



## **Van Rensselaer Manor** ***Policy and Procedure***

### **Emergency Preparedness/Evacuation Plan/ e-FINDS**

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**Policy:** It is the policy of Van Rensselaer Manor to establish an Emergency Program (K0001) that include a set of clear and simple guidelines for staff to follow in the event of an emergency that may warrant residents to be evacuated from the facility or to house residents from other facilities when they are forced to evacuate.

**Purpose:** This policy will provide employees with a set of procedures for mitigation of, preparedness for, response to and recovery from the relocation or evacuation of residents during an emergency situation. This will allow for the safe transfer of residents to alternate locations using the State e-FINDS system to track those residents through evacuation and eventual repatriation.

#### **Procedure:**

##### **1) PRE-INCIDENT PREPARATION:**

###### **Hazard Vulnerability Assessment HVA (K004, K006, K007, K009, K0013):**

###### **See Attached HVA**

- An all hazards risk assessment will be completed to identify which types of hazards might impact the facility based on geographic location, weather and facility surroundings. This assessment and preparedness plan is done in conjunction with local County Public Safety Director and facility staff (Administrator, Director of Nursing, Director of Environmental Services and Director of Security and Life Safety) and is reviewed on an annual basis.
- Facility has a maximum capacity of 362 residents, all of which are at risk during an emergency event. On an annual basis, the acuity of the residents will be evaluated to determine if the population warrants a need to make changes to the HVA. This includes services accessible to the facility in an emergency and how to operate during a shelter-in-place to meet resident needs. A determination will be made annually if the current plan along with assignment of authority during a disaster and plan for succession in the absence of those individuals is appropriate or requires adjustment. Each role is outlined in this policy (Command Center, Resident Tracking Unit Leader) along with tasks assigned to each role at the time of the event. (See attached: Emergency Event Role Assignment Succession, Command Center Tasks & Resident Tracking Unit Leader (RTUL) Tasks)
- Needs of at-risk residents will be considered by the Command Center when determining whether the facility should shelter in place or evacuate.

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- Based on the HVA, policies will be maintained to address all areas that have the potential to negatively impact facility property or the safety of residents/visitors and staff. Refer to the following individual disaster policies:
  - Blizzard/Snowstorm/Ice Storm
  - Bomb Threat
  - Communication / Internet Failure
  - Earthquake
  - Electrical Failure – Excessive Temperatures
  - Fire
  - General Disaster
  - Hazardous Materials (chemical/radiologic/biological)
  - Hostile Intruder
  - Hurricane / Flood / Tornado / Thunderstorm
  - Missing Resident
  - Natural Gas Emergency
  - Structural Damage
  - Mass Casualty
  - Water Emergency

### **Health Commerce System:**

- Roles in HCS will be assigned for e-FINDS Data Reporter and e-FINDS Reporting Administrator.
- Roles will be amended as new staff are employed or if an employee vacates their position.
- Multiple individuals from varying departments will be assigned roles.
- Ensure that employees in HCS maintain updated contact information including off-hours home/cell phone numbers.
- Ensure that staff participates in training through HCS on e-FINDS data entry on all 3 shifts including:
  - Administrator
  - Assistant Administrator
  - Director of Nursing
  - Assistant Director of Nursing
  - Nursing Supervisors (3 shifts)
  - Quality Assurance Nurse
  - Medical Records Clerk
  - Administrative Assistant
  - Resident & Family Services Director

### **Equipment and Supplies (K0015):**

- The Director of Security or his/her designee will be assigned as e-FINDS Equipment and Supply Coordinator.
- If a stopover point is required due to an emergency evacuation, then security will deliver supplies and equipment to the stopover location as directed.
- Director of Security or his/her designee will conduct an annual stock accounting of all e-FINDS equipment and supplies and report to the Administrator.

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- Prior to any actual emergency, the provisions available for residents and staff and visitors will be reviewed for par levels annually. This includes access to food, water, heating and cooling and pharmaceuticals. Also during this review it will be confirmed that provisions have a way to be stored (refrigeration/freezer) and that lighting, fire detection/extinguishing, alarm systems and sewage/waste disposal can all be maintained in the event of an emergency that results in the loss of power and a means to have these delivered or serviced.
  - Food supply will be maintained for three days for residents/staff/visitors. US Foods is available to deliver within hours' notice to the facility in an emergency situation.
  - Water supply is available on site for bathing residents. Facility maintains contract with Prestige Vending Supply to deliver water same day in an emergency situation.
  - Facility generator is tested monthly and maintains enough fuel to run for five days. The generator powers overhead lighting, emergency outlets for life sustaining equipment, coolers/freezers for food storage and the addressable fire alarm system.
  - Facility is on public sewer and water systems and is listed as a priority location for emergency repairs with the Town of North Greenbush and Rensselaer County. Supply coordinator will maintain par levels needed by unit for medical supplies/equipment. This department will be prepared to gather and transport all necessary supplies/equipment to a stopover point if needed. This includes daily supplies such as attends, wound care supplies, gloves, saline as well as specialty supplies, tube feedings, ostomy supplies, etc.
- Facility disaster policies and emergency preparedness/evacuation plan are reviewed with all new employees upon hire and is reviewed annually with all employees during the mandatory in-services given every fall.

### **Contact List: (K0030, K0031)**

- A listing of department heads and their emergency contact numbers will be maintained at the reception desk and will be updated annually. This also includes numbers for transportation vendors, physicians, contracted vendors for emergency supplies/equipment, local authorities, facilities with transfer agreements, NYS Health Department business hours and after hours contacts.

### **Transfer Agreements:**

- A list of facilities with which the Van Rensselaer Manor Administrator has transfer agreements will also be maintained at the front desk along with contact information and will be updated annually.

