline only. It depicts the ideal timeframe for each activity to initiate and is not prescriptive or comprehensive. City agency personnel will use judgement and discretion to determine the most appropriate actions at the time of an event.

HCF Evacuation Begin

HCF Evacuation Complete

Landfall

- 96 hrs

- 72 hrs

- 24 hrs

- 48 hrs

Mayor Orders

General Evacuation

- 84 hrs

Mobilize HEC

CS Steering Committee Call

Activate

EOC

- 120 hrs

Repatriation

Mass transit shutdown

**Zero Hour**

Pre-storm operations are focused on Zero Hour, which is the predicted arrival of sustained tropical storm-force (>39 mph) winds. Note that the predicted Zero Hour will vary with the forward speed of the storm. All pre-storm times below are described as Hours before Zero Hour\*.

|  |  |
| --- | --- |
| **Hours before Zero Hour:** **120-96** | |
| *Potential City and State Actions* | *Considerations for Healthcare Facilities* |
| * Coastal Storm Steering Committee is convened | * Coastal Storm Steering Committee Calls will be convened to share general situational awareness, discuss agency issues, and identify resource needs * Health & Medical ESF calls will be convened to share situational awareness and additional calls will be scheduled as needed * GNYHA, H+H, CCLC, and other associations will represent healthcare facilities on these calls |
| * Coastal Storm Plan and associated plan(s) and taskforces/operations activated |
| * NYCEM EOC and Logistics Centers activated |
| * ESF-8 coordinators and partner agencies are alerted |
| * Schedule Health & Medical ESF conference call |
| * NYSDOH activates 96 Hour Survey for all potential evacuating healthcare facilities |
| **Hours before Zero Hour:** **96-72** | |
| * Open the Healthcare Facility Evacuation Center (HEC) | * CSP taskforces includes post-storm operations (e.g., Feeding / Commodity Distribution, Debris, Service Centers, Donations, Volunteers) * The plan adds an additional 24 hours to the 48 hours to account for the complexities of HCF evacuations * To safely evacuate healthcare facilities, the decision to evacuate HCFs should occur at 72 hours before Zero Hour |
| * NYSDOH activates the 72 Hour survey to determine receiving healthcare facility capacity |
| * Anticipate and mitigate resource needs |
| * Determine healthcare evacuation priorities and objectives |
| * The shelter command (UORC) is opened |
| **Hours before Zero Hour:** **72-48** | |
| * The HEC will:   + adjust healthcare facility evacuation priorities   + expand evacuation support to additional facilities | * Decision to close schools must be made before sheltering operations begin |
| * Healthcare facility evacuation order takes effect |
| **Hours before Zero Hour:** **48-24** | |
| * General Evacuation Order and/or Recommendation takes effect (see page 10) | * General Evacuation begins 48 hours prior to Zero Hour with a Mayoral Order * HCF evacuations should conclude 24 hours before Zero Hour, when the majority of the general evacuation is expected to occur |
| * Transition to post-storm facility support preparations |
| * Evacuation Centers open to the public |
| * Begin Homebound Evacuation Operations (HEO) |
| **Hours before Zero Hour:** **24-0** | |
| * Transition to healthcare facility repatriation planning | * Information will come out from MTA regarding mass transit shutdown[[3]](#footnote-3) * All evacuation operations must cease prior to Zero Hour for safety purposes |
| * Mass transit shutdown including rail, subway, and buses |
| * Healthcare facilities evacuation should be completed |
| * HEO ceases |
| **Zero Hour: Arrival of tropical storm force winds** | |
| **Post-Storm** | |
| * Conduct Life Safety Operations and Immediate Response Operations | * Consider surge of patients due to flooding or wind damage * Consider needs for healthcare facility evacuation based on damage assessments |
| * Begin damage assessment and initiate recovery |
| * Begin repatriation assessment |

*\*Timing of actions is suggested and may be altered based on the incident.*

**MASS TRANSIT, BRIDGE AND TUNNEL PLANNING ASSUMPTIONS**

The Metropolitan Transportation Authority (MTA), Port Authority of New York/New Jersey (PANYNJ), Amtrak and New Jersey Transit all have varying policies to protect their infrastructure and the general population. The table below is meant to serve as a guide for HCF staffing and hoteling plans. These plans and triggers are subject to change on an annual basis and **should not be a substitute for general situational awareness or continuous monitoring of open source media, transportation infrastructure, travel bans or travel restrictions**.

Each coastal storm event is unique; agencies will make shutdown decisions based on planning assumptions which are informed by the specifics of the storm. It is important to note that the below timeline should **not be considered concrete** and is subject to change depending on the coastal storm forecasted to affect the region.

|  |  |
| --- | --- |
| **Agency/Infrastructure Type** | **Trigger/Timing** |
| MTA Bridges | Access dependent |
| MTA Tunnels | Access Dependent |
| MTA NYC Transit (subways) | Approximately 8 hours before zero hour – service begins to curtail |
| MTA NYC Transit (bus service) | Approximately 6 hours before zero hour – service begins to curtail |
| MTA Long Island Railroad | Approximately 12 hours before zero hour – service begins to curtail |
| MTA Metro-North Railroad | Approximately 8 hours before zero hour – service begins to curtail |
| PANYNJ Trains (PATH) | Coordinated with MTA Subways, NJ Transit and Amtrak |
| PANYNJ Bridges | Access Dependent |
| PANYNJ Tunnels | Access dependent |
| Amtrak | Amtrak does not have specific triggers for shutdown. Decisions are based on factors specific to the storm and other mass transit decisions. Amtrak can shut their system down with little lead-time. |
| NJ Transit Service Announcement | Approximately 72 hours prior to zero hour – service announcements made |
| NJ Transit Trains \*Dependent on need to shelter/protect infrastructure & equipment | Approximately 24 – 48 hours prior to zero hour – service begins to curtail. Would most likely be align with when a train goes out of service for the end of shift – that train would not pull out for the next shift. |
| NJ Transit Bus Service  \*Dependent on need to shelter/protect infrastructure & equipment | Approximately 6 hours before zero hour – service begins to curtail. Would most likely be align with when a bus goes out of service for the end of shift – that bus wouldn’t pull out in the for the next shift. |

\*Sourced directly from MTA, PANYNJ, Amtrak and NJ Transit Emergency Management Offices.

