

Introductory Statement

Stony Brook University Hospital has a long tradition of successful efforts to establish an elevated level of resilience for operations in the face of multiple challenges. These challenges include those arising from climate change and the implications for our community. Furthermore, Stony Brook University Hospital has developed strategic partnerships with vendors, federal, state, and local government, non-governmental agencies, community groups, and other hospitals to further enhance resilient capabilities. Exercises to test limits of capabilities often include climate related events, and are conducted with federal, state and local partners, cooperating hospitals, non-governmental organizations, and other community groups in addition to multidisciplinary staff.

Stony Brook University Hospital is dedicated to addressing evolving climate challenges, employing an all-hazards interdisciplinary approach, and continues conducting pro-active risk assessments (cognitive of climate related changes). It collaborates with various community groups to improve communication and healthcare equity and access, remediating identified vulnerabilities in infrastructure and operations. It strives to strengthen relationships with other hospitals and hospital organizations.

This report was prepared after consultation with several departments including Facilities Management, Emergency Planning and Environmental Health & Safety with consideration of information made publicly available (e.g., Healthcare Equity published webpages).



Recent Assessments

U.S. Climate Resilience Toolkit

To support considerations, Environmental Health & Safety, Emergency Management, and Facilities Management completed the assessment tool provided by Health and Human Services, HHS Sustainable and Climate Resilient Health Care Facility Initiative. The U.S. Department of Health and Human Services' Sustainable and Climate Resilient Health Care Facilities Initiative (SCRHCFI) is an effort to help assure the continuity of quality health and human care before, during, and after extreme weather events. This web-based toolkit includes the SCRHCFI Best Practices document, a five-element framework that comprises a vulnerability assessment for medical facilities and suggestions for building resilience, checklists to walk facilities through the five elements, and additional resources that encourage practical steps for building resilience. The five elements of the framework are:

1. Climate Risks and Community Vulnerability Assessment
2. Land Use, Building Design, and Regulatory Context
3. Infrastructure Protection and Resilience Planning
4. Essential Clinical Care Service Delivery Planning
5. Environmental Protection and Ecosystem Adaptations

While no significant findings were identified in this first round of considerations, the assessment does provide areas to consider for continuous improvement. It is anticipated that as the program matures, future considerations of the tool may uncover additional opportunities. The results were shared with the Sustainability Committee at the November 2023 meeting.

Emergency Management Exercise on Resilience

To begin formal community discussions on the emergency response to potentially adverse events emanating from climate change and their impact on the vulnerable populations that we serve, the hospital hosted a Table Top Exercise/Guided Discussion on October 25, 2023. The exercise was intended to bring together the emergency planners of the community to focus on climate change issues, including risks, resources, and preparedness efforts.

The objectives of the exercise included:

1. Examine the ability of Stony Brook University Hospital to respond to and recover from a significant event resulting from climate change.
2. Discuss the impact of climate change on patients and operations.
3. Assess Stony Brook University Hospital's preparedness training program.
4. Explore Stony Brook University Hospital's process for sharing, communications, and business continuity.
5. Collaborate with Stony Brook University community partners and stakeholders.

Invited participants included Stony Brook University Hospital, Stony Brook Southampton Hospital, Stony Brook Eastern Long Island Hospital, and a broad array of community emergency management organizations:

NYS Department of Health	American Red Cross
Suffolk County Office of Emergency Management	National Voluntary Organizations Active in Disasters
Suffolk County Fire, Rescue, and Emergency Services	National Weather Service
Suffolk County Department of Health	PSEG Long Island
Suffolk County EMS	Suffolk County Water Authority

Participants in the well attended event included a representative from the National Weather Service to provide scientific foundation for climate change and local patterns. Other participants were able to share their plans for sheltering community members at risk, and reaching out to them before, during, and after emergencies. The context in which public health decisions and utility decisions were made were discussed. Messaging and the establishment of cooling shelters were reviewed to respond to extreme heat events. Hospital staff was able to conceptually review plans including patient surge responses, and responses to prolonged heat events, extreme precipitation events, and other climate factors.