## **2) ACTUAL EVENT/EVACUATION (K0020):**

### **Incident Command Duties:**

- NYSDOH Regional Office will contact the facility if this is widespread (local) evacuation. During a widespread evacuation, the NYS Health Department would be assisting with coordinating the evacuation.
- During the disaster, the Command Center will be established by the senior person in charge and will be set up in the Conference Room unless this location has been

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compromised due to the event. Then the Incident Commander will determine a suitable alternate location. The Incident Commander will make the determination as to whether an evacuation is warranted. This will occur after consultation with department heads and an assessment of the physical plant and when it is determined that it would be unsafe for the health and safety of the residents to shelter in place. Some factors to be considered in making this decision include:

- Building Structural Integrity
- Availability of Utilities
- Weather Conditions
- Transportation Resource Availability
- Receiving Facility Availability
- Medical and Food Supplies
- Ability to Receive Supplies

- If the option to shelter-in-place safely exists, the facility staff will be directed to the appropriate section in the disaster plan.
- During a shelter-in-place, the Command Center may wish to reach out to off-duty staff to provide additional assistance to residents if safety permits. Department heads will be called and will reach out directly to their own staff.
- If this is a facility specific evacuation, contact will be made with the Regional Office to request that an Evacuation Operation be created in e-FINDS and they will be updated by the Command Center throughout the evacuation.
- Calls will be placed to those facilities that have current transfer agreements to determine availability of accepting evacuees. Hudson Valley Community College will serve as a stop-over point in the event that alternative locations are not immediately found or resident safety will be compromised while alternate facilities are being located. The contacts for skilled nursing facilities are in the phone listing at the Reception Desk. Calls will be made to the transportation companies in the event that the facility transportation is unable to manage the number of evacuees. \*Assign a Public Information Officer to provide updates to media during incident.

### **Resident Tracking Unit Leader (RTUL)**

- A facility staff member will be assigned the Resident Tracking Unit Director of Nursing Leader (RTUL) by the person in charge of the Command Center. The RTUL will use RTUL Tracking Sheet to assign staff various responsibilities. (See attached RTUL Tracking Sheet).
- Determine if residents need to be moved to a holding area within the facility if damage is done to any units that require resident relocation prior to evacuation. Activity Room and therapy gym on first floor will be the preferred location.
- Assign a staff member to notify all residents that an evacuation will be taking place.
- Assign staff to begin calling resident family members to notify them of impending evacuation. Determine at that time those residents that will have the option to shelter-at-home with family. Those staff will be responsible to update family during the evacuation process.
- Assign a staff member to contact department heads using contact list at front desk.
- Contact Medical Director and attending physicians.

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- Assign a staff member to retrieve the e-FINDS scanners, bracelets, tracking sheets and laptop from the Administration Conference Room cabinet. Copies of the Evacuation of Facilities in Disaster Systems 3.0 will be in the kit as user guides for staff. (See E-finds Guide)
- Establish a location for scanning and input of resident data.
- Direct staff members to apply bracelets to all residents being evacuated. If a bracelet is lost or removed, a new one will be applied and e-FINDS needs to be updated.
- Direct staff to assign residents with a TAL (Transportation Assistance Levels) using stickers from the e-FINDS kit.
- Assign staff to the designated loading area. Most likely the main entrance to the facility unless this area is unsafe.
- Direct evacuation order based on safety of the population. It would be beneficial if practical to leave higher acuity residents and residents at risk to wander until last in order to allow additional time for off-duty staff to arrive and assist.
- Assign clinical staff to provide report to receiving facilities on resident conditions.
- Direct available staff to accompany residents to receiving facilities delivering supplies as needed and medications (narcotics must be transported by nursing staff to complete a count on either end of the transport).

### **3) e-FINDS Based on Types of Evacuation (K0018):**

**A) Emergent evacuation procedure (immediate exit from the facility due to an imminent threat/hazard will be to stop-over point at Hudson Valley Community College):** Contact should be made to the Hudson Valley Community College Public Safety office at (518) 629-7210 available 24 hours daily. A paper log of residents may be necessary as they leave their unit and/or facility. (See Paper Bar Code Log.) This would only occur if the residents are not able to remain in any portion of the facility without having a serious threat to their health or safety.

- **e-FINDS should be initiated at the stop-over location.** Director of Security or his/her designee will be instructed to deliver e-FINDS supplies and equipment at the stop-over location.
- Every effort should be made to use e-FINDS, and the barcode numbers tracked when residents are being immediately evacuated.
- If the receiving location is not one that has access to e-FINDS to record the evacuees, then VRM should use other communications with the receiving location, and use the paper log to track the barcode numbers on the bracelets of evacuees.

**B) Urgent evacuation procedure (Circumstances may render the environment inhabitable or may adversely impact resident care) or Planned Evacuation (Relocation is required but ample time exists to plan and mobilize resources):**

- **No Power/ Internet access, or limited time situation:**  
**\*If cell phone data is inaccessible, a mobile download is available through the app store as e-FINDS New York State Department of Health. Attempt the use of app first before going to paper barcode system.** Affix pre-printed wristbands to each resident and enter resident data (name, DOB, destination) to the Paper Barcode Log in the entry next to their wrist band number. A copy of the paper Log should be sent with each transport that is destined for a different facility.

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- **With Power/ Internet access:**
- e-FINDS online system be used and the pre-printed e-FINDS wristband or a barcode be affixed to each resident. Staff will follow the e-FINDS *Evacuation of Facilities In Disaster Systems 3.0* located in the e-FINDS box.
- As residents arrive at receiving facilities, their destination information is updated in e-FINDS by the receiving facility.
- Resident destination follow-up is conducted with receiving facilities (via e-FINDS if this application has been used). The Resident Tracking Unit Leader (RTUL) monitors residents' final destinations.
- Data collected in e-FINDS include resident's name, gender, DOB, sending facility type/name, text box for notes, resident's or designee home address and phone number, name and phone number of next of kin or emergency contact, text box of medical information (allergies), text box for other notes (i.e., combative, non-verbal). Sending or receiving facilities will be able to see only information for those residents that were either evacuated or designated to be received for privacy compliance.

