



## Department of Health

**KATHY HOCHUL**  
Governor

**JAMES V. McDONALD, M.D., M.P.H.**  
Commissioner

**JOHANNE E. MORNE, M.S.**  
Acting Executive Deputy Commissioner

January 2024

Dear Healthcare Facility Chief Executive Officer or Administrator:

The New York State Department of Health (the Department) will be initiating its annual healthcare facility planning efforts for coastal storm, flood, and non-coastal storm hazards in the first week of January 2024. These efforts consolidate planning for providers and enable the collection of key facility-based data, needed for successful emergency response. During the compliance period of January 1 - March 31, 2024, all hospitals, nursing homes and adult care facilities located in the five (5) boroughs of New York City (NYC) will be required to review, update as necessary, and attest to the validity of their data in the Health Commerce System (HCS) Health Electronic Response Data System (HERDS) Critical Asset Survey (CAS) and the Facility Evacuation Planning Application (FEPA) (10 NYCRR 400.10(b)).

The FEPA includes many user-requested, application updates to simplify its use. FEPA allows providers to maintain essential, planning information, such as the facility's patient/resident, send-receive arrangements with other facilities, even when the type of hazard does not restrict movement between evacuation zones, as is the case in coastal storm scenarios. FEPA application screens for Shelter in Place (SiP) requests. Additionally, these requests are streamlined and remain a required element of planning for those facilities that wish to be considered for permission to SiP during a coastal storm, for which a mandatory evacuation order is in place and SiP is allowed by the jurisdiction's Chief Elected Official.

We remind facilities that the development of send/receive arrangements is an iterative process and requires discussion between facilities. We encourage facilities to begin their review and update of their FEPA data as soon as possible to have adequate time to complete all steps in the process by end of the compliance period.

We appreciate the assistance of the New York City Department of Health and Mental Hygiene (DOHMH), the Greater New York Hospital Association (GNYHA), and New York City Emergency Management (NYCEM) for their assistance in supporting these necessary planning efforts. Throughout the compliance period, NYSDOH Office of Health Emergency Preparedness (OHEP) staff will be available to provide technical assistance in the use of the HERDS/CAS and FEPA and can be reached at 518-474-2893 or by emailing [OHEP@health.ny.gov](mailto:OHEP@health.ny.gov). A recorded training session is also available. Information on how to access that session is attached below.

Thank you for your commitment to this critical planning initiative and acknowledge the efforts of all providers in continuing to provide services to ensure the health and well-being of New Yorkers.

Sincerely,

A handwritten signature in black ink, appearing to read "James V. McDonald, M.D., M.P.H.", written in a cursive style.

James V. McDonald, M.D., M.P.H.  
Commissioner of Health

Enclosures:

2024 FEPA Required Planning Activities  
FEPA User Guide  
FEPA Training Announcement

## 2024 NYC Coastal Storm and Flood Planning Activities

Beginning January 2024, NYSDOH, Office of Health Emergency Preparedness (OHEP) is initiating its 2024 Coastal Storm and Flood planning activities. The coastal storm and flood planning activities outlined below are required for HCFs **annually** and must be completed by **March 31, 2024**.

A copy of the Dear Administrator Letter (DAL) and 2024 Coastal Storm and Flood Planning Activities and Timeline Notice sent to all NYC HCFs can be found in **Appendix 2**. These documents include further details about required 2024 Coastal Storm & Flood planning activities.

This document is intended to support facilities in completing all required components of the FEPA. The FEPA includes multiple screens that must be completed by all healthcare facilities. A summary of required activities and FEPA components are included below.

Activity:	Required of:
1. <b>Assign staff</b> - to the Facility Evacuation Planning Coordinator Role in Health Commerce System (HCS) Communications Directory <i>(done by a facility HCS Coordinator)</i>	ALL NYC HCFs
2. <b>Review/update and submit</b> - all data in the Critical Asset Survey in the HERDS application on the HCS	ALL NYC HCFs
3. <b>Review/update and submit</b> - all data on the Population to Evacuate (PTE) Screen in the FEPA	ALL NYC HCFs
4. <b>Review/update and submit</b> - all previously documented or newly arranged, Send-Receive Arrangements in the FEPA	ALL NYC HCFs
5. <b>Review/update and submit</b> - the Request for SiP Screen in the FEPA <u>ONLY if requesting to SiP</u> - review/update and submit all data on the Request for SiP Screen in the FEPA	FACILITIES IN DESIGNATED NYC EVACUATION ZONES, <u>ONLY</u>
6. <b>Review and submit</b> - the 2024 FEPA Coastal Storm Planning Attestation	ALL NYC HCFs

**New York State Department of Health  
Office of Health Emergency Preparedness**

**Facility Evacuation  
Planning Application (FEPA)**

**Users Guide  
New York City (NYC)**

**Updated December 2023**

## Executive Summary

The New York State Department of Health – Facility Evacuation Planning Application, previously known as the Facility Profile Application, is a **planning tool** that provides Health Care Facilities (adult care facilities, hospitals, nursing homes) with an easy process to assess and maintain information about the facility's patient/resident send – receive arrangements with other Health Care Facilities as part of their evacuation planning.

The Facility Evacuation Planning Application Users Guide is a component of New York State Department of Health Health Care Facilities evacuation guidance, including application specific webinar training sessions, Healthcare Facility Evacuation Center Facility Guidance document, and other Health Commerce System based resources. All are offered and updated annually.

Health Care Facilities should refer to the Facility Evacuation Planning Application Users Guide as a resource for information as they use the application.

This Facility Evacuation Planning Application Users Guide complements, but does not in any way replace, an individual Health Care Facility's evacuation plans, its coordination with the Health Care Facility's respective jurisdiction plans and procedures, or discussions between Health Care Facilities as part of their send – receive arrangement planning.

The Facility Evacuation Planning Application 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.

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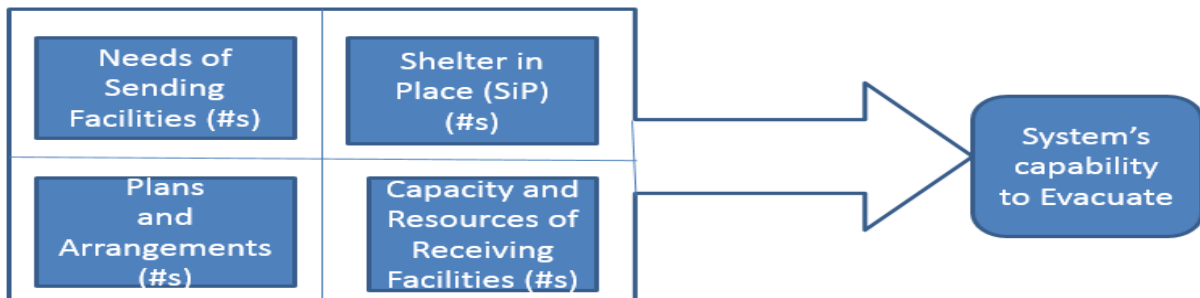
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## Background and Introduction

The Facility Evacuation Planning Application will provide Health Care Facilities throughout New York State an updated application to facilitate planning and incident management for short and no notice incidents where the nature of the incident will determine senders and receivers in addition to New York City specific coastal storm planning parameters. The data in the application informs more accurate estimates of Health Care Facilities non-traditional surge capability, capacity, and resource needs to facilitate and coordinate regional surge planning.

Facility Evacuation Planning Application continues to contain data on New York City and collar county Health Care Facilities that have a high risk of storms and floods, location in designated evacuation or flood zones, capability and capacity of Health Care Facilities to receive patients/residents from other like facilities, resources needed to maximize facility receiving capacity, and existing send/receive arrangements with other Health Care Facilities. Facility Evacuation Planning Application data is supplemented with infrastructure, emergency power systems, resilience, and non-traditional surge capacity data collected in the **Critical Asset Survey**.

The Facility Evacuation Planning Application uses an evacuation model (below) that is composed of four components, each of which represents a key determinant of the regional health system's capability to successfully manage a large-scale evacuation. Each is represented numerically by the Health Care Facilities data that is logged into the Facility Evacuation Planning Application. Analysis of these data is used to report information back to Health Care Facilities during outreach and review of arrangements and to inform state and local agency planning.



The Facility Evacuation Planning Application serves as a tool to assist Health Care Facilities in developing and managing both pre-storm and low notice send/receive arrangements and prompts agencies to consider and update incident management processes and resources. Planning efforts and information collection yields an overall increase in the entire system's capability to manage Health Care Facilities evacuation, while enabling Health Care Facilities to focus on patient/resident care.

Access to the Facility Evacuation Planning Application is accomplished by assigning appropriate staff to the Facility Evacuation Planning Application Coordinator role in the Health Commerce System Communications Directory.

## 2024 New York City Coastal Storm and Flood Planning Activities

Beginning January 2024, New York State Department of Health, Office of Health Emergency Preparedness is initiating its 2024 Coastal Storm and Flood planning activities. The coastal storm and flood planning activities outlined below are required for Health Care Facilities **annually** and must be completed **by March 31, 2024**. A copy of the Dear Administrator Letter and 2024 Coastal Storm and Flood Planning Activities and Timeline Notice sent to all New York City Health Care Facilities can be found in **Appendix 2**. These documents include further details about required 2024 Coastal Storm & Flood planning activities. This document is intended to support facilities in completing all required components of the Facility Evacuation Planning Application. The Facility Evacuation Planning Application includes multiple screens that must be completed by all healthcare facilities. A summary of required activities and Facility Evacuation Planning Application components are included below.