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I. Hazard Vulnerability Assessment December 2022

The Hospital's annual Hazardous Vulnerability Analysis evaluates the vulnerability of the facility from various potential stressors. Climate related factors are directly and indirectly evaluated. The complete December 2022 assessment is provided in the link below. The climate and climate-related factors can be seen below and comprise five of the top ten items.

Stony Brook University Hospital Hazard Vulnerability Analysis Form

Facility: Stony Brook University Hospital- Hospital HVA - December 2022																		
Potential Hazard/Event	Moderators			Internal Impact										External Impact		Level of Preparedness		Vulnerability Score
	Probability	Scope	Cascade Potential	Life Safety	Security	Staffing	Physical Plant	Utilities	Information Technology	Communications	Resources and Assets	Pt. Clinical & Support	Business/Economic	Patient Influx	External Logistics	Internal	External	
Low ← High → 0 Low Impact 0 High Impact 9.5 Excellent 0.1 → Poor 0.9 Higher scores = greater vulnerability																		
All Hazards																		
Pandemic	1	0.95	9.5	9.5	9.5	9.5	5.5	3.5	3.5	3.5	7.5	9	9.5	9.5	9.5	0.2	0.3	812.25
Patient Surge	0.9	0.95	9.5	7.5	7.5	9.5	7.5	3.5	3.5	3.5	7.5	7.5	7.5	7.5	7.5	0.2	0.3	629.49
Critical Supply Shortage	0.9	0.95	9.5	7.5	1.5	5.5	1.5	3.5	1.5	1.5	7.5	5.5	5.5	1.5	3.5	0.3	0.3	378.51
Hurricane (tropical cyclones, including tropical storms and depressions)	0.3	0.95	9.5	7.5	7.5	7.5	7.5	7.5	5.5	7.5	7.5	7.5	7.5	4.5	7.5	0.3	0.3	231.76
Severe Winter Storm (heavy snow, blizzards, ice storms)	0.5	0.95	7.5	3.5	3.5	9.5	5.5	1.5	3.5	1.5	5.5	7.5	1.5	1.5	5.5	0.1	0.3	179.55
96 Hours Without External Support	0.3	0.95	9.5	3.5	1.5	7.5	1.5	9.5	3.5	1.5	9.5	9.5	7.5	3.5	9.5	0.3	0.4	186.01
Information Systems Failure	0.3	0.95	9.5	3.5	3.5	3.5	1.5	3.5	9.5	3.5	5.5	7.5	7.5	0	1.5	0.3	0.3	138.35
Electrical Power Failure	0.2	0.95	9.5	5.5	3.5	3.5	7.5	9.5	3.5	3.5	5.5	5.5	5.5	3.5	3.5	0.3	0.3	109.38
Communications Failure (cell)	0.3	0.95	9.5	1.5	5.5	3.5	1.5	1.5	1.5	9.5	1.5	1.5	1.5	1.5	1.5	0.5	0.3	88.81
Communications Failure (Landline)	0.3	0.95	5.5	5.5	5.5	1.5	3.5	5.5	3.5	4	7.5	7.5	5.5	0.5	3.5	0.3	0.3	84.80

This evaluation is completed using the matrix developed from Incident Management Solutions under contract with the New York State Department of Health and is completed by a multi-disciplinary team on an annual basis. It provides the framework in which to develop mitigating actions and inclusion in emergency management planning and exercise.



STONY BROOK HOSPITAL HVA Dece

The top six climate-related items are listed with final scoring:

Potential Hazard/Event	Vulnerability Score
Patient Surge	629
Critical Supply Shortage	379
Hurricane (tropical cyclones, including tropical storms and depressions)	232
Severe winter storms (heavy snow, blizzards, ice storms)	180
96-hours without external support	186
Nor'easter (extra-tropical cyclones, severe winter low pressure systems)	35