### **4) Shelter in Place: (K0022)**

- A) Once a determination is made that the facility is structurally sound, there is sufficient availability of food, water and medical supplies, and that there is staff and/or volunteers capable of meeting the current resident's needs, a decision may be made by the Command Center to shelter-in-place.
- B) This may result in residents being relocated to alternate beds or common areas within the facility based on the safety and suitability of their current location. (For example, damage from a fire might warrant the need for residents on one unit to be temporarily relocated to other available beds in the facility while repairs are being made.)
- C) In the event that residents are relocated within the facility, the facility will activate E-Finds through contact with NYS Health Department in order to document those residents that are sheltering-in-place.
- D) RTUL will assign staff to contact resident family/designated representatives to determine suitability of sheltering-at-home temporarily if that is the residents' preference and the IDT determines that it would be safe to do so. Medications would be sent with the residents to their home with staff providing and documenting necessary instructions for medication and/or treatment administration.
  - Family will be contacted once repairs/cleanup are done to their unit and when they will be able to return.
  - If repairs will take an extended period of time, Resident and Family Services will work with residents and their family members to discharge to alternate skilled facilities with option for them to return as a new admission to a priority bed when beds become available.

### **5) Volunteers: (K0024)**

- A) Facility would utilize volunteers from a pool of these trained on mandatory policies and facility procedures. These individuals are compliant with state regulations with regard to their medical clearance and are inserviced annually on resident rights and privacy rights. Outside of this pool of volunteers, facility would be reliant on both scheduled and

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B) unscheduled employees and resident family members where appropriate, in caring for their own family. These volunteers would be assigned responsibilities with regard to assisting with residents who are sheltering-in-place. Volunteers from the Rensselaer County Medical Reserve Corp (MRC), which includes physicians, Nurses, NP's, and pharmacists are available to the Manor in the event the facility needs additional clinical resources. These resources are available by calling the Rensselaer County Public Health Director at 518/270-2626 or after hours at 518/813-2763. All such clinical volunteers will be credentialed upon arrival at the facility. Upon arrival, the MRC volunteers will present identification to the security staff assigned at the main entrance. Administrative support staff will confirm they are currently licensed by going to the New York State Office of Professions website at <http://www.op.nysed.gov/opsearches.htm>. Confirmation of current licensure / registration will be made before they are permitted to treat residents. It remains the responsibility of the facility to confirm credentialing of MRC members responding to facility incidents.

### 6) Surge:

In the event that the facility is asked to take in evacuees from a neighboring skilled facility, VRM will utilize employed staff, (not volunteers), to provide assistance and staffing assignments will be completed per facility procedures as determined by facility Nursing Supervisor.

A) Clinical staff that is sent to VRM by evacuating facility will be given time cards and assigned units by the Nursing Supervisors in order to maintain clock hours worked during the duration of the surge. Those staff will be provided with a schedule and will be worked into the daily staffing assignments. They will work in conjunction with other certified staff and under the supervision of the unit team leaders and Head Nurses to ensure compliance with facility policy/procedures.

### 7) Transfer Agreements: (K0025)

A) Facility maintains transfer agreements with several other local skilled nursing facilities that are updated annually. Also, agreement is in place for transfer to Hudson Valley Community College (HVCC) in the event that a stop-over point is needed if facility is unsafe to maintain residents during evacuation. Transportation to be provided by VRM as first option with fleet of vehicles and then using outside transport vendors.

McDonough Field House is the location at HVCC for the stop-over point. Contact can be made to the Public Safety Office 24 hours a day (phone contact at Reception Desk). Access to the Fieldhouse is at the East and South side doors for handicapped access. (See attached map of Hudson Valley Campus with entrance for Field House marked). There is sufficient access to power and all supplies and equipment will be transported by assigned staff.

### 8) Declaration of 1135 Waiver: (K0026)

- Facility maintains transfer agreements with local skilled nursing homes to provide care/treatment to residents requiring evacuation. These reciprocal agreements also

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- allow for VRM to accept surge from those facilities experiencing an emergency event requiring evacuation.
- In the event that the Secretary of Human Services grants an 1135 Waiver request to NYS, this waiver will continue until the emergency has ended or not more than 60 days after it was initiated.
- The receiving facility that accepts VRM will then maintain responsibility to provide all meals, housing and medical care at their expense and will bill accordingly.
- All residents brought to VRM through surge from evacuating facilities will be the financial r
- Responsibility of VRM.
- Transfer agreements outline HIPAA compliance expectations during these emergencies. Resident's right to protected PHI remains active, as is their right to opt out of a facility directory should they choose to.
- The VRM has arranged, in concert with the Rensselaer County Bureau of Public Safety, for the provision of resident care at alternate sites. The primary non-medical site is the Fieldhouse at HVCC. The Rensselaer County Bureau of Public Safety Director has communicated his agency's ability to provide Manpower, transportation resources, cots, blankets and other needed resources in the event of a need to provide care at an alternate site. The primary contact for these resources is the Bureau Director at 518/266-7676 or after hours by calling the County's Emergency Call Center by dialing 911.

### **9) Communication During Emergency: (K0029)**

- Facility utilizes cellular telephones and two-way radios to communicate within the facility. Land lines are on an emergency generator so are still active during a power outage. Two-way radios are assigned to key personnel and all radios are labeled with these personnel assignments. Additional radios available at reception desk to be used as needed.
- A list of all key personnel and phone contacts are maintained at Reception Area. All department heads are responsible for maintaining updated employee contact information in the event unscheduled staff need to be called into work or contacted while on duty.