Activity:	Required of:
1. <i>Assign staff</i> - to the Facility Evacuation Planning Coordinator Role in Health Commerce System Communications Directory <i>(done by a facility Health Commerce System Coordinator)</i>	ALL New York City Health Care Facilities
2. <i>Review/update and submit</i> – all data in the Critical Asset Survey in the HERDS application on the Health Commerce System	ALL New York City Health Care Facilities
3. <i>Review/update and submit</i> - all data on the Population to Evacuate Screen in the Facility Evacuation Planning Application	ALL New York City Health Care Facilities
4. <i>Review/update and submit</i> - all previously documented or newly arranged, Send-Receive Arrangements in the Facility Evacuation Planning Application	ALL New York City Health Care Facilities
5. <i>Review/update and submit</i> - the Request for Shelter in Place Screen in the Facility Evacuation Planning Application  <i><u>ONLY if requesting to Shelter in Place</u></i> - review/update and submit all data on the Request for Shelter in Place Screen in the Facility Evacuation Planning Application	FACILITIES IN DESIGNATED New York City EVACUATION ZONES, <u>ONLY</u>
6. <i>Review and submit</i> – the 2024 Facility Evacuation Planning Application Coastal Storm Planning Attestation	ALL New York City Health Care Facilities



## Planning and Operating Principles

*In addition to annual Health Care Facilities coastal storm and flood planning efforts, New York City Health Care Facilities evacuation planners should consider the following operating principles and document any all hazard send/receive arrangements:*

- The All-Hazard model will facilitate planning and incident management for short and no notice incidents where the nature of the incident will determine senders and receivers.
- Send-receive arrangements should be made with facilities of like type, (e.g., hospital to hospital, nursing home to nursing home, adult care facility to adult care facility).
- Facility evacuation planning should seek to account for 100% of the sending facility's expected census, that is **REDUCED** due to early discharges and or cancellation of ancillary and or elective procedures.
- Conversations and agreements need to take place **PRIOR** to setting up arrangements in the Facility Evacuation Planning Application. Clear communication between sending and receiving facilities is crucial. The Facility Evacuation Planning Application is designed to document agreed upon send-receive arrangements and **does not replace direct facility dialogue** to develop arrangements.
- Sending arrangements should always have plans with the receiving facility that include processes for provision of the patient/resident medical records, staff, medications and specialized medical equipment.
- Receiving arrangements should not result in the over commitment of Primary Arrangements to receive patients/residents from other Health Care Facilities that is beyond the stated maximum capacity of their non- traditional surge spaces and post-decompression bed availability.
- Send-Receive arrangements should be used by Health Care Facilities to manage their evacuations prior to consulting with their regional or state partners for further support. Plans made during the preparedness phase must be evaluated and modified at the time of an event based on actual circumstances.

If a mandatory evacuation order is **not** issued by the jurisdiction's chief elected official, Health Care Facilities need to conduct their own individual facility evacuation decision making.

## Coastal Storm Specific Planning and Operating Principles

- Planning should be designed to address a **large scale, multi-facility evacuation**. Distinguish these planning activities from those of a **single facility** incident that may require evacuation, such as a fire, internal flooding or loss of critical facility infrastructure.
- Receiving facility cannot be located in an evacuation/flood zone.
- Shelter in Place is contingent on the Chief Elected Official of a jurisdiction issuing a Mandatory Evacuation order that includes a Health Care Facility's Shelter in Place option to remain in a defined evacuation zone or flood zones, is incident-specific and requires approval of New York State Department of Health. **Health Care Facilities cannot proceed to Shelter in Place without the approval of New York State Department of Health and the Local Chief Elected Official.**
- The size of the accepted surge should be determined based on the number of patients/residents the facility considers it can safely and efficiently manage for at least 96


hours. Additional population may result in a facility census that exceeds the facility's licensed bed capacity per its operating certificate, the following should be noted:

- Hospitals and Nursing Homes: Under New York Codes, Rules and Regulations (NYCRR), Title 10 Section 401.2 (a) as applies to hospital and nursing homes, "the medical facility shall control admission and discharge of patients or residents to assure that occupancy should not exceed the bed capacity specified in the operating certificate, except a hospital ["hospital" also refers to nursing homes] may temporarily exceed such capacity in an emergency." Therefore, hospitals and nursing homes have the right, without any formal request or permission, to accept patients/residents in such numbers that may temporarily exceed the facility's licensed bed capacity during an emergency, such as large-scale evacuations due to coastal storms. Supplies and /Personnel needs should be considered and need to be commensurate with the TOTAL population size.
- Adult Care Facilities – those facilities not located in evacuation or slosh/flood zones should also determine their feasible surge capacity during a coastal storm, however, adult care facilities must be granted a waiver to accept residents in numbers that exceed their certified bed capacity. This type of waiver was issued as a blanket waiver to all adult care facilities in impacted areas by the New York State Department of Health Commissioner of Health to facilitate evacuations for Hurricane Irene/Tropical Storm Lee and Superstorm Sandy (see Healthcare Facility Evacuation Center Guidance Document). Adult care facilities may individually request such a waiver prior to/during an emergency using the process for requesting a waiver that is outlined in the Healthcare Facility Evacuation Center Guidance Document.

## Facility Evacuation Planning Application - Application Screens

As indicated in the 2024 Dear Administrator Letter and 2024 Coastal Storm and Flood Planning Activities Notice (Appendix 2), facilities are required to review, update/complete all components of the Facility Evacuation Planning Application and will be required to update or verify existing application data on an annual basis.

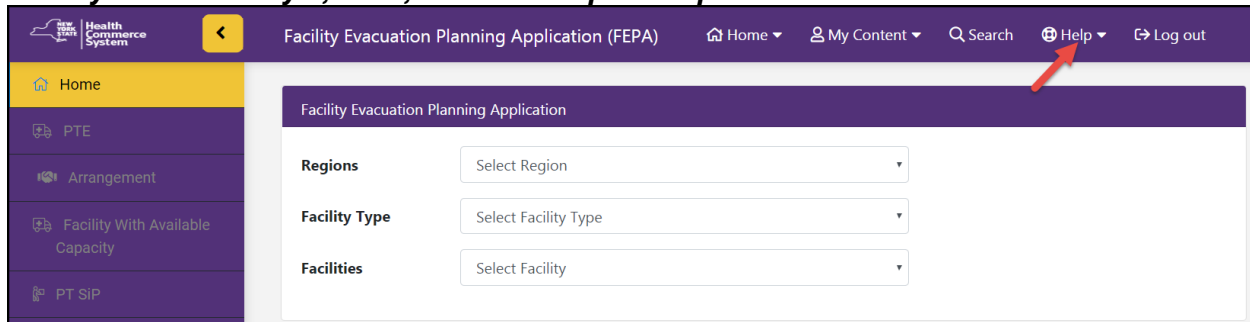
This section reviews key elements of each Facility Evacuation Planning Application screen, provides definitions of any term(s) used on the screen, as well as the targets for any associated measures.

On all screens, hovering over the  nearest a term provides you a definition of the term, which are also presented in this section of the User's Guide. Additionally, more specific instructions are included in each screen of the application as appropriate.

Each page allows the user to progress in a linear stepwise fashion; each page/activity "unlocks" the next function.

### Home Screen

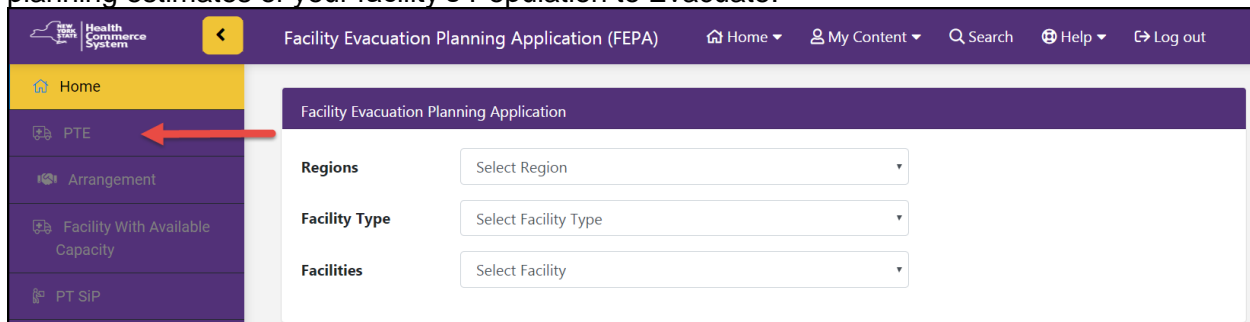
**To access the application facilities must review, update, and submit their Critical Asset Survey after January 1, 2024, for this compliance period.**



Resource documents can be found in the **Help Menu** located in the top right-hand corner of the home screen.

### Population to Evacuate (PTE) Screen

The Population to Evacuate screen is designed to assist in developing All Hazard related planning estimates of your facility's Population to Evacuate.



All screens will have information tabs that can be expanded for further detail or closed for ease of navigation:



Population to Evacuate (PTE)

Can be expanded or closed

The PTE screen is designed to assist in developing All Hazard related planning estimates of your facility's Population to Evacuate. Complete this table in consultation with your facility's emergency management and bed discharge planners.