- **Patient Surge**
Stony Brook University Hospital has experience with patient surges. It has developed policies on *Rapid Discharge, Patient Surge, and Staff Sheltering and Accommodations*. Please see Section IV.
- **Critical Supply Shortage**
Stony Brook University Hospital has addressed the response to critical supply shortages within the *96-hour Self Sufficiency Plan*. Please see Section IV.
- **Hurricane, severe winter storms, Nor'easters**
Stony Brook University Hospital has considered storm events and developed the *Weather Related Emergencies* policy. Please see Section IV.
- **96-Hours Without External Support**
Stony Brook University Hospital has considered the impacts of a 96-hour period without external support and has developed its plan with annexes. Please see Section IV.
- **Additional Concerns:**
Climate change in the Northeastern part of the United States presents some additional concerns that have not yet fully surfaced as unique items in the annual hazard vulnerability assessment. Stony Brook University Hospital has, nonetheless, developed plans to address using the all-hazards approach. Stony Brook University Hospital also continues to work with other hospitals, state and local partners, and community groups to address these growing community vulnerabilities. Specifically, Stony Brook University Hospital has addressed:
 - *Excessive precipitation events* – *Weather Related Emergencies* policy addresses this topic.
 - *Excessive Heat events* – These events are becoming more common across the country, although currently having a relatively minor impact in this area. The major impact of these events for hospitals is the potential for dramatic increase in patient load with cardiac and pulmonary concerns. As such, policies on *Patient Surge* would address that aspect.
 - *Episodes of decreased air quality* – This recent trend impacts hospitals with the threat of increased cardiac and pulmonary emergency room visits, and is also addressed in the *Patient Surge* policy. While most HVAC systems were updated to include better filtration during the COVID-era, the hospital is not able to filter all supply air. It can operate the intakes to minimize, but not eliminate all impacts of temporarily decreased air quality.

Additional Contextual Notes

Earthquakes (scored at 18), heat wave (12), flooding (4), severe storm (3), drought (1) were also considered but scored low.

These six “climate-related items” identified include traditional climate factors, but also the vulnerabilities that may arise after a climate-direct crisis. For example, given that the volume of emergency department visits is considerably influenced by elevated temperature, patient surge is included in the climate-related top six.

Climate considerations and their impacts on hospitals has been a long-standing topic of discussion, planning, and testing for multiple hospitals on Long Island as part of the MARO Regional Training group. Community partners have exercised their plans with these climate related factors on numerous occasions.

The hospital is situated in an area of Long Island that is currently fair mild in climate, however it has witnessed an increase in severe weather events. The hospital is located well above sea level and flooding of the hospital itself is not likely; however, local flooding nearer the coast and at lower elevations has proven to be catastrophic to some nearby communities. The hospital is situated near major transportation hubs in a county of 1.5 million people about 60 miles from New York City. (Please see *Current Trends* section.)

- While the Northeast has the oldest highway and transportation infrastructure, highway infrastructure is well above average serving the population, however emergency-related structure points have been recognized in the past.
- The University operates with electricity and steam generated principally through a co-gen plant on campus, supplemented by electricity from PSEG. The co-gen plant allows the possibility of the campus to “island” itself under certain conditions, including PSEG instability. Additionally there are multiple generators that are dual-fuel oil and natural gas, that can provide power as required, with fuel storage on campus. Electrical distribution lines are generally below ground. The campus is on an interruptible service from National Grid. Most buildings are equipped with local emergency generators for life safety service.
- Water is provided by Suffolk County and is stable under most conditions; the Hospital Nutritional Services maintains a reserve of 3000 gallons of water onsite. Robust water emergency plans have been developed, which include response to situations that necessitate severe curtailment of use. Plans also include recognition of efforts by American Red Cross, NYS Office of Emergency Management, National Guard, Suffolk County Fire Rescue and Emergency Services. Alternate water treatment may be implemented with Suffolk County Health Department approval. (See section 12c of the Emergency Management Plan (2021).
- The Emergency Management Plan also calls for response to HVAC failures. Portable air conditioning or heater units can be deployed to units. Temporary boilers or chillers can be brought in. The Operating Room will be advised of periodic temperature and relative humidity readings. Exhaust and return fans can be set up to ensure adequate air movement.
- The Emergency Management Plan includes plans for other utility failures.

***Stony Brook University Medical Center
Failure of Utilities or Physical Plant Services
Emergency Management Policy & Procedure Manual***

- Loss of Electrical Power
- Failure of Heating, Ventilation, and Air Conditioning (HVAC) System
- Failure of Water Distribution System
- Failure of Plumbing System
- Failure of Medical Gas – Oxygen
- Failure of Medical Gas – Nitrous Oxide
- Failure of Medical Gas – Medical Air
- Failure of Medical Vacuum
- Failure of Elevators
- Elevator Entrapment Response Plan
- Failure of Fire Alarm/Sprinkler System

II. **Current Trends in the Northeast (U.S. Climate Resilience Toolkit)**

The following assessment is excerpted and abridged from the report *Climate Change Impacts in the United States: The Third National Climate Assessment* ([Chapter 16: Northeast](#)) and the *Fourth National Climate Assessment* ([Chapter 18: Northeast](#)), with Stony Brook University Hospital specific items included.