**GENERAL POPULATION EVACUATION OVERVIEW**

New York City’s hurricane contingency plans are based on six evacuation zones. Hurricane evacuation zones are areas of the City that may be inundated by storm surge or isolated by storm surge waters. There are six zones, ranked by the risk of storm surge impact, with Zone 1 being the most likely to have storm surge flooding. In the event of a hurricane or tropical storm, residents and/or healthcare facilities in these zones may be ordered to evacuate.

Deciding to issue evacuation instructions requires in-depth analysis of storm forecasts and local conditions. The mayor can issue two different kinds of evacuation instructions:

**Evacuation Recommendation (General Population):** The Mayor may recommend certain residents take steps to evacuate voluntarily. A recommendation might be issued to cover residents of certain zones, communities, or building types. An evacuation recommendation could also be issued for the benefit of people with mobility challenges who need extra time to evacuate.

**Evacuation Order (General Population):** The Mayor may through an Executive Order, mandate that residents of specific zones or communities leave their homes for the protection of their health and welfare in the event of an approaching storm.

**Why is this important to healthcare facilities?**

Staffing plans should take into consideration the evacuation recommendations or order for staff in the hurricane evacuation zones. This includes providing for transportation planning in staffing plans for the duration of the incident. Staff can find out if they are in a hurricane evacuation zone by visiting <https://maps.nyc.gov/hurricane/>.

|  |
| --- |
| **Facilities** |

**HEALTHCARE FACILITY EVACUATION OVERVIEW**

The HEC is a NYSDOH‐led entity that coordinates the evacuation, shelter‐in‐place, and repatriation of HCFs during a regional multi‐facility evacuation scenario with the assistance of agency partners that are specific to the region that the HEC is operating in. These agencies include LHDs, OEMs, and HCF associations among others. The HEC will also provide situational awareness among all affected counties.

It is important to note that the HEC does NOT replace the Emergency Support Function (ESF-8, Public Health and Medical) structure of the local Emergency Operations Center (EOC), but will communicate and coordinate with the appropriate Health and Medical structure for mission assignments that are not HEC related.

**Planning Consideration:** *The HEC telephone number varies based on the identified location of the HEC at the time of an event. The designated HEC phone number will be communicated to healthcare facilities and HEC partners prior to activation.*

**Healthcare Facility Evacuation Recommendation:** While the NYSDOH Commissioner would consult with partners as required, the decision to evacuate PRIOR to an order issued by the Mayor (a.k.a. *voluntary evacuation*) is that of the facility.

**Planning Consideration:** *It is neither required nor advised that a healthcare facility wait until a mandatory evacuation order is in place to begin evacuation and/or decompression.*

**Mandatory Evacuation Order:**

In New York City, the Mayor is responsible for issuing a mandatory evacuation order.

**Healthcare Facility Evacuation**: The NYSDOH Commissioner does not issue an evacuation order. Facilities are ultimately responsible for the safety and security of patients or residents. NYSDOH requires healthcare facilities to create and maintain a written facility evacuation plan. **HCFs should always be prepared to EVACUATE 100% of their post discharge patients/resident census**.

|  |
| --- |
| **Healthcare Facilities By Zone** |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **Hospital** | **Nursing Home** | **Adult Care Facility** | **NYS OMH In-Patient Psychiatric Center** | **Total** | | **Zone 1** | 4 | 23 | 19 | 1 | **47** | | **Zone 2** | 4 | 3 | 4 | 0 | **11** | | **Zone 3** | 0 | 7 | 2 | 2 | **11** | | **Zone 4** | 6 | 7 | 7 | 0 | **20** | | **Zone 5** | 9 | 16 | 6 | 2 | **33** | | **Zone 6** | 2 | 10 | 4 | 1 | **17** | | **Total** | 25 | 66 | 42 | 6 | **139** |   Note totals are as of 2017. Please refer to [www.nyc.gov/knowyourzone](http://www.nyc.gov/knowyourzone) for the most up-to-date information on hurricane evacuation zones. |

|  |
| --- |
| **Shelter-In-Place[[4]](#footnote-4) (SiP)** |

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 Healthcare Facilities (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 the Mayor.**

**HCFs cannot SiP without the decision of the NYSDOH Commissioner and approval from the Mayor.**

**The Process**:

1. Before coastal storm season, a facility completes all the required sections of the NYSDOH Facility Profile Application, and indicates whether they wish to be considered for the PRE SEASON SiP LIST.
2. If the NYC Mayor issues a mandatory evacuation order NYSDOH, NYCEM and NYC DOHMH will review the SiP related information in the Facility Profile Application of those facilities on the PRE SEASON SiP List and make a recommendation regarding Shelter in Place to the NYC Mayor.

**SiP consideration points are included in the Facility Profile Application.**

1. The decision to approve or deny SiP requests rests with the NYC Mayor, after consulting with NYSDOH, NYC DOHMH, and NYCEM.

**Planning Consideration**:  *If the NYC Mayor approves a SiP request, the SiP order will only apply to the small percentage of fragile patients who are at risk of death, or are at high risk for sustaining significant additional illness/injury if evacuated.*

**Planning Consideration***:  It is recommended that HCFs be prepared to evacuate 100% of their patient census in the event a SiP request is denied.* **SiP consideration points are included in the Facility Profile Application. See Annex I of HEC Manual for further details.**

|  |
| --- |
| **NYSDOH Health Commerce System Applications** |

Healthcare facilities in New York City will use key NYSDOH Health Commerce System (HCS) Applications for Planning, Data Sharing and Receiving of Notifications, including:

* **Facility Profile Application** –The Facility Profile Application is a planning tool to facilitate the development and maintenance of HCF evacuation planning information. The tool includes information on evacuating and receiving facilities and the send-receive arrangements between them. It is designed to be used in conjunction with and **does not replace direct facility to facility dialogue** to develop send-receive arrangements.
* **Health Electronic Response Data System (HERDS)** - HERDS surveys will be conducted with hospitals, adult care facilities and nursing homes to collect information regarding potential facility beds needed or beds available for evacuation efforts.

Activation of HEC HERDS Surveys at 96 and 72 Hours is at the direction of the NYSDOH Commissioner or the HEC Director. Once the decision has been made to activate these surveys, the following information is required for further action:

* + **(96 Hours)** NYSDOH activates the 96 hour HERDS survey for all potential evacuating HCFs; FDNY deploys local personnel to assist the facility with the completion of 96hr survey. This survey gathers the total facility census and Transportation Assistance Level (TAL) of each patient/resident. This survey will be deployed only to HCFs in NYC Evacuation Zones 1-6 and based on the predicted impact of the event.
  + **(72 Hours)** the HEC Sending/Receiving forms will be deployed to HCFs. Based on the event, a determination will be made to identify the impacted HCFs who will be assigned as Sending. Receiving facilities will also be identified and will include facilities outside of evacuation zones.

