SOUTHERN TIER HEALTH CARE MUTUAL AID PLAN
2017 - 2018

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ANY MEMBER FACILITY CAN DO THIS
ACTIONS TAKEN TO ACTIVATE SOUTHERN TIER REGIONAL MUTUAL AID PLAN

DISASTER OCCURS

Individual health care facility being affected:

1. Notify appropriate Emergency Agency (911)
2. Request that 911 notify Chemung County Emergency Management to send out a page to all STMAP Steering Committee members to inform them of the emergency, and to request their presence at the Regional Coordinating Center.
3. Notify **Regional Coordinating Center, Chemung County Nursing Facility (607-737-2001; Cell phone: 607-481-9642 or 607-329-7088)** or Backup, **Steuben Center for Rehabilitation and Healthcare (607-776-7651; Cell phone: 607-346-6780)**, if necessary
4. Internal notification / set-up Internal Command
5. Notify NYS Department of Health Regional Office, as necessary
   - Syracuse Region Office 315-477-8421
   - Rochester Region Office 585-423-8020
   - Duty Officer (after hours number) 1-866-881-2809
   - Hot Line 1-888-201-4563

   Request that NYSDOH send out a Health Commerce System / Integrated Health Alerting and Notification System alert (HCS / IHANS) to all member facilities, notifying them of the situation, and asking them to prepare to report their number of empty beds and other emergency reporting information when requested.
6. Notify appropriate County Office of Emergency Management (see Page 41 for phone numbers); consider prompting for a Conference Call to include all STMAP members and Emergency Manager
7. Continue to follow your facility's internal Emergency Management Plan

DISASTER RESULTS IN:

NEED FOR SUPPLIES:

1. Call your facility suppliers.
2. Contact suppliers listed in your regional MAP.
3. Contact County Emergency Mgr
4. See supply availability from member facilities in your regional MAP.

NOTES:
1. Fax request form to supplier to use as identification of supplies at police roadblocks.
2. Coordinate supplies through local Emergency Operations Center, when requested.

NEED FOR COMMUNICATIONS:

1. Attempt all primary means of communication, including:
   - Phone/Cell Phone
   - Fax
   - Email
2. Request through Office of Emergency Management help from HAM Radio operators.

NEED FOR TRANSPORTATION:

1. Notify County Office of Emergency Management
2. Work with Emergency Agency Emergency Medical Service. Know number and type of transport vehicles you need. (See Transportation Evacuation Survey in Appendix V.)
3. Activate private transportation contracts you may have.
4. Request transportation help from facilities in your regional MAP (to whom you are evacuating) to move residents.

NEED TO EVACUATE:

Through liaison with Emergency Agency Command:

Slow Evacuation: Move residents to stop-over point OR transfer residents directly to resident accepting facility within your regional MAP.
Fast Evacuation: Alert and move residents to stop-over points & subsequently to resident accepting facilities within your regional MAP, as necessary.

- Send additional medical information, staff, and equipment, ASAP.
- Track residents and staff.

ONE FACILITY EVACUATING:

Notify RCC and they will:
1. Contact resident accepting facility.
2. Advise number and type of residents being sent. Follow resident type/ capacity on Facility Profile sheets.

Disaster struck facility will:
1. Send disaster tag & required medical information.
   NOTE: Disaster-struck facility notifies each resident's responsible party and physician.

Disaster struck facility can do all the above if RCC is not available.

MORE THAN ONE FACILITY EVACUATING:
Regional Coordinating Center, with Steering Committee Rep:

- Coordinate with evacuating facilities to assign residents to resident accepting facilities; follow the Facility Profile sheets.
- Communicate with NYS DOH and County OEM.

RESIDENT ACCEPTING FACILITY

When notified of an evacuation, implement the following:
1. Internal plans to prep resident reception point & care areas, including equip. needed for Special Care residents, as applicable.
2. Be prepared to care for residents until disaster-struck facility staff arrive.
3. Confirm residents received with Regional Coordinating Center.

ACTIVATION BY REGIONAL COORDINATING CENTER
JOINT REGION MUTUAL AID EVACUATION AND SUPPLY PLAN

DISASTER RESULTS IN INABILITY OF REGIONAL MAP TO PROVIDE ADEQUATE SUPPLIES, TRANSPORTATION OR PLACE ALL EVACUATING RESIDENTS

JOINT REGION MUTUAL AID PLAN CAN BE ACTIVATED BY THE REGIONAL COORDINATING CENTER AS FOLLOWS:

CONTACT:

- **ONE OF THE OTHER THREE REGIONAL COORDINATING CENTERS, OR BACK-UP, IF NECESSARY**
  - **Greater Rochester**
    1. **Primary: St. John's Health Care 585-760-1340; Cell 585-766-3651 or 585-704-2115**
    2. **Back Up: St. Ann's Community 585-697-6666; Cell 585-313-8097, 585-314-6600, 585-764-5863**
  - **Western New York**
    1. **Primary: Beechwood Homes 716-810-7000; Cell 716-220-5817**
    2. **Backup: Mercy Nursing Facility at OLV 716-819-5300; Cell: 716-949-5988**
  - **Central NY**
    1. **Primary: Van Duyn Home & Hosp. 315-449-6000; Cell 315-383-5206**
    2. **Back Up: Syracuse Home Assoc. 315-638-2521; Cell 315-952-8107**
- **NYS DEPARTMENT OF HEALTH**
  - Syracuse Region Office 315-477-8421
  - Rochester Region Office 585-423-8020
  - Duty Officer (after hours number) 1-866-881-2809
  - Hot Line 1-888-201-4563
- **LOCAL OFFICE OF EMERGENCY MANAGEMENT (911)**

NEED FOR SUPPLIES:

- Go to vendor list of another regional MAP to request supplies directly.
- Request supplies from availability of facility in another regional MAP. OPTION: Contact Regional Coordinating Center to coordinate this.

NOTES:

1. Fax request form to supplier to use as identification of supplies at police roadblocks.
2. Coordinate supplies through Local EOC, when requested.

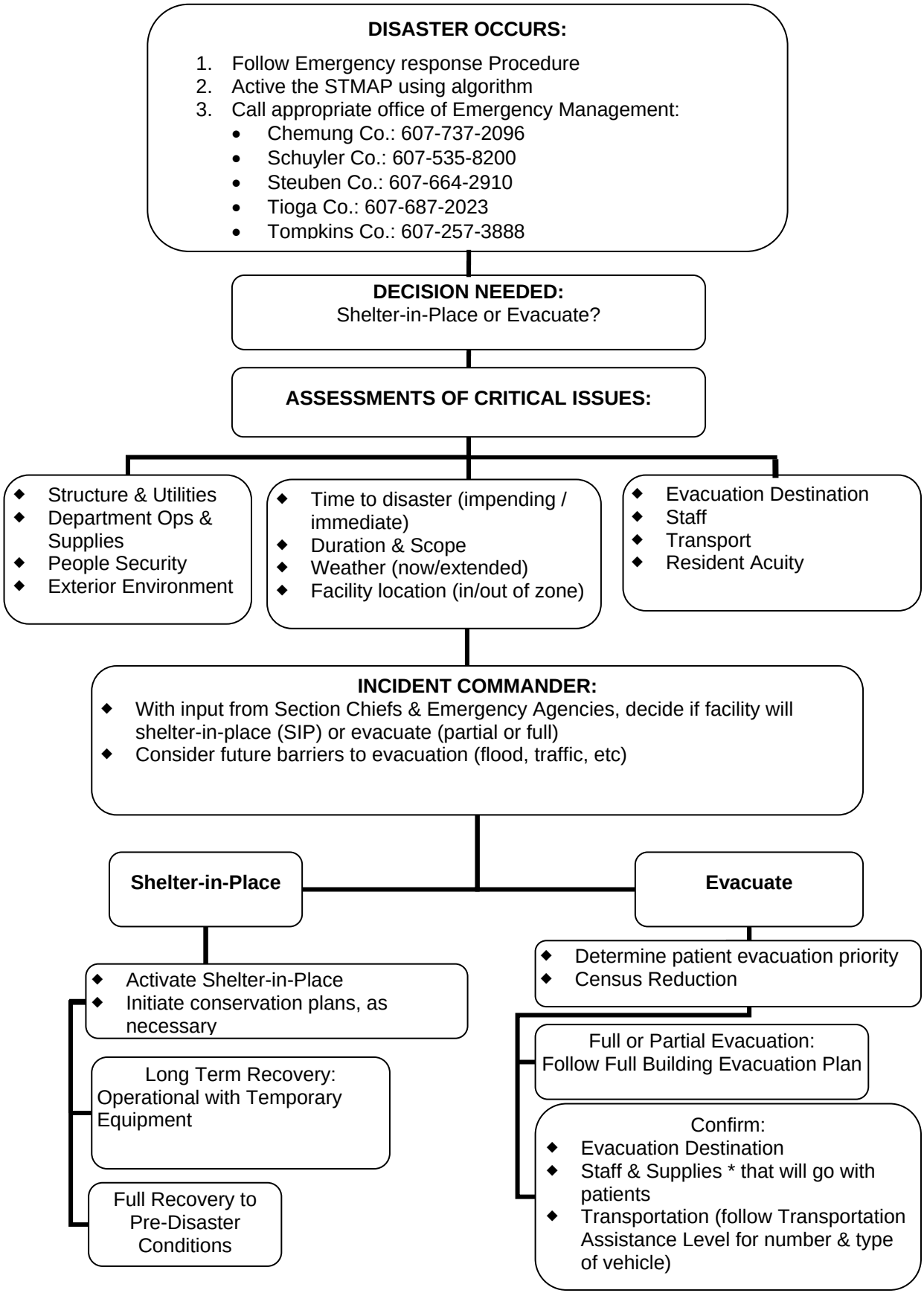
NEED FOR TRANSPORTATION:

- Request Emergency Medical Services help to move residents out of regional MAP areas. Know number and type of transport vehicles you need.
- Request transportation from availability of facilities in another regional MAP. Call facilities you are evacuating to first.

NEED TO PLACE RESIDENTS:

- When all space is used or otherwise unavailable in your regional MAP:
  OPTION A
  Regional Coordinating Center (from both Evacuating Region & Accepting Region), (Steering Committee), will:
  - Alert healthcare facilities out of the disaster struck region as necessary.
  - Coordinate where residents will be evacuated to.
- Be aware of and follow the resident number and type of residents the accepting facility can accept. Refer to the Facility Profile sheets.
- Send appropriate medical information and medication with residents.
- Controlled substances and staff must be sent to the accepting facility as soon as possible.
- Track resident location.
- Disaster-struck facilities will contact responsible parties and physicians

STMAP EVACUATION DECISION TREE



CHEMUNG COUNTY NURSING FACILITY

NURSING SUPERVISORS, RECEPTION DESK AND 3RD FLOOR CONTROL STATION

SUBJECT: REGIONAL COORDINATING CENTER PROCEDURES—MUTUAL AID PLAN

PURPOSE: 24/7 Activation procedures for Regional Coordinating Center for Nursing Home Mutual Aid Plan

- Call received that a nursing home is being evacuated; or
- Call received to activate Regional Coordinating Center to coordinate evacuation and transfer of nursing home residents in a county or regional emergency
- CCNF is the primary Regional Coordinating Center for the Southern Tier— Steuben Centers for Rehabilitation and Healthcare is the alternate Regional Coordinating Center if CCNF is unable to participate

PROCEDURES:

1. Emergency call received at Reception Desk or 3rd Floor Control Station.
2. Receptionist or 3rd Floor Nurse listens carefully to call and completes the Control Center Notification Report (see below) *while caller is on the line*. Repeat all information to caller to verify accuracy. DO NOT PUT CALLER ON HOLD TO FIND THE SUPERVISOR.
3. Confirm to caller that the Regional Coordinating Center will be activated.
4. Notify Nursing Supervisor "stat" and provide her with Control Center Notification Report.
5. Nursing Supervisor calls Health Center Director and Director/Assistant Director of Nursing and follows instructions on the Regional Coordinating Center Checklist.

REGIONAL COORDINATING CENTER NOTIFICATION REPORT

Today's Date: _____ Time of Call: _____

Caller Name: _____Call-Back #: _____

Caller Facility: _____ # Residents: _____

Stopover Point: _____ Stopover Point Phone #: _____

Brief Description of Emergency: _____

***** GIVE TO NURSING SUPERVISOR IMMEDIATELY*****

SOUTHERN TIER MUTUAL AID PLAN
CHEMUNG COUNTY NURSING FACILITY

REGIONAL COORDINATING CENTER CHECKLIST

PURPOSE: The Regional Coordinating Center shall be activated if a member facility in the Mutual Aid Plan has to be evacuated, needs supplies or transportation, or if another Regional Plan calls on the Southern Tier Plan to accept evacuated nursing home residents who exceed the capacity of that region's Mutual Aid Plan.

LOCATION OF COORDINATING CENTER:
Primary: Chemung County Nursing Facility (CCNF)
Back-up: Steuben Center for Rehabilitation and Healthcare

RCC Email Address (once activated and staffed): SoTierMap@gmail.com
Password: mutual_aid

Regional Coordinating Center Checklist:

1. Chemung County Nursing Facility receives emergency notification that either the Southern Tier Mutual Aid Plan or the Joint Regional Mutual Aid Plan has been activated due to impending need to evacuate one or more facilities. COMPLETE COORDINATING CENTER NOTIFICATION REPORT DURING CALL AND *NOTIFY NURSING SUPERVISOR IMMEDIATELY.*
2. **Supervisor:**
   a. **Notify Health Center Director and Nursing Directors** to come to facility immediately.
   b. **Call Mutual Aid Plan Steering Committee Members** and tell them:
      - *"The nursing home Regional Coordinating Center has been activated. Report to CCNF as soon as possible. Contact # is 607-737-2001 or 607-742-8230."*
3. **CCNF Administrative Authority in Charge:**
   a. **Set up** Coordinating Center in Health Department Conference Room or Nursing Facility Conference Room
   b. **Provide Coordinating Center Numbers to All Mutual Aid Facilities for All Calls Relating to Emergency**:
      - Health Dept: Use 2 cordless phones in tall cabinet (733-2203) for incoming calls—other phones for outgoing calls
      - CCNF: Use 2 cordless phones from Admin/Business Offices (607-737-2867) and (607-737-2011)—use Administration Office phones for outgoing calls—DON'T use 607-737-2867 or 607-737-2068 for outgoing
   c. **Notify Emergency Management Office** to respond to Coordinating Center—call 8600 (9-1-1 Comm Center)
   d. Assign CCNF staff or arriving Steering Committee members to call 24/7 emergency contact for each Mutual Aid Plan facility (see reverse). Message to be delivered:
      - *"This is the Regional Coordinating Center notifying your facility that the Nursing Home Mutual Aid Plan has been activated—repeat—Nursing Home Mutual Aid Plan has been activated. Contact your Administrative Authority and stand by to activate your plan for receipt of evacuated residents. Coordinating Center's contact # is: ("give conference room #)—ask your Administrative Authority to call this number within 30 minutes."(*NOTE: If this is a drill, please inform them *"this is a drill.")*

- Insure that call recipient understands message, ask person to repeat message back, and stress that message must be given to facility's on-duty administrative authority immediately.

4. **Steering Committee Members:**
   a. **Notify NYSDOH Duty Officer** (866-881-2809), Regional Office (585-423-8020), Hotline (888-201-4563)
   b. **Establish communications with other Regional Coordinating Center(s) if Joint Mutual Aid Plan has been activated**—exchange primary/secondary phone numbers and names of key contacts.
   c. **Establish Incident Command Team** for operation of Coordinating Center, including:
      - **Contact County Public Information Officer** to handle media
      - **Assign Recorders** to track all Coordinating Center activities; assign runners to relay messages
      - **Assign Liaison** to NYSDOH, hospitals, County Emergency Management Office, other agencies
   d. **Coordinate where evacuated residents will be sent**:
      - Confirm # residents receiving facility can take—*fill empty beds in region first*
      - Assign Special Needs by Facility Capability—*bariatric over 350 pounds go to acute care hospitals or receiving facility having capacity to handle weights above 350*
      - Maintain master list of residents sent to each facility—confirm arrival of each person
   e. ***Provide guidance to evacuating facility's Incident Commander*** *as situation warrants*
   f. **Advise receiving facilities to notify families** of arriving residents to verify condition/location
   g. **Coordinate equipment/supplies/transportation** among receiving facilities—if more resources needed, refer to County Emergency Management Office
   h. **Get regular status reports from receiving facilities** including problems encountered or assistance needed
   i. **Coordinate with sending facilities** or other Regional Coordinating Center on arrangements **for staffing**
   j. **If Southern Tier Region's capacity is becoming overwhelmed, contact another Regional Coordinating Center** to start receiving excess capacity.

SOUTHERN TIER MUTUAL AID PLAN
FOR STEUBEN CENTER FOR REHABILITATION AND HEALTHCARE
SPECIFIC GUIDELINES ON RCC

REGIONAL COORDINATING CENTER PROCEDURES—MUTUAL AID PLAN

PURPOSE: 24/7 Activation procedures for Regional Coordinating Center for Nursing Home Mutual Aid Plan

- Call received that a nursing home is being evacuated; or
- Call received to activate Regional Coordinating Center to coordinate evacuation and transfer of nursing home residents in a county or regional emergency
- Chemung County Nursing Facility (CCNF) is the primary Regional Coordinating Center for the Southern Tier— Steuben Center for Rehabilitation and Healthcare is the alternate Regional Coordinating Center if CCNF is unable to participate

PROCEDURES:

1. Emergency call received at Reception Desk or by Nursing Supervisor.
2. Receptionist or Supervisor listens carefully to call and completes the Coordinating Center Notification Report (see page 9) *while caller is on the line*. Repeat all information to caller to verify accuracy. DO NOT PUT CALLER ON HOLD TO FIND THE SUPERVISOR.
3. Confirm to caller that the Regional Coordinating Center will be activated.
4. On the Day Shift notify the Director of Nursing or Staff Development Director and Administrator “stat” and provide her with Control Center Notification Report.
5. On Evenings or Nights call the Director of Nursing and Administrator of the *emergency* and read the Control Center Notification Report.
6. The Director of Nursing will notify the Staff Development Director and follow instructions on the Regional Coordinating Center Checklist.
7. The Administrator will notify the Building Supervisor and follow instructions on the Regional Coordinating Center Checklist.