Key Points

The seasonality of the Northeast is central to the region's sense of place. Milder winters and earlier springs in the region are altering ecosystems and environments in ways that adversely impact tourism, farming, and forestry. The region's rural industries and livelihoods are at risk as less distinct seasons lead to further changes to forests, wildlife, snowpack, and streamflow.

Commerce, tourism, and recreation in the Northeast depend on the coast and ocean. Warmer ocean temperatures, sea level rise, and ocean acidification threaten these services. As climate risks increase, the adaptive capacity of marine ecosystems and coastal communities will influence ecological and socioeconomic outcomes.

Urban centers in the Northeast are regional and national hubs for cultural and economic activity. The region's critical infrastructure, urban economies, and nationally significant historic sites are already experiencing major negative impacts, and these will become more common with a changing climate.

Changing climate threatens the health and well-being of people in the Northeast through more extreme weather, warmer temperatures, degradation of air and water quality, and sea level rise. Additional deaths, emergency room visits and hospitalizations, and a lower quality of life are expected as these environmental changes continue.

Climate change impacts in the Northeast—including extreme precipitation events, sea level rise, coastal and riverine flooding and heat waves—will challenge its environmental, social, and economic systems, increasing the vulnerability of its residents, especially its most disadvantaged populations.

Communities in the Northeast are proactively planning and implementing actions to reduce risks posed by climate change. Using decision support tools to develop and apply adaptation strategies informs both the value of adopting solutions and the remaining challenges.

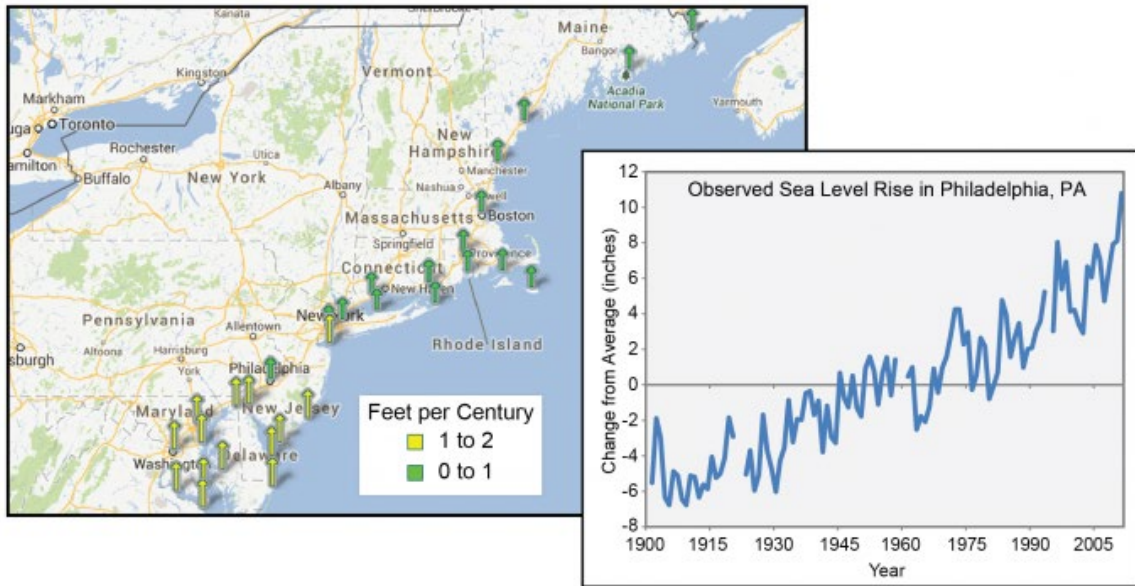
Over the past three decades, there has been significant population movement in the Northeast towards the coastline. Working waterfronts are part of the economic engine driving coastal redevelopment. Some portions of the region have seen significant land cover changes such as increases in paved surfaces, and reductions and shifts in trees, forests, grasses, and wetlands.