**Planning Consideration:** *Each HERDS Survey includes a point of contact for survey related questions. NYSDOH Regional Office staff can always be consulted for technical assistance as well.*

* **E-FINDS Patient/Resident Tracking Application (hospitals, nursing homes and ACFs only):** If healthcare facility evacuation becomes necessary, hospitals, nursing homes or adult homes must use the E-FINDS system to track the movement of all patients and residents between sending (evacuating) and receiving facilities.
  + E-FINDS isa secure, confidential, application on the Health Commerce System (HCS). It provides real-time access to patients/residents in HCFs location information in addition to important data, and allows facilities to track patient/resident movement to other facilities.

**Planning Consideration:** *The NYSDOH Regional Offices should be notified of eFINDS related issues. Additionally, the NYSDOH Duty Officer number (1-866-881-2809) may be contacted nights and weekends for public health emergencies.*

|  |
| --- |
| **Transportation Assistance Level (TAL) Categories[[5]](#footnote-5)** |

TALs are 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 healthcare facilities 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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Transportation Assistance Level** | | ***Staffing support*** | ***Transportation Asset*** | ***Accompaniment*** | ***Designation symbols*** |
| **1\*** | **Non‐Ambulatory** | 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, physician) appropriate to their condition | 1Image result for nysdoh transportation levels |
| Individuals unable to travel in a sitting position (i.e., 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, mechanical ventilators, cardiac monitors, or other biomedical devices to accompany them during movement. | |
| **2** | **Wheelchair** | Safely managed by a single non‐clinical staff member or healthcare facility‐designated person | May be transported as a group in a wheelchair appropriate vehicle (e.g., medical transport van, 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 | 2Handicap Assistance > Accessibility > Sign |
| Individuals who cannot walk on their own but are able to sit for an extended period of time.  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, a maintenance intravenous infusion, an indwelling catheter or a PEG tube during their relocation or evacuation. | |
| **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, private auto) | A single staff member appropriate to the most acute patient/resident’s condition while accompanying a group of patients/residents | 3Image result for nysdoh transportation levels |
| Individuals who are able to walk on their own at a reasonable pace.    Those who are able to 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 | |

\*For NYC HCF 96 Hour Survey: Three TAL 1 subdivisions are used: TAL 1 Stretcher, TAL 1 Stretcher VENT, TAL1 Stretcher Bariatric.

|  |
| --- |
| **Potential Healthcare Facility Impacts** |

Non-evacuating and receiving facilities may experience various impacts post-storm including but not limited to:

* + **Facility Surge:** Individuals with chronic conditions (e.g., dialysis, methadone maintenance, and diabetic patients) living at home are likely to be impacted more severely, may not have access to medications and treatment in their community, and be forced to seek treatment in hospitals or ambulatory care sites.
  + **Supply Shortage:** Potential supply shortages and access issues with medical supplies and pharmaceuticals may occur and can be anticipated due to medical sheltering operations and hospital and nursing home evacuations (especially in a prolonged event).
  + **Staffing Issues:** HCFs should routinelyreview with staff the facility evacuation and emergency response plans, plans for flooding, including vertical, horizontal or out of facility evacuation arrangements and protocols, applicable mutual aid plans, and local and regional emergency contact information. Consider alternate staffing arrangements; shifts and management of staffing shortages due to transportation impacts; and, the securing of needed supplies and preparations for staff that remain on.
  + **Access to Healthcare:** Patients and/or residents may havedifficulty accessing supplies locally (closed pharmacies, lack of access to primary care providers).
  + **Utilities:** HCFs shouldreview plans for the loss of power, water, and steam. Preparedness activities include testing and confirming operations of emergency generator(s); confirming or acquiring adequate emergency generator fuel supply and that it is onsite and able to last for at least 96 hours; and assuring adequate emergency lighting throughout the facility; and, providing access to EHR and patient records.
  + **Communications:** HCFs should review communications plans in preparation for loss of service. Various communications failures should be anticipated, including (but not limited to): Telephone outages, data communication outages, cellular service interruption, and loss of access to the Electronic Health Record System (EHR). Facilities should also confirm that their 700MHz and/or 800MHz NYCEM radios are operational and that staff know when and how to use these devices.
  + **Safety & Security:** HCFs should review their safety and security plans. Safety and security issues may be a discrete issue or may be part of a larger, system-wide issue. Potential issues include (but are not limited to): disruptive patients or family members, loss of CCTV/Security Cameras, loss of fire panel communications, and loss of panic alarms in sensitive areas.
  + **Potential Facility issues:** 
    - **Mortuary Services and Morgue Operations:** In New York City, OCME may delay or suspend citywide mortuary services to recovery claim cases from healthcare facilities due to hazardous weather/travel conditions. HCFs should consider the impact to the funeral industry and other relevant partners that may result in delays in releasing cases.
    - **Regulated Medical Waste:** New York State Department of Health (NYSDOH), New York Codes, Rules and Regulations Title 10, Part 70 (10 NYCRR, Part 70) describe the requirements that are in place for the proper handling and treatment of regulated medical waste (RMW). The requirements are applicable to hospitals, residential healthcare facilities, and diagnostic and treatment centers and clinical laboratories.

**Potential Federal Resources**

During incidents with significant public health and medical impacts, if a resource need exceeds the capacity of the City and the State, the City/State may need to request additional federal resources to support the incident objectives. Below is a brief list of HHS resources related to ESF-8 Public Health and Services and is not meant to be an exhaustive list of federal resources. All resource requests go through the City and State Logistic Centers.