REGIONAL COORDINATING CENTER NOTIFICATION REPORT

THIS CALL IS TO ACTIVATE THE REGIONAL COORDINATING CENTER

Today's Date: _____ Time of Call: _____

Caller Name: _____Call-Back #: _____

Caller Facility: _____ # Residents: _____

Stopover Point: _____ Stopover Point Phone #: _____

Brief Description of Emergency: _____

TIME NOTIFIED:

DIRECTOR OF NURSING _____ a.m. p.m.

ADMINISTRATOR _____ a.m. p.m.
John Zehr - Cell (607) 661-6328

DIRECTOR OF MAINTENANCE _____ a.m. p.m.
Aaron Flint - Home (607) 259-2380 Cell (607) 962-7677

DIRECTOR OF NURSING _____ a.m. p.m.
Dawn LaMagna - Cell (585) 705-7813

Other directions from Director of Nursing or Administrator:

SOUTHERN TIER MUTUAL AID PLAN

REGIONAL COORDINATING CENTER CHECKLIST

PURPOSE: The Regional Coordinating Center shall be activated if a member facility in the Mutual Aid Plan has to be evacuated or if another Regional Plan calls on the Southern Tier Plan to accept evacuated nursing home residents who exceed the capacity of that region's Mutual Aid Plan.

LOCATION OF COORDINATING CENTER:
Primary: Chemung County Nursing Facility (CCNF)
Back-up: Steuben Center for Rehabilitation and Healthcare

1. NOTIFICATION:

a. The Steuben Center for Rehabilitation and Healthcare as the Backup Regional Coordinating Center will receive emergency notification that either the Southern Tier Mutual Aid Plan or the Joint Regional Mutual Aid Plan has been activated due to impending need to evacuate one or more facilities.

   This call differs from the call that only alerts us to a disaster and that we will expect an influx of residents – so listen carefully.

b. Emergency call received at Reception Desk or by Nursing Supervisor or Unit Nurse.
c. Receptionist or Supervisor Nurse listens carefully to call and completes the Coordinating Center Notification Report (see page 9) *while caller is on the line*. Repeat all information to the caller to verify accuracy. DO NOT PUT CALLER ON HOLD TO FIND THE SUPERVISOR.

   The Coordinating Center Notification Report will be at the Reception Desk and in the Supervisor's Book on each Unit as well as in the Disaster Manual with the Southern Tier Mutual Aid Plan.

d. Confirm to caller that the Regional Coordinating Center will be activated.
e. On the Day Shift notify the Director of Nursing or Staff Development Director and Administrator "stat" and provide them with Control Center Notification Report.
f. On Evenings or Nights call the Director of Nursing and Administrator of the *emergency* and read the Control Center Notification Report.
g. The Director of Nursing will notify the Staff Development Director and follow instructions on the Regional Coordinating Center Checklist.
h. The Administrator will notify the Building Supervisor and follow instructions on the Regional Coordinating Center Checklist.
i. Those notified will report to the facility as soon as possible

2. ACTIVATION:

On the Day Shift the Director of Nursing, Staff Development Director and Administrator will complete the following steps. On the Evening or Night Shift the Supervisor may be given direction to complete the following steps until the group arrives at the facility.

a. Notify the Mutual Aid Steering Committee Members that the nursing home Regional Coordinating Center has been activated. Document the name and time on the Coordinating Center Notification Report as each are called.
b. Set up Coordinating Center in the Staff Development Classroom.
   Two (2) Land Lines
   Two (2) Facility Cell Phones
   List of members of the Southern Tier Mutual Aid Plan (STMAP).
   Notify Emergency Management Office - Call 911 and state that we need EMO notified that we need their assistance and leave a call back number, facility name, and contact.

3. IMPLEMENTATION:

Authority in Charge:

a. Assign facility staff or arriving Steering Committee members to call 24/7 emergency contact for each Mutual Aid Plan facility. Message to be delivered:
   - *"This is the Regional Coordinating Center notifying your facility that the Nursing Home Mutual Aid Plan has been activated—repeat—Nursing Home Mutual Aid Plan has been activated. Contact your Administrative Authority and stand by to activate your plan for receipt of evacuated residents. Coordinating Center's contact # is: ("give the telephone # you use)—ask your Administrative Authority to call this number within 30 minutes."(*NOTE: If this is a drill, please inform them *"this is a drill.")*
   - Insure that call recipient understands message, ask person to repeat message back, and stress that message must be given to facility's on-duty administrative authority immediately.
   - Document the name of facility and the time of the call.

b. A Steering Committee Member will be assigned to notify the NYSDOH Duty Officer (866-881-2809), Hotline (888-201-4563), call both numbers.
   Establish communications with other Regional Coordinating Center(s) if Joint Mutual Aid Plan has been activated—exchange primary/secondary phone numbers and names of key contacts.
   - Establish Incident Command Team for operation of Coordinating Center, including:
     - A Public Information Officer to handle media
     - Assign Recorders to track all Coordinating Center activities; assign runners to relay messages
     - Assign Liaison to NYSDOH, hospitals, County Emergency Management Office, other agencies
   - Coordinate by telephone where evacuated residents will be sent
   - Confirm the number of residents each receiving facility can take—*fill empty beds in region first*
   - Assign Special Needs by Facility Capability—*bariatric over 350 pounds go to acute care hospitals or receiving facility having capacity to handle weights above 350*
   - Maintain master list of residents sent to each facility—confirm arrival of each person
   - *Provide guidance to evacuating facility's Incident Commander as situation warrants*
   - Advise receiving facilities to notify families of arriving residents to verify condition/location
   - Coordinate equipment/supplies/transportation among receiving facilities—if more resources needed, refer to County Emergency Management Office
   - Get regular status reports from receiving facilities including problems encountered or assistance needed
   - Coordinate with sending facilities or other Regional Coordinating Center on arrangements for staffing
   - If Southern Tier Region's capacity is becoming overwhelmed, contact another Regional Coordinating Center to start receiving excess capacity.

SOUTHERN TIER REGIONAL COORDINATING CENTER (RCC) CONTACT INFO

Steering Committee Emergency Contact

Name	Facility	Facility 24/7	Work	Email
Scott Barry	RPA	585-223-1130	585-223-1130	sbarry@phillipsllc.com
Paul McManus	RPA	585-223-1130	585-223-1130	pmcmanus@phillipsllc.com
Patrick Byrne	*NYS DOH Office of Health Emergency Preparedness*		*585-423-8066*	*patrick.byrne@health.ny.gov*
Kristin Card	*Chemung Cty Emergency Mgmt.*		*607-737-2095*	*kcard@co.chemung.ny.us*
Mark Cicora	*Chemung Cty Emergency Mgmt.*		*607-737-2095*	*mcicora@co.chemung.ny.us*
Aaron Flint	Steuben Center for Rehabilitation and Healthcare	607-776-7651	607-776-7651	aflint@steubencenter.net
Christine Flint	Elderwood at Waverly	607-565-6425		cflint@elderwood.com
Ken Forenz	*Steuben Cty Emergency Services*		*607-664-2910*	*kenf@co.steuben.ny.us*
Terri L. Harris, RN	*CareFirst NY*	*607-962-3100*	*607-962-3100*	*HarrisT@CareFirstNY.org*
Judy Kennedy	Woodbrook	607-734-7741	607-734-5636	jkennedy@woodbrookhome.com
Ed Linsler	Elcor	607-739-3654	607-739-3654 x235	elinsler@elcor.us
Jim Mark	Bethany Manor	607-739-8711	607-378-6528	markj@bethany-village.org
Tim Marshall	*Steuben County of Emergency Mgmt.*		*607-664-2910*	*tim@co.steuben.ny.us*
Jerry Montanye	Bethany Village		607-326-7069	jerry.montanye@bethany-village.org
Bob Page	Chemung County Nursing Facility	607-742-8230	607-737-2868	rpage@co.chemung.ny.us
Theresa Reed	Ira Davenport Memorial Hospital SNF	607-776-8500	607-776-8594	treed@ah.arnothealth.org
John Riina, Jr.	The Courtyards	607-739-8711	607-378-6534	rinaj@bethany-village.org
Joanne Seeley	Chemung County Nursing Facility	607-737-2001	607-737-2046	jseeley@co.chemung.ny.us
Susan Steadle	Corning Center		607-654-2400	ssteadle@corningcenter.net
Laurie Sweeney	Woodbrook	607-734-7741	607-734-5636	lsweeney@woodbrookhome.com
Peg Webb	St. James Mercy Healthcare	607-324-8000	607-324-8174	pwebb@sjmh.org
Ginny Wetherbee	Bethany Village	607-378-6531	607-378-6531	wetherbeeg@bethany-village.org
John Zehr	Steuben Center for Rehabilitation and Healthcare		607-776-7651	jzehr@steubencenter.net

Italics indicates that the member is a Community Partner

Regional Coordinating Centers and Contact Information:

Greater Rochester Mutual Aid Plan

Primary Regional Coordinating Center: St. John's Home, 585-760-1340
Cell 585-766-3651 or 585-704-2115

Back Up Regional Coordinating Center: St. Ann's Community, 585-697-6666
Cell 585-313-8097, 585-314-6600 or 585-764-5863

Email Address: rochmap@gmail.com
Website: www.ghfa.org

Western New York Mutual Aid Plan

Primary Regional Coordinating Center: Beechwood Homes, 716-810-7000;
Cell 716-867-4774

Back Up Regional Coordinating Center: Mercy Nursing Facility at OLV, 716-819-5300
Cell 716-949-5988

Email Address: WNYMAP@gmail.com
Website: www.ghfa.org

Southern Tier Mutual Aid Plan

Primary Regional Coordinating Center: Chemung Cnty Nursing, 607-737-2001
Cell 607-481-9642 / 607-329-7088

Back Up Regional Coordinating Center: Steuben Center for Rehabilitation and Healthcare, 607-776-7651
Cell 607-346-6780

Email Address: SoTierMap@gmail.com
Website: www.ghfa.org

Long Term Care Executive Council of Central New York Mutual Aid Plan

Primary Regional Coordinating Center: Van Duyn Nursing Home, 315-449-6000
Cell 315-383-5206

Back Up Regional Coordinating Center: Syracuse Home Assoc., 315-638-2521
Cell 315-952-8107

Email Address: LTCCNY@gmail.com
Website: www.ghfa.org

Logging onto the Genesee Health Facilities Association website (www.ghfa.org) instructions:

- Click on the MEMBER LOGIN box on the right side of the page.
  - ***If you do not have a username and password***; Email info@ghfa.org with your name, title, email address, and facility name. They will set you up in the system and email you a user name and password.
- Once logged in click on the title "Mutual Aid Plans of New York" in the header row.

List of New York State Department of Health Contact Numbers

Normal Business Hours:

Syracuse Regional Officer:	315-477-8421
Rochester Regional Officer:	585-423-8020
NYS DOH Duty Officer:	1-866-881-2809

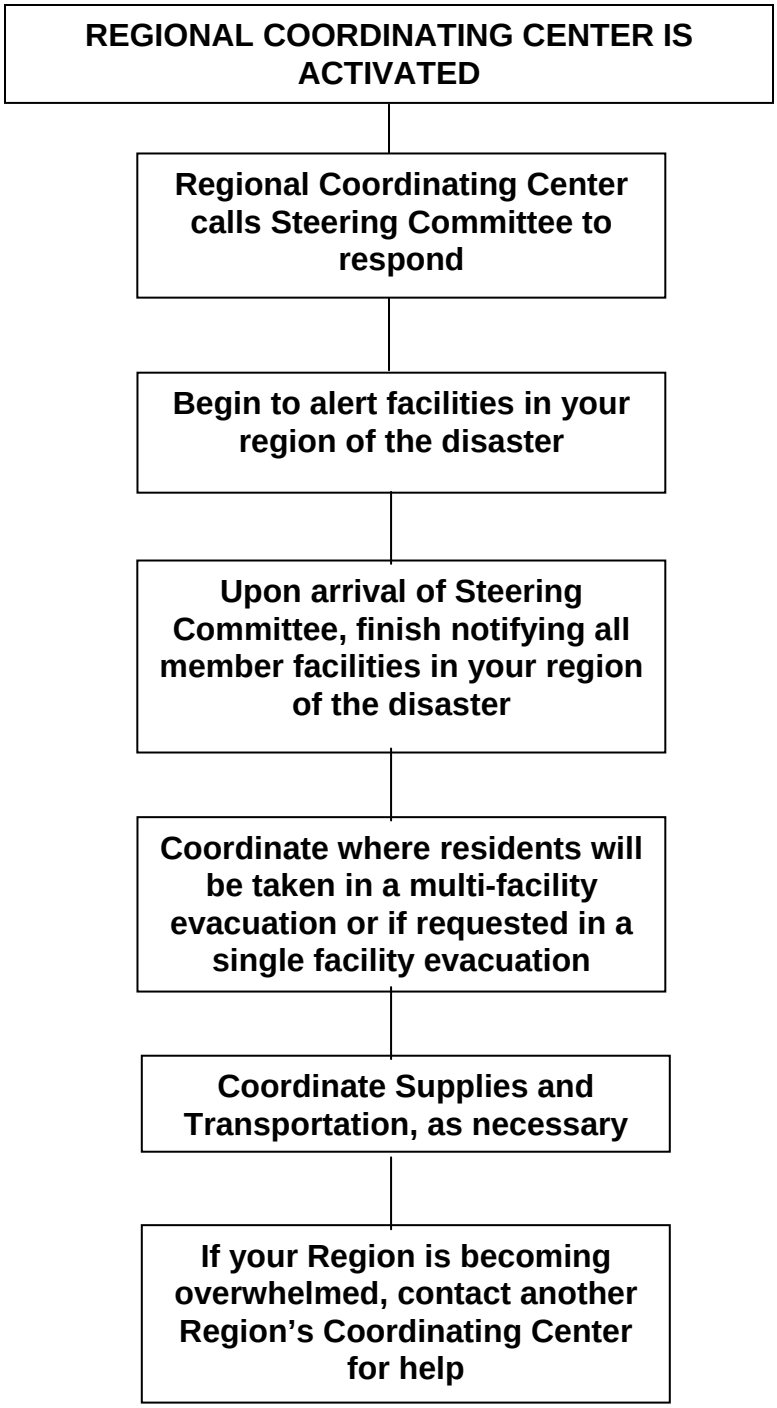
Off Hours:

NYS DOH Duty Officer:	1-866-881-2809
NYS DOH Hot Line:	1-888-201-4563

Southern Tier MAP Members 24/7 Emergency Contact

Facility	24/7 Contact	Fax	Capacity to Receive Min – Max
SNF			
Absolut Care of 3 Rivers	607-936-4108	607-936-4377	12 – 12
Bethany Manor	607-739-8711	607-796-2821	13 – 13
Chemung County NF	607-737-2001	607-737-2807	30 – 60
Corning Center	607-654-2400	607-654-2403	12 – 24
Elcor Health Services	607-739-3654	607-796-0540	31 – 60
Elderwood at Hornell	607-324-6990	607-324-6994	10 – 15
Elderwood at Waverly	607-565-2861	607-565-6424	20 – 20
Ira Davenport Memorial Memorial Hospital SNF	607-776-8691	607-776-8689	12 – 24
Kendal at Ithaca	607-266-5300	607-252-2592	1 – 2
St. Joseph's SNF/TCU	607-733-6541 x6526	607-737-7839	SNF 8 – 9 TCU 2 – 2
Seneca View	607-535-8611	607-535-2433	12 – 12
Steuben Center for Rehabilitation and Healthcare	607-776-7651	607-664-1020	20 – 20
Adult Homes/Assisted Living			
Barton Home	607-733-6151	607-737-9808	3 – 3
Bethany Village Courtyards	607-739-8711	607-739-4695	14 – 14
Brookdale Painted Post	607-962-5096	607-937-3130	8 – 12
Elderwood Assisted Living At Waverly	607-565-6216	607-565-2114	3 – 3
Kendal at Ithaca	607-266-5300	607-257-0794	1 – 2
New Falls Home	607-535-7165	607-535-2511	11 – 11
Pinecrest Home	607-566-2252	607-566-2253	1 – 2
Woodbrook Assisted Living	607-734-7741	607-734-5636	8 – 8
Hospitals			
Arnot Ogden Medical Center	607-737-4100		25 – 30
Guthrie Corning Hospital	607-937-7200	607-937-7693	7
Ira Davenport Hospital	607-776-8500	607-776-8784	3
St. James Mercy Health	607-324-8000	607-324-8960	20
St. Joseph's Hospital	607-733-6541 x338	607-737-7837	7 – 10
Schuyler Hospital	607-535-7121		12
CareFirst	607-962-3100		

REGIONAL COORDINATING CENTER QUICK REFERENCE GUIDE



REGIONAL COORDINATING CENTER (RCC) JOB ACTION SHEET

OPERATIONS CHIEF

- Coordinates transfer of residents being evacuated from disaster struck facilities
- Utilize STMAP RCC Operations Phone Tool
- Establish communications with Incident Commander and Stopover Point of disaster struck facility ASAP—get and give phone numbers and names of key personnel
- Coordination Key Points:
    - Fill empty beds first (discretion of receiving facility Administrator) to extent possible
    - Fill capacity at receiving facilities closest to evacuating facility first
    - Review special care needs—send bariatric over 350 pounds to acute care hospitals or facilities that have capability to handle over 350 pounds
- Disaster struck facility actions:
    - Get residents into safe, secure area and prepare for an orderly evacuation—emphasize that all evacuations must be coordinated through MAP Regional Coordinating Center
    - Find out special needs residents and determine receiving facilities able to handle. Coordinate with AMP Regional Coordinating Center.
    - Report number of residents and mode of transportation—ambulatory, wheelchair, stretcher needed
    - Send resident tracking form with each vehicle driver. Each resident must have an evacuation tag.
    - Each vehicle driver should have cell phone and a medically knowledgeable person on the vehicle
    - Provide each vehicle driver with phone number and directions for receiving facility
    - Report to RCC time of vehicle departure from evacuating facility or stopover point
- Receiving facilities actions:
    - Assign guides at driveway entrance to direct vehicles to unloading point
    - As vehicles arrive, get passenger roster from driver <u>before</u> unloading and verify ID of each resident as unloaded
    - Give resident tracking form to Triage Coordinator to record where resident in being placed in facility. Also review disaster tag ASAP.
    - Triage Coordinator gives completed roster to facility Incident Command Team
    - Facility calls family contacts to inform of resident's location and condition
    - Receiving facility Liaison Officer calls Regional Coordinating Center (Chemung Cty 607-737-2001 / Steuben Center for Rehabilitation and Healthcare 607-776-7651) and provides:
        - Names of residents received
        - Any problems or condition changes
    - Remind Incident Command Team at Receiving Facility:
        - Notify family contacts of received residents
        - Report transportation, equipment and supply needs to Regional Coordinating Center
        - If needed, refer all media calls to Regional Coordinating Center Public Information Officer

STMAP RCC OPERATIONS PHONE TOOL

Facility: _____ **Contact Name:** _____

Date: _____ **Time:** _____

1. **What is your current number of empty beds?** _____
2. **What is the number of residents you could accept and house in other spaces (as per your STMAP agreement)?** _____
3. **Would you have sufficient staffing and supplies to care for these potential additional residents for a 96-hour period?** _____
4. **What is your current status regarding storm damage and storm-related problems?** _____

   _____
5. **Would you be able to offer any assistance in the form of supplies or transportation resources to other MAP facilities that are struck by the disaster but are attempting to shelter their residents in place?** _____

   _____

   _____

   _____

I. MUTUAL AID STEERING COMMITTEE

NOTE: Steering Committee members could be called upon to coordinate the Regional Coordinating Center. Please refer to the Regional Coordinating Center Checklist.

