



HEALTH CARE FACILITY GUIDANCE

Winter Storm Season 2025-2026

Guidance for Hospitals, Diagnostic and Treatment Centers, Nursing Homes, Adult Care Facilities, Homecare, Hospice, End Stage Renal Disease Providers and Dialysis Centers

As the weather becomes colder and winter weather has arrived, the New York State Department of Health (NYSDOH) reminds facilities and providers to take the actions below to best prepare for the winter weather season. Winter weather storms can vary wildly in severity and length, so early preparation can help ensure safe and continuous operation during a storm.

For All Providers:

Leadership and staff at all facilities and agencies should review their Emergency Response and Evacuation Plans to ensure procedures are up to date, understood by staff and contact information for all key staff and response partners is current. Staff should be ready to activate these plans when needed. Plans for ensuring adequate staffing should be reviewed, and should include the following:

1. the use of redundant communications if normal mechanisms are impacted,
2. necessary notifications and alerts to staff,
3. adjustment of shifts and management of staffing shortages due to transportation impacts,
4. securing needed supplies and preparations for staff that remain on site if roadways are not passable,
5. process for bringing in and housing additional staff prior to a storm to ensure sufficient coverage during the storm event and recovery period, and
6. emergency power.

It is very important that inpatient and residential facilities test their emergency generators prior to the winter weather season and before any storm to verify that they are operating properly. Facilities with ventilator dependent patients that identify problems with their generator operation should immediately call for service and inform their local Office of Emergency Management (OEM) if they are not able to have generator operations restored.

Fuel supplies for generators and food preparation should be checked and additional fuel brought in to ensure that it is adequate to cover operations for the 24-hour period leading up to a storm and for at least 72 hours following a storm. Enough supplies of food, potable water, clean linens, and other necessary general items should be available for the same time period without dependence on delivery from suppliers.

During and following a storm, providers experiencing prolonged power outages or other storm impacts should make requests for assistance through their local county Emergency Operations Center (EOC) or should contact their county OEM if the EOC is not activated. Those providers located within the five (5) boroughs of NYC who need services or supplies, should contact NYC Emergency Management. It is important to note that facilities should primarily plan to gather necessary resources prior to the storm from their normal suppliers and rely on resources from their local OEM as a primary source of pre-storm supplies.

All licensed and regulated providers are reminded to report any disruption of services or infrastructure or indoor temperatures outside of regulatory ranges to the New York State Department of Health Medical Operations Coordination Center at (917) 909-2676.

Home Care and Hospice:

Home Care and Hospice agencies are encouraged to review patient care needs and consider adjustment of visits to ensure that Level 1 patients are visited prior to the start of a forecasted storm and that all patients are reminded of how/who to call for assistance if they lose their power or have a medical emergency.

Plans for adjusting staff schedules/prioritizing patient visits in the days immediately following the storm should be made, particularly if travel is still impeded, with a focus on reassigning staff based on proximity to patients to limit travel and reduce exposure to hazardous conditions. Agencies should also ensure that staff and their patients have enough supplies to cover a period of at least 24 hours prior to and 72 hours following the start of the storm.

Agencies should be ready to contact staffing services if a large proportion of their regular staff are unable to travel and perform any of their normal visits for an extended period of time following the storm.

Agencies should also be ready to communicate with their patients during and immediately following the storm to perform checks on their safety and condition of their health. A plan for managing situations where patients refuse to evacuate a hazardous situation should be developed and included in the Agency's emergency response plan. **Homecare agencies and hospice providers should consider reaching out their most vulnerable patients** and encouraging them and caregivers to be mindful of over exertion while performing strenuous outdoor activities, such as shoveling or snow removal. Cold weather puts an extra burden on the heart; individuals with cardiac problems and/or high blood pressure are at increased risk.

End Stage Renal Disease Providers (ESRDs):

Apart from communicating with appropriate local OEMs regarding any specific needs, ESRDs in the impacted area should also communicate with the New York State ESRD Network, which assists in planning and response and can also direct assistance to the providers. Dialysis centers should consider potential impacts on transportation services and try to reschedule dialysis patients when necessary to provide an earlier treatment, prior to an expected storm.