You will need:

- A count of your facility's Staffed or Operational Beds
- Average Daily Census by bed type

Instructions (data entry fields in green):

All data entry fields will be in green

- **Staffed or Operational Beds**  
Enter the number of beds by health care sector specific bed types that the facility staffs and is currently using.
- **Average Daily Census**  
Identify average daily census by healthcare sector specific bed type. Log each patient/resident only once, by bed type that best
- **24 hours Estimated Rapid Discharge**  
Using your facility's established decompression protocols for All Hazards, enter the estimated number (#) of patients/residents

**Note: Enter '0' (zero) for any bed type that is not operated. Do not leave any blanks**

Calculated fields (in gray):

Gray shaded areas will be auto filled

The following fields are calculated based on the data entered:

- **Population to Evacuate (PTE)**  
The number of patient/residents remaining in the facility after discharge that may need to be evacuated.  
*Calculation: 'Average Daily Census' minus '24 hours Estimated Rapid Discharge'.*
- **Staffed/Operational Beds Receiving Capacity**  
The number of available staffed/operational beds at the facility after discharge.  
*Calculation: 'Staffed or Operational Beds' minus 'Average Daily Census' plus '24 hours Estimated Rapid Discharge'.*
- **Population to Arrangements (PAR)**  
The percentage of patients covered by Active Primary and/or Network Arrangements.  
*Calculation: Total [Active (Primary + Network) Arrangements] / PTE*

Draft and Submit buttons

After reviewing the data collected on the Population to Evacuate screen, facilities will enter the following fields:

Population to Evacuate (PTE)					
Draft Data		Submitted Data			
Bed Types	Staffed or Operational Beds	Average (Daily) Census	24 hours Estimated Rapid Discharge	Population to Evacuate (PTE)	Staffed/Operational Beds Receiving Capacity
Adult Med / Surg	100	40	3	37	63
Peds Med / Surg	1	1	1	0	1
Adult ICU	9	7	5	2	7
Peds ICU	1	1	1	0	1
Adult Acute Rehab	8	5	4	1	7
Peds Acute Rehab	11	1	1	0	11
TBI Acute Care	1	1	0	1	0
Coma Recovery	29	29	21	8	21
Ventilator Access	11	11	11	0	11
Bariatric	7	4	2	2	5
AIIR Room	18	11	10	1	17
Adult Psych	15	12	5	7	8
Peds Psych	1	1	1	0	1
Infant / Cribs	4	2	2	0	4
Healthy Newborn Isolettes	6	5	3	2	4
NICU	23	23	22	1	22
L & D	22	11	10	1	21
Post Delivery	1	1	1	0	1
Other	1	1	1	0	1
Non Traditional Surge Bed	555	0	0	0	555
<b>Totals</b>	<b>824</b>	<b>167</b>	<b>104</b>	<b>63</b>	<b>761</b>

This screen is your work area, your draft data will remain on this tab if you save as draft. All data submitted will be on the submitted data tab. Note- all green fields should be filled. If there is not a value, please enter zero (0).

**When complete click 'Submit'**

Data in the 'Submitted Data' tab cannot be changed. To make any adjustments return to 'Draft Data' tab.

Draft Data		Submitted Data			
Bed Types	Staffed or Operational Beds	Average (Daily) Census	24 hours Estimated Rapid Discharge	Population to Evacuate (PTE)	Staffed/Operational Beds Receiving Capacity
Adult Med / Surg	10	3	3	0	10
Peds Med / Surg	22	3	2	1	21
Adult ICU	1	1	1	0	1
Peds ICU	10	10	10	0	10
Adult Acute Rehab	5	5	5	0	5
Peds Acute Rehab	5	5	5	0	5
TBI Acute Care	5	5	5	0	5
Coma Recovery	5	5	5	0	5

### Arrangement Screen

Following the completion of the Population to Evacuate screen, facilities can begin to populate/verify arrangements.

This page is used to create and present information on the facility's sending/receiving arrangements with other healthcare facilities. It provides Health Care Facilities with a complete process to log and manage their information related to send-receive arrangements.

**Facility Evacuation Planning Application (FEPA)**

Evacuation Zone: New York City Evacuation Zone 2

Certified Bed Capacity: 225  
 Non-Traditional Surge Capacity: 100  
 PTE: 63  
 Staffed/Operational Beds Receiving Capacity: 761

Sending (Active)		Receiving (Active)	
Primary	12	Primary	12
Network	0	Network	0
Total	12	Total	12

[New Sending Arrangement](#)

Global Filter

Type	Facility	Evacuation Zone
View	Sending To	00 Test Hospital - (HSPT0)

## Entering a new arrangement:

On arrangement screen click on “New Sending Arrangement”

The screenshot shows the 'Arrangement' screen in a purple-themed application. On the left is a navigation menu with options: Home, PTE, Arrangement (highlighted), Facility With Available Capacity, PT SIP, Attestation, and Reports. The main content area displays capacity statistics for 'New York City Evacuation Zone 2':

- Evacuation Zone: New York City Evacuation Zone 2
- Certified Bed Capacity: 225
- Non-Traditional Surge Capacity: 100
- PTE: 63
- Staffed/Operational Beds Receiving Capacity: 761

Below these are two tables:

Sending (Active)		Receiving (Active)	
Primary	12	Primary	12
Network	0	Network	0
Total	12	Total	12

An orange button labeled 'New Sending Arrangement' is highlighted with a red arrow pointing to it from the right. Below the button is a 'Global Filter' search bar and a table with columns: Type, Facility, Evacuation Zone, and Total. The table contains one row: 'Sending To' facility '00 Test Hospital - (HSPT0)' with a 'Total' of 12.

The facility will then choose the receive location from the drop-down menus

The screenshot shows the 'New Arrangement' form in the 'Facility Evacuation Planning Application (FEPA)'. The form has three sections with dropdown menus, each indicated by a red arrow:

- Regions:** Select Region
- Facility Type:** Select Facility Type
- Facilities:** Select Facility

On the arrangement screen, enter information into the fields

The screenshot shows the arrangement form for 'Calvary Hospital Inc - 1175'. It includes a 'Receiver' section with contact information and a 'Receiver Capacity' section showing 'Total Available Receiving Capacity' (861) and 'Current Capacity to Receive' (849). Below these are input fields for 'Priority' and 'Status' (set to 'PENDING'), and a text field for 'Arrangement Total'. A green callout box with a red arrow points to the 'Priority' and 'Status' fields, containing the text: 'Select the priority level of the arrangement (Primary, Network, or Contingency), and the total number'. At the bottom are 'Submit', 'Delete', and 'Cancel' buttons.

Additional details for each arrangement can be added to this screen as well. Click on the radio button “By Patient/Resident Type” to add detail by bed type.

**When complete click ‘Submit’**

**Repeat for all new receive arrangements**

**Reviewing existing arrangements:**

If it is a preexisting arrangement the facility should verify the arrangement annually. Click to “View” the in the arrangement screen.

Sending (Active)		Receiving (Active)	
Primary	12	Primary	12
Network	0	Network	0
Total	12	Total	12

Facility	Evacuation Zone	Total
00 Test Hospital - (HSPT0)		12
Albany Medical Center Hospital -		

Make any changes that are needed or click on the “Arrangement has been reviewed- no changes needed” radio button.



Health Commerce System

Facility Evacuation Planning Application (FEPA)

Calvary Hospital Inc - 1175

Receiver

00 Test Hospital - HSPTD  
875 Central Ave  
Albany 12206  
POC Name  
Phone 518-999-9999  
Email

Priority Primary Status PENDING

Arrangement Total 12

By Patient/Resident Type

Arrangement Materials  Staff  Equipment and Supplies  Transportation Resources  None

Arrangement Updated 12/17/2018 12:21:06

Arrangement has been reviewed - no changes are needed

Arrangement Reviewed by William S Newton Arrangement Reviewed Date 12/17/2018

Submit Delete Cancel

Receiver Capacity (0)  
Total Available Receiving Capacity  
Current Capacity to Receive

Enter changes if needed

No changes, click here

**When complete click 'Submit'**  
Repeat for all send/receive arrangements

### Reviewing new arrangements:

If a new arrangement is made, the sending facility should initiate the arrangement and enter the information as outlined previously. An email will be sent to the receiving facility that there is a pending arrangement that needs review. If the arrangement is approved, change the status to "active". Note- if this is not approved the status should be changed to "inactive"

Health Commerce System

Facility Evacuation Planning Application (FEPA)

Calvary Hospital Inc - 1175

Sender

Z Test Hospital in Evac Zone 1 - 8880  
90 Church St  
New York 10007  
POC Name Evac 1 Test  
Phone 518-473-8144  
Email valerie.shuba@health.ny.gov

Priority Primary Status ACTIVE

Arrangement Total 12

By Patient/Resident Type

Arrangement Materials  Staff  Equipment and Supplies  Transportation Resources  None

Arrangement Updated 12/13/2018 10:50:23

Arrangement has been reviewed - no changes are needed

Arrangement Reviewed by William Newton Arrangement Reviewed Date 12/13/2018 10:50:20

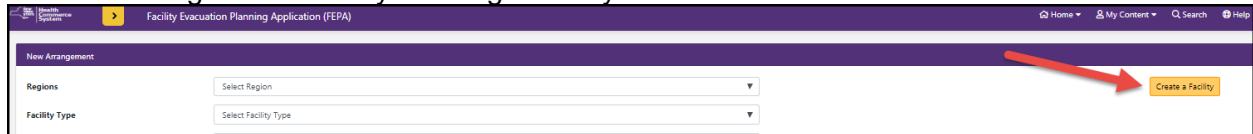
Submit Delete Cancel

Receiver Capacity (0)  
Total Available Receiving Capacity  
Current Capacity to Receive

**When complete click 'Submit'**

## Other Arrangement screen functions:

Entering arrangements outside of New York State Health Care Facilities. If a facility arrangement is outside of New York State or with another organization type, it can be entered in the new arrangement area by creating a facility.