Scott Barry (sbarry@phillipsllc.com)
Paul McManus (pmcmanus@phillipsllc.com)
Russell Phillips & Associates, LLC
500 CrossKeys Office Park
Fairport, NY 14450
(W) 585-223-1130

Patrick Byrne
(Patrick.byrne@health.ny.gov)
NYS DOH Office of Health Emergency Preparedness
(W) 585-423-8066

Kristin Card (kcard@co.chemung.ny.us)
Chemung Cty Emergency Management
(W) 607-737-2095

Mark Cicora (mcicora@co.chemung.ny.us)
Chemung Cty Emergency Management
(W) 607-737-2095

Aaron Flint (aflint@steubencenter.net)
Steuben Center for Rehabilitation and Healthcare
7009 Rumsey St. Ext.
Bath, N.Y. 14810
(W) 607-776-7651 (F) 607-664-1020

Christine Flint, RN (cflint@elderwood.com)
Director of Nursing
Elderwood at Waverly
37 North Chemung Street
Waverly, NY 14892
(W) 607-565-2861

Ken Forenz (kenf@co.steuben.ny.us)
Steuben Cty Emergency Services
(W) 607-664-2910

Terri L. Harris, RN
(HarrisT@CareFirstNY.org)
CareFirst
11751 East Corning Road
Corning, NY 14830
(W) 607-962-3100

Judy Kennedy
(jkennedy@woodbrookhome.com)
Woodbrook Assisted Living, Inc.
1250 Maple Avenue
Elmira, NY 14904
(W) 607-734-7741

Ed Linsler, Administrator (elinsler@elcor.us)
Elcor Health Services
48 Colonial Drive
Horseheads, N.Y. 14845
(W) 607-739-3654
(H) 607-359-3467
(C) 607-857-6396

Jim Mark, Administrator (markj@bethany-village.org)
Bethany Manor
3005 Watkins Road
Horseheads, NY 14845
(W) 607-378-6547
(F) 607-738-2457

Tim Marshall (tim@co.steuben.ny.us)
Steuben County of Emergency Management
(W) 607-664-2910

Jerry Montanye
(*jerry.montanye@bethany-village.org*)
Maintenance Director
Bethany Village
3005 Watkins Road
Horseheads, NY 14845
(W) 607-378-6531

Robert Page, Health Center Director
(rpage@co.chemung.ny.us)
Chemung County Nursing Facility
103 Washington Street
Elmira, NY 14901
(W) 607-737-2868
(C) 607-742-8230

Theresa Reed (treed@ah.arnothealth.org)
Assistant Director of Human Resources
Ira Davenport Memorial Hospital
7571 State Route 54
Bath, NY 14810
(W) 607-776-8594

John Riina (riinaj@bethany-village.org)
Bethany Manor
3005 Watkins Road
Horseheads, NY 14845
(W) 607-378-6507

Joanne Seeley, DON
(jseeley@co.chemung.ny.us)
Chemung County Nursing Facility
103 Washington Street
Elmira, NY 14901
(W) 607-737-2046
(C) 607-857-1636

Susan Steadle
(ssteadle@corningcenter.net)
Corning Center
205 East First Street
Corning, NY 14830
(W) 607-654-2400 (F) 607-654-2403

Laurie Sweeney, Executive Director
(lsweeney@woodbrookhome.com)
Woodbrook Assisted Living, Inc.
1250 Maple Avenue
Elmira, NY 14904
(W) 607-734-7741

Peg Webb, Safety Officer
(pwebb@sjmh.org)
St. James Mercy Healthcare
411 Canisteo Street
Hornell, NY 14843
(W) 607-324-8000 (F) 607-324-8960

Ginny Wetherbee
(wetherbeeg@bethany-village.org)
Administrator
Bethany Village Courtyards
3005 Watkins Road
Horseheads, NY 14845
(W) 607-378-6531

John Zehr (jzehr@steubencenter.net)
Steuben Center for Rehabilitation and Healthcare
7009 Rumsey St. Ext.
Bath, N.Y. 14810
(W) 607-776-7651 (F) 607-664-1020

Italics indicates that the member is a Community Partner

Southern Tier Mutual Aid Plan

Annual Meeting

Chemung County Nursing Facility

Signature of each participating member indicates a recommitment to the Mutual Aid Plan

DATE: June 21, 2017

NAME	Facility / Agency	License # (If applicable)	# of patients we would accept Min/Max
Jim Mark	Bethany Manor	04400	13
Linda Dawson	Falls Home		
Edward J. Linsler, Jr.	Elcor	03563	31
Tammy Zimmer	Elderwood & Wayne		
Michael Smith	Brookdale		
Robert E. Page	Chemung County NF	03064	30/60
Sabrina Neal	Elderwood @ Hornell		10
Terri L. Harris	Carefirstny		
Jessica Smith	Bethany - The Courtyards		14
Judy Kennedy	Woodbrook		
Laurel Sweeney	Woodbrook		8
Joe Toppa	Absolut Care @ Ithaca Nuec	04797	12
Theresa Gilbert	Pinecrest Home		2/3
Theresa Reed	Taylor Health C.		
Ginny Wetherbe	Bethany Village Courtyards		14
Patrick J. Ryan	Seneca View	—	
Shannan Cunningham	The Falls Home		
Sarah Haight	St. Joe's		
Ramona Gonzales	Kendal @ Ithaca		
Chery Welsh	Kendal @ Ithaca		

II. SOUTHERN TIER HEALTH CARE MUTUAL AID PLAN (STMAP)

The STMAP is designed for those disasters where an unpredictable event requires the immediate evacuation of residents, and/or supplies. It is not designed as part of a contingency plan for long term resident evacuation due to employee strike or closure of a health care facility. The MAP is also designed to help with supplies and transportation of evacuated residents.

NYSDOH, SOEM, & County OEMs
It is further understood that this plan will be instituted in conjunction with the New York State Department of Health (NYSDOH), acting as a monitoring agent. Interaction will also be taken with the NY State Office of Emergency Management (SOEM), and County Offices of Emergency Management (OEMs) as necessary.

Evacuation
If a facility MUST be evacuated immediately, residents will be moved to a stop-over point. If the facility does not need to be fully evacuated immediately, residents could be triaged to member facilities directly from the disaster site. Any resident injured in the disaster would be evacuated directly to a hospital emergency room. The stop-over point will serve as the Communication Center between the receiving facilities and the disaster facility. Residents should have disaster tags applied before being transferred to member facilities or directly to the hospital emergency room.

Transportation of Residents
Transportation from disaster site to the stop-over point may be handled by the emergency authority's EMS incident Command Post. For transportation from stop-over to receiving facilities, see Section VI.

This plan covers different levels of care. During an evacuation, adult homes, assisted living, etc. would evacuate to each other first. Nursing homes could **never** evacuate to adult homes (down in level of care) without a special waiver from the NYS Department of Health.

Responsibilities of Plan Members
- Residents Accepted: All members are required to be prepared to accept 10% beyond their licensed total bed capacity.
- Members are required to attend the Annual Meeting.
- Members are required to participate in Region and Joint Region Mutual Aid Plan exercises when they are assigned.
- Members are required to pay annual dues as set by the Steering Committee.
- Members must notify the Steering Committee of any changes throughout the year, which may include: changes in administrative or Designated RCC Responder personnel, email and phone numbers; temporary changes which affect the number of residents the receiving facility can accommodate.
- Members are required to use the plan-specified "Resident Emergency Evacuation Information" tag and copies of other specified medical information as called for.

- Members must keep staff trained in this MAP.

Stop-Over Points
Stop-over points (schools, churches, etc.) must be by agreement between each facility and the individual organizations. Agreements must be updated annually. This is the facility's responsibility.

Disaster Tags
Resident Emergency Evacuation Forms (Disaster Tags) contain medical information which enables the receiving facilities to provide care until staff from the sending facility arrives. The tags are part of the Mutual Aid Plan. See Appendix I.

Changes in Plan
If a facility needs to make changes during the plan year, it is that facility's responsibility to provide such information to the Steering Committee ***AND*** to each participating facility. Such changes may include:

a. Changes in administrative personnel, phone and fax numbers, and email addresses

b. Temporary changes which affect the number of residents the receiving facility can accommodate

c. On an annual basis the Steering Committee will review the plan.

Finances
Receiving facility admissions:

In the event of a facility evacuation, both nursing homes and adult homes will notify the appropriate Regional Office of the Department of Health at the earliest possible opportunity.

Facilities would continue to “bill” as if an evacuation did not take place.

Cost incurred by receiving facilities will be covered by sending facility. This includes hospitals. Sending facilities will recover lost money through appropriate insurance.

Cooperative Agreements
If area hospitals need to open beds during a disaster, and the nursing homes are not involved in the same disaster, hospitals may contact the nursing home administrators to place qualified patients. At the end of such disaster, the hospitals must accept these patients back into their own facility. This is a 7-day agreement. Extending this time period must be agreed upon by all parties.

1. During an evacuation, if a hospital has a LTC unit/facility, the administrators of the hospital’s LTC unit/facility will be notified of the emergency and to remain on

alert. Hospitals will initially look towards discharging patients able to be cared for in a LTC setting, to their own LTC unit or facility. Existing regional LTC Mutual Aid Plans call for hospital-based or owned LTC facilities to activate the Long-Term Care Mutual Aid Plan they have signed to enable the movement of LTC patients into LTC beds in the community.

2. Activation: This agreement shall be activated upon the declaration that an emergency or disaster exists at any of the participating hospitals or health systems by an administrator at that facility/system who is authorized to make such a declaration. Upon attaining knowledge that an emergency or disaster exists at any participating hospital or system, all participating hospitals and health systems shall assess their ability and prepare to offer aid and assistance as described in this plan to the extent that they are able to do so.
3. Deactivation: In the event of a partial or complete hospital or health system evacuation, the transferring hospital or health system agrees to notify all participating hospitals and health systems when it has resumed operations, reestablished services and received any necessary approvals from government or accrediting agencies to again accept patients. The transferring hospital or health system shall then accept any return transfers of patients from patient-accepting hospitals and health systems, if so requested.

The Southern Tier Mutual Aid Plan is part of the New York State Joint Region Mutual Aid Plan. It is recognized the agreement for the Joint Region Plan may be up to 30 days. All members of the Southern Tier MAP are members of the Joint Region MAP.

The Joint Region MAP can be activated when a disaster overwhelms a regional plan. Help can be provided in the form of receiving evacuated residents or providing supplies and/or transportation from the Western NY Mutual Aid Plan (WNYMAP), the Greater Rochester Mutual Aid Plan (GRMAP), and the Long Term Care Executive Council of Central NY Mutual Aid Plan (LTCEC-MAP).

To Electronically Access the STMAP, log into the Genesee Health Facilities Association Website:

http://www.ghfa.org

Logging onto the Genesee Health Facilities Association website (www.ghfa.org) instructions:

- Click on the MEMBER LOGIN box on the right side of the page.
    - ***If you do not have a username and password***; Email info@ghfa.org with your name, title, email address, and facility name. They will set you up in the system and email you a user name and password.
- Once logged in click on the title “Mutual Aid Plans of New York” in the header row.

III. PLAN INFORMATION

Responsibilities of the Sending (Evacuating / Disaster-Struck) Facility:
(For a quick checklist, refer to the algorithms in front of this plan.)

Beginning Actions
Follow your facility's disaster procedures and call your local emergency agency (Fire, Police, Office of Emergency Managements, etc.). Also contact:

- New York State Department of Health
  - Syracuse Region Office 315-477-8421
  - Rochester Region Office 585-423-8020
  - Duty Officer (after hours number) 1-866-881-2809
  - Hot Line 1-888-201-4563
- Regional Coordinating Center:
  - Primary: **Chemung County Nursing Facility, 607-737-2001; Cell 607-481-9642 or 607-329-7088**
  - Back-up: **Steuben Center for Rehabilitation and Healthcare, 607-776-7651; Cell 607-591-5070**

Responding Emergency Agency Incident Commander will handle communications with Office of Emergency Management and EMS Transportation. Facility's Command Center (Liaison Officer) must coordinate with Emergency Agency's Incident Command.

Be familiar with the function and extent of community emergency services such as Police and Fire Departments, Office of Emergency Management, Red Cross, Salvation Army, etc., and advise them of this plan and your needs. (See Section V, Cooperating Agencies)

Stop-Over
The facility's Liaison Officer will alert the stop-over point that a disaster has occurred. Identify yourself and the problem. This will provide advance warning to the stop-over point to begin preparation. You should have staff members present (certified in CPR for nursing homes and in Basic First Aid for adult homes), food, liquids, wheelchairs, mattresses as your residents arrive at the stop-over point.

Ensure Agency Commander (Fire Chief, etc.) is aware of your stop-over point.

If bathrooms at the stop-over point are not handicap accessible and you cannot retrieve commodes from your building, contact vendors or other facilities to request additional commodes. This applies to all other necessary medical equipment as well.

Transfer of Residents
Prior to actual transfer of residents from stop-over point, contact the RCC so they can notify (or ask RCC to do) the receiving facilities of: the specific number of residents being transported, the number of supporting personnel, approximate time of arrival and

the number of wheelchair, stretcher, ambulatory, and special need residents being sent. Do not overload one facility with all special care.

Always evacuate “like-to-like” or up a level of care. Evacuate within your Region Plan first, and then to other facilities in the Joint Region Mutual Aid Plan as necessary. Request help from your Regional Coordinating Center, to do this.

Send nursing and support personnel with residents to receiving facilities, as soon as possible. Healthcare staff should accompany all non-ambulance vehicles, if possible. Notify attending physicians & responsible parties. Always send evacuation tags and required medical information. Also medications and controlled substances should be sent as soon as possible. Verification of background and licensure of staff is the responsibility of “home” facility. Documentation should be provided as soon as possible to receiving facility.

Send, or make available, sufficient resident medical information to insure proper care. The minimum required is a completed Resident Emergency Evacuation tag (See Appendix I). Every resident should also have identification on them (name tag or wrist band) in case they become separated from their records. This ID form should contain the following information: resident’s name, code status, MR #, and elopement risk.

Provide copies of the following for each resident (tucked in envelope on reverse side of tag) as soon as possible:

- Physician orders (adult homes use form DSS 3122)
- Medication Administration Record and Treatment Sheet
- Interdisciplinary Care Plan
- Advanced Directives and Health Care Proxy or MOLST form (Medical Order for Life Sustaining Treatment)
- Face Sheet

The tags may be completed before leaving the evacuating facility if time allows, or at the stop-over point, and must accompany the resident at the time of transfer to member facilities. At the time that a resident is transferred to member facilities, the destination is entered on the bottom of the tag and the top page (white) is retained by the sending facility.

Administration of the Sending Facility must work closely with receiving facilities.

Medications

If the transfer of residents is taking place, send the residents' prescribed non-narcotic medications to the receiving facility as soon as possible. Continued supply of medication will be negotiated between sending and receiving facilities.

If either facility is unable to do this, then the receiving facility will obtain and provide essential medications.

The receiving facility may obtain the controlled substance from their own pharmacy. However, the Medical Director at the receiving facility will need to write new orders for controlled substances. Request waiver from NYS Department of Health for administering medication at different locations.

Protocol to transport resident-specific meds and controlled substances
If time allows, resident medications will be placed in a container labeled with the medical record number and resident's name. This will be sent with the resident. Controlled substances may not be sent from the sending facility due to constraints in maintaining proper documentation and difficulties in providing security for so many individual containers of medications. Receiving facilities will order the necessary controlled substances from their own pharmacy based on the information contained in each resident's medical record.

When a nurse goes from the sending facility to the receiving facility, taking residents' charts, he/she can also take along the necessary controlled substances. A security count can be done at the receiving facility. Also, take Drug Box to the resident accepting facility when applicable.

Staffing, Tracking, Transportation, Communication
Responsible for resident and staff tracking.

Provide resident transportation to receiving facilities from stop-over point. Request help from receiver (See Transportation Section VI.)

Understand that the staff of evacuated facility will be under the administrative direction of receiving facility.

Record destination of and track residents prior to leaving stop-over point or your facility.

Contact residents' designated representatives and attending physicians to advise of their location.

Maintain communication via telephone, cell phone, e-mail, text, or HAM radios (Must request from OEM, See Section VIII) with receiving facilities from your stop-over point, or from your facility Command Post if only a portion of your building was evacuated.

Keep receiving facilities aware of changes in Command Post / Communication Points.

Transportation and lodging for staff evacuating with residents will also have to be considered, especially if out of Plan area.

NOTE: Staff must wear facility ID badges to get through police road blocks.

Responsibilities of the Receiving Facility
You must develop an internal plan to appropriately receive and care for incoming residents.

Agree to temporarily provide supportive coverage until the sending facility can send staff to provide their residents with coverage. Residents will retain current physicians unless responsibilities are transferred. Staff from sending facility will be under administrative direction of receiver. Verification of background and licensure of staff is the responsibility of "home" facility. Documentation should be provided as soon as possible to receiving facility.