A critical issue for the Northeast is addressing its aging infrastructure: roads, bridges, railroad lines, water and wastewater pipelines, culverts, and electrical power networks. The region has the oldest industry and building

inventory in the United States, much of which was built along the coast and in estuaries—both of which are highly vulnerable to flooding.

The region's climate is also changing. Recent *State of the Climate* reports point out the likely impacts of a changing climate on both human and natural resources, which are threatened by rising temperatures, changing precipitation patterns, and a warming ocean, especially in the Gulf of Maine. The stretch of coastline from the tip of the Delmarva Peninsula in Virginia to the elbow of Cape Cod in Massachusetts is experiencing the greatest increase in sea level rise rate globally: 2 to 3.7 mm per year—more than three times the global average.

Sea Level is Rising



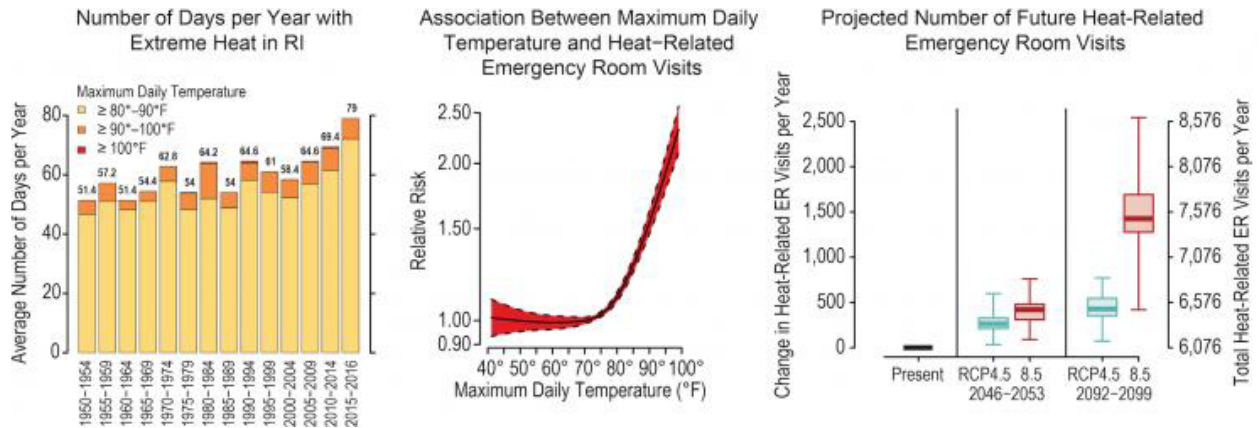
(Map) Local sea level trends in the Northeast region. (Graph) Observed sea level rise in Philadelphia, PA, has significantly exceeded the global average of eight inches over the past century, increasing the risk of impacts to critical urban infrastructure in low-lying areas. Over 100 years (1901–2012), sea level increased 1.2 feet.

Temperatures in the Northeast rose by almost 2°F between 1895 and 2011, and models predict that the region could see a warming of 4.5°F to 10°F by the 2080s (assuming continued increasing emissions). Regional precipitation increased by approximately five inches, or more than 10 percent, during the same period. Seasonal drought risk in summer and fall is also projected to increase over the next century due to warming temperatures and earlier snowmelt.

The Northeast has seen a greater recent increase in extreme precipitation than any other region in the United States—the region experienced more than a 70 percent increase in the amount of precipitation falling in "very heavy events" (defined as the heaviest one percent of all daily events) between 1958 and 2010. The frequency of these heavy downpours is projected to continue to increase over the remainder of the century.

More frequent, intense, and longer heat waves are also projected to increase over the next century in the Northeast, which will affect the region's vulnerable populations as well as its infrastructure, agriculture, and ecosystems. Moderate and extreme heat events already pose a health risk, and climate change may increase this

risk. Graphs below illustrate this risk via observed and projected impacts of excess heat on emergency room visits in Rhode Island.



