

Bronx Independent Living Services
Brooklyn Center for the Independence of the Disabled
BWICA Educational Fund
Center for Independence of the Disabled, New York
Coalition of Institutionalized Aged and Disabled
Commission on the Public's Health System
Disabilities Network of New York City
Disabled in Action of Metropolitan New York
Faithful Response
Feal Good Foundation
Gray Panthers, New York City Network

Harlem Independent Living Center
Long Term Care Community Coalition
Long Island Council of Churches
MFY Legal Services
New York Public Interest Research Group
New York Statewide Senior Action Council
New Yorkers for Patient & Family Empowerment
Services and Advocacy for GLBT Elders
United Spinal Association
Westchester Independent Living Center

Recommendations for Improving New York's Healthcare System Disaster Response Planning and Preparedness May 2013

This set of recommendations, supported by the above-listed organizations, addresses concerns relating specifically to New York's health system disaster response planning and preparedness, with special emphasis on disaster resilience and evacuation planning. (Note: These recommendations do not address the serious problem of mold and contamination from flooding impacts, which has already been raised by several organizations with special expertise in those areas.)

Analysis/Evaluation Needed Post-Sandy:

Retrospective Analysis Needed

- Engage an independent entity to conduct an analysis of the decision-making on evacuation that occurred in New York City, comparing it to the decision-making process that was conducted in Nassau and Suffolk Counties and in New Jersey's affected areas. Identify the facts available, the factors considered and how those factors were weighed.
- Evaluate the impacts on patients and residents of the Sandy evacuation, including exhaustion and stress, exposure to cold and dampness, and disruption of medicines & care, perhaps using targeted surveys.
- Engage an independent entity to conduct an analysis of the early discharge of patients from healthcare facilities, including their readiness for discharge and the sufficiency of their discharge plans.
- Disclose the results of all investigations of reports regarding evacuation of nursing and adult home residents, including reports that residents were evacuated without medical records or medication and/or were not accompanied by facility staff.

Prospective Analysis Needed

- Conduct a comprehensive review of shelter accessibility and safety for residents of institutions.
- Conduct an analysis of the risks of evacuation and identify steps that can be taken to make evacuations less stressful and more safe.
- Conduct a review of evacuation plans of adult homes and nursing homes to determine whether plans adequately contemplate evacuation in the event of a disaster affecting an entire area or region.

Specific Actions Needed to Promote Resilience in Existing Facilities:

- Evaluate health, nursing and adult care facility generators to determine whether or not they can withstand flooding conditions and require actions to correct deficiencies.
- Evaluate the ability of health, nursing and adult care facilities to shelter in place adequately, including the ability to manage under a prolonged power outage.
- Dialysis facilities must be made more resilient in regard to power interruptions and flooding.

Disaster Planning – Engagement and Input:

- Disaster plans that address the needs of community home care and health, nursing and adult care facilities should be developed jointly by the municipality and New York State.
- The planning process must involve regular, systematic input (as opposed to a mere opportunity to comment on a substantially developed draft) from:
 - Nursing home and adult home residents directly, as well as advocates for nursing home and adult home residents.
 - Hospital patients and their families/loved ones/support persons directly, as well as advocates for patient safety and health consumers.
 - People with various types of disabilities as well as advocates for people with disabilities. And,
 - Healthcare worker unions – including 1199 SEIU, DC 7, PEF, CSEA and other healthcare unions.

Planning Principles and Features

Evacuation Decision-making and Capacity Planning for Hospital, Nursing and Adult Care Facilities

- When a mandatory evacuation order is issued for an area, it should apply to hospitals, nursing homes and adult homes, for the protection of both the workers and the facility occupants.
- A hospital, adult home or nursing home's capacity standards should not be waived in order to shelter facility evacuees in an emergency – instead, advance planning should ensure that a reasonable number of empty beds are available. This is an urgent problem in New York City, as the Health

Commissioner reported to the City Council that NYC nursing homes and adult care facilities are routinely at or near 100% capacity, which caused many evacuees to be placed at Special Medical Needs Shelters.