Critical Health Commerce System (HCS) Applications Used During Emergencies:

Every provider must ensure that all computers and network infrastructure, necessary for disaster response, are supported by generator power. The NYSDOH HCS is used for critical communications and data sharing during emergencies. Several key response agencies, including NYSDOH, NYC Department of Health and Mental Hygiene (NYCDOHMH), other NYS and NYC agencies, emergency response partners and healthcare trade associations, rely on data gathered within several key applications accessed on the HCS.

Every provider must ensure they have staff with active, (current password) HCS accounts, who are assigned to the roles (indicated below) in the HCS Communications Directory, that grant access to each of the following HCS applications:

1. *The HCS Communications Directory* – assure that all business and emergency contact information for key facility and administrative staff is up to date in the HCS Communications Directory. This contact information is the main data source used by the NYSDOH alerting and notification system for sending emergency and informational notifications to providers and conducting one on one communications and discussions where needed. If this data is not up to date, providers may not receive key information.

The HCS Communications Directory role that has access to make role assignments for their facility is the HPN Coordinator.

2. *The Health Electronic Response Data System (HERDS)* - HERDS surveys may need to be conducted to capture important information regarding a provider's status during an emergency and providers must be able to respond to any survey that might be activated.

The HCS Communications Directory Roles that enable staff to access HERDS include: HERDS Data Manager, HERDS Data Reporter, HERDS Survey Reporter, Administrator, HPN Coordinator.

3. *eFINDS Patient and Resident Tracking application*: If hospitals, nursing homes or adult care facilities must be evacuated, the use of the eFINDS system will be required to track the movement of all patients and residents between sending (evacuating) and receiving facilities. Should evacuations become necessary, the NYSDOH will send a notification to facilities with instructions regarding eFINDS use for that emergency.

All hospitals, nursing homes, and adult care facilities should assure that their eFINDS supplies are available (i.e., barcode scanner, wrist bands, and paper tracking logs) and that staff who have been trained on the use of the system are ready and available to perform this function on all shifts. **If facilities need assistance with eFINDS use, please send email to: efinds@health.ny.gov.** eFINDS quick reference cards are available on the HCS and should be downloaded prior to the storm. Simply enter "eFINDS" in the search box on HCS homepage, and links to all eFINDS help resources on HCS will be shown.

Additionally, staff should be trained to use eFINDS even in the event of a power outage and loss of internet connectivity.

The HCS Communications Directory roles that must be assigned to staff to enable access to eFINDS are: the eFINDS Data Reporting Administrator and the eFINDS Data Reporter.

Cold Weather Injuries:

Staff and facilities should be aware of the signs and symptoms of cold weather injuries. These injuries can occur when patients and residents are exposed to extreme temperatures for an extended period of time without appropriate clothing. Hypothermia, frostnip, superficial and deep frostbite are examples of common cold weather injuries which can occur; staff and providers should familiarize themselves with the signs and symptoms and take immediate action to ensure symptoms do not worsen.

Frostbite occurs in several stages*:

- **Frostnip**- Frostnip is a mild form of frostbite. Continued cold exposure leads to numbness in the affected area. As your skin warms, you may feel pain and tingling. Frostnip doesn't cause permanent skin damage.
- **Superficial frostbite**. Superficial frostbite causes slight changes in skin color. The skin may begin to feel warm — a sign of serious skin involvement. If you treat frostbite with rewarming at this

stage, the surface of the skin may appear mottled; you may notice stinging, burning and swelling. A fluid-filled blister may appear 12 to 36 hours after rewarming the skin.

- **Deep (severe) frostbite.** As frostbite progresses, it affects all layers of the skin as well as the tissues that lie below. The skin turns white or blue-gray and individuals may lose all sensation of cold, pain or discomfort in the area. Joints or muscles may stop working; large blisters form 24 to 48 hours after rewarming. The tissue turns black and hard as it becomes necrotic.

Facilities should seek medical attention for patients and residents if they experience:

- Signs and symptoms of superficial or deep frostbite
- Increased pain, swelling, inflammation or discharge in the area that was frostbitten
- Fever
- New, unexplained symptoms
- Hard, cold, blotchy skin.
- Intense shivering
- Slurred speech
- Drowsiness and loss of coordination

**Mayo Clinic*