### **10) Facility Staff Alternate Means of Communication: (K0032)**

**In order of use:** (See Communications/Internet Failure policy for more detailed information).

- Landline
- Cell Service
- Two-way Radio
- Rensselaer County Emergency Service

**11) Sharing Occupancy Needs: (K0034)**

- Daily census is maintained in the facility and the Weekly Bed Census is uploaded to the NYS Health Department weekly through the HCS.
- The key personnel in the facility are active in the Health Commerce System (HCS) and maintain up-to-date contact information in case of emergency.
- Incident Command will communicate with NYS DOH occupancy during an emergency which may include the number of residents needed to be evacuated as well as the number of surge beds available.
- Resident's information may be shared as necessary to provide treatment; such as prescription and other health information to facilitate treatment of the evacuees.
- Provide location, general condition, or death of an individual as necessary to identify, locate and notify family members, guardians or others responsible for the individual's care.
- During an emergency, staff will make attempt to utilize current Electronic Medical Record to continue to provide documentation in accordance with facility policy.
- In the event that internet service has ended, the facility will be initiated on the backup WIFI by the County IT Department.
- In the event that there is a power outage, the facility maintains generators for an alternate source of power. The facility computers (both hard-wired and wireless) are maintained by the generator.
- In the event both internet access fails and generator power is unavailable, staff can access EMR using cell phones, both personal and those supported by the facility.
- Residents sheltering at home will be given Leave of Absence packet outlining information necessary to provide care at home. This includes printout of medications along with administration directions.
- Those residents being sent to alternate facilities will be accompanied by facility staff that have remote access to Sigmacare and will be able to retrieve their medical information at their receiving location to provide report along with necessary information for facility to provide treatment.
- E-finds will include basic crucial information with regard to cognitive status, allergies and transfer status to ensure maintenance of safety until medical record can be accessed.  
Also those residents who have elected to be excluded from the facility directory should be identified as such so the receiving facility knows to keep their whereabouts confidential to all others beyond the legal representative.
- Facility maintains transfer agreements with local facilities that have agreed to accept residents in the event of an evacuation and commit to complying with state/federal records involving HIPAA and Protected Health Information.

**12) Reviewing Plan With Residents/Family Members (K0035)**

- A) Emergency plan will be available to residents and designated representatives upon request and will be posted in the first floor lobby.
- B) Plan to be reviewed annually at Resident Council.

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**13) Annual Training Exercises (K0039)**

- A) Conduct annual trainings including a multi-agency drill in conjunction with other facilities, transportation providers and emergency management personnel. This multi-agency drill will include participation from North Greenbush Police Department, Rensselaer County Sheriff, Defreestville & Wynantskill Fire Departments, Rensselaer County EMS, Rensselaer County Public Safety and Rensselaer County Health Department. Facility will communicate with New York State Health Department prior to the plan and update post-plan with outcomes using the e-FINDS system.
- B) This drill will include tabletop meetings prior to the actual event, the inclusion of the e-FINDS program in monitoring evacuees, and a hot wash post event to analyze the event and document any necessary changes to this plan.


**14) Emergency Power (K0041)**

- A) Facility maintains an emergency generator with five days of fuel to power all required systems to protect the health and safety of the residents and staff.
- B) Generator is tested on a monthly basis for a minimum of 30 minutes with a full load to ensure it will be functional in an emergency.


Attachments:


HVA  
RTUL Tasks  
Command Center Tasks  
Emergency Event Role Assignment Succession  
e-FINDS Guide  
Paper Bar Code Log  
Revised TALS  
Map of HVCC

Policy #: D009.4  
Established: Nov 2014  
Revised: 7/2018, 2/2019, 3/2019, 10/2019  
Reviewed: 1/2025

Reviewed by Administrator:   
Date: 2/4/25

Reviewed by Medical Director:   
Date: 2/10/25

Reviewed by ADON:   
Date: 2/21/25

Reviewed by Security Supervisor:   
Date: 3/1/25

**HAZARD AND VULNERABILITY ASSESSMENT TOOL  
NATURALLY OCCURRING EVENTS**

EVENT	PROBABILITY <i>Likelihood this will occur</i>	SEVERITY = (MAGNITUDE - MITIGATION)						RISK <i>Relative threat*</i>
		HUMAN IMPACT <i>Possibility of death or injury</i>	PROPERTY IMPACT <i>Physical losses and damages</i>	BUSINESS IMPACT <i>Interruption of services</i>	PREPAREDNESS <i>Preplanning</i>	INTERNAL RESPONSE <i>Time, effectiveness, resources</i>	EXTERNAL RESPONSE <i>Community/Mutual Aid staff and supplies</i>	
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Tornado	1	2	3	3	2	2	1	24%
Severe Thunderstorm	3	1	1	1	1	1	1	33%
Snow Fall	3	1	1	1	1	1	1	33%
Blizzard	3	2	2	2	2	2	2	67%
Ice Storm	3	2	2	2	2	2	2	67%
Earthquake	1	2	2	2	2	2	2	22%
Heat/Humidity	2	3	1	2	2	1	1	37%
Landslide	0	0	0	0	0	0	0	0%
Dam Inundation	0	0	0	0	0	0	0	0%
Subsidence	0	0	0	0	0	0	0	0%
<b>AVERAGE SCORE</b>								0%
<i>*Threat increases with percentage.</i>								0%
	1.60	1.30	1.20	1.30	1.20	1.10	1.00	21%

<b>RISK = PROBABILITY * SEVERITY</b>
0.21      0.53      0.39



## HAZARD AND VULNERABILITY ASSESSMENT TOOL HUMAN RELATED EVENTS

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	<i>Likelihood this will occur</i>	<i>Possibility of death or injury</i>	<i>Physical losses and damages</i>	<i>Interruption of services</i>	<i>Preplanning</i>	<i>Time, effectiveness, resources</i>	<i>Community/ Mutual Aid staff and supplies</i>	<i>Relative threat*</i>
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Mass Casualty Incident (trauma)	1	1	1	1	2	1	1	13%
Mass Casualty Incident (medical/infectious)	1	2	1	2	2	1	1	17%
Terrorism, Biological	1	2	1	1	2	1	1	15%
Hostile Intruder	1	2	1	1	2	1	1	15%
Missing Resident	2	2	1	1	1	1	1	26%
Bomb Threat	1	2	2	2	1	1	1	17%
<b>AVERAGE</b>								<b>0%</b>
<i>*Threat increases with percentage.</i>								<b>0%</b>
								<b>0%</b>
	1.17	1.83	1.17	1.33	1.67	1.00	1.00	<b>17%</b>