Health System  
Facility Evacuation Planning Application (FEPA)

Home My Content Search Help

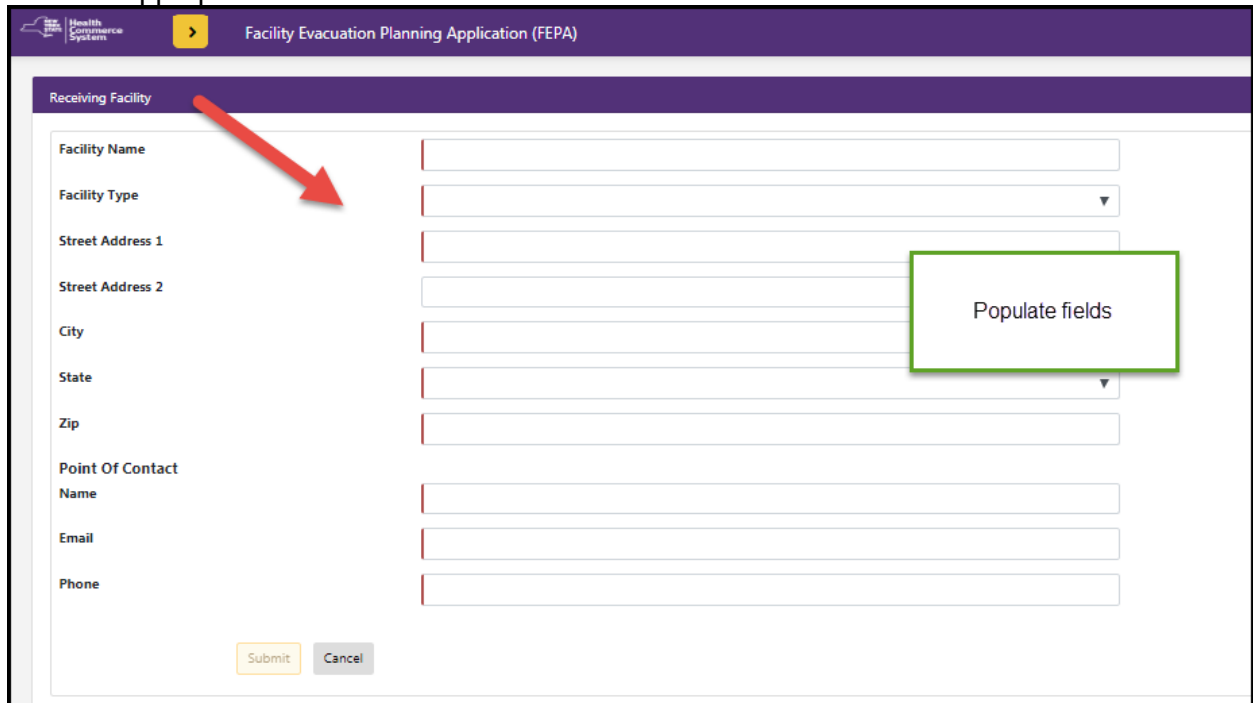
New Arrangement

Regions Select Region

Facility Type Select Facility Type

Create a Facility

Enter all appropriate information



Health System  
Facility Evacuation Planning Application (FEPA)

Receiving Facility

Facility Name

Facility Type

Street Address 1

Street Address 2

City

State

Zip

Point Of Contact Name

Email

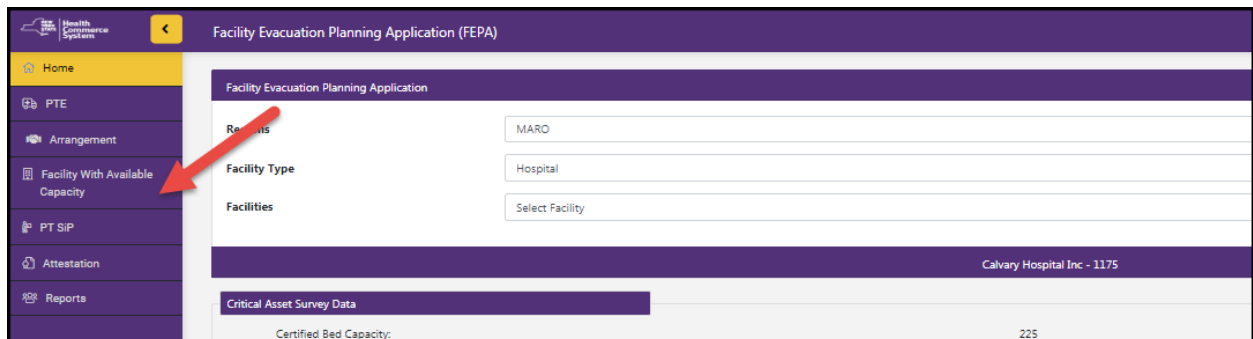
Phone

Submit Cancel

Populate fields

When complete click 'Submit'

## Facility with Available Capacity Screen



Health System  
Facility Evacuation Planning Application (FEPA)

Home

PTE

Arrangement

Facility With Available Capacity

PT SIP

Attestation

Reports

Facility Evacuation Planning Application

Regions MARC

Facility Type Hospital

Facilities Select Facility

Calvary Hospital Inc - 1175

Critical Asset Survey Data

Certified Bed Capacity: 225

If a facility is seeking additional arrangements, facilities with available capacity can be searched within this screen. This function does not replace additional conversations and formal arrangements between the facilities.

## Population to Shelter in Place Screen

Following the completion of the previous screens, New York City facilities located in designated evacuation zones should indicate their request for consideration to Shelter in Place. If a facility does **not** request to Shelter in Place, click on “I do not wish to request to SiP” button and proceed to the “attestation” screen.

Health Commerce Systems | Facility Evacuation Planning Application (FEPA) | Calvary Hospital Inc - 1175

**For the purpose of NYSDOH evacuation planning and incident management, potential to Shelter in Place (SiP) is defined as:**  
A pre-season acknowledgement by the NYSDOH that a NYSDOH regulated health care facility (HCF) (hospital, nursing home, ACF, etc.) has the resources and physical plant capacity to safely retain, for at least health or psychological outcome if moved, while the remainder of the facility is evacuated **in accordance with a mandatory evacuation order by a local chief elected official that allows an option to SiP.**

**Request to be considered for SiP**  
HCFs that request to be considered for SiP must complete the Population to SiP table, which identifies, based on an average daily census, the type and number of patients/residents identified to SiP and acknowledge that successful completion of this screen **does NOT obligate or authorize your facility to SiP**.  
To be considered for SiP, requesting facilities should ensure the following targets are met in the FEPA.  
• All required elements of compliance in the FEPA have been met for the current calendar year  
• Active Primary and/or Network Arrangements have been made and reported for 100% of the identified PTE in the FEPA (PAR = 100%).  
• The identified Population to SiP does not exceed the ceiling of 15% of the identified PTE of the facility.

**PT SiP Table**  
The PT SiP table is designed to assist in developing planning estimates of your facility's identified Population to Shelter in Place. This table should be completed in consultation with your facility's emergency management team to determine the **retention of patients and staff to SiP.**

You will need:  
• Planned number of patients/residents to SiP by Bed Type (based on Average Daily Census)

If a facility wishes to request pre-season Shelter in Place consideration, proceed to the Population to Shelter in Place Form. Working with facility discharge planners and clinical staff, enter the number of patients/residents by bed type that your facility has identified should be considered for Shelter in Place.

Health Commerce Systems | Facility Evacuation Planning Application (FEPA) | Calvary Hospital Inc - 1175

**For the purpose of NYSDOH evacuation planning and incident management, potential to Shelter in Place (SiP) is defined as:**  
A pre-season acknowledgement by the NYSDOH that a NYSDOH regulated health care facility (HCF) (hospital, nursing home, ACF, etc.) has the resources and physical plant capacity to safely retain, for at least health or psychological outcome if moved, while the remainder of the facility is evacuated **in accordance with a mandatory evacuation order by a local chief elected official that allows an option to SiP.**

**Request to be considered for SiP**  
HCFs that request to be considered for SiP must complete the Population to SiP table, which identifies, based on an average daily census, the type and number of patients/residents identified to SiP and acknowledge that successful completion of this screen **does NOT obligate or authorize your facility to SiP**.  
To be considered for SiP, requesting facilities should ensure the following targets are met in the FEPA.  
• All required elements of compliance in the FEPA have been met for the current calendar year  
• Active Primary and/or Network Arrangements have been made and reported for 100% of the identified PTE in the FEPA (PAR = 100%).  
• The identified Population to SiP does not exceed the ceiling of 15% of the identified PTE of the facility.

**PT SiP Table**  
The PT SiP table is designed to assist in developing planning estimates of your facility's identified Population to Shelter in Place. This table should be completed in consultation with your facility's emergency management team to determine the **retention of patients and staff to SiP.**

You will need:  
• Planned number of patients/residents to SiP by Bed Type (based on Average Daily Census)

The Population to Shelter in Place form will open. Shelter in Place calculations should be entered for the facility. For additional Shelter in Place information please refer to Appendix 1- New York State Department of Health Shelter in Place Process.