Agree to arrange or provide all beds (or mattresses on floor, etc.), linens, and other equipment (including that needed for Special Care residents), supplies and food. (See Cooperating Agencies & Vendor List). NOTE: If undamaged, the sending facility can provide equipment.

Be familiar with the function and extent of community emergency services such as Police and Fire Departments, Office of Emergency Preparedness, Red Cross, Salvation Army, etc., and advise them of your needs. (See Cooperating Agencies Section V).

Upon receipt of the initial alert start preparation for receiving residents: alert personnel, prepare area, etc. Assume Admin direction of displaced staff and residents. Continue tracking of residents, staff, equipment and medical records.

Through your facility's Incident Commander maintain communications with the sending facility at the stop-over point or, in the case of a partial evacuation, at the facility's Command Post. It is the responsibility of the receiving facility to call the RCC to notify them that they have received the residents and that their staff has also arrived from the sending facility.

At the end of the disaster all residents and medical records must be returned to the facility of origin, unless other agreements have been made between the sending and receiving facilities.

Protecting in Place (but in need of supplies)

1. Obtain supplies from local vendors with whom you have agreements.

2. Request supplies from
   a) Other facilities in your region
   b) Vendors and groups supportive to your regional plan – See Section IX.
   c) Facilities in Joint Region MAP. Request help from Regional Coordinating Center

NOTE: Fax supply requests to those from whom you seek assistance to help deliveries get through police roadblocks.

If Disaster Overtakes the Regional Mutual Aid Plan Area

Actions of the Disaster Struck Facility

Note: For quick checklist, see algorithms at the beginning of plan

If regional Mutual Aid Plan (MAP) cannot place all evacuated residents or provide adequate supplies or transportation at the time of a disaster:

1. Advise your Regional Coordinating Center if not already activated (Primary: Chemung County; Back Up: Steuben Center for Rehabilitation and Healthcare), NYS Department of Health and the local Office of Emergency Management if not already activated by the RCC that you can not get help through the Southern Tier MAP.
2. When all space is used or otherwise unavailable in your regional Mutual Aid Plan the Regional Coordinating Center, Steering Committee will:
    - Alert other Regional Coordinating Centers. They will alert healthcare facilities out of the disaster struck region.
    - Regional Coordinating Centers will coordinate where residents will be evacuated to especially if more than one facility is evacuating.

Protecting in Place: (but in need of supplies)

- If the disaster exhausts all supply sources in your region:
    - Contact Regional Coordinating Center for help.
        - Go to the vendor lists of a Joint Region Mutual Aid Plan to request supplies.
        - Contact a facility within the Joint Region Mutual Aid Plan to request help with supplies.

IV. SOUTHERN TIER MUTUAL AID PLAN PARTICIPANTS: 2017-2018

NURSING FACILITIES

NURSING FACILITIES	SPECIAL CARE PROVIDED	STOP-OVER POINT	CAPACITY TO RECEIVE MINIMUM	/ MAXIMUM	TRANSPORTATION
Absolute Care of Three Rivers 101 Creekside Drive Painted Post, NY 14870 (P) 607-936-4108 (F) 607-936-4377 (C) 607-738-4287 or 607-684-7082 (E-mail) jtolpa@absolutcare.com ksmith@absolutcare.com Joe Tolpa, Administrator Kelly Smith 120 SNF beds	C1 (2), C4 (1), D2 (6), D3 (1), D4 (12)	Erwin Valley School 607-936-6514 16 Beartown Road Painted Post, NY 14870	12	12	1 Van; 2 w/c and 6 seats
Bethany Manor 3005 Watkins Road Horseheads, N.Y. 14845 (P) 607-378-6547 (F) 607-796-2821 (C) 607-738-2457 or 607-435-4803 (E-mail) markj@bethany-village.org toni.johnston@betherany-village.org Jim Mark, Administrator Toni Johnston 122 SNF beds	B1 (13), B2 (13), C1 (2), C2 (2), C4 (1), D2 (10), D3 (1), D4 (13), E4 (2)	The Courtyards 607-739-8711	13	13	1 Wheelchair Van, 12 Seated, 2 Wheelchairs 1 Minivan, 5 Seated 1 Automobile, 3 Seated

Respiratory Care
A1 = Ventilator Care
A2 = Tracheostomy Care
A3 = Passey Muir Valve
A4 = Chest PT

Behavior/Dementia Care
B1 = Dementia, non combative
B2 = Dementia, occasionally combative
B3 = Behavior, Level I
B4 = Behavior, Level II
B5 = Behavior, Level III

IV and Wound Care
C1 = Intravenous Care
C2 = Peripheral, PICC, Central Line
C3 = TPN
C4 = Complex Dressing/Negative Pressure Wound Care
C5 = Daily Peritoneal Dialysis

Special Therapies
D1 = Traumatic Brain Injury
D2 = Stroke/Speech/Swallowing
D3 = Tube Feeding
D4 = Ortho/Rehab

Bariatric Care/Other Special Needs
E1 = Bariatric over 350lbs
E2 = Bariatric over 600lbs
E3 = Auto-immune Diseases
E4 = Infectious Diseases

F = CPR Certified Staff 24/7

NURSING FACILITIES	SPECIAL CARE PROVIDED	STOP-OVER POINT	CAPACITY TO RECEIVE MINIMUM	/ MAXIMUM	TRANSPORTATION
Chemung County Nursing Facility 103 Washington Street, PO Box 588 Elmira, N.Y. 14901 (P) 607-737-2001 (F) 607-737-2807 (C) 607-481-9642 (E-mail) myoumans@co.chemung.ny.us jseeley@co.chemung.ny.us Michael Youmans, Administrator Joanne Seeley, DON 200 SNF beds	A2 (5), B1 (10), B2 (5), B3 (2), B4 (1), C1 (2), C2 (2), C4 (1), D1 (5), D2 (5), D3 (5), D4 (10, E3 (2), E4 (2), F	Elmira Psychiatric Ctr 607-737-4700	30	60	Handicap Van 5 w/c or 1 stretcher
Corning Center for Rehabilitation and Healthcare 205 East First Street Corning, N.Y. 14830 (P) 607-654-2400 (F) 607-654-2449 (C) 585-414-0108 Kelly Anderson, Administrator (E-mail) kanderson@corningcenter.net Beth Beecher bbeecher@corningcenter.net 120 SNF beds	A2 (4), B1 (3), C1-2 (3), D1-4 (3), F	Corning-Painted Post High School 201 Cantigny Street Corning, NY 14830 Ron Gillespie, Dir. Of School Facilities 607-654-2988 607-654-2706 Cell: 368-1999	12	24	2 vans, each holds 4 w/c and two-fold down seats

Respiratory Care
A1 = Ventilator Care
A2 = Tracheostomy Care
A3 = Passey Muir Valve
A4 = Chest PT

Behavior/Dementia Care
B1 = Dementia, non combative
B2 = Dementia, occasionally combative
B3 = Behavior, Level I
B4 = Behavior, Level II
B5 = Behavior, Level III

IV and Wound Care
C1 = Intravenous Care
C2 = Peripheral, PICC, Central Line
C3 = TPN
C4 = Complex Dressing/Negative Pressure Wound Care
C5 = Daily Peritoneal Dialysis

Special Therapies
D1 = Traumatic Brain Injury
D2 = Stroke/Speech/Swallowing
D3 = Tube Feeding
D4 = Ortho/Rehab

Bariatric Care/Other Special Needs
E1 = Bariatric over 350lbs
E2 = Bariatric over 600lbs
E3 = Auto-immune Diseases
E4 = Infectious Diseases

F = CPR Certified Staff 24/7

NURSING FACILITIES	SPECIAL CARE PROVIDED	STOP-OVER POINT	CAPACITY TO RECEIVE MINIMUM	/ MAXIMUM	TRANSPORTATION
Elcor Nursing and Rehabilitation Center 48 Colonial Drive Horseheads, N.Y. 14845 (P) 607-739-3654 (F) 607-796-0540 (C) 607-857-6396 or 607-738-4499 1. Dial 0 for Receptionist 8:00-7:30 PM 2. Dial 607-359-3467 Ed Linsler's home 3. Dial 607-857-6396 Ed Linsler's cell Edward J. Linsler, Administrator (E-mail) elinsler@elcor.us tlow@elcor.us Tim Low, Director of Maintenance 305 SNF beds	A2 (5), B1 (31), B2 (31), B3 (5), B4 (5), C1 (5), C2 (5), C4 (5), D1 (5), D2 (31), D3 (5), D4 (31), E3 (31), E4 (5), F	N.Y.S. Armory 607-739-7518 PO Box 107 Colonial Drive Horseheads, NY 14845	31	60	Dependent on EMS
Elderwood at Hornell One Bethesda Drive Hornell, N.Y. 14843 (P) 607-324-6990 (F) 607-324-6994 (C) 570-439-1846 or 585-766-2062 (E-mail) sneal@elderwood.com dsnyder@elderwood.com Sabrina Neal, Acting Admin. of Record Diane Snyder 112 SNF beds/26 Adult Day Care	A2 (3), A3 (1), B1 (4), C1-2 (3), C5 (3), D2-4 (3), F	North Hornell Elem. School Avondale Ave. Hornell, NY 14843 607-324-0014	10	15	16 Patient Van 1 Wheelchair

Respiratory Care
A1 = Ventilator Care
A2 = Tracheostomy Care
A3 = Passey Muir Valve
A4 = Chest PT

Behavior/Dementia Care
B1 = Dementia, non combative
B2 = Dementia, occasionally combative
B3 = Behavior, Level I
B4 = Behavior, Level II
B5 = Behavior, Level III

IV and Wound Care
C1 = Intravenous Care
C2 = Peripheral, PICC, Central Line
C3 = TPN
C4 = Complex Dressing/Negative Pressure Wound Care
C5 = Daily Peritoneal Dialysis

Special Therapies
D1 = Traumatic Brain Injury
D2 = Stroke/Speech/Swallowing
D3 = Tube Feeding
D4 = Ortho/Rehab

Bariatric Care/Other Special Needs
E1 = Bariatric over 350lbs
E2 = Bariatric over 600lbs
E3 = Auto-immune Diseases
E4 = Infectious Diseases

F = CPR Certified Staff 24/7

NURSING FACILITIES	SPECIAL CARE PROVIDED	STOP-OVER POINT	CAPACITY TO RECEIVE MINIMUM	/ MAXIMUM	TRANSPORTATION
Elderwood at Waverly 37 North Chemung Street Waverly, NY 14892 (P) 607-565-2861 (F) 607-565-6424 (C) 607-725-5714 or 607-222-8400 (E-mail) mlandy@elderwood.com cflint@elderwood.com Maria K. Landy, Administrator Direct number: 607-565-6329 Christine Flint, Dir. Of Nursing 200 SNF beds	B1 (2), C1 (20), C2 (20), C4 (5), D2 (20), D3 (5), D4 (20), F	Robert Packer Hospital Patterson Auditorium 570-888-6666	20	20	W/C van – in-house
Ira Davenport Memorial Hospital SNF 7571 St. Route 54 Bath, NY 14810 (P) 607-776-8691 (F) 607-776-8689 (C) 716-394-3558 or 607-215-9696 (E-mail) rcleland@arnothealth.org mpaltrowitz@arnothealth.org Rich Cleland, Administrator Michelle Paltrowitz, SNF DON 120 SNF beds	B1 (4), B2 (2), D3 (2), D4 (4), F	Ira Davenport Hospital 607-776-8500 7571 St. Route 54 Bath, NY 14810 OR Hammondsport High School Main Street Hammondsport, NY 14840 607-569-5300	12	24	Through door We will call The Steuben Office of Emergency Management. Mini bus 14 pass (w/c access) ¾ ton pick-up
Kendal at Ithaca 2230 N. Triphammer Road Ithaca, N.Y. 14850 (P) 607-266-5300 (F) 607-257-2592 (C) 315-944-8383 or 607-227-9167 Ramon Gonzales, Administrator (E-mail) rgonzales@kai.kendal.org ssmart@kai.kendal.org Sherry Smart 48 license beds	B1 (2)	Trip Hotel, Statler Hotel or Ramada Inn offsite	T-House 1	2 (due to construction)	Mini Bus – 14 pass (w/c capable) Mini Van – 4 pass (w/c capable) 3 sedans – 4 pass each 1 ton pick up truck ¾ ton pick up truck

Respiratory Care
A1 = Ventilator Care
A2 = Tracheostomy Care
A3 = Passey Muir Valve
A4 = Chest PT

Behavior/Dementia Care
B1 = Dementia, non combative
B2 = Dementia, occasionally combative
B3 = Behavior, Level I
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B5 = Behavior, Level III

IV and Wound Care
C1 = Intravenous Care
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C3 = TPN
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Special Therapies
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D4 = Ortho/Rehab

Bariatric Care/Other Special Needs
E1 = Bariatric over 350lbs
E2 = Bariatric over 600lbs
E3 = Auto-immune Diseases
E4 = Infectious Diseases

F = CPR Certified Staff 24/7

NURSING FACILITIES	SPECIAL CARE PROVIDED	STOP-OVER POINT	CAPACITY TO RECEIVE MINIMUM	/ MAXIMUM	TRANSPORTATION
St. Joseph's Hospital SNF 555 St. Joseph's Blvd Elmira, NY 14901 (P) 607-733-6541 ext #6526 (F) 607-737-7839 or 607-733-6541 (E-mail) shaight@arnothealth.org spiesczynski@arnothealth.org Sarah Haight, Administrator (C) 607-329-1768 Steve Piesczynski, Director of Facilities 85 LTC beds	A2 (2), B1 (5), B2 (1), C1 (3), C2 (3), C3 (1), C4 (2), D2 (3), D3 (4), D4 (5), F	Chemung County Nursing Facility Assembly Room 607-737-2001	8	9	2 Trucks 1 SUV 1 Car 1 Van
St. Joseph's Hospital TCU 555 St. Joseph's Blvd Elmira, NY 14901 (P) 607-733-6541 ext #6526 (F) 607-737-7839 or 607-733-6541 (E-mail) shaight@arnothealth.org sproper@ah.arnothealth.org Sarah Haight, Administrator (C) 607-329-1768 Susan Proper 26 beds	A2 (3), A4 (1), C1 (3), C2 (3), C3 (3), C4 (3), D1 (3), D2 (3), D3 (3), D4 (3), E1 (1), E3 (1), E4 (1), F	Chemung County Nursing Facility Assembly Room 607-737-2001	2	2	2 Trucks 1 SUV 1 Car 1 Van
Seneca View Skilled Nursing Facility 220 Steuben Street Montour Falls, NY 14865 (P) 607-535-8611 (F) 607-535-2433 (C) 585-301-6347 or 607-426-0515 (E-mail) kouwew@schuylerhospital.org allmaierm@schuylerhospital.org William Kouwe, Administrator Melissa Allmaier 120 SNF beds	A4 (1), B1 (3), B2 (2), C2 (1), C4 (1), D2 (3), D3 (2), D4 (3)	N.Y.S. Fire Academy 607-535-7136 College Avenue Montour Falls, NY 14865	12	12	Car, SUV

Respiratory Care
A1 = Ventilator Care
A2 = Tracheostomy Care
A3 = Passey Muir Valve
A4 = Chest PT

Behavior/Dementia Care
B1 = Dementia, non combative
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B3 = Behavior, Level I
B4 = Behavior, Level II
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IV and Wound Care
C1 = Intravenous Care
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D1 = Traumatic Brain Injury
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Bariatric Care/Other Special Needs
E1 = Bariatric over 350lbs
E2 = Bariatric over 600lbs
E3 = Auto-immune Diseases
E4 = Infectious Diseases

F = CPR Certified Staff 24/7

NURSING FACILITIES	SPECIAL CARE PROVIDED	STOP-OVER POINT	CAPACITY TO RECEIVE MINIMUM	/ MAXIMUM	TRANSPORTATION
Steuben Center for Rehabilitation and Healthcare 7009 Rumsey Street Extension Bath, NY 14810 (P) 607-776-7651 (F) 607-664-1020 (C) 607-661-6328 or 607-259-2380 (E-mail) jzehr@steubencenter.net aflint@steubencenter.net John Zehr, Administrator Aaron Flint, Envir. Svcs Director 105 SNF beds	A2 (2), C1 (2), C2 (2), D2 (2), D3 (2), D4 (2), E1 (2), E3 (2), F	Bath-Haverling High School 25 Ellas Street Bath, NY 14810 607-776-3301	20	20	Wheelchair bus 6 wheelchairs / 4 passengers

Respiratory Care
A1 = Ventilator Care
A2 = Tracheostomy Care
A3 = Passey Muir Valve
A4 = Chest PT

Behavior/Dementia Care
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E1 = Bariatric over 350lbs
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E3 = Auto-immune Diseases
E4 = Infectious Diseases

F = CPR Certified Staff 24/7

ADULT HOMES

ADULT CARE FACILITIES	SPECIAL CARE PROVIDED	STOP-OVER POINT	CAPACITY TO RECEIVE MINIMUM	CAPACITY TO RECEIVE MAXIMUM	TRANSPORTATION
The Barton Home 301 Grove Street Elmira, NY 14905 (P) 607-733-6151 (F) 607-737-9808 (C) 607-857-1779 or 607-215-2437 Barton_home@verizon.net Mark Williams, Administrator Teresa Cruz, Assist. Administrator 26 Adult Home beds	N/A	Holiday Inn Riverview 760 East Water Street Elmira, NY 14901 (877) 863-4780	3	3	Mini-van 6 seat
Bethany Village Courtyards 3005 Watkins Road Horseheads, NY 14845 (P) 607-739-8711 (F) 607-739-4695 (C) 607-731-9963 or 607-731-9969 (E-mail) wetherbeeg@bethany-village.org riinaj@bethany-village.org Virginia Wetherbee, Administrator John Riina, Case Manager 144 Adult Home beds (30 special care for dementia)	B1 (2)	Bethany Manor 607-739-8711 Horseheads Holiday Inn 607-739-3681	14	14	
Brookdale Painted Post 120 Creekside Drive Painted Post, NY 14870 (P) 607-962-5096 (F) 607-937-3130 (C) 607-346-1558 or 607-368-9306 (E-mail) mark.stephany@brookdale.com mike.smith@brookdale.com Mark Stephany, Administrator Mike Smith	B1 (12)	Ramada Painted Post 607-962-5021 America Best Value Inn, Gang Mills 607-962-2456	8	12	1 Van / 12 seats, 2 wheelchairs