<b>RISK = PROBABILITY * SEVERITY</b>
0.17      0.39      0.44

## HAZARD AND VULNERABILITY ASSESSMENT TOOL EVENTS INVOLVING HAZARDOUS MATERIALS

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	<i>Likelihood this will occur</i>	<i>Possibility of death or injury</i>	<i>Physical losses and damages</i>	<i>Interruption of services</i>	<i>Preplanning</i>	<i>Time, effectiveness, resources</i>	<i>Community/ Mutual Aid staff and supplies</i>	<i>Relative threat*</i>
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Mass Casualty Hazmat Incident (From historic events at your LTC with >= 5 victims)	0	0	0	0	0	0	0	0%
Small Casualty Hazmat Incident (From historic events at your LTC with < 5 victims)	0	0	0	0	0	0	0	0%
Chemical Exposure	1	2	1	2	2	1	1	17%
Terrorism, Chemical	1	2	1	2	2	1	1	17%
Radiologic Exposure, External	1	2	1	2	2	1	1	17%
Terrorism, Radiologic	1	2	1	2	2	1	1	17%
<b>AVERAGE</b>								0%
								0%
								0%
	0.67	1.33	0.67	1.33	1.33	0.67	0.67	5%

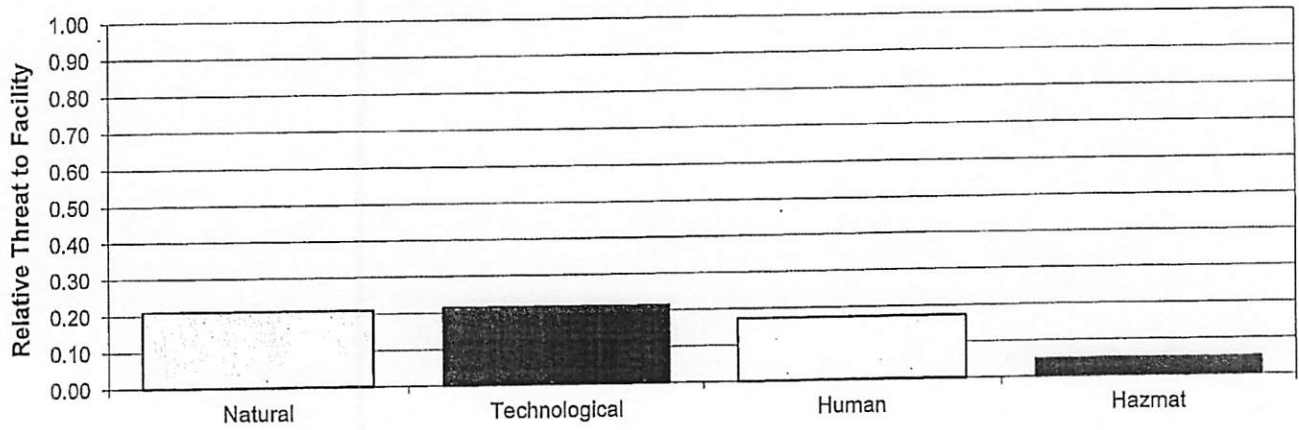
\*Threat increases with percentage.

<b>RISK = PROBABILITY * SEVERITY</b>		
0.05	0.15	0.33

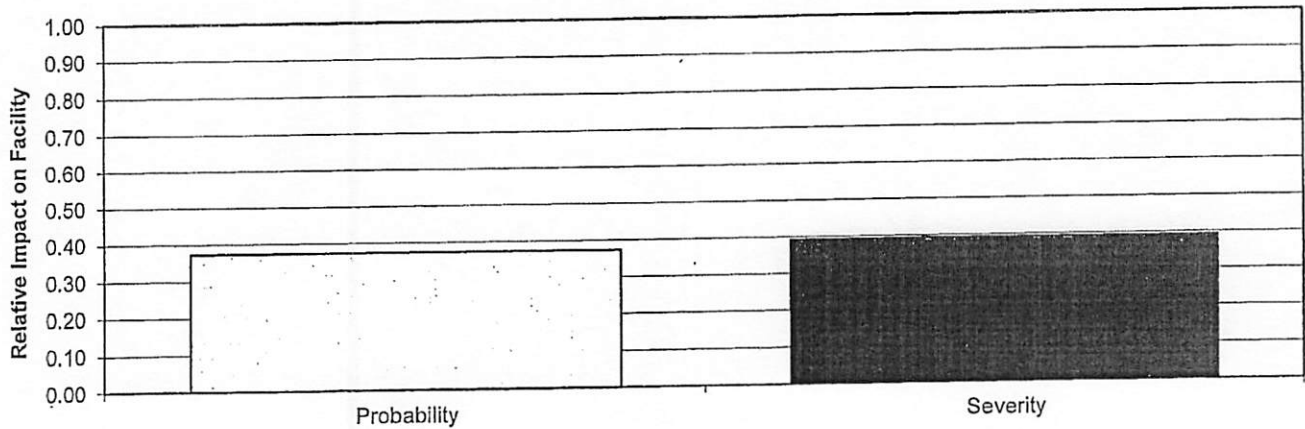
**SUMMARY OF LONG TERM CARE COMMUNITY HAZARDS ANALYSIS**

	Natural	Technological	Human	Hazmat	Total for Facility
Probability	0.53	0.41	0.39	0.15	0.37
Severity	0.39	0.52	0.44	0.33	0.39
<b>Hazard Specific Relative Risk</b>	<b>0.21</b>	<b>0.21</b>	<b>0.17</b>	<b>0.05</b>	<b>0.15</b>