This figure shows observed and projected impacts of excess heat on emergency room visits in Rhode Island via three graphs. On the left, maximum daily temperatures in the summer have trended upwards over the last 60 years. In the center, data shows that heat-related ER visits rose sharply as maximum daily temperatures climbed above 80 $^{\circ}\text{F}$. On the right, with continued climate change, Rhode Islanders could experience an additional 400 (6.8% more) heat-related ER visits each year by 2050 and up to an additional 1,500 (24.4% more) such visits each year by 2095 under the higher scenario (RCP8.5).

[The preceding text is excerpted and abridged from the report *Climate Change Impacts in the United States: The Third National Climate Assessment* ([Chapter 16: Northeast](#)) and the *Fourth National Climate Assessment* ([Chapter 18: Northeast](#)).]

People and Communities

Average temperature in the Northeast rose by almost 2 $^{\circ}\text{F}$ between 1895 and 2011. By the 2080s, climate models project that the region could see additional warming of 3 $^{\circ}\text{F}$ –6 $^{\circ}\text{F}$ (low emission scenario) or 4.5 $^{\circ}\text{F}$ –10 $^{\circ}\text{F}$ (high emission scenario). Under either emission scenario, heat waves in the region are expected to be more frequent, more intense, and last longer as the century progresses.

As the region's average temperatures rise, extended periods of heat may also become an issue in small towns and rural areas of the Northeast. Residents may be unprepared for heat hazards because historically, heat waves have been rare in the region, and many homes lack air conditioning.

Sample Heat Advisory used by Stony Brook University Hospital for staff and patients:

Stay Safe in Times of Extreme Heat

The New York State Department of Health issued a health advisory about the potential for adverse health effects due to extreme high temperatures and high humidity throughout New York State. The Department of Health shared that the National Weather Service is forecasting dangerous heat conditions with Heat Advisories posted through the evening of Sept. 6.

As a result, healthcare providers should anticipate an increase in heat-related illnesses and complications from vulnerable populations and should pay attention to symptoms of possible heat-related illnesses such as dehydration, heat stroke, and complications from heart and lung disease.

During these times of extreme heat, follow these tips to protect yourself and others:

- Stay hydrated and avoid stressful outdoor physical activity.
- Check up on vulnerable populations, including older adults, newborns, children, women who are pregnant, those with chronic illnesses and pets.
- At work and at home, conserve energy by keeping lights off and computers shut down when not in use.

Visit the New York State Department of Health website for additional information and advice.

Warmer temperatures are associated with reduced air quality through higher levels of ground-level ozone and other pollutants. The combination of heat stress and poor air quality can pose a major health risk to vulnerable groups: young children, the elderly, and those with pre-existing health conditions, such as asthma.

Stony Brook Medicine - Asthma

Asthma Center

https://www.stonybrookmedicine.edu/patientcare/pulmonary/services/specialty_centers/asthma

The Stony Brook Adult Asthma Center is dedicated to the diagnosis and management of severe and difficult to treat asthma. We offer comprehensive asthma diagnostic testing, patient education and access to advanced biologic therapies.

Stony Brook Children’s Asthma Resources

<https://www.stonybrookchildrens.org/specialties-services/pediatric-specialties/pediatric-pulmonology/resources/asthma>

People become more vulnerable to heat waves when key infrastructure fails. For example, when increased demand for electricity to power fans or air conditioning exceeds the available supply, people cannot cool down and may become ill. Socioeconomic factors can also increase populations' vulnerability to heat hazards: examples include race and ethnicity (being a minority), age (the elderly and children), gender (female), socioeconomic status (low income status or poverty), and education (low educational attainment).

In contrast to heat waves, the frequency, intensity, and duration of cold air outbreaks across the Northeast is expected to decrease. This change will reduce the need for—and cost of—winter heating needs. Some research, however, suggests that loss of Arctic sea ice could affect this trend. Over the next few decades, it's likely that residents in the Northeast will continue to experience occasional cold snaps and extreme winter storms.

Another impact of concern is a possible increase in vector-borne diseases—those carried by vectors, such as ticks and mosquitoes. Currently, most occurrences of Lyme disease in the United States are found in the Northeast. While it's unclear what affect climate change may have on Lyme disease, some research has linked tick activity and the incidence of Lyme disease to abundant late spring and early summer moisture.