**Planning Consideration***: State and Federal personnel from outside the NYC Metro area may not know the area as well as local responders. These personnel may need additional materials and information to aid them in completing their tasks (e.g,. specific addresses, maps, telephone numbers)*.

|  |  |
| --- | --- |
| **National Disaster Medical System** (NDMS) | A nationwide partnership designed to deliver quality medical care to the victims of, and responders to, a domestic disaster. NDMS provides state-of-the-art medical care under any conditions at a disaster site, in transit from the impacted area, and in participating definitive care facilities. This includes the capability to relocate ill and injured patients from a disaster area to areas unaffected by the disaster. The main NDMS teams consist of the following:   * ***Disaster Medical Assistance Team (DMAT):*** DMATs provide primary and acute care, triage of mass casualties, initial resuscitation and stabilization, advanced life support and preparation of sick or injured for evacuation. * ***Disaster Mortuary Operational Response Team (DMORT):*** DMORTs work under the guidance of local authorities by providing technical assistance and personnel to recover, identify, and process deceased victims. * ***National Veterinary Response Team (NVRT):*** NVRT provides assistance in identifying the need for veterinary services following major disasters, emergencies, public health or other events requiring federal support and in assessing the extent of disruption to animal and public health infrastructures. |
| **CDC Strategic National Stockpile** (SNS) | A national repository of antibiotics, chemical antidotes, antitoxins, life-support medications, IV administration and airway maintenance supplies, and medical/surgical items. The SNS is designed to supplement and re-supply State and local public health agencies in the event of a national emergency anywhere and at any time within the U.S. or its territories. |
| **Federal Emergency Medical Services Contract** (FEMSC) | Formerly the National Ambulance Contract, the purpose of the Federal Emergency Medical Services contract is to provide a full array of licensed ground and air ambulance services and para-transit services that may be ordered as needed to supplement the Federal and Military response to a disaster, act of terrorism or other public health emergency. |
| **Federal Medical Station** (FMS) | An HHS deployable healthcare facility that can provide surge beds to support healthcare systems anywhere in the U.S. that are impacted by disasters or public health emergencies. FMS are not mobile and cannot be relocated once established. |

**Acronym & Abbreviation List**

|  |  |
| --- | --- |
| ACF | Adult Care Facility |
| CIMS | Citywide Incident Management System |
| DMAT | Disaster Medical Assistant Team |
| DMORT | Disaster Mortuary Assistance Team |
| DOHMH | (NYC) Department of Health and Mental Hygiene |
| DOT | (NYC) Department of Transportation |
| DSNY | Department of Sanitation of New York City |
| DSS/DHS | (NYC) Department of Social Services/Department of Homeless Services |
| EC | Evacuation Center |
| EHR/EMR | Electronic Health Record/Electronic Medical Record |
| EOC | Emergency Operations Center |
| ESF | Emergency Support Function |
| FDNY | Fire Department of New York City |
| FEMSC | Federal Emergency Medical Services Contract |
| FMS | Federal Medical Station |
| GNYHA | Greater New York Hospital Association |
| HCF | Healthcare Facility |
| HCS | Health Commerce System |
| HEC | Healthcare Facility Evacuation Center |
| HERDS | Health Emergency Response Data System |
| HEO | Homebound Evacuation Operation |
| HS | Hurricane Shelter |
| JIC | Joint Information Center |
| LC | Logistics Center |
| LHD | Local Health Department |
| METU | Medical Evacuation Transportation Unit |
| NDMS | National Disaster Medical Services |
| NHC | National Hurricane Center |
| NVRT | National Veterinary Response Team |
| NWS | National Weather Service |
| NYCEM | New York City Emergency Management |
| NYPD | New York City Police Department |
| NYSDOH | New York State Department of Health |
| OCME | (NYC) Office of Chief Medical Examiner |
| SiP | Shelter in Place |
| SMNS | Special Medical Needs Shelter |
| SNS | Strategic National Stockpile |
| TAL | Transportation Assistance Level |
| UORC | (NYC) Unified Operations Resource Center |

|  |
| --- |
| **aPPENDIX a – cONTACT iNFORMATION** |

**IMPORTANT TELEPHONE NUMBERS**

|  |  |
| --- | --- |
| **Agency, Entity or Department** | **Phone Number** |
| NYCEM Watch Command | (718) 422-8700 |
| GNYHA Main Office | (212) 246-7100 |
| GNYHA Sit Stat Helpdesk  \*Unless otherwise noted in Sit Stat Activation e-mail | *Normal Business Hours:* (212) 258-5336  *Off hours:* (646) 522-0264 |
| NYS DOH desk at NYCEM EOC | (718) 422-8767 |
| NYS DOH HEC | Varies per activation – see p. 10 for further details |
| NYS DOH eFINDS – Contact MARO Region | (212) 417-5550 – see p. 12 for further details |
| NYS DOH HERDS Helpdesk – Contact MARO Region | (212) 417-5550 – see p. 12 for further details |

**WHEN TO CONTACT VARIOUS ENTITIES**

Contact your Health and Medical ESF representative (GNYHA, NYC H+ H, NYC DOHMH, NYS DOH, OCME, Etc.) for the following:

* Requests for scarce or difficult to source resources
* Urgent/emergent issues regarding staffing
* Critical staff denial of access during travel bans
* Critical infrastructure issues

Contact the Healthcare Facility Evacuation Center (HEC) for the following:

* Updating bed availability (receiving facilities)
* Updating the number of patients requiring transport (sending facilities)
* Ambulance/Ambulette assignment questions
* General Healthcare Facility Evacuation Operations related questions

|  |
| --- |
| **aPPENDIX B – hEALTHCARE fACILITIES BY zONE** |

***Healthcare Facilities should continually update their plans to reflect their current Hazard Evacuation Zone assignment. Please refer to*** [***www.nyc.gov/knowyourzone***](http://www.nyc.gov/knowyourzone) ***for the most up-to-date information regarding evacuation zones.***

**EVACUATION zONE 1**

**NYC Hospitals**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Address** | **City** | **ZIP Code** | **Borough** |
| Bellevue Hospital Center | 462 First Avenue | New York | 10016 | New York |
| NYU Hospitals Center / NYU Medical Center - Tisch Hospital | 550 First Avenue | New York | 10016 | New York |
| St. John's Episcopal Hospital | 327 Beach 19th Street | Far Rockaway | 11691 | Queens |
| V.A. NY Harbor Health Care System/Manhattan Campus | 423 East 23rd Street | New York | 10010 | New York |