**Hazard Specific Relative Risk to Long Term Care Facility**



**Probability and Severity of Hazards to Long Term Care Facility**



**RTUL Trauma Triage Sheet**  
**Staff Location and Assignment**

Task	Staff Assigned/Location
Identify holding area if needed (therapy, activity room, etc)	
Assign staff to notify residents of evacuation (Social Workers, Clerks, Nursing Staff)	
Assign staff to call family members/determine who can shelter at home (Nursing Staff)	
Assign staff to begin calling off-duty staff (Clerical Staff Business Office/Nursing)	
Assign staff to alert Medical Director/Attending Physicians (Nursing Supervisors, Clerical Staff)	
Assign staff to retrieve eFINDS equipment (Security Guards, Nursing Supervisor)	
Establish an area for scanning/input and staff to enter data	
Assign staff to apply bracelets and TALS to residents being evacuated (Nursing Department)	
Assign staff to designated loading area (Transportation staff, security)	
Direct evacuation order based on acuity/resident safety (wanders/most ill last) (RTUL)	



**RTUL Training Sheet**  
**Staff Location and Assignment**


**RTUL Training Sheet  
Staff Location and Assignment**

Task	Staff Assigned/Location
Identify holding area if needed (therapy, activity room, etc)	
Assign staff to notify residents of evacuation (Social Workers, Clerks, Nursing Staff)	
Assign staff to call family members/determine who can shelter at home (Nursing Staff)	
Assign staff to begin calling off-duty staff (Clerical Staff Business Office/Nursing)	
Assign staff to alert Medical Director/Attending Physicians (Nursing Supervisors, Clerical Staff)	
Assign staff to retrieve eFINDS equipment (Security Guards, Nursing Supervisor)	
Establish an area for scanning/input and staff to enter data	
Assign staff to apply bracelets and TALs to residents being evacuated (Nursing Department)	
Assign staff to designated loading area (Transportation staff, security)	
Direct evacuation order based on acuity/resident safety (wanders/most ill last) (RTUL)	



**RTUL Training Sheet**  
**Staff Location and Assignment**

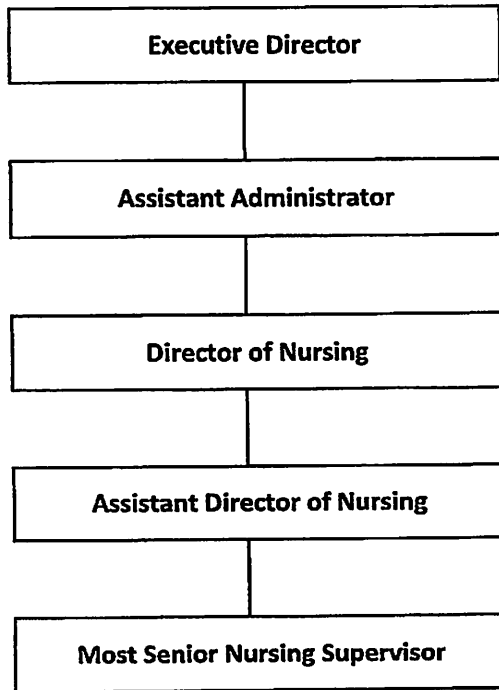

**INCIDENT COMMAND TASKS**

**NAME:** \_\_\_\_\_

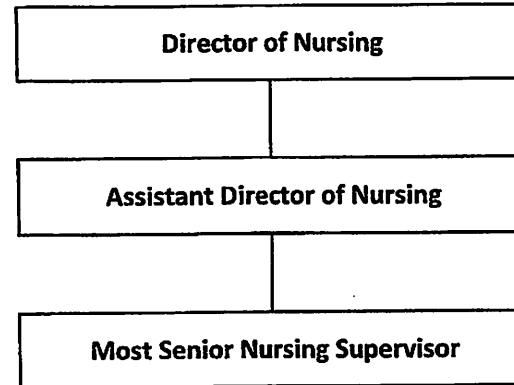
Task	Time	Notes
Determine if Shelter in Place or Evacuation is warranted		
Reach out to NYS DOH Regional Office		
Contact HVCC if necessary for stopover		
Contact hospitals/local facilities with transfer agreements to obtain availability of evacuees		
Determine availability of facility drivers/transportation		
Reach out to Transportation vendors/ambulance services		
Assign a Public Information Official to update Media		

**Emergency Event Role Assignment Succession**

**Incident Command (Role assigned First)**



**Resident Tracking Unit Leader (RTUL)**





# FINDS *Evacuation of Facilities In Disaster Systems*

## Getting Started

The **e-FINDS** Data Reporter and **e-FINDS** Administrator role have access to the patient tracking application. From the **My Account** link, on the menu bar (top right) of the Health Commerce System (HCS), click See what roles I hold to verify that you are in one of the e-FINDS roles. If you are not in an e-FINDS role, please contact your facility's HCS Coordinator. Locate your coordinators from **My Account** > Look up my coordinators. Click Update or verify my contact information to access and update your business and emergency contact information to receive communications.

## Open e-FINDS

1. Log on to the HCS (<https://commerce.health.state.ny.us>). If you cannot remember your user id or password, please call Commerce Accounts Management Unit at 1-866-529-1890.
2. Click **e-FINDS** in the **My Applications** panel (left side). If you do not see e-FINDS, then you are not in an e-FINDS role (see Getting Started).
3. Select your current location from the dropdown list.
4. Click **Submit**, and proceed to one of the following actions.

Always **VERIFY** your location, if affiliated with more than one!

## Evacuating Facility: Registers Multiple Patient/Resident

e-FINDS Administrator Role Only

1. Click **Register Patient/Resident > Multi Patient/Resident Input**.
2. Verify Evacuation Operation and Current Location.
3. Select Intended Destination.
4. Enter the number of barcodes to be assigned.
5. Click **Generate Fillable Spreadsheet**.
5. Enter known information, such as first name, last name, date of birth (mm/dd/yyyy), and gender.
6. Click **Save all Patient/Resident**.
7. Verify message: Successfully saved {correct # being evacuated} Patient/Resident and click **barcode** to view or update the patient or resident information.

