



STATE OF NEW YORK
DEPARTMENT OF HEALTH

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Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

October 21, 2005

DAL/DQS: 05-11
Subject: Emergency Preparedness

Dear Administrator:

The New York State Department of Health continues to promote emergency preparedness, including responsiveness to natural disasters and chemical, biological, radiological, nuclear and explosive (CBRNE) events. NYSDOH will be requiring surge and evacuation plans to be developed and submitted, using the information found in this letter. This letter delineates what NYSDOH considers the essential elements of a comprehensive emergency preparedness plan, and provides the documents to use in this planning initiative.

NYSDOH, in collaboration with the Long Term Care provider associations, presented educational programs across the state this year. Attendees were provided with surge templates as guidance to develop a methodical surge plan. Those templates have been revised to simplify the process. In addition, attendees were provided with an introduction to the Comprehensive Emergency Management Program.

An analysis of evacuation plans submitted by randomly selected nursing homes demonstrated that, at this time, there is no consistent approach. The Comprehensive Emergency Management Program was subsequently developed to augment the Disaster Plans currently in place.

The Comprehensive Emergency Management Program was prepared by a committee consisting of members of several NYSDOH sectors, including the Division of Quality Assurance and Surveillance, the Bureau of Emergency Medical Services (EMS), Public Health Preparedness, and the Healthcare Bioterrorism Preparedness Program, as well as the State Emergency Management Office (SEMO) and the New York City Office of Emergency Management. The goals were to formulate a benchmark template for emergency and evacuation planning in nursing homes, compile standards for evacuation procedures, and formulate a suggested planning process for distinct regional circumstances.

In an emergency event that calls for either a partial or full facility evacuation, it is essential that nursing homes know, and are able to contact, appropriate response partners and are aware of the roles and responsibilities of all parties.

It is also important that facilities specify staff responsible for implementation of Comprehensive Emergency Management Program compliance.

In a CBRNE event or natural disaster, nursing homes may play an integral part in decompressing hospitals so that they may rapidly admit and care for the serious ill and injured. It is essential that nursing homes develop comprehensive surge plans that incorporate both a surge capacity and a surge capability unique to the facility.

Knowing your community response partners and actively engaging with them in timely preparation is the core of comprehensive emergency preparedness. Response partners must be aware of facility evacuation and surge plans.

Facilities must therefore have clear contact information (e.g. phone numbers, fax numbers) with response partners. Community response partners include the Local Health Department, the local Office of Emergency Management, the Regional Resource Center (RRC) where established, area hospitals, village, town or city government, police, fire and other nursing homes.

The Comprehensive Emergency Management Program must include the following elements in order to achieve these goals:

- The Health Provider Network Communications Directory must include identification of 24/7 contacts and at least one back-up. Names, telephone numbers and e-mail addresses must be included.
- There must be maintenance of a current HPN account with both the current administrator and current HPN Coordinator(s). The HPN Coordinator (HPNC) is responsible for maintaining current roles in the Contact Persons section of the Communications Directory, and securing accounts for those persons. Facilities should designate more than one HPNC.
- There must be a current call down list of facility staff that may be mobilized in an emergency, addressing how the information will be kept current.
- There must be a contact list of community partners that includes the Office of Emergency Management, the Local Health Department, EMS, law enforcement, fire and other community partners. There must be a procedure in place to ensure that contact numbers are kept current, and that facility staff are aware of locations of these contact numbers.
- A collaborative planning effort with these partners must be maintained in order to ensure a clear understanding of roles and responsibilities in the county's comprehensive emergency plan.
- Measures must be in place to respond to requests for information by the Office of Emergency Management, the Local Health Department, EMS, law enforcement, fire, the Regional Resource Center (RRC), and other community partners.
- There must be participation in community-wide drills and exercises as invited.
- There must be a comprehensive Surge Plan that addresses both the capacity to which a facility may over-bed and the acuity level of patients the facility is able to care for.
- There must be an Evacuation Plan that addresses activation circumstances, a conclusive method to indicate resident room evacuation, predetermined resident destination, a tracking mechanism for resident relocation, a protocol for responsible party notification, assessment of transportation resources, and transport of essential care elements such as

medications, the medical record, the medication administration record (MAR) and specialized treatment supplies. Attachment 4 is the Nursing Home Evacuation Plan Template, outlining the components that must be covered in your Evacuation Plan. The Evacuation Plan should address all types of hazards, e.g. floods, that the local hazard analysis has identified as potential for your area.

- Policies must be in place that address pertinent and timely updates of the evacuation and surge plans. Staff education must take place regarding all plan revisions.

Surge and evacuation plans must be submitted to your NYSDOH Regional Office and your local Emergency Management Office(s) by **December 31, 2005**. These plans must incorporate the elements outlined in the attached checklists. Compliance reviews by NYSDOH will not occur in 2006 until facilities have received feedback from their NYSDOH Regional Office

In addition, the Department will post a Provider Asset Survey to the HPN shortly to collect additional information on nursing home equipment, infrastructure, and human resources. It is critical that every nursing home provider regularly access the HPN to acquire these items and other important information.

Please contact Katharine Logan, Health Systems Emergency Preparedness Program, at (518) 408-5163, or KML04@health.state.ny.us with questions or concerns regarding this initiative. Thank you for your cooperation and your continuing efforts to ensure that nursing home residents in New York State receive timely, appropriate, high quality services in a safe environment.

Sincerely,



Keith W. Servis, Director
Division of Quality and Surveillance
for Nursing Homes & ICFs/MR



Bruce I. Fage, Director
Health Systems Emergency
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cc: Geraldine Bunn
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Attachment 1: Surge Capacity Assessment
Attachment 2: Surge Capability & Planning
Attachment 3: Comprehensive Emergency Management Worksheet
Attachment 4: Evacuation Plan Worksheet