Respiratory Care
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A4 = Chest PT

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IV and Wound Care
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E4 = Infectious Diseases

F = CPR Certified Staff 24/7

ADULT CARE FACILITIES	SPECIAL CARE PROVIDED	STOP-OVER POINT	CAPACITY TO RECEIVE MINIMUM / MAXIMUM		TRANSPORTATION
110 Adult Home beds					
Elderwood Assisted Living at Waverly 44 Ball Street Waverly, NY 14892 (P) 607-565-6216 (F) 607-565-2114 (C) 570-867-1967 or 607-426-3717 (E-mail) kfriedman@elderwood.com lfrantz@elderwood.com Karen Friedman, Administrator Lori Frantz 25 ALP, 15 EH	N/A	Robert Packer Hospital Patterson Auditorium 570-888-6666	3	3	1 Van / 9 seats, incl. driver
Kendal at Ithaca 2230 N. Triphammer Road Ithaca, N.Y. 14850 (P) 607-266-5300 (F) 607-257-0794 (C) 315-944-8383 Ramona Gonzales, Administrator (E-mail) rgonzales@kai.kendal.org ssmart@kai.kendal.org Sherry Smart 36 license beds	D2, D3, D4	Trip Hotel, Statler Hotel or Ramada Inn offsite	C-House 1	2 (due to construction)	Vehicles are listed under Nursing Home
New Falls Home, The 111 Schuyler Street Montour Falls, NY 14865 (P) 607-535-7165 (F) 607-535-2511 (C) 607-377-2089 or 607-228-7143 (E-mail) scunningham@thefallshome.com smccarty@thefallshome.com Shannon Cunningham, Administrator Susan McCarty, Case Manager 71 Adult home beds / 40 Asst. Living	B1 (2-3)	Montour Falls Fire Department 607-535-6642, or 911	11	11	1 Van / 7 seats, incl. driver 1 Car / 5 seats, incl. driver

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E1 = Bariatric over 350lbs
E2 = Bariatric over 600lbs
E3 = Auto-immune Diseases
E4 = Infectious Diseases

F = CPR Certified Staff 24/7

ADULT CARE FACILITIES	SPECIAL CARE PROVIDED	STOP-OVER POINT	CAPACITY TO RECEIVE MINIMUM	/ MAXIMUM	TRANSPORTATION
Pinecrest Home for Adults 7 Charlesworth Avenue, PO Box K Avoca, NY 14809 (P) 607-566-2252 (F) 607-566-2253 (C) 607-661-0911 or 607-661-0902 (E-mail) pinecrest@stny.rr.com Nancy Shope, Administrator Theresa Gilbert, Assist. Administrator 17 Adult home beds	N/A	Avoca Baptist Church 607-566-2077	1	2	1 SUV / 5 seats, incl. driver 1 Car / 5 seats, incl. driver
Woodbrook Assisted Living Residence, Inc. 1250 Maple Avenue Elmira, NY 14904 (P) 607-734-7741 (F) 607-734-5636 (C) 607-215-5170 (E-mail) lsweeney@woodbrookhome.com jkennedy@woodbrookhome.com Laurie Sweeney, Executive Director Judy Kennedy, HR Director 80 Assisted Living beds	N/A	Holiday Inn, 760 East Water Street 607-734-4211	8	8	2 Vans 1 Bus 2 Drivers

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A1 = Ventilator Care
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D4 = Ortho/Rehab

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E3 = Auto-immune Diseases
E4 = Infectious Diseases

F = CPR Certified Staff 24/7

HOSPITALS	CAPACITY TO RECEIVE
Arnot Ogden Medical Center 600 Roe Avenue Elmira, N.Y. 14905 607-737-4100 Efrain Melendez, Director Emergency Preparedness	25 - 30
Guthrie Corning Hospital 1 Guthrie Drive Corning, N.Y. 14830 607-937-7200 (fax) 607-937-7693 (cell) 570-423-2520 Garrett Hoover, President Robert Philpott, Emergency Preparedness Coordinator hoover_garrett@guthrie.org Philpott_robert@guthrie.org	7
Ira Davenport Memorial Hospital 7571 State Route 54 Bath, NY 14810 607-776-8500 (fax) 607-776-8784 (cell) 607-769-3460 Richard Cleland, Administrator Valerie Saltsman, Administrative Assistant rcleland@arnothealth.org vsaltsman@arnothealth.org	3
St. James Mercy Health 411 Canisteo Street Hornell, N.Y. 14843 607-324-8000 (fax) 607-324-8960 (cell) 585-261-5143 Jennifer Sullivan, Administrator Peg Webb, Safety Officer	20
St. Joseph's Hospital 555 St. Josephs Blvd. Elmira, N.Y. 14901 607-733-6541 ext. #338 716-465-6400 (cell) 607-737-7837 (fax)	7-10
Schuyler Hospital 220 Steuben Street Montour Falls, N.Y. 14865 607-535-7121 Jim Watson, CEO	12

V. COOPERATING AGENCIES

Steuben County Emergency Management
Mailing Address:
3 East Pulteney Square
Bath, N.Y. 14810

Physical Address:
6979 Rumsey Street Ext.
Bath, N.Y. 14810

Office: 607-664-2910 After Hours: 607-664-2911
Fax: 607-776-3334

Director: Tim Marshall tim@co.steuben.ny.us
607-664-2910 (w) 607-769-6601 (h)
Deputy Director: Ken Forenz kenf@co.steuben.ny.us
607-664-2910 (w) 607-377-4647 (c)

Schuyler County Emergency Management Office
106 10th Street
Watkins Glen, N.Y. 14891
607-535-8200
Disaster Coordinator: William Kennedy bkennedy@co.schuyler.ny.us

Chemung County Emergency Management Office
PO Box 588
Elmira, N.Y. 14902-0588
607-737-2095
Director: Mark J. Cicora, Jr. mcicora@co.chemung,ny.us
Deputy Director-Administration: Kristin Card kcard@co.chemung.ny.us

Tioga County Emergency
103 Corporate Drive
Owego, N.Y. 13827
607-687-2023
Disaster Coordinator: VACANT

Tompkins County Emergency Management
92 Brown Road
Ithaca, NY 14850
607-257-3888
Fax 607-266-8035
Director: Lee Shurtleff lshurtleff@tompkins-co.org
Jessica Verfuss jverfuss@tompkins-co.org
Brian Wilbur bwilbur@tompkins-co.org

CareFirst NY
3805 Meads Creek Road
Painted Post, NY 14870
607-962-3100 ext. 119
Terri L. Harris, RN
Quality and Compliance Director harrist@CareFirstNY.org

AMERICAN RED CROSS:

COUNTY/TOWN	CONTACT	PHONE
Chemung / Schuyler	Judy Coleman 911 Stowell Street Elmira, N.Y. 14901	607-242-4877
Greater Steuben Chapter Hornell Office	Judy Coleman 24 Maple Street Hornell, N.Y. 14843	607-242-4877
Bath Office	Judy Coleman 110 Liberty Street Bath, N.Y. 14810	607-242-4877
Corning Office	Judy Coleman 123 West Market Street Corning, N.Y. 14830	607-242-4877
Waverly: Valley Chapter	Judy Coleman 37 N. Chemung Street Waverly, N.Y. 14892	607-242-4877

HEALTH DEPARTMENTS:

NYS Department of Health
335 East Main Street
Rochester, N.Y. 14604-2127
585-423-8020
Division of Assisted Living
Norine Nickason, 585-238-8185

NYS Department of Health
217 South Salina Street
Area Program Director, Nancy Finnigan
Syracuse, N.Y. 13202
315-477-8417 (Business Hours)
315-477-8500 (After Hours)
nancy.finnigan@health.ny.gov

NYS Department of Health
Duty Officer
1-866-881-2809 (after hours number)

NYS Department of Health
Health Systems Emergency Preparedness Representative
Patrick Byrne
585-423-8048
Fax: 585-423-8092
patrick.byrne@health.ny.gov

SALVATION ARMY:

County	Contact	Services Provided
Tioga	Captain Brian Clark Salvation Army Syracuse Office PO Box 148 Syracuse, N.Y. 13206 315-434-1370 (W) 315-559-1235 (C)	Mobile Canteen: Light refreshment service, including coffee, bouillon, cocoa, milk, cold drinks, doughnuts, cold sandwiches, etc. Emergency Feeding Services: Soups, canned meats and beans, canned vegetables, dehydrated potatoes & rice, canned juices, canned fruits, cooked hot cereal, packaged crackers & cookies Transportation: Salvation Army trucks, 5 vans Clothing Handling & Distribution: Initial clothing needs at time of emergency; Public appeal for clothing; Assembly & distribution of clothing received Spiritual Counseling: Long and protracted emergency disasters
Chemung / Schuyler	Major J. Craig Haggerty Major Dorie Haggerty 414 Lake Street Elmira, N.Y. 14902 607-732-0314, x103 (W) 607-846-3914 (H) 607-426-2274 (C)	Mobile Canteen, Emergency Feeding Services, Transportation Clothing Handling & Distribution, Spiritual Counseling
Steuben	Captain Wanda Rivera Captain Francisco Raul Rivera 32 East Dennison Pkwy Corning, N.Y. 14830 607-962-4681 (Work - M-F 8:30-4:30) 607-936-8182 (Home - evenings/weekends) 607-765-0357 (C) 607-962-4600 (F)	Mobile Canteen, Emergency Feeding Services, Transportation Clothing Handling & Distribution, Spiritual Counseling

VI. TRANSPORTATION

Individually, each facility should have arrangements made for the primary transportation of the residents. These would include ARCs, school districts, county transportation systems, private transportation companies like Progressive, any other sources of wheelchair transportation, and any source of transportation for ambulatory residents such as buses.

Individual member facilities have agreed to use their vehicles to transport residents from the stop-over point to receiving facilities. Transportation vehicles that can be used are indicated on the Plan Participant pages. Help can also be requested through your Regional Coordinating Center.

ADDITIONAL TRANSPORTATION SOURCES:

County	Organization	Transportation Vehicles
Steuben	A.R.C. of Steuben Bernie Burns 1 Arc Way Bath, N.Y. 14810 607-776-4146; 607-776-9366 (fax)	Can handle wheelchair and ambulatory; No ambulances
	Steuben Area Rides Debra Burnham dburnham@arcofsteuben.org 607-622-1869 (w); 315-521-6089 (after hours) Jill Kline jkline@arcofsteuben.org 607-583-4404 (weekends) Transportation Office 800-251-9416 or 776-1229 607-346-5709 (c)	Approx. 11 busses / 154 ambulatory and up to 25 wheelchairs
	Rural Metro Jim Neary, General Manager Dan Miller, Supervisor 25 East Pulteney Street Corning, N.Y. 14830 607-936-4177	Ambulances available
	Veterans Administration Lawrence Day Jr. 76 Veterans Avenue Bath, N.Y. 14810 607-664-4706	Ambulances, Bus and Vans available
Schuyler	The Arc of Schuyler Jeannette Frank contact@arcofschuyler.org 203 12th Street Watkins Glen, N.Y. 14891 (P) 607-535-6934; (F) 607-535-2666 After hours contact 607-535-2431	Buses available

VII. EMERGENCY HEALTH STAFFING

In the event of an evacuation emergency in a participating facility of the Southern Tier Mutual Aid Plan, it is recognized that staff members of the sending facility will go to the receiving facilities to care for their residents as soon as possible. If additional staff is needed during the interim, over-and-above the capabilities of the receiving staff, following are sources of assistance:

AGENCY AND CONTACT	PHONE NUMBERS
Manpower (office)	607-734-1503
Staff Kings (nursing services)	607-734-3646
Sibley Nursing	315-781-0863

Emergency Medical Technicians

These medically certified personnel are available to assist in the care of residents under the direction of a facility staff nurse. These EMTs can be obtained through the Emergency Management Offices of Tioga, Schuyler, and Chemung Counties, and Steuben County.

VIII. COMMUNICATIONS

The primary method of communications will be via telephone service. This could initially take place from the facility (disaster site) or, if immediate and total evacuation is taking place, telephone communication will be established at the stop-over point. Telephone numbers for all locations are listed in Section IV of the Plan.

* Back up communications will be by cell phones and e-mail.

Another source of communication is via HAM radio operators (Amateur Radio Emergency Services). In the Mutual Aid Plan's first drill (4/95) these operators were obtained via the local Emergency Management Office. (Their numbers are listed below.) The HAM radio operators are located at the facility Command Post, stop-over points, and with transportation vehicles. Communication was greatly enhanced. The HAM radio operators could also be placed at receiving facilities to enhance these points of communication.

Emergency Management Office - Chemung	607-737-2096
Emergency Management Office - Schuyler	607-535-8200
Emergency Management Office - Steuben	607-664-2910
Emergency Management Office - Tioga	911

IX. SUPPLIES AND EQUIPMENT

NOTES:

1. If this region is not affected by a disaster, those healthcare facilities which are affected by the disaster may request the following supplies:
   (List by facility and supplies)

2. MAP drills have shown that if your vendor can not deliver, it is best to request supplies from member healthcare facilities first. If this fails, try vendors.

ABSOLUTE CARE AT THREE RIVERS
EQUIPMENT AND SUPPLIES

If a facility is not involved in the disaster, they may be able to help a disaster-struck facility with some supplies or equipment. Indicate below that which you could supply.

SUPPLIES	YES / NO	N/A	COMMENTS
Intravenous:			
• Solutions (e.g.D5W, NS)	Y		
• Tubing (e.g. straight, Y)	Y		
• Access Needles (e.g. butterfly angiocath)	Y		
• Huber Needle Extension Sets: (Y, straight, 90º)	Y		
PPE			
N-95	N		
Surgical Masks	N		
Gowns	Y		
Disposable Gloves	Y		
Other:			
•			
•			
OTHER			
Decontamination capability on-site	N		
In-house Pharmacy	N		
FOOD / LIQUIDS	Y		
LINEN / BLANKETS	Y		
PERSONAL HYGIENE SUPPLIES:	Y		
•			
•			
•			
EQUIPMENT			
Suction Machines (other than dining rooms)	N		
Vents (standby)	N		
• Ambu bags	N		
Oxygen:			
• Humidifying Equipment (standby)	N		
• Tanks (standby)	Y		
• Concentrators (standby)	Y		
Wheelchairs (standby)	Y		
Stretchers (gurneys)	N		
Parenteral Nutrition Pumps (standby)	N		
Intravenous Infusion Pumps (standby)	N		
Mattresses	Y		
Beds	Y		
Geri-chairs	Y		

BARTON HOME, THE
EQUIPMENT AND SUPPLIES

If a facility is not involved in the disaster, they may be able to help a disaster-struck facility with some supplies or equipment. Indicate below that which you could supply.

SUPPLIES	YES / NO	N/A	COMMENTS
Intravenous:			
• Solutions (e.g.D5W, NS)	N		
• Tubing (e.g. straight, Y)	N		
• Access Needles (e.g. butterfly angiocath)	N		
• Huber Needle Extension Sets: (Y, straight, 90º)	N		
PPE	N		
N-95	N		
Surgical Masks	N		
Gowns	N		
Disposable Gloves	Y		1 Case
Other:			
•			
•			
OTHER			
Decontamination capability on-site	N		
In-house Pharmacy	N		
FOOD / LIQUIDS	Y		3 day supply x 26 people
LINEN / BLANKETS	Y		26 sets
PERSONAL HYGIENE SUPPLIES:	N		
•			
•			
•			
EQUIPMENT			
Suction Machines (other than dining rooms)	N		
Vents (standby)	N		
• Ambu bags	N		
Oxygen:			
• Humidifying Equipment (standby)	N		
• Tanks (standby)	Y		
• Concentrators (standby)	Y		
Wheelchairs (standby)	Y		
Stretchers (gurneys)	N		
Parenteral Nutrition Pumps (standby)	N		
Intravenous Infusion Pumps (standby)	N		
Mattresses	Y		2
Beds	Y		2
Geri-chairs	N		

BETHANY MANOR
EQUIPMENT AND SUPPLIES

If a facility is not involved in the disaster, they may be able to help a disaster-struck facility with some supplies or equipment. Indicate below that which you could supply.

SUPPLIES	YES / NO	N/A	COMMENTS
Intravenous:			
• Solutions (e.g.D5W, NS)	N		
• Tubing (e.g. straight, Y)	N		
• Access Needles (e.g. butterfly angiocath)	N		
• Huber Needle Extension Sets: (Y, straight, 90º)	N		
PPE	Y		
N-95	Y		
Surgical Masks	Y		
Gowns	Y		
Disposable Gloves	Y		
Other:			
•			
•			
OTHER			
Decontamination capability on-site	N		
In-house Pharmacy	N		
FOOD / LIQUIDS	Y		
LINEN / BLANKETS	Y		
PERSONAL HYGIENE SUPPLIES:	Y		
•			
•			
•			
EQUIPMENT			
Suction Machines (other than dining rooms)	Y		
Vents (standby)			
• Ambu bags	Y		
Oxygen:			
• Humidifying Equipment (standby)	Y		
• Tanks (standby)	Y		
• Concentrators (standby)	Y		
Wheelchairs (standby)	Y		
Stretchers (gurneys)	Y		
Parenteral Nutrition Pumps (standby)	N		
Intravenous Infusion Pumps (standby)	Y		
Mattresses	Y		
Beds	Y		
Geri-chairs	Y		

BETHANY RETIREMENT HOME
EQUIPMENT AND SUPPLIES

If a facility is not involved in the disaster, they may be able to help a disaster-struck facility with some supplies or equipment. Indicate below that which you could supply.

SUPPLIES	YES / NO	N/A	COMMENTS
Intravenous:			
• Solutions (e.g.D5W, NS)	N		
• Tubing (e.g. straight, Y)	N		
• Access Needles (e.g. butterfly angiocath)	N		
• Huber Needle Extension Sets: (Y, straight, 90º)	N		
PPE	N		
N-95	N		
Surgical Masks	N		
Gowns	N		
Disposable Gloves	Y		
Other:			
• Disposable/Paper Products	Y		
•			
OTHER			
Decontamination capability on-site	N		
In-house Pharmacy	N		
FOOD / LIQUIDS	Y		
LINEN / BLANKETS	Y		
PERSONAL HYGIENE SUPPLIES:	N		
• Gloves	Y		
• Commodes	Y		
•			
EQUIPMENT			
Suction Machines (other than dining rooms)	N		
Extension Cords/Power Strips	Y		
Flashlights	Y		
Vents (standby)	N		
• Ambu bags	N		
Oxygen:			
• Humidifying Equipment (standby)	N		
• Tanks (standby)	N		
• Concentrators (standby)	N		
Wheelchairs (standby)	Y		
Stretchers (gurneys)	N		
Parenteral Nutrition Pumps (standby)	N		
Intravenous Infusion Pumps (standby)	N		
Mattresses	Y		
Beds	Y		
Geri-chairs	N		

BROOKDALE PAINTED POST
EQUIPMENT AND SUPPLIES

If a facility is not involved in the disaster, they may be able to help a disaster-struck facility with some supplies or equipment. Indicate below that which you could supply.