**Instructions**

- The Population to SIP screen uses columns from the PTE Table, including:
  - Bed Types, Staffed or Operational Beds, Average Daily Census, 24 hours Estimated Rapid Discharge, and Population to Evacuate (PTE).
- Population to SIP
  - This column is the only data entry column on the Population to SIP screen. Using your facility evacuation and SIP protocols, provide estimates of the number of patients/residents per bed type you would want to SIP, this is based on your professional and clinical criteria/decisions regarding patient/resident safety. Provide data for all bed types, including a 0 if you do not plan to SIP any patients/residents of this type.
  - This represents the **total** number of patients/residents you wish to remain in the facility. This data will be reviewed during SIP consultation with NYSDOH.
  - Do not leave any blanks in the table or your submission will result in an error.
- POST-SIP Population to Evacuate
  - The Post SIP PTE refers to the adjusted PTE if:
    - a mandatory evacuation order, issued by the local chief elected official includes an option to SIP, and
    - the NYSDOH has approved your facility's request to be considered for SIP.
 This will be reviewed during SIP consultation with NYSDOH.
  - This table should be completed in consultation with your facility's emergency management and bed discharge planners as it includes consideration of the facility's established bed discharge planning and decision making for the retention of patients and staff to SIP.

**ATTTESTATION FOR STAY TEAM AND NOTE OF NEXT STEPS:**  
 Successful completion of this screen does NOT obligate or authorize your facility to SIP.  
 Upon receipt of your request to SIP, if your facility has met all required SIP request targets, the NYSDOH will:

- review all information documented in the FEA
- schedule follow-up discussions with the facility to further review its resilience and vulnerability information, and
- notify the facility of its pre-storm season, SIP consideration status based on review results

Any questions in the interim can be directed to [shs@nysdoh.ny.gov](mailto:shs@nysdoh.ny.gov).

**Important Note:** At the time of an event, NYSDOH will evaluate requests to SIP based on the pre-storm season SIP consideration approved list. Based on the characteristics of each specific storm event, Incident-specific SIP eligibility will be determined, assuming the local chief-elected official is authorizing SIP for that event.

Bed Types	Staffed or Operational Beds	Average (Daily) Census	24 hours Estimated Rapid Discharge	Population to Evacuate (PTE)	Population to SIP	SIP Population to Evacuate
Adult Med / Surg	100	40	3	37	3	34
Peds Med / Surg	1	1	1	0	0	0
Adult ICU	9	7	5	2	0	0
Peds ICU	1	1	1	0	0	0
Adult Acute Rehab	8	5	4	1	0	1
Peds Acute Rehab	11	1	1	0	0	0
TBI Acute Care	1	1	0	1	0	1
Coma Recovery	29	29	21	8	4	4
Ventilator Access	11	11	11	0	0	0
Bariatric	7	4	2	2	0	2
AIIR Room	18	11	10	1	0	1
Adult Psych	15	12	5	7	2	5
Peds Psych	1	1	1	0	0	0

When complete click on the "Request to SiP" button and proceed to the "attestation" screen.

Post Delivery	1	1	1
Other	1	1	1
Non Traditional Surge Bed	555	0	0
<b>Totals</b>	<b>824</b>	<b>167</b>	<b>104</b>

Supplemental Totals	PTE	Population to Shelter in Place (PT SiP)
	63	32

The identified Population to SIP exceeds the ceiling of 15% of the identified PTE of the facility.

I have reviewed the information presented on this screen for **Calvary Hospital Inc - 1175**.  
 The information is correct and the facility has sufficient numbers of stay team personnel available with expertise to provide:

- ALL the clinical support to patients/residents,
- Safeguard the safety and security of patients/residents, staff and infrastructure, and
- manage the facility (i.e., engineers, plant managers, electricians, housekeeping)

for the duration of the Shelter in Place incident.

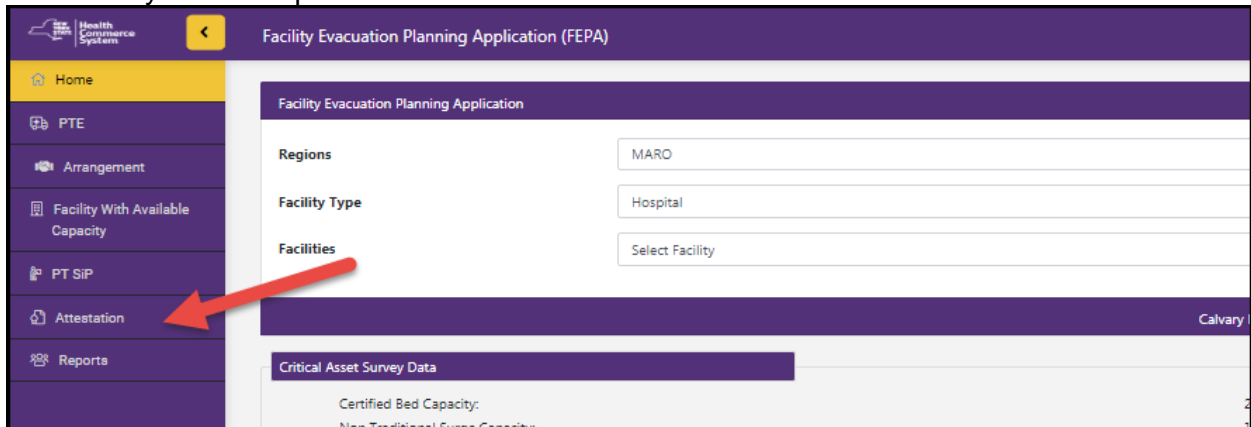
Shelter in Place requested by: Priyanka Dash Date: 12/18/2018 14:24:34

Request to SiP    Do Not Request to SiP

Note- if after SiP calculations are complete, facilities can adjust request

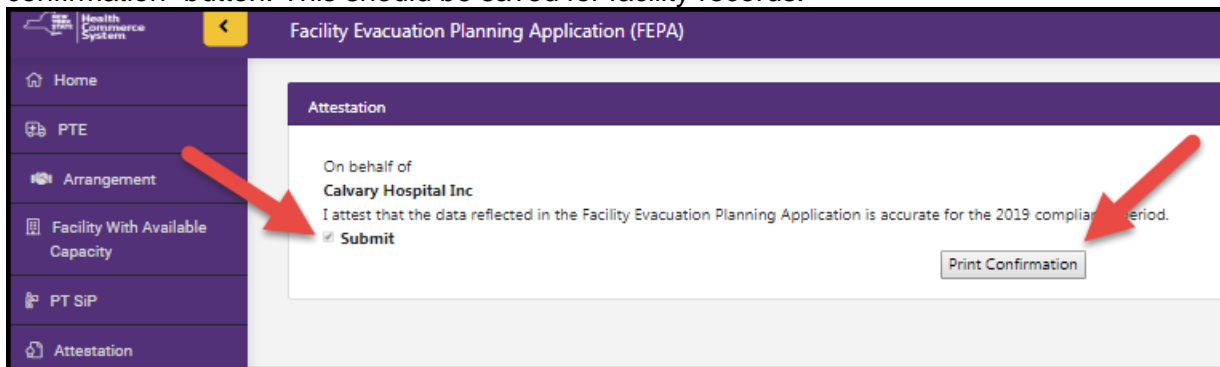
## Attestation Screen

When all components of the 2024 Coastal Storm and Flood Planning Activities are complete, each facility must complete the attestation screen.



The screenshot shows the 'Facility Evacuation Planning Application (FEPA)' interface. The left sidebar contains a menu with the following items: Home, PTE, Arrangement, Facility With Available Capacity, PT SIP, Attestation (highlighted with a red arrow), and Reports. The main content area displays the application details, including a header 'Facility Evacuation Planning Application', a 'Regions' field with 'MARO', a 'Facility Type' field with 'Hospital', and a 'Facilities' field with 'Select Facility'. Below this is a section for 'Critical Asset Survey Data' with a purple bar and text for 'Certified Bed Capacity' and 'Non-Traditional Surge Capacity'.

On the attestation screen click on the radio button for “submit”. This will enable “print confirmation” button. This should be saved for facility records.



The screenshot shows the 'Attestation' section of the FEPA application. The left sidebar is the same as in the previous screenshot, with a red arrow pointing to the 'Attestation' menu item. The main content area has a header 'Attestation' and text: 'On behalf of Calvary Hospital Inc', 'I attest that the data reflected in the Facility Evacuation Planning Application is accurate for the 2019 compliance period.', and a radio button labeled 'Submit' which is selected. A 'Print Confirmation' button is visible on the right side, with a red arrow pointing to it.

## Appendix 1- New York State Department of Health Shelter in Place Process

### New York State Department of Health Shelter in Place Review Process

For the purpose of New York State Department of Health evacuation planning and incident management, Shelter in Place policy and process, the potential to Shelter in Place is defined as: The ability of a New York State Department of Health regulated Health Care Facilities 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 Chief Elected Official that includes an option to Shelter in Place.**

Health Care Facilities and agencies should appreciate that as defined, Shelter in Place represents an unusual incident related action which permits the Health Care Facilities to **remain in an active hazard zone**. This action can place the facility's patients/residents and staff at considerable risk. As such Shelter in Place does not represent business as usual and should be differentiated from defending in place or "hunkering down" during a storm. Shelter in Place **must** also be differentiated from staying put simply because a Health Care Facility ran out of time to conduct necessary evacuation procedures during the appropriate pre-storm period.