**Nursing Homes**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Address** | **City** | **ZIP Code** | **Borough** |
| Bezalel Rehabilitation & Nursing Center | 29-38 Far Rockaway Blvd | Far Rockaway | 11691 | Queens |
| Beach Gardens Rehab and Nursing Center | 17-11 Brookhaven Avenue | Far Rockaway | 11691 | Queens |
| Brookhaven Rehabilitation & Health Care Center, LLC | 250 Beach 17th Street | Far Rockaway | 11691 | Queens |
| Far Rockaway Nursing Home | 13-11 Virginia Street | Far Rockaway | 11691 | Queens |
| Haven Manor Healthcare Center | 1441 Gateway Blvd | Far Rockaway | 11691 | Queens |
| Horizon Care Center | 64-11 Beach Channel Drive | Arverne | 11692 | Queens |
| Lawrence Nursing Care Center | 350 Beach 54th Street | Arverne | 11692 | Queens |
| Menorah Center for Rehabilitation and Nursing Care | 1516 Oriental Blvd | Brooklyn | 11235 | Brooklyn |
| New Surfside Nursing Home | 22-41 New Haven Avenue | Far Rockaway | 11691 | Queens |
| Beacon Rehabilitation & Nursing Center | 140 Beach 113th Street | Rockaway Park | 11694 | Queens |
| Oceanview Nursing & Rehabilitation Center, LLC | 315 Beach 9th Street | Far Rockaway | 11691 | Queens |
| Park Nursing Home | 128 Beach 115th Street | Rockaway Park | 11694 | Queens |
| Peninsula General Nursing Home | 50-15 Beach Channel Drive | Far Rockaway | 11691 | Queens |
| Promenade Rehabilitation & Health Care Center | 140 Beach 114th Street | Rockaway Park | 11694 | Queens |
| Queens Nassau Rehabilitation & Nursing Center | 520 Beach 19th Street | Far Rockaway | 11691 | Queens |
| Resort Nursing Home | 430 Beach 68th Street | Arverne | 11692 | Queens |
| Rockaway Care Center | 353 Beach 48th Street | Edgemere | 11691 | Queens |

**Nursing Homes, Continued**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Address** | **City** | **ZIP Code** | **Borough** |
| Saints Joachim & Anne Nursing and Rehabilitation Center | 2720 Surf Avenue | Brooklyn | 11224 | Brooklyn |
| Sea Crest Nursing and Rehabilitation Center | 3035 West 24th Street | Brooklyn | 11224 | Brooklyn |
| Sheepshead Nursing & Rehabilitation Center | 2840 Knapp Street | Brooklyn | 11235 | Brooklyn |
| Seagate Rehabilitation and Nursing Center | 3015 West 29th Street | Brooklyn | 11224 | Brooklyn |
| Shore View Nursing & Rehabilitation Center | 2865 Brighton 3rd Street | Brooklyn | 11235 | Brooklyn |
| West Lawrence Care Center, LLC | 1410 Seagirt Blvd | Far Rockaway | 11691 | Queens |

**Adult Care Facilities**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Address** | **City** | **ZIP Code** | **Borough** |
| Belle Harbor Manor | 209 Beach 125th Street | Belle Harbor | 11694 | Queens |
| Central Assisted Living, LLC | 1509 Central Avenue | Far Rockaway | 11691 | Queens |
| Chai Home | 125-02 Ocean Promenade | Belle Harbor | 11694 | Queens |
| Harbor View Home for Adults | 3900 Shore Parkway | Brooklyn | 11235 | Brooklyn |
| Long Island Hebrew Living Center | 431 Beach 20th Street | Far Rockaway | 11691 | Queens |
| Mermaid Manor Home for Adults | 3602 Mermaid Avenue | Brooklyn | 11224 | Brooklyn |
| New Broadview Manor Home For Adults | 70 Father Capodanno Blvd | Staten Island | 10305 | Staten Island |
| New Glorias Manor Home for Adults | 140 Beach 119th Street | Rockaway Park | 11694 | Queens |
| New Haven Manor | 1526 New Haven Avenue | Far Rockaway | 11691 | Queens |
| Oceanview Manor Home for Adults | 3010 West 33rd Street | Brooklyn | 11224 | Brooklyn |
| Park Inn Home | 115-02 Ocean Promenade | Rockaway Park | 11694 | Queens |
| River View Gardens | 4-12 49th Avenue | Long Island City | 11101 | Queens |
| Rockaway Manor HFA | 145 Beach 8th Street | Far Rockaway | 11691 | Queens |
| Seaview Manor, LLC | 210 Beach 47th Street | Far Rockaway | 11691 | Queens |
| Sunrise at Sheepshead Bay | 2211 Emmons Avenue | Brooklyn | 11235 | Brooklyn |
| Surf Manor Home for Adults | 2316 Surf Avenue | Brooklyn | 11224 | Brooklyn |
| Surfside Manor Home for Adults, LLC | 95-02 Rockaway Beach Blvd | Rockaway Beach | 11693 | Queens |
| The Waterford on the Bay | 2900 Bragg Street | Brooklyn | 11235 | Brooklyn |
| Wavecrest Home for Adults | 242 Beach 20th Street | Far Rockaway | 11691 | Queens |

**Psych Facilities**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Address** | **City** | **ZIP Code** | **Borough** |
| South Beach Psych Ctr | 777 Seaview Ave | Staten Island | 10305 | Staten Island |

**EVACUATION zONE 2**

**NYC Hospitals**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Address** | **City** | **ZIP Code** | **Borough** |
| Calvary Hospital | 1740 Eastchester Road | Bronx | 10461 | Bronx |
| NYC Health + Hospitals/Coney Island | 2601 Ocean Parkway | Brooklyn | 11235 | Kings |
| NYC Health + Hospitals/Metropolitan | 1901 First Avenue | New York | 10029 | New York |
| Staten Island University Hospital – North Campus | 475 Seaview Avenue | Staten Island | 10305 | Staten Island |

**Nursing Homes**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Address** | **City** | **ZIP Code** | **Borough** |
| NYC Health + Hospitals/Coler | 900 Main Street | Roosevelt Island | 10044 | Manhattan |
| Bedford Care Center | 40 Heyward Street | Brooklyn | 11211 | Brooklyn |
| Providence Rest, Inc | 3304 Waterbury Avenue | Bronx | 10465 | Bronx |

**Adult Care Facilities**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Address** | **City** | **ZIP Code** | **Borough** |
| Carnegie East House | 1844 Second Avenue | New York | 10128 | Manhattan |
| Frederic Fleming Residence | 443-445 West 22nd Street | New York | 10011 | Manhattan |
| NY Found.-Sr Citizens EHP3 | 1850 Second Avenue | New York | 10128 | Manhattan |
| Sunrise at Mill Basin | 5905 Strickland Avenue | Brooklyn | 11234 | Brooklyn |

**EVACUATION zONE 3**

**Nursing Homes**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Address** | **City** | **ZIP Code** | **Borough** |
| Brooklyn United Methodist Church Home | 1485 Dumont Avenue | Brooklyn | 11208 | Brooklyn |
| Brooklyn-Queens Nursing Home | 2749 Linden Blvd | Brooklyn | 11208 | Brooklyn |
| The Chateau at Brooklyn Rehabilitation and Nursing Center | 3457 Nostrand Avenue | Brooklyn | 11229 | Brooklyn |
| Four Seasons Nursing and Rehabilitation Center | 1555 Rockaway Parkway | Brooklyn | 11236 | Brooklyn |
| Atrium Center for Rehabilitation and Nursing | 630 East 104th Street | Brooklyn | 11236 | Brooklyn |
| Linden Center for Nursing and Rehabilitation | 2237 Linden Blvd | Brooklyn | 11207 | Brooklyn |
| Spring Creek Rehabilitation & Nursing Care Center | 660 Louisiana Avenue | Brooklyn | 11239 | Brooklyn |