SUPPLIES	YES / NO	N/A	COMMENTS
Intravenous:			
• Solutions (e.g.D5W, NS)	N		
• Tubing (e.g. straight, Y)	N		
• Access Needles (e.g. butterfly angiocath)	N		
• Huber Needle Extension Sets: (Y, straight, 90º)	N		
PPE	N		
N-95	N		
Surgical Masks	N		
Gowns	N		
Disposable Gloves	Y		
Other:			
• Extension Cords / Power Strips	Y		
• Flashlights	Y		
• Disposable/Paper Products	Y		
OTHER			
Decontamination capability on-site	N		
In-house Pharmacy	N		
FOOD / LIQUIDS	Y		Water
LINEN / BLANKETS	Y		
PERSONAL HYGIENE SUPPLIES:	Y		
• soap / shampoo			
• depends / wipes			
•			
EQUIPMENT			
Suction Machines (other than dining rooms)	N		
Vents (standby)	N		
• Ambu bags	N		
Oxygen:			
• Humidifying Equipment (standby)	N		
• Tanks (standby)	N		
• Concentrators (standby)	N		
Wheelchairs (standby)	N		
Stretchers (gurneys)	N		
Parenteral Nutrition Pumps (standby)	N		
Intravenous Infusion Pumps (standby)	N		
Mattresses	Y		
Beds	Y		
Geri-chairs	N		

CHEMUNG COUNTY NURSING FACILITY
EQUIPMENT AND SUPPLIES

If a facility is not involved in the disaster, they may be able to help a disaster-struck facility with some supplies or equipment. Indicate below that which you could supply.

SUPPLIES	YES / NO	N/A	COMMENTS
Intravenous:			
• Solutions (e.g.D5W, NS)	N		
• Tubing (e.g. straight, Y)	N		
• Access Needles (e.g. butterfly angiocath)	N		
• Huber Needle Extension Sets: (Y, straight, 90º)	N		
PPE	Y		
N-95	Y		
Surgical Masks	Y		
Gowns	Y		
Disposable Gloves	Y		
Other:			
•			
•			
OTHER			
Decontamination capability on-site	N		
In-house Pharmacy	Y		
FOOD / LIQUIDS	Y		
LINEN / BLANKETS	Y		
PERSONAL HYGIENE SUPPLIES:	Y		
•			
•			
•			
EQUIPMENT			
Suction Machines (other than dining rooms)	Y		
Vents (standby)	N		
• Ambu bags	Y		
Oxygen:			
• Humidifying Equipment (standby)	Y		
• Tanks (standby)	Y		
• Concentrators (standby)	Y		
Wheelchairs (standby)	Y		
Stretchers (gurneys)	Y		
Parenteral Nutrition Pumps (standby)	Y		
Intravenous Infusion Pumps (standby)	N		
Mattresses	Y		
Beds	Y		
Geri-chairs	Y		

CORNING CENTER FOR REHABILITATION AND HEALTHCARE
EQUIPMENT AND SUPPLIES

If a facility is not involved in the disaster, they may be able to help a disaster-struck facility with some supplies or equipment. Indicate below that which you could supply.

SUPPLIES	YES / NO	N/A	COMMENTS
Intravenous:			
• Solutions (e.g.D5W, NS)	Y		
• Tubing (e.g. straight, Y)	Y		
• Access Needles (e.g. butterfly angiocath)	Y		
• Huber Needle Extension Sets: (Y, straight, 90º)	Y		
PPE			
N-95	N		
Surgical Masks	Y		
Gowns	Y		
Disposable Gloves	Y		
Other:			
•			
•			
OTHER			
Decontamination capability on-site	N		
In-house Pharmacy	N		
FOOD / LIQUIDS	Y		
LINEN / BLANKETS	Y		
PERSONAL HYGIENE SUPPLIES:	Y		
•			
•			
•			
EQUIPMENT			
Suction Machines (other than dining rooms)	Y		
Vents (standby)	N		
• Ambu bags	Y		
Oxygen:			
• Humidifying Equipment (standby)	Y		
• Tanks (standby)	Y		
• Concentrators (standby)	Y		
Wheelchairs (standby)	Y		
Stretchers (gurneys)	Y		
Parenteral Nutrition Pumps (standby)	N		
Intravenous Infusion Pumps (standby)	Y		
Mattresses	Y		
Beds	Y		
Geri-chairs	Y		

ELCOR
EQUIPMENT AND SUPPLIES

If a facility is not involved in the disaster, they may be able to help a disaster-struck facility with some supplies or equipment. Indicate below that which you could supply.

SUPPLIES	YES / NO	N/A	COMMENTS
Intravenous:			
• Solutions (e.g.D5W, NS)	Y		
• Tubing (e.g. straight, Y)	Y		
• Access Needles (e.g. butterfly angiocath)	N		
• Huber Needle Extension Sets: (Y, straight, 90º)	Y		
PPE	Y		
N-95	N		
Surgical Masks	Y		
Gowns	Y		
Disposable Gloves	Y		
Other:			
•			
•			
OTHER			
Decontamination capability on-site	N		
In-house Pharmacy	N		
FOOD / LIQUIDS	Y		
LINEN / BLANKETS	Y		
PERSONAL HYGIENE SUPPLIES:	Y		
•			
•			
•			
EQUIPMENT			
Suction Machines (other than dining rooms)	N		
Vents (standby)	N		
• Ambu bags	Y		
Oxygen:			
• Humidifying Equipment (standby)	Y		
• Tanks (standby)	Y		
• Concentrators (standby)	Y		
Wheelchairs (standby)	Y		
Stretchers (gurneys)	N		
Parenteral Nutrition Pumps (standby)	Y		
Intravenous Infusion Pumps (standby)	Y		
Mattresses	Y		
Beds	Y		
Geri-chairs	Y		

ELDERWOOD ASSISTED LIVING AT WAVERLY
EQUIPMENT AND SUPPLIES

If a facility is not involved in the disaster, they may be able to help a disaster-struck facility with some supplies or equipment. Indicate below that which you could supply.

SUPPLIES	YES / NO	N/A	COMMENTS
Intravenous:			
• Solutions (e.g.D5W, NS)	N		
• Tubing (e.g. straight, Y)	N		
• Access Needles (e.g. butterfly angiocath)	N		
• Huber Needle Extension Sets: (Y, straight, 90º)	N		
PPE	N		
N-95	N		
Surgical Masks	N		
Gowns	N		
Disposable Gloves	N		
Other:			
• Extension Cords/Power Strips	Y		
•Flashlights	Y		
OTHER			
Decontamination capability on-site	N		
In-house Pharmacy	N		
FOOD / LIQUIDS	Y		water
LINEN / BLANKETS	N		
PERSONAL HYGIENE SUPPLIES:	N		
•			
•			
•			
EQUIPMENT			
Suction Machines (other than dining rooms)	N		
Vents (standby)	N		
• Ambu bags	N		
Oxygen:			
• Humidifying Equipment (standby)	N		
• Tanks (standby)	N		
• Concentrators (standby)	N		
Wheelchairs (standby)	N		
Stretchers (gurneys)	N		
Parenteral Nutrition Pumps (standby)	N		
Intravenous Infusion Pumps (standby)	N		
Mattresses	N		
Beds	N		
Geri-chairs	N		

ELDERWOOD AT HORNELL
EQUIPMENT AND SUPPLIES

If a facility is not involved in the disaster, they may be able to help a disaster-struck facility with some supplies or equipment. Indicate below that which you could supply.

SUPPLIES	YES / NO	N/A	COMMENTS
Intravenous:			
• Solutions (e.g.D5W, NS)	Y		
• Tubing (e.g. straight, Y)	Y		
• Access Needles (e.g. butterfly angiocath)	N		
• Huber Needle Extension Sets: (Y, straight, 90º)	N		
PPE	Y		
N-95	N		
Surgical Masks	Y		
Gowns	N		
Disposable Gloves	Y		
Other:			
•			
•			
OTHER			
Decontamination capability on-site	N		
In-house Pharmacy	N		
FOOD / LIQUIDS	Y		
LINEN / BLANKETS	N		
PERSONAL HYGIENE SUPPLIES:	Y		
•			
•			
•			
EQUIPMENT			
Suction Machines (other than dining rooms)	N		
Vents (standby)	N		
• Ambu bags	N		
Oxygen:			
• Humidifying Equipment (standby)	Y		
• Tanks (standby)	Y		
• Concentrators (standby)	N		
Wheelchairs (standby)	Y		
Stretchers (gurneys)	N		
Parenteral Nutrition Pumps (standby)	N		
Intravenous Infusion Pumps (standby)	N		
Mattresses	Y		
Beds	N		
Geri-chairs	N		

ELDERWOOD AT WAVERLY
EQUIPMENT AND SUPPLIES

If a facility is not involved in the disaster, they may be able to help a disaster-struck facility with some supplies or equipment. Indicate below that which you could supply.

SUPPLIES	YES / NO	N/A	COMMENTS
Intravenous:			
• Solutions (e.g.D5W, NS)	Y		
• Tubing (e.g. straight, Y)	N		
• Access Needles (e.g. butterfly angiocath)	Y		
• Huber Needle Extension Sets: (Y, straight, 90º)	Y		
PPE	Y		
N-95	Y		
Surgical Masks	Y		
Gowns	Y		
Disposable Gloves	Y		
Other:			
• Extension Cords/Power Strips	Y		
• Flashlights	Y		
• Disposable/Paper Products	Y		
OTHER			
Decontamination capability on-site	N		
In-house Pharmacy	N		
FOOD / LIQUIDS	Y		3 day supply
LINEN / BLANKETS	Y		
PERSONAL HYGIENE SUPPLIES:	Y		
•			
•			
•			
EQUIPMENT			
Suction Machines (other than dining rooms)	Y		
Vents (standby)	N		
• Ambu bags	Y		
Oxygen:			
• Humidifying Equipment (standby)	Y		
• Tanks (standby)	Y		
• Concentrators (standby)	Y		
Wheelchairs (standby)	Y		
Stretchers (gurneys)	N		
Parenteral Nutrition Pumps (standby)	Y		
Intravenous Infusion Pumps (standby)	Y		
Mattresses	Y		
Beds	N		Capacity dependent
Geri-chairs	Y		

FALLS HOME, THE
EQUIPMENT AND SUPPLIES

If a facility is not involved in the disaster, they may be able to help a disaster-struck facility with some supplies or equipment. Indicate below that which you could supply.

SUPPLIES	YES / NO	N/A	COMMENTS
Intravenous:			
• Solutions (e.g.D5W, NS)	N		
• Tubing (e.g. straight, Y)	N		
• Access Needles (e.g. butterfly angiocath)	N		
• Huber Needle Extension Sets: (Y, straight, 90º)	N		
PPE	N		
N-95	N		
Surgical Masks	N		
Gowns	N		
Disposable Gloves	Y		
Other:			
•			
•			
OTHER			
Decontamination capability on-site	N		
In-house Pharmacy	N		
FOOD / LIQUIDS	Y		
LINEN / BLANKETS	Y		
PERSONAL HYGIENE SUPPLIES:	Y		
•			
•			
•			
EQUIPMENT			
Suction Machines (other than dining rooms)	N		
Vents (standby)	N		
• Ambu bags	N		
Oxygen:			
• Humidifying Equipment (standby)	N		
• Tanks (standby)	Y		
• Concentrators (standby)	Y		1 or 2
Wheelchairs (standby)	Y		
Stretchers (gurneys)	N		
Parenteral Nutrition Pumps (standby)	N		
Intravenous Infusion Pumps (standby)	N		
Mattresses	Y		
Beds	Y		
Geri-chairs	N		

IRA DAVENPORT MEMORIAL HOSPITAL SNF
EQUIPMENT AND SUPPLIES

If a facility is not involved in the disaster, they may be able to help a disaster-struck facility with some supplies or equipment. Indicate below that which you could supply.

SUPPLIES	YES / NO	N/A	COMMENTS
Intravenous:			
• Solutions (e.g.D5W, NS)	N		
• Tubing (e.g. straight, Y)	N		
• Access Needles (e.g. butterfly angiocath)	N		
• Huber Needle Extension Sets: (Y, straight, 90º)	N		
PPE	Y		
N-95	Y		
Surgical Masks	Y		
Gowns	Y		
Disposable Gloves	Y		
Other:			
•			
•			
OTHER			
Decontamination capability on-site	Y		
In-house Pharmacy	Y		
FOOD / LIQUIDS	Y		
LINEN / BLANKETS	Y		
PERSONAL HYGIENE SUPPLIES:	Y		
•			
•			
•			
EQUIPMENT			
Suction Machines (other than dining rooms)	Y (1)		
Vents (standby)	N		
• Ambu bags	Y		
Oxygen:			
• Humidifying Equipment (standby)	Y		
• Tanks (standby)	Y		
• Concentrators (standby)	Y		
Wheelchairs (standby)	Y		
Stretchers (gurneys)	Y		
Parenteral Nutrition Pumps (standby)	Y		
Intravenous Infusion Pumps (standby)	Y		
Mattresses	Y		
Beds	Y		
Geri-chairs	Y		

KENDAL AT ITHACA
EQUIPMENT AND SUPPLIES

If a facility is not involved in the disaster, they may be able to help a disaster-struck facility with some supplies or equipment. Indicate below that which you could supply.

SUPPLIES	YES / NO	N/A	COMMENTS
Intravenous:			
• Solutions (e.g.D5W, NS)	N		
• Tubing (e.g. straight, Y)	N		
• Access Needles (e.g. butterfly angiocath)	N		
• Huber Needle Extension Sets: (Y, straight, 90º)	N		
PPE	Y		
N-95	Y		
Surgical Masks	Y		
Gowns	Y		
Disposable Gloves	Y		
Other:			
• Extension Cords / Power Strips	Y		
• Flashlights	Y		
• Disposable / Paper Products	Y		
OTHER			
Decontamination capability on-site	N		
In-house Pharmacy	N		
FOOD / LIQUIDS	Y		
LINEN / BLANKETS	Y		
PERSONAL HYGIENE SUPPLIES:			
• Hand Sanitizer, Shampoo, Soap	Y		
• Disposable Briefs	Y		
• Tooth Brush / Toothpaste	Y		
EQUIPMENT			
Suction Machines (other than dining rooms)	Y		
Vents (standby)	N		
• Ambu bags	N		
Oxygen:			
• Humidifying Equipment (standby)	N		
• Tanks (standby)	Y		
• Concentrators (standby)	Y		
Wheelchairs (standby)	Y		
Stretchers (gurneys)	N		
Parenteral Nutrition Pumps (standby)	N		
Intravenous Infusion Pumps (standby)	N		
Mattresses	Y		
Beds	Y		
Geri-chairs	N		

PINECREST HOME FOR ADULTS
EQUIPMENT AND SUPPLIES

If a facility is not involved in the disaster, they may be able to help a disaster-struck facility with some supplies or equipment. Indicate below that which you could supply.

SUPPLIES	YES / NO	N/A	COMMENTS
Intravenous:			
• Solutions (e.g.D5W, NS)	N		
• Tubing (e.g. straight, Y)	N		
• Access Needles (e.g. butterfly angiocath)	N		
• Huber Needle Extension Sets: (Y, straight, 90º)	N		
PPE	N		
N-95	N		
Surgical Masks	N		
Gowns	N		
Disposable Gloves	Y		
Other:			
•			
•			
OTHER			
Decontamination capability on-site	N		
In-house Pharmacy	N		
FOOD / LIQUIDS	Y		Canned foods & 10 5-gal. containers water
LINEN / BLANKETS			
PERSONAL HYGIENE SUPPLIES:			
• bar soap	N		
• disposable undergarments	Y		
•			
EQUIPMENT			
Suction Machines (other than dining rooms)	N		
Vents (standby)			
• Ambu bags	N		
Oxygen:			
• Humidifying Equipment (standby)	N		
• Tanks (standby)	N		
• Concentrators (standby)	N		
Wheelchairs (standby)	Y		
Stretchers (gurneys)	N		
Parenteral Nutrition Pumps (standby)	N		
Intravenous Infusion Pumps (standby)	N		
Mattresses	Y		Possibly 2
Beds	Y		Possibly 2
Geri-chairs	N		

ST. JOSEPH'S HOSPITAL SNF & TCU
EQUIPMENT AND SUPPLIES

If a facility is not involved in the disaster, they may be able to help a disaster-struck facility with some supplies or equipment. Indicate below that which you could supply.

SUPPLIES	YES / NO	N/A	COMMENTS
Intravenous:			
• Solutions (e.g.D5W, NS)	Y		
• Tubing (e.g. straight, Y)	Y		
• Access Needles (e.g. butterfly angiocath)	Y		
• Huber Needle Extension Sets: (Y, straight, 90º)	Y		
PPE	N		
N-95	Y		
Surgical Masks	Y		
Gowns	Y		
Disposable Gloves	Y		
Other:			
•			
•			
OTHER			
Decontamination capability on-site	Y		
In-house Pharmacy	Y		
FOOD / LIQUIDS	Y		
LINEN / BLANKETS	Y		
PERSONAL HYGIENE SUPPLIES:			
• Adult Diapers	Y		
•			
•			
EQUIPMENT			
Suction Machines (other than dining rooms)	Y		
Vents (standby)	N		
• Ambu bags	Y		
Oxygen:			
• Humidifying Equipment (standby)	Y		
• Tanks (standby)	Y		
• Concentrators (standby)	Y		
Wheelchairs (standby)	Y		
Stretchers (gurneys)	Y		
Parenteral Nutrition Pumps (standby)	Y		
Intravenous Infusion Pumps (standby)	Y		
Mattresses	Y		
Beds	Y		
Geri-chairs	N		

SENECA VIEW SCHUYLER LTC
EQUIPMENT AND SUPPLIES

If a facility is not involved in the disaster, they may be able to help a disaster-struck facility with some supplies or equipment. Indicate below that which you could supply.