- **Shelter in Place is contingent on the Chief Elected Official of a jurisdiction issuing a Mandatory Evacuation order that includes a Health Care Facilities Shelter in Place option to remain in a defined evacuation zone, is incident-specific and requires approval of New York State Department of Health.**

New York State Department of Health has combined the information previously gathered by yearly coastal storm planning surveys into a streamlined database called the **Facility Evacuation Planning Application**. This application, accessible on the Health Commerce System, is designed as a planning tool to facilitate the development and maintenance of Health Care Facilities 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. In conjunction with information automatically transferred from the Health Care Facilities Critical Asset Survey, the Facility Evacuation Planning Application is also the repository of key information about Health Care Facilities resilience that may be included in consideration of its capability to Shelter in Place.

Coastal storms are an acknowledged hazard under the statewide and local County Emergency Preparedness Assessments for counties with or near coastal boundaries. Under the Centers for Medicare and Medicaid Services **Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers: Final Rule**, all hospitals and nursing homes are required to develop risk assessments to identify hazards and to develop emergency response plans and procedures that address those identified hazards. Under the Centers for Medicare and Medicaid Services requirements, these risk assessments and plans must be reviewed and where necessary, updated at least biennially by hospitals and at least **annually by nursing homes**. Planning coastal storm evacuation send-receive arrangements is also considered by Centers for Medicare and Medicaid Services to be a required part of emergency planning for facilities who's physical location is in an area where coastal storms is a recognized hazard, e.g., in an established evacuation or slosh zone. Centers for Medicare and Medicaid Services also emphasizes that the requirements of the Emergency Preparedness Rule do not supersede the regulatory requirements of the state or of the local jurisdiction. To that end, hospitals and nursing homes are reminded that under 10 NYCRR §702.7 of the New York State hospital code, all medical facilities, including nursing homes, (and also at 10 NYCRR § 415.26

for nursing homes) are required to review and complete necessary updates to their emergency response plans at least twice a year.

Adult care facilities are not required to comply with the Centers for Medicare and Medicaid Services Emergency Preparedness Rule. However, under 18 NYCRR §487.12, §488.12 and 10 NYCRR §1001.14, to maintain and drill their emergency plans. Adult care facilities are required to review the facility's plan with all staff at least quarterly, and with any/all updates, per Dear Administrator Letter 15-13, dated December 23, 2015.

Furthermore, under 10 NYCRR 400.10 (b) for hospitals and nursing homes and 18 NYCRR 487.12 and 488.12 for Adult care facilities are required to have sufficient staff users of the Health Commerce System "to ensure rapid response to requests for information by the State and/or local Department of Health"; this includes all Health Commerce System applications and pertains to completion and update by facilities to all their facility information in Facility Evacuation Planning Application, as is being requested by New York State Department of Health, to prepare for the Atlantic Hurricane Season each year. Compliance to this regulation assists facilities in meeting the requirements of the Communication standard of the larger, Emergency Preparedness Rule.

New York State Department of Health Shelter in Place review process is based on the data derived from the Critical Asset Survey and Facility Evacuation Planning Application. This includes several new Facility Evacuation Planning Application measures, as outlined below:

1. **Population to Evacuate** – The number of patients/residents that are expected to be in the facility and 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** –The number of patients/residents that the facility proposes to retain in the facility during a coastal storm/flood incident Shelter in Place, for a Health Care Facility that wants to be considered to Shelter in Place. Based on Shelter in Place 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.
3. **Shelter in Place Population to Evacuate** – The number of patients/residents that the facility expects it will evacuate, decreased by the number of patients/residents it proposes to Shelter in Place in the facility. Health Care Facilities need to base their send-receive arrangement planning on the larger Population to Evacuate.
4. **Population Arrangement Ratio** – The ratio between the Population to Evacuate and the number of patients/residents that are accounted for in the facility's send-receive arrangements as listed in the Planning Application.

To be considered for Shelter in Place, requesting facilities should ensure the following targets are met in the Facility Evacuation Planning Application:

- All required elements of compliance in the Facility Evacuation Planning Application have been met for the current calendar year.
- Active Primary and/or Network Arrangements have been made and reported for 100% of the identified Population to Evacuate in the Facility Evacuation Planning Application (Population to Evacuate = 100%).
- The identified Population to Shelter in Place does not exceed the ceiling of 15% of the identified Population to Evacuate of the facility.

NOTE: The formulation of these measures is detailed in the Facility Evacuation Planning Application 2024 Users Guide.

The New York State Department of Health Shelter in Place 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 Healthcare Facility Evacuation Center Guidance Document. Note the process is different for New York City vs. non- New York City locations.

To request to Shelter in Place, New York City Health Care Facilities must use and log all required information into the Facility Evacuation Planning Application on the Health Commerce System. Through the Facility Evacuation Planning Application, facilities will indicate that they want to be considered to Shelter in Place and will provide information for the “pre-season” review phase. Facilities located outside of New York City will be evaluated as described and pursuant to policies of the jurisdictions in which they reside.

Pre-season review by New York State Department of Health, in conjunction with New York City Department of Health and Mental Health and New York City Emergency Management, yields a “pre-season Shelter in Place -option facilities list.” This list indicates facilities that have met all Shelter in Place parameters and do not have any obvious resilience or vulnerability issues.

**Inclusion on this list does not require or authorize a facility to Shelter in Place!** 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 Shelter in Place per a mandatory order from the jurisdiction’s chief elected official that includes a Shelter in Place option, if such an order is made.

<b>New York State Department of Health - Shelter in Place Review Process</b>	
<b>PRE-SEASON REVIEW</b>	
<b>IN New York City</b>	<b>OUTSIDE New York City</b>
<ul style="list-style-type: none"> <li>• Complete and update baseline form of the Critical Asset Survey on the Health Commerce System.</li> <li>• Complete an evaluation of the facility’s Population to Evacuate on the Facility Evacuation Planning Application - Population to Evacuate screen.</li> <li>• Review the New York State Department of Health Shelter in Place guidance screen of the Planning Application. Choose the Request to Shelter in Place option to continue.</li> <li>• Complete an evaluation of the facility’s proposed population to Shelter in Place on the Planning Application – Population to Shelter in Place table. This generates an email notice to New York State Department of Health to schedule a Shelter in Place review with the facility.</li> <li>• <i>Review/update and submit</i> - all previously documented or newly arranged, Send-Receive Arrangements in the Facility Evacuation Planning Application</li> <li>• New York State Department of Health reviews all relevant facility data in the Facility Evacuation Planning Application and Critical Asset Survey.</li> </ul>	<ul style="list-style-type: none"> <li>• Information includes review of local coastal storm related planning surveys, the New York State Department of Health Critical Asset Survey, any other informative sources deemed appropriate, including facility assessments by third-party vendors; facility self-assessments) will be considered as part of initial determination of eligibility to Shelter in Place.</li> <li>• Review includes all survey data, known facility risk factors and results of mitigation projects to develop an indication of the facility’s ability to protect the life and safety of patients/residents and staff under severe storm conditions.</li> <li>• Pre – season review by New York State Department of Health yields a “Pre-Season Shelter in Place -Option</li> </ul>



<ul style="list-style-type: none"> <li>• New York State Department of Health conducts a Shelter in Place consultation with the requesting facility to: <ul style="list-style-type: none"> <li>➤ Confirm all Facility Evacuation Planning Application and Critical Asset Survey data</li> <li>➤ Review the facility Population to Evacuate, Population to Shelter in Place, Stay Team, Shelter in Place Population to Evacuate and Population to Evacuate. All Shelter in Place parameters, as described in the Facility Evacuation Planning Application Users Guide, must be met.</li> <li>➤ Review any facility level mitigation projects not already reported</li> </ul> </li> <li>• Advise the facility of any improvement actions that may affect its capability to Shelter in Place, e.g., stay team, Shelter in Place population, send – receive arrangements.</li> <li>• Schedule a secondary or onsite review if needed.</li> <li>• <b>Facility-specific information will not be shared with any other facility.</b></li> </ul>	<p>Facilities List.” This list will be shared with the respective at-risk jurisdictions on an as needed basis for situational awareness.</p> <ul style="list-style-type: none"> <li>• <b>Facility-specific information will not be shared with any other facility.</b></li> </ul>
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**New York State Department of Health - Shelter in Place Review Process**