## Evacuating Facility: Register Patient/Resident with Scanner

**Evacuating facilities may not have time to complete the registration process, so multiple time saving options are available**

1. Scan a barcode  
OR click **Register Patient/Resident > With Scanner**.
2. Confirm message: Barcode is located. You can register a new Patient/Resident with it.
3. **If time allows**, enter first name, last name, date of birth (mm/dd/yyyy), gender, etc.
4. Verify the Evacuation Operation OR select another operation from the list.
5. Verify the patient/resident current location is correct.
6. Select the Intended Destination Organization type, if necessary.
7. Select the Intended Destination.
8. Enter the Bulk Group; such as bus no. or transportation description.
9. Click **Register**. If the required fields are not complete, you will receive an error message. Click **Override** to bypass the error.
10. Confirm message: Patient/Resident info is updated.

## Evacuating Facility: Updates Multiple Patient/Resident

e-FINDS Administrator Role Only

1. Click **Update Patient/Resident > Multi Patient/Resident Update**.
2. Verify your location.
3. Select the Action Type:  
**Releasing Patient/Resident From this Location, OR  
Change Operation for Patient/Resident at this Location.**
4. Select the Intended Destination.
5. Enter the Bulk Group, for example transport via bus.
6. Click **Load All Patient/Resident**.
7. Select All OR select Update for each patient/resident.
8. Click **Release Selected Patient/Residents OR Change Operation for Selected Patient/Resident**.
9. Verify Successfully updated {#} Patient/Resident.

**Evacuating Facility: Generates Barcoded PDF Log OR Uploadable Barcode Spreadsheet**

e-FINDS Administrator Role Only

1. Click **Manage Barcodes > Generate Barcodes Spreadsheet.**
2. Select or verify the current location.
3. Enter Start and End barcode numbers, e.g., 4—13 for ten patient/residents to be relocated.
4. Select the PDF if you want a scannable barcode log OR select EXCEL for the upload patient/resident option.
5. Click **Generate.**
6. Print the PDF OR save the Excel spreadsheet to your computer.

**Note:** PDF files cannot be uploaded, but could be sent with transport. The Excel file can be updated with patient/resident information and uploaded to e-FINDS. See upload instructions below.

**Evacuating Facility: Uploads Multi Patient/Resident File**

1. Click **Register Patient/Resident > Patient/Resident Upload File.**
2. Verify the Evacuation Operation and current Location.
3. Click **Browse.**
4. Locate the Excel file with **saved** patient/resident information. Hint: search for nys\_e-FINDS file name with facility id, date and time.
5. Click **Open** to add file.
6. Click **Upload.**
7. Verify the patient/resident information is updated, and edit information as needed.
8. Click **Save All Patients/Residents.**

**Note:** If the Excel file has no patient or resident information, then the file cannot be uploaded.

**Shelter-in-Place (SIP)**

If an evacuating facility determines that a patient or resident would be safer if **not** moved to another location, then the patient or resident will shelter in place. If the patient or resident is already registered in e-FINDS, then click Shelter-In-Place to change the Intended Destination to the current location.



**Quick Search**

1. Click **Home** on the e-FINDS menu bar.
2. Scan a barcode, enter a barcode number, OR enter first or last name in Quick Search (located top right).  
If necessary click **Quick Search.**
3. Locate the correct patient/resident record.
4. Click the Barcode (Serial ID) link.
5. Verify: Patient/Resident is found. You can update the information.
6. View, Add, or change the necessary information.
7. Click **Update Patient/Resident.**

If a person has never been to your facility, you will **NOT** be able to search for them.




**Receiving Facility: Updates Patient/Resident with Scanner**

1. Click **Update Patient/Resident > With Scanner**
2. Scan a barcode and click **Submit**, if necessary.
3. Confirm message: Barcode is located. You can register new Patient/Resident with it OR Patient/Resident is found. You can update the information.
4. Enter or confirm information, including Evacuation Operation and the current patient/resident location.
5. Click **Register, Update, or Override.**
6. Confirm message: Patient/Resident info is updated.

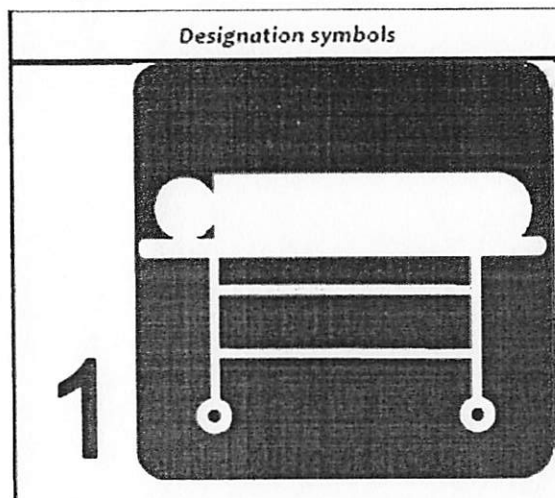
**Receiving Facility: Updates Patient/Resident without Scanner**

1. Click **Update Patient/Resident > Multi Patient/Resident Update.**
2. Verify your location.
3. Select **Checking in Patients/Residents into this location.**
4. Verify the patient or resident is correct.
5. Click **Select All OR Update** for each patient or resident being received.
6. Click **Check in Selected Patient/Resident.**
7. Confirm Message: Successfully updated {correct #} of Patient/Resident.

# The revised TALs

Transportation Assistance Level	Staffing support	Transportation Asset	Accompaniment	Designation symbols
<p><b>1</b>                      Non-Ambulatory</p> <p>Individuals unable to travel in a sitting position (e.g. require stretcher transport).</p> <p>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.</p>	<p>Require clinical observation ranging from intermittent to 1:1 nursing. Critical cases or interrupted procedures may require a team of health care providers</p>	<p>Requires an ambulance or other specialized vehicle (e.g., helicopter medevac) for transport dependent on circumstance (e.g. high water)</p>	<p>Must be accompanied by one or more clinical provider(s) (e.g. EMT, paramedic, nurse, or physician) appropriate to their condition</p>	<p><b>1</b> </p>
<p><b>2</b>                      Wheelchair</p> <p>Individuals who cannot walk on their own but are able to sit for an extended period of time.</p> <p>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.</p>	<p>Safely managed by a single non-clinical staff member or healthcare facility-designated person</p>	<p>May be transported as a group in a wheelchair appropriate vehicle (e.g., medical transport van or ambulette)</p>	<p>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</p>	<p><b>2</b> </p>
<p><b>3</b>                      Ambulatory</p> <p>Individuals who are able to walk on their own at a reasonable pace.</p> <p>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</p>	<p>Escorted by staff members, but may be moved in groups led by a single non-clinical staff member or healthcare facility-designated person. Suggestion: The optimum staff-to-patient ratio is 1:5.</p>	<p>Can be transported as a larger group in a passenger vehicle (e.g., bus, transport van, or private auto)</p>	<p>A single staff member appropriate to the most acute patient/resident's condition while accompanying a group of patients/residents</p>	<p><b>3</b> </p>