**Adult Care Facilities**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Address** | **City** | **ZIP Code** | **Borough** |
| Amber Court of Brooklyn | 650 East 104th Street | Brooklyn | 11236 | Brooklyn |
| New South Shore Manor | 1041 East 83rd Street | Brooklyn | 11236 | Brooklyn |

**Psych Facilities**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Address** | **City** | **ZIP Code** | **Borough** |
| Bronx Children's Psych Ctr | 1000 Waters Place | Bronx | 10461 | Bronx |
| Bronx Psychiatric Center | 1500 Waters Place | Bronx | 10461 | Bronx |

**EVACUATION zONE 4**

**NYC Hospitals**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Address** | **City** | **ZIP Code** | **Borough** |
| NYC Health + Hospitals/Harlem | 506 Lenox Avenue | New York | 10037 | New York |
| Hospital for Special Surgery | 535 East 70th Street | New York | 10021 | New York |
| NYC Health + Hospitals/Lincoln | 234 East 149th Street | Bronx | 10451 | Bronx |
| NewYork-Presbyterian / Weill Cornell Medical Center | 525 East 68th Street | New York | 10021 | New York |
| NYU Hospital for Joint Diseases | 301 East 17th Street | New York | 10003 | New York |
| Rockefeller University Hospital | 1230 York Avenue | New York | 10021 | New York |

**Nursing Homes**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Address** | **City** | **ZIP Code** | **Borough** |
| Gold Crest Care Center | 2316 Bruner Avenue | Bronx | 10469 | Bronx |
| Harlem Center for Nursing and Rehabilitation, LLC | 30 West 138th Street | New York | 10037 | Manhattan |
| Haym Solomon Home for the Aged | 2340 Cropsey Avenue | Brooklyn | 11214 | Brooklyn |
| Kings Harbor Multicare Center | 2000 East Gunhill Road | Bronx | 10469 | Bronx |
| Rego Park Nursing Home | 111-26 Corona Avenue | Flushing | 11368 | Queens |
| King David Center for Nursing and Rehabilitation | 2266 Cropsey Avenue | Brooklyn | 11214 | Brooklyn |
| Villagecare Rehabilitation and Nursing Center | 214 West Houston Street | New York | 10014 | Manhattan |

**Adult Care Facilities**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Address** | **City** | **ZIP Code** | **Borough** |
| Alma Rangel Gardens | 55 West 137th Street | New York | 10037 | Manhattan |
| Amber Court of Pelham Gardens | 1800 Waring Avenue | Bronx | 10469 | Bronx |
| Kings Adult Care Center | 2255 Cropsey Avenue | Brooklyn | 11214 | Brooklyn |
| Madison York Assisted Living Community, LLC | 112-14 Corona Avenue | Flushing | 11368 | Queens |
| S.S. Cosmas and Damian Adult Home | 2099 Forest Avenue | Staten Island | 10303 | Staten Island |
| The Rev. Robert V. Lott Assisted Living Center | 1261 Fifth Avenue | New York | 10029 | Manhattan |
| VillageCare at 46th & Ten | 510 West 46th Street | New York | 10036 | Manhattan |

**EVACUATION ZONE 5**

**NYC Hospitals**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Address** | **City** | **ZIP Code** | **Borough** |
| Mount Sinai Brooklyn | 3201 Kings Highway | Brooklyn | 11234 | Kings |
| Mount Sinai Beth Israel | 354 East 16th Street | New York | 10003 | New York |
| Brookdale University Hospital Medical Center | 1 Brookdale Plaza | Brooklyn | 11212 | Kings |
| NYU Lutheran | 150 55th Street | Brooklyn | 11220 | Kings |
| New York Community Hospital | 2525 Kings Highway | Brooklyn | 11229 | Kings |
| NewYork-Presbyterian / Lower Manhattan Hospital | 170 William Street | New York | 10038 | New York |
| Staten Island University Hospital - South Campus | 375 Seguine Avenue | Staten Island | 10309 | Staten Island |
| V.A. NY Harbor Health Care System/Brooklyn Campus | 800 Poly Place | Brooklyn | 11209 | Kings |
| NYC Health + Hospitals/Woodhull | 760 Broadway | Brooklyn | 11206 | Kings |

**Nursing Homes**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Address** | **City** | **ZIP Code** | **Borough** |
| Bay Park Center for Nursing and Rehab, LLC | 801 Co-Op City Blvd | Bronx | 10475 | Bronx |
| Bridge View Nursing Home | 143-10 20th Avenue | Whitestone | 11357 | Queens |
| Bronx Center for Rehabilitation & Health Care | 1010 Underhill Avenue | Bronx | 10472 | Bronx |
| Cliffside Rehabilitation & Residential Health Care Center | 119-19 Graham Court | Flushing | 11354 | Queens |
| Cobble Hill Health Center, Inc | 380 Henry Street | Brooklyn | 11201 | Brooklyn |
| Grand Manor Nursing & Rehabilitation Center | 700 White Plains Road | Bronx | 10473 | Bronx |
| Jeanne Jugan Residence | 2999 Schurz Avenue | Bronx | 10465 | Bronx |
| Manhattanville Health Care Center | 311 West 231st Street | Bronx | 10463 | Bronx |
| New East Side Nursing Home | 25 Bialystoker Place | New York | 10002 | Manhattan |
| New Gouverneur Hospital SNF | 227 Madison Street | New York | 10002 | Manhattan |
| Northern Manhattan Rehabilitation and Nursing Center | 116 East 125th Street | New York | 10035 | Manhattan |
| Park Terrace Care Center | 59-20 Van Doren Street | Rego Park | 11368 | Queens |
| Rebekah Rehab and Extended Care Center | 1072 Havemeyer Avenue | Bronx | 10462 | Bronx |
| Schulman and Schachne Institute for Nursing and Rehabilitation | 555 Rockaway Parkway | Brooklyn | 11212 | Brooklyn |
| Terence Cardinal Cooke Health Care Center | 1249 Fifth Avenue | New York | 10029 | Manhattan |
| Throgs Neck Rehabilitation & Nursing Center | 707 Throgs Neck Expressway | Bronx | 10465 | Bronx |