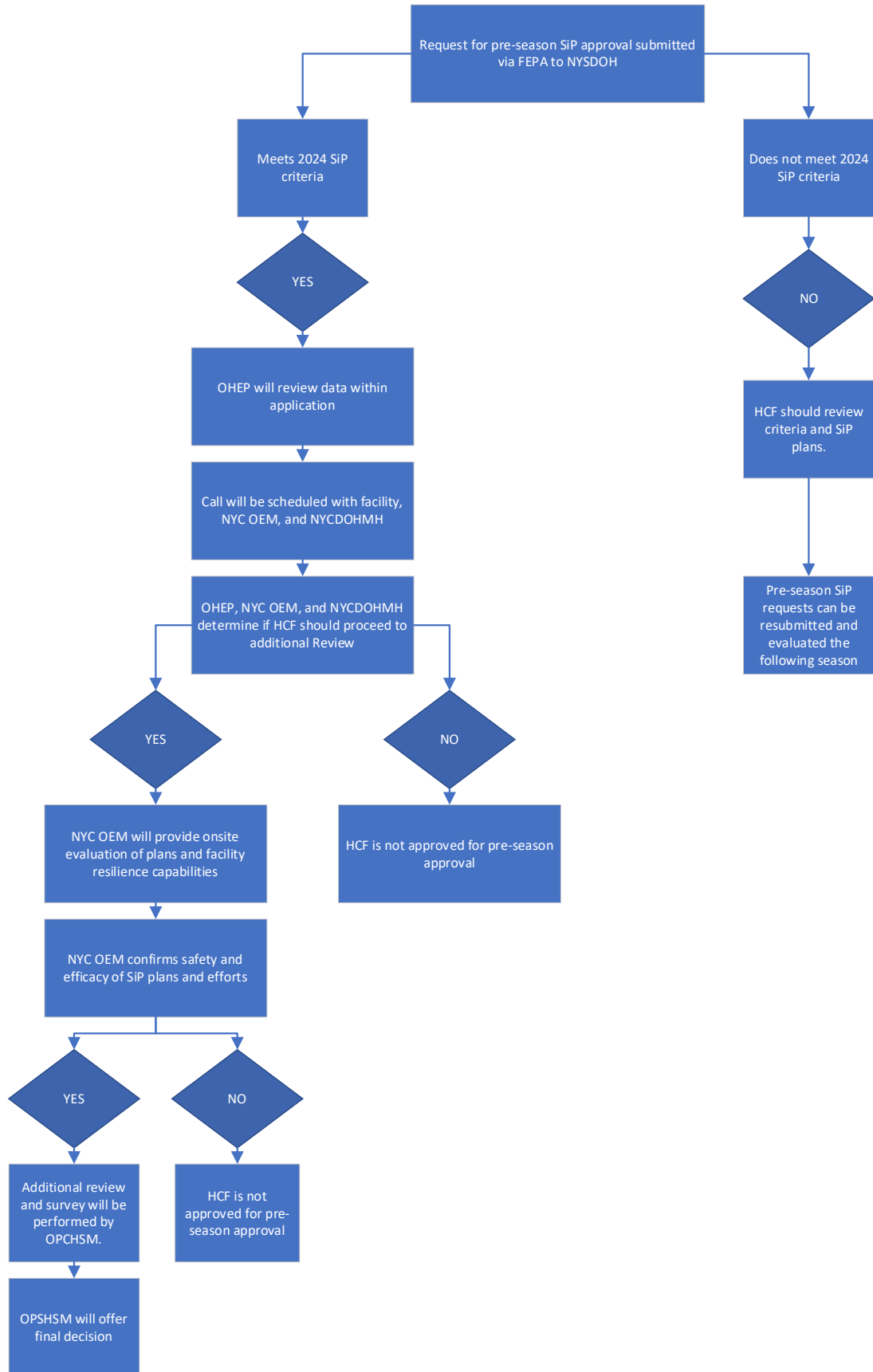
**INCIDENT SPECIFIC REVIEW**

**IN New York City**

- Conducted in alignment with the overall timeline for an approaching storm.
- Facilities on the preseason list that want to be considered for incident specific Shelter in Place will update the Population to Evacuate and Shelter in Place tables in the Facility Evacuation Planning Application in accordance with a New York State Department of Health timeline.
- New York State Department of Health will review all updated Shelter in Place parameters.
- New York State Department of Health and New York City partners will evaluate the incident specific Shelter in Place risk vs. benefit based on the updated Shelter in Place parameters, considering storm specific factors such as size, predicted track, bearing and predicted surge.
- New York State Department of Health, in consultation with New York City Department of Health and Mental Health and New York City Emergency Management will create a storm-specific list of health care facilities eligible to Shelter in Place. This will be used to make incident specific recommendations to the **Office of the Mayor of the City of NY** for inclusion in an evacuation order, should one be issued.

**OUTSIDE New York City**

- Conducted in alignment with the overall timeline for an approaching storm.
- Between 120 and 96 hrs., in conjunction with the appropriate local jurisdictions' public health and emergency management partners, New York State Department of Health will review pre-season determinations based on surveys and other indicators of facility resilience and planning compared with storm specific factors such as size, predicted track, bearing and predicted surge.
- Pre-season list facilities will be contacted to review the results of any prior facility mitigation projects, their proposed Shelter in Place population and storm specific information in order to gauge facility capability to Shelter in Place during the specific predicted storm.
- New York State Department of Health, in conjunction with the appropriate local jurisdictions' public health and emergency management partners, will create a storm-specific list of health care facilities eligible to Shelter in Place. This will be used to make incident specific Shelter in Place recommendations to any jurisdiction that has issued a mandatory Health Care Facilities evacuation order that includes a Shelter in Place Shelter in Place option.
- **The office of chief elected official in the affected jurisdiction(s) holds the authority to order a mandatory Health Care Facilities evacuation and to approve or reject the Shelter in Place recommendations of New York State Department of Health, made in consultation with the jurisdiction.**



## Appendix 2- Glossary of Facility Evacuation Planning Application Terms

### Arrangement Statuses

- **Active** arrangements are those currently in effect. Contact the receiving entity to confirm or discuss updates to existing active arrangements.
- **Pending** arrangements require action on the part of the proposed receiving facility to accept or not accept. Health Care Facilities will automatically receive an email sent to both the sender and the receiver to act on arrangements pending for 15 days. These arrangements will be deleted in 30 days if the facility has not reviewed or made the necessary changes. The grayed-out badge with a number, visible on the home page, indicates that the facility has Pending Arrangements that require its attention:
- **Inactive** arrangements are those that have been deactivated by the receiving facility. This action results in an email sent to both the sender and receiver.

### Arrangement Types

- **Primary** arrangements should represent the preferred, most feasible and geographically proximate arrangements with facilities OUTSIDE of a known evacuation zone. To the degree possible, these arrangements should include 100% of the sending facility's expected storm census, REDUCED due decompression, early discharges and or cancellation of ancillary and or elective procedures.
- **Contingency** arrangements are to be developed with a different set of potential receiving facilities - and should include only facilities that have NOT already committed to their maximum potential to receive with other sending facilities. Out of necessity, these may need to be farther away. Contingency arrangements should represent a safety net of arrangements to be used only in the event that Primary arrangements cannot be completed.
- **Systems/Network** arrangements refers to ANY existing written agreement (for instance, a mutual aid plan or agreement or memoranda of understanding) between a Health Care Facility and any number of other like Health Care Facilities (within New York City, but also outside of Evacuation Zones 1-6) designed to provide support through the exchange of resources/supplies and/or staff during a coastal storm scenario (as defined above in the Instructions).

### Non-Traditional Surge Capacity

The estimated number of patients/residents that a Health Care Facility is prepared to receive from a like type facility, into its non-traditional surge spaces.

- Non-traditional surge space refers to any space that the facility does NOT currently use for patient/resident care, but that may be used in order to accept residents (over and above the facility's licensed bed capacity) from a like-type facility. This may include: common areas, meeting rooms, large hallways, etc. where patients/residents could be safely housed and managed on a temporary basis during an incident.
- Non-traditional surge space refers to potential bed numbers beyond a Health Care Facility's licensed bed capacity.
- Maximum capacity to receive does NOT include bed spaces that are first reserved for in-system/in-network use before they can be used to receive non-system/non-network facility patients/residents.

### Population Arrangement Ratio

A comparison between the number of patients/residents that the facility anticipates will need to be evacuated (Population to Evacuate) to the number of patients/residents that are accounted for in the facility's send – receive arrangements. The Population to Evacuate is based on a

Health Care Facility's total ACTIVE arrangement. Inactive and pending arrangements are NOT included.

- Health Care Facilities send – receive arrangements should account for 100% of its estimated Population to Evacuate. For general planning, this ratio should be very close to 1 (100%).
- The 2024 Population to Evacuate target is 65%. Two thirds of the Population to Evacuate should be accounted for in the Health Care Facility's send - receive arrangements.

### **Population to Evacuate**

The number of patients/residents remaining in the facility after discharge that will need to be evacuated.

### **Population to Shelter in Place**

The number of patients/residents expected to remain in the facility. This is the population of patients/residents that the facility proposes to retain in the facility during a coastal storm/flood incident, by bed type. The 2024 target ceiling for the population to Shelter in Place is 15% of the Population to Evacuate.

### **Receiving Facility**

A facility located outside of all six (6) of the New York City evacuation zones, or any other known evacuation zone, that has the potential to receive patients or residents from a sending facility of like type.

### **Sending Facility**

A facility located in one of the six (6) in New York City evacuation zones, or any other known SLOSH or evacuation zone, that elects to self-evacuate or is required to evacuate as a result of a “mandatory evacuation” order from the jurisdiction’s chief elected official. In New York City, this would be the office of the Mayor. Also referred to as an Evacuating Facility.

### **Shelter in Place Population to Evacuate**

The number of patients/residents that the facility expects it will need to evacuate, decreased by the number of patients/residents it proposes to Shelter in Place in the facility. Since the option to Shelter in Place is contingent on evacuation related decisions from the chief elected official of the impacted region, and may not be issued, the Shelter in Place option population is only used if Shelter in Place is in fact available. Health Care Facilities need to base their send – receive arrangement planning on the larger Population to Evacuate. The Population to Evacuate target for Health Care Facilities that request to be considered to Shelter in Place is 100%. (all of the Shelter in Place Population to Evacuate should be accounted for in send – receive arrangements).

## Appendix 3- Resources and Trouble Shooting:

### Health Commerce System Resources

If you have issues with the “Forgot your Password?” or “Forgot your User ID?” features within Health Commerce System - Call the Commerce Accounts Management Unit (CAMU at 866-529-1890 option 1.