Transportation Assistance Level		Staffing support	Transportation Asset	Accompaniment
<b>1</b>	<b>Non-Ambulatory</b>	Require clinical observation ranging from intermittent to 1:1 nursing. Critical cases or interrupted procedures may require a team of health care providers	Requires an ambulance or other specialized vehicle (e.g., helicopter medevac) for transport dependent on circumstance (e.g. high water)	Must be accompanied by one or more clinical provider(s) (e.g. EMT, paramedic, nurse, or physician) appropriate to their condition
<p>Individuals unable to travel in a sitting position (e.g. require stretcher transport).</p> <p>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.</p>				



**2**

**Wheelchair**

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.

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 or ambulette)

A single staff member or healthcare facility-designated person appropriate to the most acute patient/resident's condition while accompanying a group of patients/residents

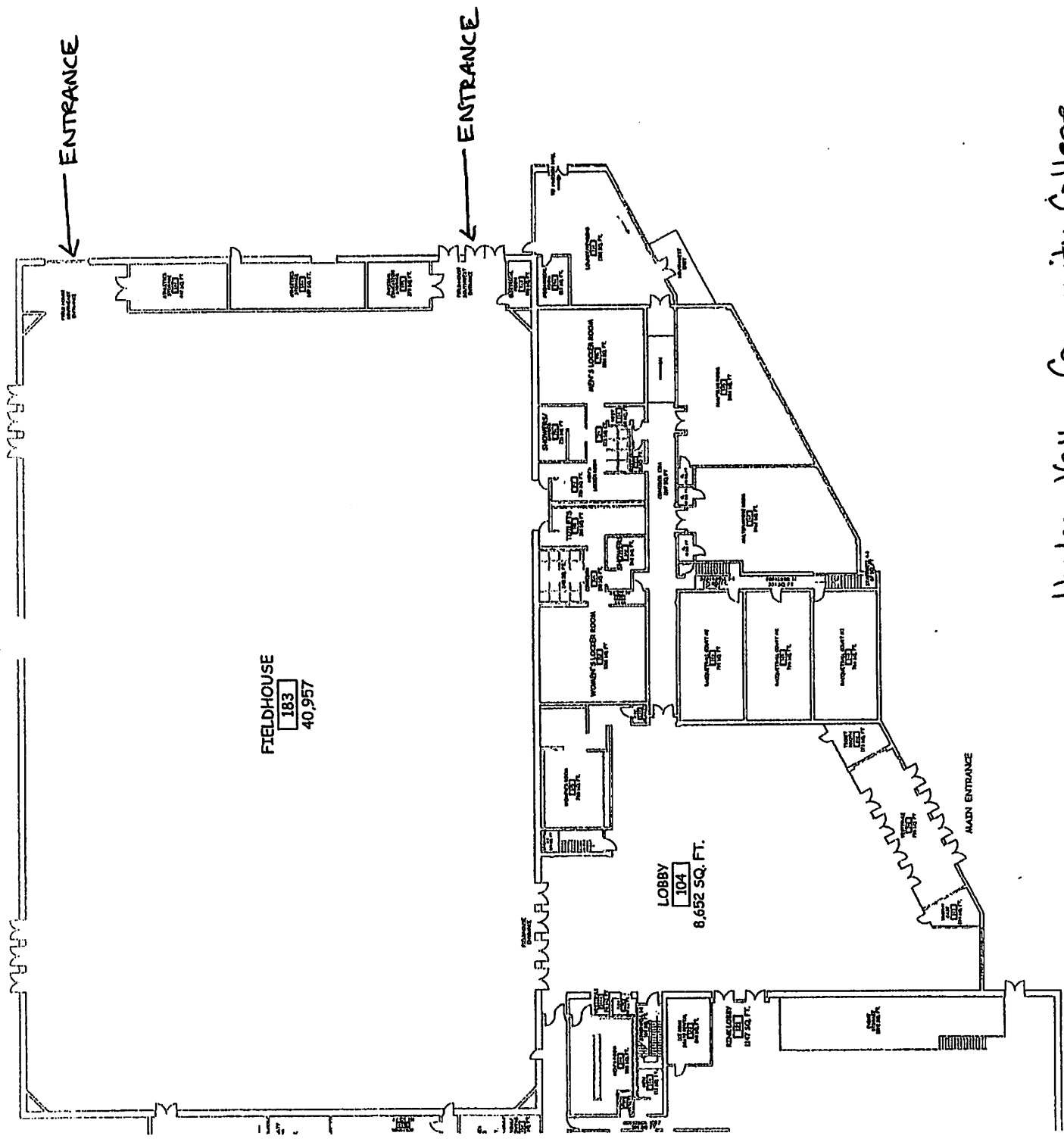


3	Ambulatory	Escorted by staff members, but may be moved in groups led by a single non-clinical staff member or healthcare facility-designated person. The optimum staff-to-patient ratio is 1:5.	Can be transported as a larger group in a passenger vehicle (e.g., bus, transport van, or private auto)	A single staff member appropriate to the most acute patient/resident's condition while accompanying a group of patients/residents
<p>Individuals who are able to walk on their own at a reasonable pace.</p> <p>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</p>				

3



\*



FIELDHOUSE  
 183  
 40,957

LOBBY  
 104  
 8,652 SQ. FT.

Hudson Valley Community College  
 McDonough Field House