SUPPLIES	YES / NO	N/A	COMMENTS
Intravenous:			
• Solutions (e.g.D5W, NS)	N		
• Tubing (e.g. straight, Y)	N		
• Access Needles (e.g. butterfly angiocath)	N		
• Huber Needle Extension Sets: (Y, straight, 90º)	N		
PPE	Y		
N-95	N		
Surgical Masks	Y		
Gowns	Y		
Disposable Gloves	Y		
Other:			
•			
•			
OTHER			
Decontamination capability on-site	Y		From Hospital
In-house Pharmacy	Y		From Hospital
FOOD / LIQUIDS	Y		
LINEN / BLANKETS	Y		
PERSONAL HYGIENE SUPPLIES:	Y		
•			
•			
•			
EQUIPMENT			
Suction Machines (other than dining rooms)	N		
Vents (standby)	N		
• Ambu bags	Y		From Hospital
Oxygen:			
• Humidifying Equipment (standby)	Y		
• Tanks (standby)	Y		
• Concentrators (standby)	Y		
Wheelchairs (standby)	Y		
Stretchers (gurneys)	Y		
Parenteral Nutrition Pumps (standby)	N		
Intravenous Infusion Pumps (standby)	N		
Mattresses	N		
Beds	N		
Geri-chairs	Y		

STEUBEN CENTER FOR REHABILITATION AND HEALTHCARE
EQUIPMENT AND SUPPLIES

If a facility is not involved in the disaster, they may be able to help a disaster-struck facility with some supplies or equipment. Indicate below that which you could supply.

SUPPLIES	YES / NO	N/A	COMMENTS
Intravenous:			
• Solutions (e.g.D5W, NS)	Y		
• Tubing (e.g. straight, Y)	Y		
• Access Needles (e.g. butterfly angiocath)	Y		
• Huber Needle Extension Sets: (Y, straight, 90º)	Y		
PPE	Y		
N-95	N		
Surgical Masks	Y		
Gowns	Y		
Disposable Gloves	Y		
Other:			
• Hair net/caps	Y		
•			
OTHER			
Decontamination capability on-site	N		
In-house Pharmacy	N		
FOOD / LIQUIDS	Y		
LINEN / BLANKETS	Y		
PERSONAL HYGIENE SUPPLIES:	Y		
•			
•			
•			
EQUIPMENT			
Suction Machines (other than dining rooms)	Y		
Vents (standby)	N		
• Ambu bags	Y		
Oxygen:	Y		
• Humidifying Equipment (standby)	Y		
• Tanks (standby)	Y		
• Concentrators (standby)	Y		
Wheelchairs (standby)	Y		
Stretchers (gurneys)	N		
Parenteral Nutrition Pumps (standby)	Y		
Intravenous Infusion Pumps (standby)	Y		
Mattresses	Y		
Beds	Y		
Geri-chairs	Y		

WOODBROOK ASSISTED LIVING RESIDENCE, INC.
EQUIPMENT AND SUPPLIES

If a facility is not involved in the disaster, they may be able to help a disaster-struck facility with some supplies or equipment. Indicate below that which you could supply.

SUPPLIES	YES / NO	N/A	COMMENTS
Intravenous:			
• Solutions (e.g.D5W, NS)	N		
• Tubing (e.g. straight, Y)	N		
• Access Needles (e.g. butterfly angiocath)	N		
• Huber Needle Extension Sets: (Y, straight, 90º)	N		
PPE	N		
N-95	N		
Surgical Masks	Y		
Gowns	N		
Disposable Gloves	Y		
Other:			
• Disposable/Paper Products	Y		
• Water	Y		
• Extension Cords/Power Strips	Y		
• Flashlights	Y		
OTHER			
Decontamination capability on-site	N		
In-house Pharmacy	N		
FOOD / LIQUIDS	Y		
LINEN / BLANKETS	Y		
PERSONAL HYGIENE SUPPLIES:	Y		
•			
•			
•			
EQUIPMENT			
Suction Machines (other than dining rooms)	N		
Vents (standby)	N		
• Ambu bags	N		
Oxygen:			
• Humidifying Equipment (standby)	N		
• Tanks (standby)	N		
• Concentrators (standby)	N		
Wheelchairs (standby)	Y		
Stretchers (gurneys)	N		
Parenteral Nutrition Pumps (standby)	N		
Intravenous Infusion Pumps (standby)	N		
Mattresses	Y		
Beds	N		
Geri-chairs	N		

X. SOUTHERN TIER VENDORS

SUPPLIES	VENDOR	PHONE NUMBERS
Medical Supplies	Buffalo Hospital Supply	716-626-9400; 800-724-0530
	Ira Davenport Memorial Hosp.	607-776-8500 (Jean Peterson x8556)
	Abot Nutrition	800-551-5838 (Karen Mattax)
Mattresses, Linen	Standard Mattress	860-549-2000
	Buffalo Hospital Supply	800-724-0530; 716-626-9400
	Standard Textile	800-999-0400; 513-761-9255 (Kay Hamilton x2339)
	Argenteri Bros.	585-593-1140
	Guthrie Healthcare System	570-882-4114
	Steuben County Emergency Mgmt.	607-664-2910 (Tim Marshall)
	Cornell Laundry	607-272-3561 (John Gorski)
	Pheonix Textile	800-325-1440 (Hal Herweck)
Food & Food Service Staff	US Food Service	518-877-3923 (Sue Ebaowicz)
	Horwitz Paper & Janitorial	607-767-9999 (Dan Mayes)
	Aladdin Local Management	607-737-2063 (Larry Baker)
	Sodexho Senior Services	315-487-5908, Fax: 315-468-1648 Mike Salzer (cell: 315-427-5602), District Manager
	Sysco Foods	800-726-8004 (John Costello)
	Abot Nutrition	800-551-5838
	Stroehmann Bakery	607-733-4611 (Leo Pearson)
	Byrne Dairy	315-475-2111 (Mary Bolen x2341)
Pharmaceuticals	Omni Care	800-213-6683 (Jackie Mulye x10226)
	Cardinal Health - Syracuse	800-627-6666
	Drustar, Inc.	800-848-0403
Oxygen Supply	Lincare	716-662-7444 (Darren Gold)
	Rochester Welding	585-325-4730
	Columbia Ancillary Services	800-475-4425 (Tom Peacock)
	Air Gas East – Geneva, NY	800-666-6523
	Liquid O_2 – BOC Gases	800-232-4726 x7139
	Cylinder – Air Gas	607-733-6527
	American Home Patient	607-962-3115
	Air Gas	800-234-5456 x49; After Hours 866-718-0685
	Everything Medical	607-776-8000; 607-936-2044
	Lifegas	607-741-2060

SOUTHERN TIER VENDORS, continued

SUPPLIES	VENDOR	PHONE NUMBERS
Blood	American Red Cross-Rochester Chemung County Arnot Ogden Medical Ctr. St. Joseph's Hospital	800-836-1992;585-760-5757 607-737-4100 607-733-6541
Laboratories	Arnot Ogden Medical Center Guthrie Healthcare System Corning Hospital IRA Davenport Hosp St. Joseph's Hospital	607-737-4100 570-888-6666 607-937-7200; 607-937-7271 607-776-8500; Lab fax 776-8729 607-733-6541
Portable Generators & Fuel for Generator	Penn Power Systems Griffith Oil Cold Iron Milton Cat Grainger, Inc. Mirabito Fuel Group Kinsley Power Systems	716-822-0051 – generators 607-562-8451 – oil 607-734-1507 607-772-6500 800-323-0620 800-934-9480 518-292-6657; fax 518-458-1738 Tony Leggiero Cell: 518-698-1004
Water	Chemung Springwater John Ferris Trucking Byrne Diary Elmira Water Board	607-529-3900 607-776-6234 315-475-2111 607-733-9179
Portable Air Conditioners	TOPP Portable Cooling	585-512-0785 or 888-364-8677 Josh Palmer (jpalmer@etopp.com)

APPENDIX I

RESIDENT EMERGENCY EVACUATION TAG
GUIDELINES FOR USE

1. Complete information indicated clearly and in sufficient detail to provide safe care.

2. Place copies of physicians' orders in pocket of tag if available at time of transport.

3. Remove white section of tag, once destination is known. Keep for reference of individual information provided.

4. Pin tag to resident's clothing in back to prevent removal, if appropriate.

5. Evacuation tag does not replace need for individual identification bracelet.

NOTE: As soon as possible, the entire chart/information must be taken to the same location where the patient has been transferred.

APPENDIX II: SAMPLE DISASTER TAG

RESIDENT EMERGENCY EVACUATION TAG

FACILITY NAME _____ **PHONE**_____

RESIDENT'S NAME _____ **DOB**_____

LANGUAGE(s) SPOKEN _____ **ABLE TO COMMUNICATE Y / N**

FAMILY CONTACT_____ **PHONE**_____

CRITICAL DIAGNOSIS AND CRITICAL MEDICATIONS: _____
_____
_____

TREATMENTS: _____

ALLERGIES: _____
_____

FACILITY PHARMACY: _____**PHONE:** _____

DNR ORDER: Y / N Other _____ **No Hospitalization**_____
(attach MOLST Form)

MENTAL STATUS (Dementia: Y / N)
Alert ☐ Lethargic ☐ Oriented ☐ Confused: Mildly ☐ Severely ☐

BEHAVIOR PROBLEMS / SAFETY RISK
None ☐ Wanders ☐ Verbally Aggressive ☐ Physically Aggressive ☐
Severe Behaviors ☐ Elopement/ Flight Risk ☐ Risk for Falls ☐

ADL'S / APPLIANCES
Independent ☐ Supervision ☐ Partial Assist ☐ Total Assist ☐
Continent ☐ Incontinent Bladder ☐ Incontinent Bowel ☐ Catheter/ Ostomy ☐
Blind ☐ Glasses ☐ Deaf ☐ Hearing Aid L / R Dentures U / L Contact Lens☐

DIET
Diabetic ☐ Last Insulin _____ **Last Meal** _____ **Kosher ☐**

Thickened Liquids ☐ Consistency: _____

NPO ☐ Aspiration Precautions ☐ Modified Diet _____

Tube Feed ☐ Type_____ **Rate**_____

TRANSFERS
Independent ☐ Supervision ☐ Partial Assist ___ of 1 2
Mechanical ☐ Total ☐

MOBILITY
Independent ☐ Supervision ☐ Partial Assist ___ of 1 2 Total ☐

EQUIPMENT: None ☐ Cane ☐ Walker ☐ Wheelchair ☐

SPECIAL PRECAUTIONS / PROCEDURES / EQUIPMENT

IV ☐ Access Type _____ **Infectious Disease ☐ Type** _____ **C-Dif ☐**

Ventilator ☐ Trach ☐ Speaking Valve☐ Dialysis ☐

Suction ☐ How Often _____ **Seizure Precautions ☐**

O_2 Rate _____ **Mask** _____ **Cannula** _____ **Continuous** _____ **PRN** _____

Restraint: Type _____ **When Last Released** _____

OTHER: _____

RESIDENT ACCEPTING FACILITY: _____

PHONE # _____**CONTACT** _____

Document all care provided to Resident *DURING TRANSFER* and/or concerns in the space below

Patient Transported From (Sending Facility):_____ Print YOUR Name / Phone # / Fax:_____

Date:_____ Patient Transported To (Accepting Facility): _____ Contact Person: _____ Phone #:_____

**** Each Receiving Facility will need its own Tracking Sheet (have separate sheets for patients evacuated to HOME)****

APPENDIX III: PATIENT / MEDICAL RECORD & EQUIPMENT TRACKING SHEET

Patient MR # or Tracking #	Date of Birth	Patient Name	Sex	Time Left Bldg.	Name, Type of and # Transport (State if applicable)	Original Chart Sent w/ Patient (Y) (N)	Meds & MAR Sent w/ Patient (Y) (N)	Equipment Sent	Family Notified: Name, Date & Time, Phone Number w/ Area Code			PCP Notified Name, Phone Number, Date & Time			Time Arrived Stop-over / Time Left	Time/ Date Arrived at Patient Accepting Facility
									Y	N		Y	N		A L	
															A L	
															A L	
															A L	
															A L	
															A L	
															A L	
															A L	
															A L	
															A L	

Disaster Struck Facility: Keep One Copy / ☐ FAX 1 copy to RCC / ☐ FAX 1 copy to Receiving Facility / ☐ GIVE 1 copy to Transporters

Patient Accepting Facility: Have you communicated to RCC or Disaster Struck Facility that you received these residents? ☐ YES / ☐ NO

Patient Accepting Facility: Print Name of Key Contact / Phone # / Fax:_____

APPENDIX IV:

INFLUX OF PATIENTS LOG
(Accounting for Incoming Patients and Equipment)

Make additional copies prior to use

1. FACILITY NAME	2. DATE/TIME PREPARED	3. INCIDENT DESCRIPTION

4. TRIAGE AREA (for entry into the facility)

Arrival Time	Facility Received From	MRN# / Triage #	Pt Name (Last, First)	Sex	DOB/ Age	Original Chart Received w/ Resident (Y) (N)	Meds & MAR Received w/ Resident (Y) (N)	Equipment Received	Family Notified: Name, Date, Time, Phone Number w/ Area Code			PCP Notified: Name, Date, Time, Phone Number w/ Area Code			Time Left Triage/ Destination
									Y	N		Y	N		

5. SUBMITTED BY	6. PHONE NUMBER	7. DATE/TIME SUBMITTED

APPENDIX V: STMAP TRANSPORTATION EVACUATION SURVEY
Nurse / Physician Decision-Making Guide
Assigning Patient Transport Mechanism Based on Clinical Criteria

a. Patients requiring *Critical Care Transportation* (RN-staffed or Advanced-trained Paramedic)

- IVs with medications running that exceed paramedic capabilities
- IV pump(s) operating (can be provided by the transport crew)
- Need any medications administered via Physician orders by any means in any dosage prescribed
- Cardiac monitoring/pacing (only external pacing can be provided by the transport crew) / intra-aortic counter pulsation device / LVAD
- Ventilator dependent (vent can be provided by the transport crew or home vent)
- Neurosurgical ventricular drains
- Invasive hemodynamic monitoring which cannot be temporarily or permanently discontinued (i.e. intra-arterial catheter if noninvasive blood pressure have not been reliable for Patient, they are hemodynamically unstable, and they have a continuing chance of survival.)

b. Patients requiring ALS transport (Paramedic)

- IVs with medication running that are within paramedic protocols (varies by sponsor hospital)
- IV pump(s) operating
- IV with clear fluids (no medications)
- Need limited medications administered via Physician orders by limited means in limited dosage prescribed
- Cardiac monitoring/pacing (only external pacing can be provided by the transport crew)
- BVM only in transport
- Prone or supine on stretcher required.

c. Patients requiring BLS transport (EMT)

- O2 therapy via nasal cannula or mask (can be provided by the transport crew)
- Saline lock and Heparin lock
- Visual monitoring / Vitals (BP/P/Resp)
- Prone or supine on stretcher required or unable to sustain
- If Behavioral Health, provide information regarding danger to self or others.

d. Patients requiring Chair Car/Wheelchair Accessible Bus (Medically knowledgeable person to ride on the transport)

- No medical care or monitoring needed, unless they have their own trained caregiver rendering the care.
- Not prone or supine, no stretcher needed.
- No O2 needed, unless patient has own prescribed portable O2 unit safely secured en route.
- If Behavioral Health, provide information regarding danger to self or others.

NOTE: Some wheelchair van companies provide a standard wheelchair, if needed, for the duration of the trip. Buses do not provide wheelchairs. Some electric wheelchairs cannot be secured in wheelchair vans due to size or design. These are NOT to be transported with the patient.

e. Patients requiring Normal Means of Transport (typically a bus – resident must be limited assist transfer or no assist required – Medically knowledgeable person to ride on the transport)

- No medical care or monitoring needed, unless they have their own trained caregiver rendering the care.
- No O2 needed, unless patient has own prescribed portable O2 unit that can be safely secured en route.
- Not prone, supine, or in need of a wheelchair (can ambulate well enough to climb bus steps)
- If Behavioral Health, provide information regarding danger to self or others.
- Limited assist transfers or no assist required.

NOTE: A person with a folding wheelchair, who can ambulate enough to get in and out of a car, could go by car if there was room to bring/pack the wheelchair.

f. Patients requiring bariatric ambulance or transport (>350lbs.)

Clinical Area Aggregate Numbers for Evacuation Planning

To be completed and sent internally to the Administrator / DON / Incident Commander

Clinical Area Name: _____

Individual Completing Form: _____

Time and Date Completed: _____ **Total Beds:** _____

1. TOTAL PATIENTS:		**(Should match TOTAL box below)**

NOTE: Normal form of transportation is for Limited Assist Transfer patients.

Using the data collected from clinical areas, provide the total number of patients requiring each level of transportation for evacuation:

Critical Care Transport	ALS Transport	BLS Transport	Wheelchair Accessible Bus	Normal (bus, etc.)	TOTAL

SUPPLEMENTAL INFORMATION

# Requiring Continuous O_2	# on Ventilators	# with special medical equip. (can't be discontinued)

NOTE: Information in #2 & #3 below is supplemental and the # of patients below SHOULD already be included in the total above.

2. BARIATRIC PATIENTS

Please provide additional information for each area below for the specific transportation needs of Bariatric Patients:
NOTE: BLS Transport is categorized as >350 lbs, while the buses are categorized as <500 lbs (if a patient exceeds 500 lbs, please note this).

Critical Care Transport	ALS Transport	BLS Transport	Wheelchair Accessible Bus	Normal (bus,etc.)	TOTAL BARIATRIC

3. DISCHARGE TO HOME			
Please provide additional information for each area below for the specific transportation needs of patients Discharged to Home:			
	Wheelchair Accessible Bus	**Normal (bus, etc.)**	**TOTAL DISCHARGE TO HOME**

4. Is there any other patient information or special notes you would like to include about your unit?

_____

_____

_____

_____

_____

_____

Clinical Transportation Categories for Evacuation:

Facility Aggregate Numbers

To be completed by the Administrator / DON / Incident Commander

Facility Name and City: _____

Facility Phone #: _____

Individual Completing Form/Title: _____

E-mail Address: _____

Time and Date Completed: _____**Total Beds:** _____

1. TOTAL PATIENTS:		**(Should match TOTAL box below)**
NOTE: Normal form of transportation is for Limited Assist Transfer patients.		