- Transportation plans for evacuees from hospitals, nursing homes or adult homes must include plans for moving important durable equipment that some evacuees with disabilities need.
- Evacuees with functional needs should not be segregated from other evacuees unnecessarily – instead, facilities targeted for sheltering, treating, or housing evacuees should be equipped to accommodate evacuees with functional needs.

Evacuation Planning for Community Residents Who Have Health & Functional Needs

- Evacuation planning must be an inclusive planning process that fully includes people with disabilities in emergency preparedness and disaster response. It should engage the community of people with disabilities and prioritize fundamental needs.
- The priority in planning and spending should be accessibility and accommodation in all aspects of disaster response, including but not limited to: (1) ASL interpreters, (2) accessible evacuation transportation that includes the ability to move important durable equipment for people with disabilities, (3) accessible cots, (4) accessible port-a-potties, (5) electricity for ventilators, (6) access to necessary prescriptions and treatments and (7) accessible shelters, recovery centers, and alternative housing.
- Outreach planning should emphasize whole community planning, using existing information and resources from government and working cooperatively and sensitively with businesses, health practitioners and Non-Governmental Organizations (NGOs) that have connections to and credibility with people with health and functional needs in the communities they serve.
- Outreach to community residents with health and functional needs must occur through a system that recognizes that (a) people must not be required to identify themselves in a permanent database (“registry”) as having functional needs (because of privacy and safety risks) and (b) functional needs can be temporary or can change over time, making a complete registry impossible to establish.
- The concept of a registry should be scrutinized carefully. A registry may create significant privacy and safety risks. It may also be costly and difficult to keep updated, under-inclusive, and challenging to update during an emergency to avoid rescuers looking for people who are not there. A registry may also give people a false sense of security if the evacuation and disaster management system itself is not well developed, leaving people without the help they really need. A fully inclusive disaster management system is a prerequisite.
- To the extent that any registry is created, outreach to community residents with health and functional needs must occur through a system or systems that:

- (1) allow any such community resident to participate and receive transport and housing assistance with regard to a particular disaster event without being required to place his or her name (and vulnerability) into a permanent electronic database; and,
- (2) take strong measures to ensure that all data provided on a voluntary basis for disaster preparation

purposes is both stored and maintained only in locations directly governed by New York State law, and in such a way that the data system very strictly protects the individual's privacy and safety from improper disclosure.

- Outreach to community residents with health and functional needs must occur through a system or systems that ensure that responders are both committed and well-prepared to provide the services needed.

Evacuation Management

- Each facility must establish an identification system to keep track of how each evacuee is transported and where the evacuee is lodged.
- The facility must notify families or designated loved ones/support persons of hospital patients and nursing home/adult home residents about where to call to learn the status of an evacuee and – if the evacuee is under a health provider's care – how to contact the health provider.
- The State DOH must work with municipalities to establish a resilient system to help family members or designated loved ones/support persons to locate evacuees, and ensure that such persons know where to call to obtain the information,
- Evacuees placed in shelters must not be placed under unwarranted restrictions, including restrictions on having visitors or being able to come and go as they please in accordance with their rights at their prior residence or facility, or receiving their usual allowance.
- Each facility must have a stand-by contract in place for security services to protect patients'/residents' belongings as well as the facility's assets in the event that the facility is evacuated or shut down.

Healthcare Management Under Disaster Conditions

- Hospitals, nursing homes, adult homes and communities must have a system in place in advance of a disaster to ensure that:
 - People can obtain their prescriptions when hospitals or pharmacies close down due to flood conditions, a power outage or similar circumstance.
 - Dialysis treatment will be available in the event of flood conditions, a power outage or similar circumstance.
 - Medical records, medication, and medical directives are retrievable for each evacuee with health needs, plus contact information for the evacuee's key health providers, and evacuees are accompanied by well-informed staff.
 - Doctors or other providers with responsibility for facility patients/residents or for community residents can be contacted by the individual or their family or designated loved ones/support persons if the facility is shut down.
 - A method is in place to transition displaced persons to new healthcare providers as needed.
- Insurance companies must ease restrictions to allow people to replace durable medical equipment promptly without a new doctor's prescription (especially given that it may be hard to locate or get the time and attention needed from the doctor to obtain the prescription).