The main **Help** menu on Health Commerce System contains numerous resources:

The screenshot shows the Health Commerce System interface. At the top, there is a navigation bar with links for Home, My Content, Print, Search, and Help. The Help menu is open, showing options: HCS v.4 Tour, HCS Help, Contact Us, About Us, and Terms of Use. Below the menu, there is a section for Frequently Asked Questions with links to: How do I open the Prescription Monitoring Program? (aka: PMP, iStop, CSI), How do I order prescription pads?, Where is the All Applications list?, and Where is the log out link?. The main content area is titled "User Help Page" and contains sections for "Application Information and FAQs" and "Account Information and Tools".

Internet Explorer version 10 will be blocked from accessing the Health Commerce System.

**Help**

- HCS v.4 Tour
- HCS Help
- Contact Us
- About Us
- Terms of Use

Frequently Asked Questions:

- How do I open the Prescription Monitoring Program? (aka: PMP, iStop, CSI)
- How do I order prescription pads?
- Where is the All Applications list?
- Where is the log out link?


Source	Audience	Description	Recipients
NYSDOH		Updated Measles Advisory 12-11-2018	Recipients

**Health Commerce System**

## User Help Page

[Application Help](#) [Account Information and Tools](#) [Browser/Software Help](#) [Log Off](#) [Questions](#)

### Application Information and FAQs

First look to see if there is a blue  next to the application link. Click the image to go to the **application profile** which will contain contact and location information.

There is also [Application FAQs](#) for general information.

[Contact Us](#) contains contact and location information on a few of the commonly searched for applications.

[Back to Top](#)

### Account Information and Tools

Passwords expire every 90 days. You will still be able to access the HCS Portal, but you will be forced to select a new password.

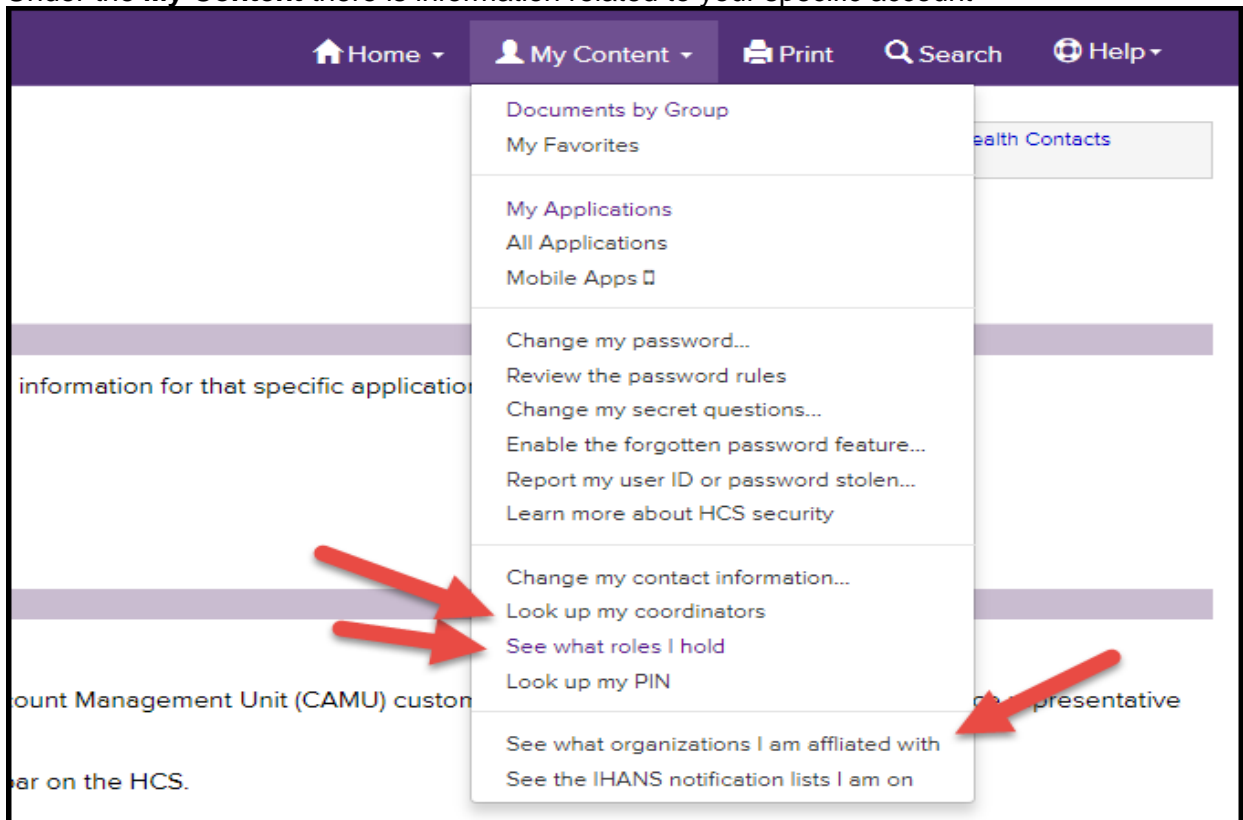
Expired password will be disabled after 24 months. You will not be able to access the portal until your identity has been verified by a Commerce Accounts Management Unit (CAMU) representative. CAMU representatives are available daily at 1-866-529-1890 option 1, from 8:00 a.m. until 4:45 p.m. EST, excluding weekends and holidays.

The HCS Portal includes a comprehensive suite of tools for managing your account. You can access these tools under My Content in the top navigation bar.

For any account questions, please contact the Commerce Accounts Management Unit (CAMU) at [camu@its.ny.gov](mailto:camu@its.ny.gov)

[Back to Top](#)

Under the **My Content** there is information related to your specific account



The "Getting Started" document group is a resource as well.

The screenshot displays the Health Commerce System interface. At the top left is the logo for New York State Health Commerce System. A navigation bar contains the text "Groups >> Getting Started >> Help" with a star icon and "Add to Fav." next to it. Below this, a "Show 10 entries" dropdown is visible. A purple header bar reads "Getting Started Document Groups". Below this header is a list of two items: "Application Help" and "Listserv". A red arrow points to "Application Help". Below the list, it says "Showing 1 to 2 of 2 entries".

Below the "Getting Started Document Groups" section is a "Help Documents" section. It also has a "Show 10 entries" dropdown. Below this is a table with three columns: "Type", "Label", and "Description".

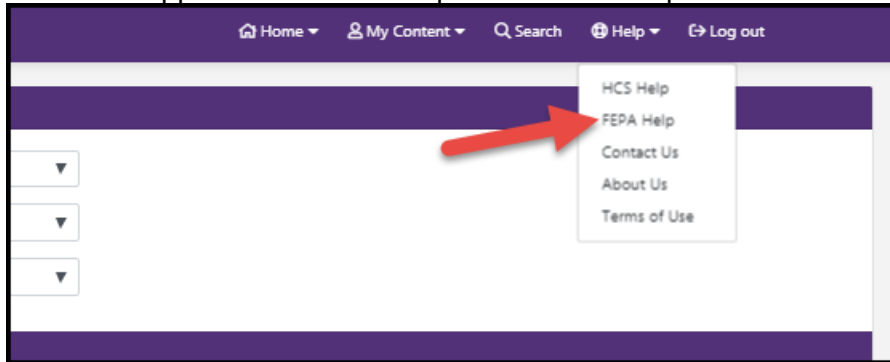
Type	Label	Description
	How are HCS roles used?	This will explain ho
	Administrator vs. HCS Director	This document ex
	Contact Verification	All users will be re six months. This do
	Account Management Guide	A list of guides to

A red arrow points to "Account Management Guide" in the table.



## **Facility Evacuation Planning Application resources**

Within the application there is a specific “FEPA Help” Menu.



This area will be updated with all related documents and resources to assist with your Facility Evacuation Planning Application activities.

Resources and Trainings for the 2024 New York City Compliance period will be archived on the Learning Management System following delivery. These will be posted in the Facility Evacuation Planning Application specific “help” menu when available.

<https://www.nylearnsph.com>



# 2024 Coastal Storm Planning NYC Healthcare Facility Evacuation Planning Application (Facility Profile Application) Webinar Training – Recorded Training Session

## Background

The Facility Evacuation Planning Application (FEPA) (previously known as Facility Profile Application) is a planning tool designed to facilitate the development and maintenance of Health Care Facility (HCF) (adult care facility, hospital, nursing home) evacuation planning information related to evacuation and send/receive arraignments needed to make that possible. The FEPA has been modified as an all-hazards planning tool for all of New York State (NYS).

## Goal

To provide adult care facilities, hospitals, and nursing homes with an overview and purpose of the FEPA, This includes 2024 Coastal Storm and Flood Planning Activities requirements.

## Target Audience

Staff from NYC based adult care facilities, hospitals, and nursing homes that are responsible for evacuation planning and response as well as repatriation.

### ***Please Note!!!***

***The content in this presentation is previously recorded. All requirements apply for the 2024 compliance season. All appropriate portions of the application must be updated for 2024 between January 1, 2024 and March 31, 2024. Please review dear administrator letter and FEPA Users Guide NYC 2024 for additional details.***

## NYSDOH Faculty

- Kate Butler–Azzopardi, Healthcare Facility Preparedness Manager, Office of Health Emergency Preparedness

## Questions Regarding NYSDOH Learning Management System (LMS)

Direct questions to [edlearn@health.ny.gov](mailto:edlearn@health.ny.gov) or 518-473-4223 Ext 4.

## Registration

To enroll in the training, please go to [www.NYLearnsPH.com](http://www.NYLearnsPH.com) and either register or login to the LMS. Search Course Catalog for [OHEP-BP5-FEPA2024](#) OR click this shortcut to the course enrollment page on the [LMS](#).