**Adult Care Facilities**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Address** | **City** | **ZIP Code** | **Borough** |
| Brooklyn Adult Care Center | 2830 Pitkin Avenue | Brooklyn | 11208 | Brooklyn |
| Castle Senior Living at Forest Hills | 108-25 Horace Harding Expressway | Forest Hills | 11368 | Queens |
| Castle Senior Living at Forest Hills | 108-25 Horace Harding Expressway | Forest Hills | 11368 | Queens |
| Garden of Eden Home | 1608-1620 Stillwell Avenue | Brooklyn | 11223 | Brooklyn |
| NY Found.-Sr Citizens EHP4 Ridge Street Gardens | 80-92 Ridge Street | New York | 10002 | Manhattan |
| NY Found.-Sr. Citizens #2 Brown Gardens | 225 East 93rd Street | New York | 10128 | Manhattan |

**Psych Facilities**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Address** | **City** | **ZIP Code** | **Borough** |
| Kirby Forensic Psych Ctr | 600 E 125 Street (Wards Island) | New York | 10035 | Manhattan |
| Manhattan Psychiatric Ctr | 600 E 125 Street (Wards Island) | New York | 10035 | Manhattan |

**EVACUATION ZONE 6**

**NYC Hospitals**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Address** | **City** | **ZIP Code** | **Borough** |
| New York Eye and Ear Infirmary of Mount Sinai | 310 East 14th Street | New York | 10003 | New York |
| Montefiore Medical Center - Jack D. Weiler Hospital | 1825 Eastchester Road | Bronx | 10461 | Bronx |

**Nursing Homes**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Address** | **City** | **ZIP Code** | **Borough** |
| The Phoenix Rehabilitation and Nursing Center | 140 Saint Edwards Street | Brooklyn | 11201 | Brooklyn |
| Triboro Center for Rehabilitation and Nursing | 1160 Teller Avenue | Bronx | 10456 | Bronx |
| Ditmas Park Care Center | 2107 Ditmas Avenue | Brooklyn | 11226 | Brooklyn |
| Fairview Rehab & Nursing Home | 69-70 Grand Central Parkway | Forest Hills | 11375 | Queens |
| Bronx Lebanon Highbridge Woodycrest Center | 936 Woodycrest Avenue | Bronx | 10452 | Bronx |
| Hopkins Center for Rehabilitation and Healthcare | 155 Dean Street | Brooklyn | 11217 | Brooklyn |
| Lutheran Augustana Center for Extended Care & Rehabilitation | 5434 Second Avenue | Brooklyn | 11204 | Brooklyn |
| NYS Veterans Home in NYC | 178-50 Linden Blvd | JAMAICA | 11434 | Queens |
| St Vincent De Paul Residence | 900 Intervale Avenue | Bronx | 10459 | Bronx |
| Union Plaza Care Center | 33-23 Union Street | Flushing | 11354 | Queens |

**Adult Care Facilities**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Address** | **City** | **ZIP Code** | **Borough** |
| Brookdale Hospital Medical Center ALP | 558-578 Rockaway Parkway | Brooklyn | 11212 | Brooklyn |
| New York Armenian Home, Inc. | 137-31 45th Avenue | Flushing | 11355 | Queens |
| St. Vincent de Paul Assisted Living Program | 900 Intervale Avenue | Bronx | 10459 | Bronx |
| West Side Federation For Sr. and Supportive Housing | 109 West 129th Street | New York | 10027 | Manhattan |

**Psych Facilities**

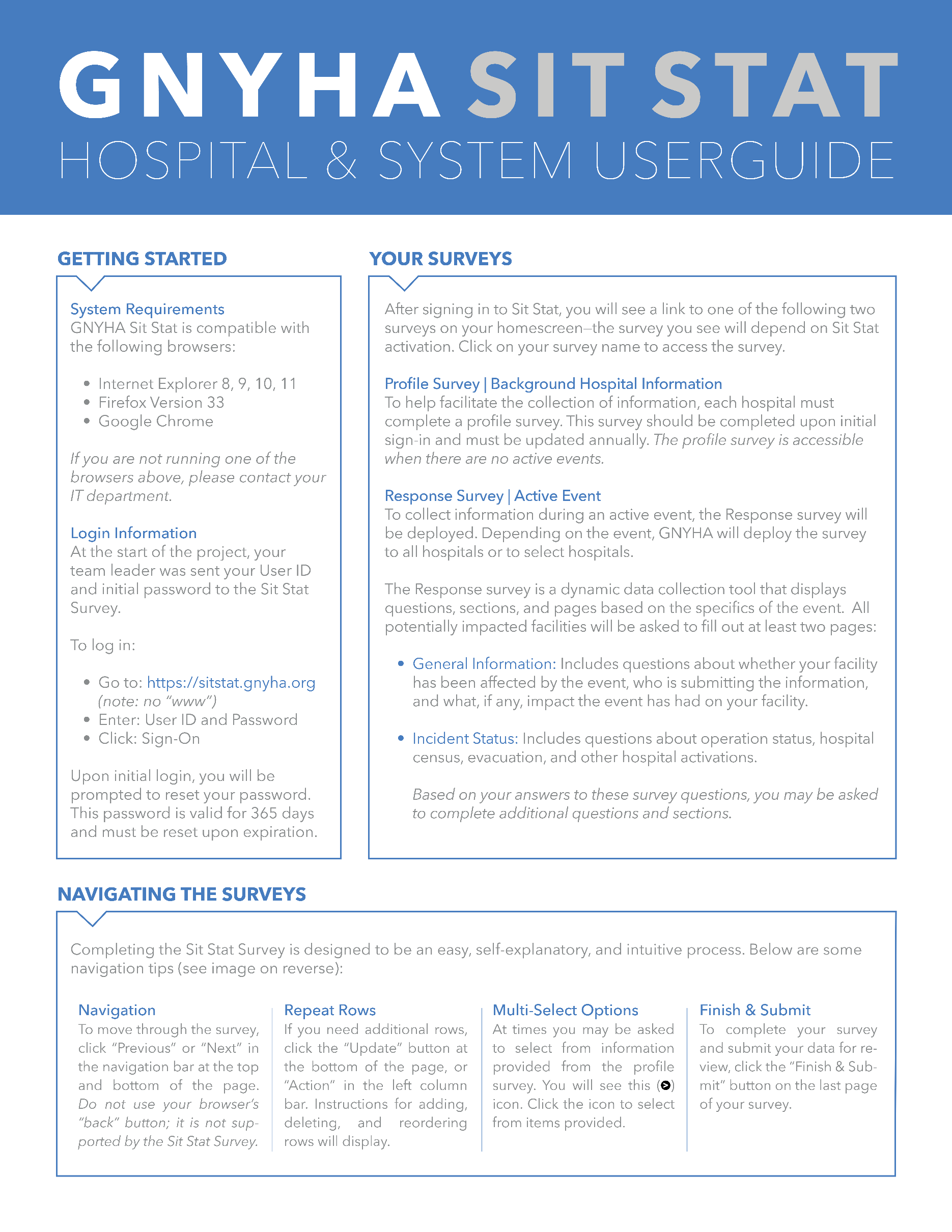
|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Address** | **City** | **ZIP Code** | **Borough** |
| Gracie Square Hospital | 420 East 76th Street | New York | 10021 | Manhattan |