Using the data collected from clinical areas, provide the total number of patients requiring each level of transportation for evacuation:					
Critical Care Transport	**ALS Transport**	**BLS Transport**	**Wheelchair Accessible Bus**	**Normal (bus, etc.)**	**TOTAL**

SUPPLEMENTAL INFORMATION

# Requiring Continuous O_2	**# on Ventilators**	**# with special medical equip. (can't be discontinued)**

NOTE: Information in #2 & #3 below is supplemental and the # of patients below SHOULD already be included in the total above.

2. BARIATRIC PATIENTS					
Please provide additional information for each area below for the specific transportation needs of Bariatric Patients: NOTE: BLS Transport is categorized as >350 lbs, while the buses are categorized as <500 lbs (if a patient exceeds 500 lbs, please note this).					
Critical Care Transport	**ALS Transport**	**BLS Transport**	**Wheelchair Accessible Bus**	**Normal (bus,etc.)**	**TOTAL BARIATRIC**

3. DISCHARGE TO HOME			
Please provide additional information for each area below for the specific transportation needs of patients Discharged to Home:			
	Wheelchair Accessible Bus	**Normal (bus,etc.)**	**TOTAL DISCHARGE TO HOME**

4. ASSISTED LIVING			
Total additional residents on-site for Assisted Living:			
	Wheelchair Accessible Bus	**Normal (bus,etc.)**	**TOTAL ASSISTED LIVING**

5. SENIOR INDEPENDENT LIVING			
Total additional residents on-site for Senior Independent Living:			
	Wheelchair Accessible Bus	**Normal (bus,etc.)**	**TOTAL SENIOR INDEPENDENT LIVING**

6. ADULT DAY HEALTHCARE			
Total additional residents on-site for Adult Day Health Care:			
	Wheelchair Accessible Bus	**Normal (bus,etc.)**	**TOTAL ADULT DAY HEALTH CARE**

7. *Please provide us with the breakdown of nursing home patients, assisted living residents, residential care/adult home residents and senior independent living residents to clarify the primary box in #1 above (if multiple levels of care were entered in that box):*

_____

_____

_____

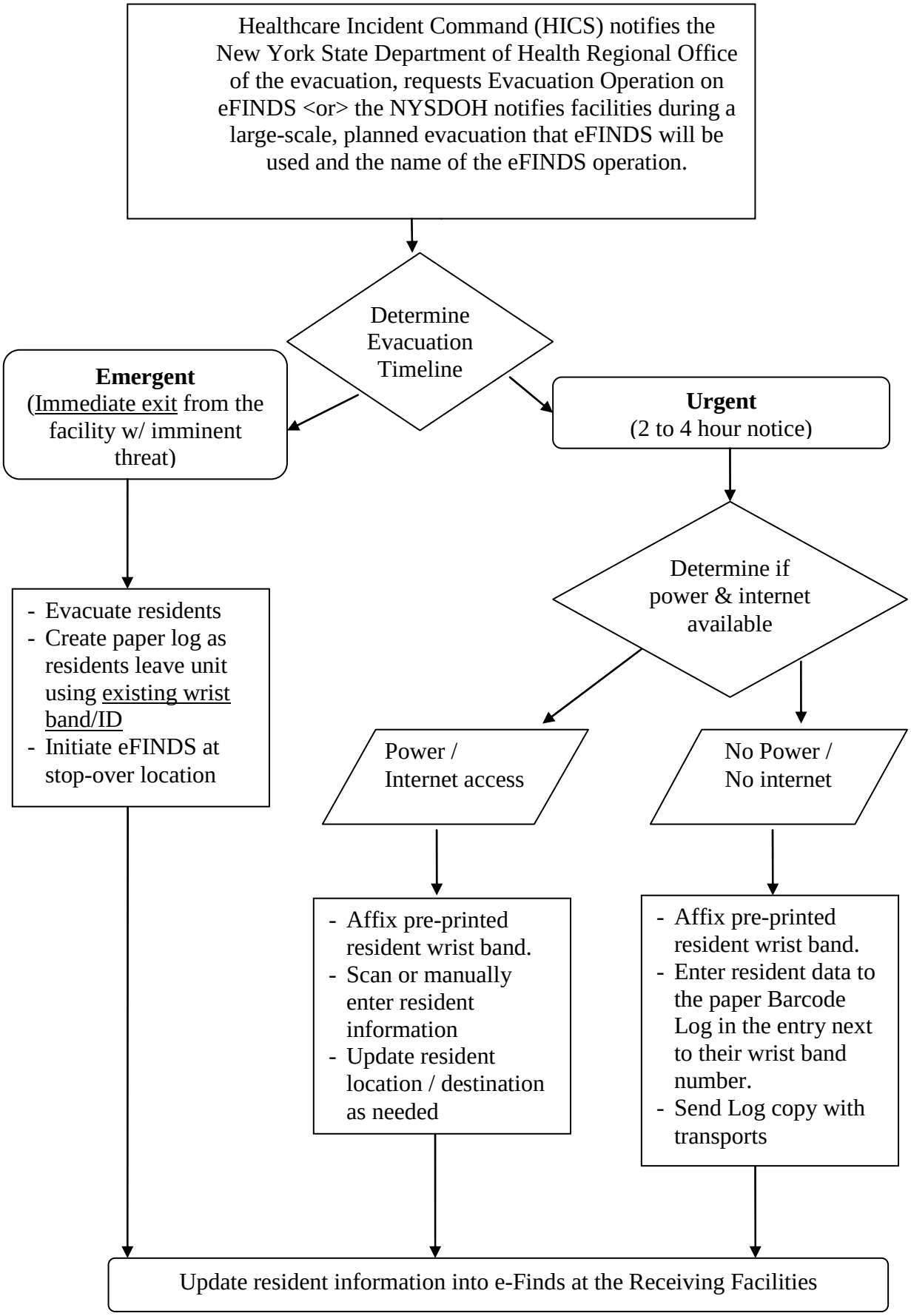
_____

8. ***Is there any other patient information or special notes you would like to include about your facility?***

_____

_____

APPENDIX VI: eFINDS



eFINDS is a secure and confidential **electronic or paper system** that provides real-time access to resident locations during an evacuation event. *LTC Mutual Aid Plan Member Facilities* will use this system to log and track residents during a full or partial evacuation as designated by the Healthcare Incident Command System (HICS).

Resident data can be entered, and location updated and tracked using hand-held scanners, mobile applications, or paper/handwritten tracking (in case of power outage, or time constraints). By using the eFINDS system of barcodes and wristbands, each resident is associated with a unique identification number that can then be updated with their personal data at the originating and/or destination facility. **When the LTC facility is evacuating, the eFINDS wristband/barcode should be affixed to each resident including those discharged to home, and sheltering in place.**

The eFINDS web application is located on the NYSDOH Health Commerce System (HCS) https://commerce.health.state.ny.us/public/hcs_login.html. In order to access and use the online aspects of eFINDS, an individual must: (1) have their own HCS account, and (2) be assigned to at least one of the two eFINDS roles in the HCS Communications Directory; "eFINDS Administrator" or "eFINDS Data Reporter". See the *eFINDS Quick Reference Card* for directions on HCS/e-FINDS access issues.

eFINDs Supplies and Equipment:

a. List of supplies and equipment:
   - Handheld scanner issued by NYSDOH.
   - Other scanners identified as compatible by the LTC facility.
   - The LTC facility has wristbands equal to the certified number of licensed beds at the facility (for actual event use - *i.e., during evacuation;* and training), pre-printed with barcodes and the facility name.
   - Paper Barcode Log that includes a list of all assigned barcodes, facility name, and blank fields to enter resident data (name, DOB, gender, etc.).
   - Computer(s) with access to the internet/HCS, if the online application is used.
   - The e-FINDS Administrator or e-FINDS Data Reporter roles [*or designee per LTC facility]* will retrieve the equipment and deliver it to the designated locations (*per LTC facility, Units, Evacuation Portals, or just-in-time*).

Roles and Responsibilities for eFINDS:

a. Healthcare Incident Command System (HICS):
   - Contacts the NYSDOH Western Region Office (585-423-8020) and requests an Evacuation Operation be created in eFINDS (if an evacuation operation is not already activated).
   - Activates the resident tracking according to LTC facility's Evacuation Plan.
   - Determines how the eFINDs system will be used and communicates to the Resident Tracking Unit:
     – Use eFINDs paper, and/or eFINDS online HCS components. **The wristband with barcode is always applied.**

- Name of the LTC facility's Evacuation Operation in the eFINDs Application.
- LTC facility location(s) where eFINDs will be implemented (such as on units, or at the evacuation staging/loading areas)

b. Resident Tracking Unit Leader (RTUL) will:
   - Activate staff pre-assigned to eFINDS Reporting Administrator roles.
     - LTC facility staff names assigned to eFINDS Administrator roles can be found in the *[LTC facility's Evacuation Plan, HICS chart, etc]*. If these persons are not available, the Healthcare HCS Coordinator should assign other staff to the eFINDS roles in the HCS Communications Directory at the time of the emergency.
   - Communicate HICS decisions to the eFINDS Administrator roles.
   - Monitor eFINDS tracking of residents as they are updated at destination facilities and account for all residents.

c. eFINDS Administrator role: Performs operations per the *eFINDS Quick Reference Card* under the direction of the RTUL.

Procedure for Resident Tracking with e-FINDs:

a. HICS communicates which eFINDS functions (paper and/or electronic) will be used.

b. eFINDS supplies and equipment are delivered to the operational areas as directed.

c. Follow the designated eFINDS process. Use of functions with/without the scanner can be found on the *eFINDS Quick Reference Card.*

HICS will determine use of eFINDS based on the availability of power and internet access, and the ability to prepare residents*:*

a. **Emergent evacuation procedure** (immediate exit from the facility due to an imminent threat/hazard, most likely to a stop-over point): **If used, the resident's existing wrist band issued on admission** will be the form of identification, and if able, a paper log of residents as they leave their unit and the facility is developed.
   - **eFINDS should be initiated at the stop-over location if a stop-over location is used.** The facility's command center will designate staff to deliver and implement e-FINDS supplies and equipment at the stop-over location as directed.
   - Every effort should be made to use eFINDS and the barcode numbers tracked when residents are being immediately evacuated to another facility, or to multiple locations that might include a non-healthcare stop-over. If the receiving location is not one that has access to eFINDS to record the

evacuees it receives, then the sending LTC facility should use other communications with the receiving location, and use the paper log to track the barcode numbers on the bracelets of those evacuees received.

b. **Urgent** or **planned evacuation procedure**:
   - **No Power/ Internet access, or limited time situation: Affix pre-printed wrist bands 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.

   - **With Power/Internet access:** HICS will direct the eFINDS online system be used and **the pre-printed eFINDS wrist band or a barcode be affixed to each resident**. Using the eFINDS application for resident data entry:
     1. A computer with internet/HCS access is accessible where resident data entry will occur.
     2. Single resident entry with a scanner: use eFINDS or compatible scanner to scan resident wrist band barcode and enter resident data one at a time into eFINDS; minimum data entered should include first and last name, date of birth, gender, destination if known.
     3. Single resident entry without scanner: manually enter the resident's wrist band barcode and data one at a time into eFINDS; minimally resident first and last name, date of birth, gender, destination if known.
     4. Multiple barcodes and residents' demographic data may be entered manually to a fillable spreadsheet on the eFINDS system, or;
     5. Multiple residents' demographic data can be entered to a fillable Excel barcode spreadsheet that has been downloaded to a file on the LTC facility's computer. The Excel sheet can then be uploaded into the eFINDS system and will populate residents' data into the system. **Note: The Excel file name cannot be changed or the upload will fail.**

c. As residents arrive at receiving facilities, their destination information is updated in eFINDS by the receiving facility.

Resident destination follow-up is conducted with receiving facilities per the LTC facility's evacuation plan and via eFINDS if this application has been used. The evacuating LTC facility's Resident Tracking Unit monitors and records residents' final destinations.

eFINDS Administrator Job Action Sheet

Mission: Implementing, tracking, and managing an electronic resident tracking system for evacuating residents from the facility, and receiving evacuated resident(s) from another facility. Your personal information must be entered into the eFINDS Administrator role in the facility's Communications Directory on the NYSDOH Health Commerce System (HCS) in order to access e-FINDS. Contact the facility's HCS Coordinator if you need access to eFINDS. Refer to the *eFINDS Quick Reference Card,* "Getting Started".

Date: _____ Start: _____ End: _____Position Assigned to: _____ Initial: ___
Position Reports to: Resident Tracking Unit Leader (RTUL)
Signature: _____
Facility's Command Center (HCC) Location: _____ Telephone: _____
Fax: _____ Other Contact Info: _____ Radio Title: _____

Task	Time	Initial
Coordinate activities with Healthcare Incident Command System (HCS) and the RTUL.		
If **EVACUATING** implement the steps below for eFINDS as directed.		
Retrieve the **eFINDS supplies and equipment located:** *[add location]* **Deliver** to the designated area(s): - *Pre-printed eFinds barcoded wrist bands; pre-printed Bar Code Log* - *Equipment: Hand-held scanners, computers with internet access* - *eFINDS "Go-Bags" (if used)*		
Assure a wristband or barcode has been affixed to all residents, including those who will evacuate, shelter-in-place, or return home.		
Paper Process (*NO power, NO internet, NO Time*): manually enter resident data including **first and last name, birth date, and gender** onto the eFINDS paper Bar Codes Log in the fields next to their assigned bar code**.**		
eFINDS online Health Commerce System (HCS): 1. *Refer to the eFINDS Quick Reference Card for step-by-step procedures.* 2. Turn on computer, attach scanner, access the internet via your Browser. 3. Log onto the HCS at https://commerce.health.state.ny.us. – For a log on issue / forgotten password, call the Commerce Accounts Management Unit (CAMU) at 1-866-529-1890. 4. Click **eFINDS** in the **My Applications** panel (left side of Homepage), or click on the **Applications** bar at the top, click on "e", and scroll down to eFINDS. 5. Select *Your Facility's Name* from the dropdown list and click **Submit**, – **Reminder:** VERIFY your location, if you are affiliated with more than one location! 6. Pull up the facility's **Evacuation Operation*** on the HCS *7.* Proceed to the choice for resident data entry as **determined by the HICS**. – *See steps A, B, C for choices: enter resident one-at-a-time with or without scanner; or in multiple batches.* ***** The Evacuation Operation is required. The facility can create its own, or NYSDOH can create upon request by the facility, or during a large-scale event.		

Task	Time	Initial
Register resident/supervise registration <u>with a scanner, one resident at a time</u>. *Refer to eFINDS Quick Reference.* – Scan the resident's wrist band or affixed barcode one resident at a time, and enter their personal data in the eFINDS screen fields as time allows. *The resident's destination can be updated as needed when determined.*		
Register Resident or supervise registration <u>without a scanner, one resident/ resident at a time</u>. 1. Select "Register Patient / Resident without Scanner". A list of barcodes available to the facility will appear. 2. Click on the bar code assigned to the resident. A screen will appear. 3. Then follow steps 3-10 *eFINDS Quick Reference* for "Registering the Resident with Scanner".		
Register multiple residents <u>without a scanner, in multiple batches</u>. *Refer to eFINDS Quick Reference.* a. **Generate Barcoded PDF Log.** A **Fillable Spreadsheet** of barcodes <u>for printing</u> will be generated on the eFINDS system. The PDF bar code log cannot be uploaded to populate the eFINDS as the Excel sheet can. However, residents' data can be manually entered on the printed log next to their assigned barcode, and sent with transport. If time allows, data from the log can be manually entered to the online eFINDS system. The log *barcodes* could be scanned into eFINDS at that time. Assure that the resident data entered into eFINDS is correctly associated to the barcode that has been assigned to that resident. b. **Generate Uploadable Barcode Excel Spreadsheet.** *Refer to eFINDS Quick Reference.* An Excel sheet of available barcodes can be generated on eFINDS and uploaded to a facility computer. Data for multiple residents can be entered in the fields next to their assigned barcodes. The spreadsheet can be uploaded and will populate resident data into the eFINDS system corresponding to their barcode. <u>Do not change the name of the excel file when saving</u>. Follow **File upload instructions under "c".** c. **Uploading Multi Patient/Resident Excel File.** *Refer to eFINDS Quick Reference.* If the Excel file has no resident or resident information, the file cannot be uploaded.		
Update Resident - Releasing Resident from this location. *Refer to eFINDS Quick Reference.* Use this procedure to update the resident's destination location in eFINDS one-at-a-time or in multiples.		
In the event of a second evacuation and/or additional barcodes are needed, generate a PDF or Excel spreadsheet of used and unused barcodes, and a spreadsheet that can be populated with resident information and uploaded to eFINDS. (The Administrator role <u>only</u> can do this).		

Task	Time	Initial
<u>e-FINDS procedures for RECEIVING evacuated residents:</u>		
Quick Search: *Refer to eFINDS Quick Reference.* Scan a barcode, enter a barcode number, OR enter first or last name in Quick Search (located top right). If necessary click **Quick Search**. If a person has never been to your facility, you will NOT be able to search for them. If they have been assigned to your facility AND you have their barcode number, you can scan or manually enter the barcode number to search for them.		
Receiving Facility: Updates Resident with Scanner *Refer to eFINDS Quick Reference*		
Receiving Facility: Updates Resident without Scanner *Refer to eFINDS Quick Reference*		
Provide status reports on resident census and tracking as requested by the Facility's Command Center.		

eFINDS *Evacuation of Facilities In Disaster Systems*

Getting Started

The **eFINDS** Data Reporter and **eFINDS** 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 eFINDS roles. If you are not in an eFINDS 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 eFINDS

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 **eFINDS** in the **My Applications** panel (left side). If you do not see eFINDS, then you are not in an eFINDS 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

eFINDS 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

eFINDS 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.

For technical assistance call the Commerce Trainers at 518-473-1809

Evacuating Facility: Generates Barcoded PDF Log OR Uploadable Barcode Spreadsheet

eFINDS 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 eFINDS. 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_eFINDS 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 eFINDS, then click Shelter-In-Place to change the Intended Destination to the current location.

Quick Search

1. Click **Home** on the eFINDS 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.

For technical assistance call the Commerce Trainers at 518-473-1809