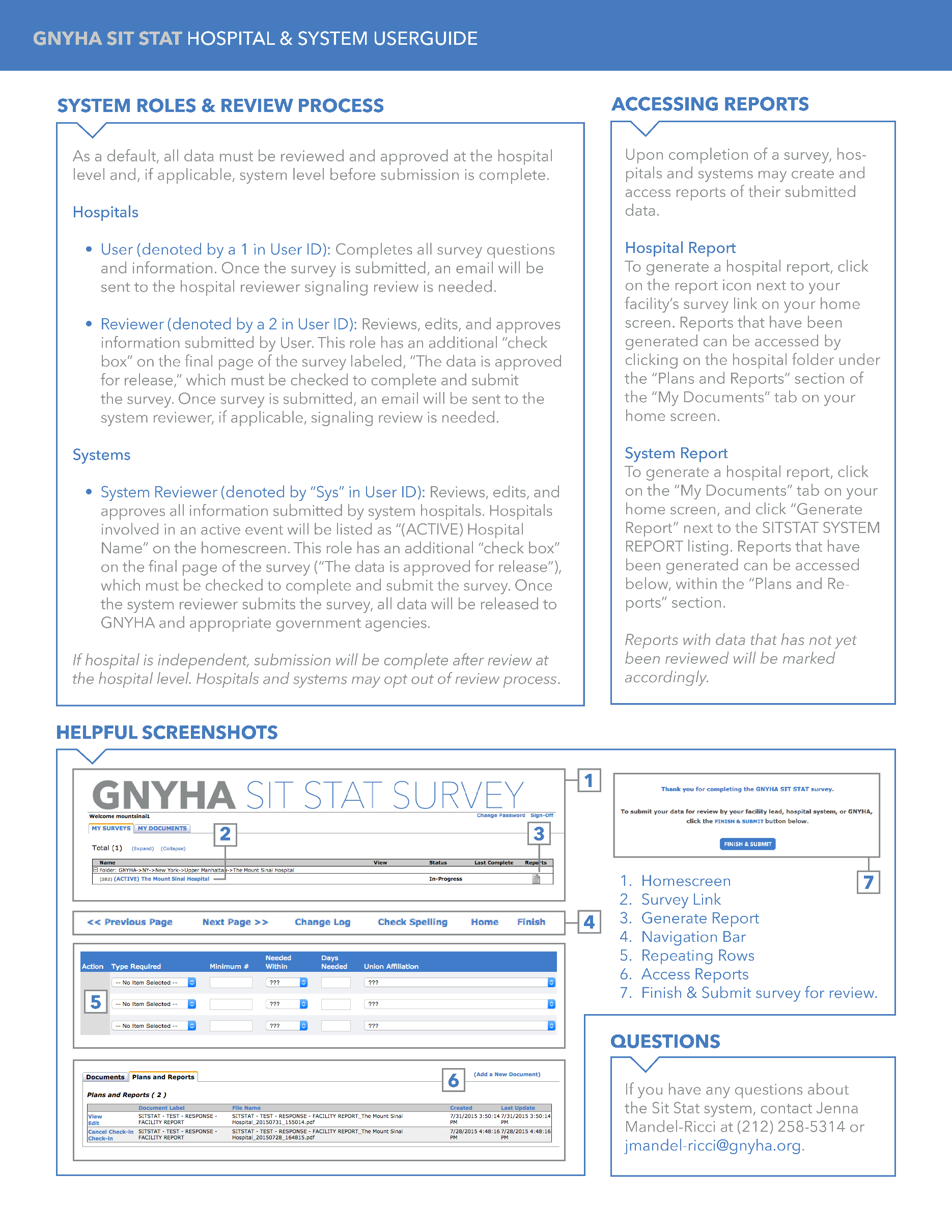
|  |
| --- |
| **aPPENDIX C – GNYHA Sit Stat** |

GNYHA Sit Stat is offered to Hospital members of the Greater New York Hospital Association (GNYHA). Hospital members of GNYHA will be asked to complete a Sit Stat survey each operational period throughout the incident. The purpose of the survey is to quickly and efficiently collect information on current and anticipated impacts of the event. This information enables GNYHA to better meet member needs and share critical information regarding the status of the hospital sector with government response entities.

For information or questions about the GNYHA Sit Stat system, please contact:

|  |  |  |  |
| --- | --- | --- | --- |
| Patrick Meyers  Senior Project Manager, Emergency Management  Office: 212.258.5336  Mobile: 646.522.0264  e-mail: PMeyers@GNYHA.org |  |  | Jenna Mandel-Ricci  Vice President, Regulatory and Professional Affairs  phone: 212.258.5314  e-mail: jmandel-ricci@gnyha.org |





1. NHC Tropical Cyclone Text Product Descriptions. Retrieved from <http://www.nhc.noaa.gov/aboutnhcprod.shtml> [↑](#footnote-ref-1)
2. Those who are part of the response and conference calls but may not be sitting in the EOC [↑](#footnote-ref-2)
3. To find this information during an incident, please visit [ww.nyc.gov/notifynyc](file:///\\vnxfileserver\workgroup\Health%20&%20Medical\Coastal%20Storms\Healthcare%20Facility%20Guide\ww.nyc.gov\notifynyc) and/or [www.mta.info](http://www.mta.info) [↑](#footnote-ref-3)
4. New York State Department of Health. Healthcare Facility Evacuation Center (HEC) Manual (May 2016). [↑](#footnote-ref-4)
5. New York State Department of Health. Healthcare Facility Evacuation Center (HEC) Manual (May 2016). [↑](#footnote-ref-5)