A deer tick—*Ixodes dammini*—from Prudence Island, Narragansett Bay National Estuarine Research Reserve. These small creatures can be quite dangerous to humans, as they are carriers of Lyme disease.

Climate change is expected to increase the suitable habitat for some species of mosquito—such as those that carry the Zika and West Nile viruses—and other disease vectors over the next century.

Stony Brook Medicine Regional Tick-Borne Disease Resources Center

<https://southampton.stonybrookmedicine.edu/services/tick-borne-disease-resource-center>

The Regional Tick-Borne Disease Resource Center Clinic is now seeing adults and children in Hampton Bays!

The first and only dedicated Tick-Borne Disease Clinic in the Northeast!

In addition to the Stony Brook Southampton Hospital's Regional Tick-Borne Disease Resource Center Help Line, established in 2014, we now have a clinic. Whether you're worried about tick bites, Lyme disease or any tick-borne disease, we provide answers and access to treatment for children and adults, by appointment only.

Increasingly frequent heavy precipitation events can have a negative effect on water quality and thus increase the incidence of waterborne disease. Many large Northeastern cities, including New York, Boston, and Philadelphia, have combined sewer systems that collect and treat both stormwater and municipal wastewater. These combined systems can become overwhelmed during heavy downpours, resulting in untreated effluent overflowing the system and pouring into nearby waterways.

More frequent heavy precipitation events also lead to an increased risk of flooding for people who live along rivers or in their floodplains. And, as sea levels rise, people living in coastal areas will be exposed to more frequent flooding from tropical storms and nor'easters. These changes increase flood risks for the approximately 1.6 million residents who live within the 100-year coastal flood zone designated by the Federal Emergency Management Agency, 63 percent of whom reside in New York and New Jersey. Furthermore, residents who live outside the current flood zone could find themselves within it as the century progresses and sea levels rise. Coastal and riverine flooding directly threatens residents' lives and safety, as well as personal property, businesses, and infrastructure.

III. **Health Equity at Stony Brook Medicine**

For more complete and updated information, please refer to stonybrookmedicine.edu/HealthEquity

Health Equity at Stony Brook Medicine



A message from Carol Gomes, Chief Executive Officer of Stony Brook University Hospital:

As part of our mission to provide world-class, compassionate care, we want to ensure that everyone associated with Stony Brook Medicine — patients, visitors, faculty, staff and those within the community — feels a sense of belonging in everything we do.

Sadly, the COVID-19 pandemic drew attention to the healthcare disparities that exist nationally and within our own region. At Stony Brook Medicine, we have always been committed to creating a culture of health equity and belongingness for all — a healthcare environment in which everyone who walks through our doors feels safe, respected, valued and heard. Our goal is to strengthen, amplify and sustain Stony Brook Medicine's efforts around eliminating health inequities by improving health outcomes and closing any gaps in healthcare disparities that have been rooted in historical injustices, biases and discrimination."

Stony Brook Medicine Health Equity Roadmap Alignment and Committee Structure

Stony Brook Medicine is committed to supporting an equitable and inclusive climate and culture. Judith Brown Clarke, PhD, Vice President for Equity and Inclusion and Chief Diversity Officer for Stony Brook University and Health System, implemented an [organizational plan for Equity, Inclusion and Diversity](#) that arises out of an effort to enhance the community and in consideration of the persistent issues of inequality in our society. The plan elements come out of many discussions and written exchanges with students, faculty and staff. It encompasses a broad definition of diversity with a focus on race, ethnicity, age, gender, religion, ability, veteran status, socioeconomic level and sexual orientation. Dr. Clarke has provided education and training during Diversity Plan Town Hall Meetings, Departmental meetings and conferences. She has also established an Advisory Committee and DEI (Diversity, Equity and Inclusion) Ambassadors.

Stony Brook Medicine established a Health Equity Steering Committee, which is co-chaired by Dr. Clarke and Nicole Rossol, Chief Patient Experience Officer for Stony Brook University Hospital. The structure of the committee follows the [American Hospital Association's Health Equity roadmap](#). Using the roadmap as our guide, we created four subcommittees: Data Driven Care Delivery, Training and the Culture of Learning, Diversity and Inclusion in Leadership and Governance, and Community Partnerships to advance our work in health equity.

Programs:



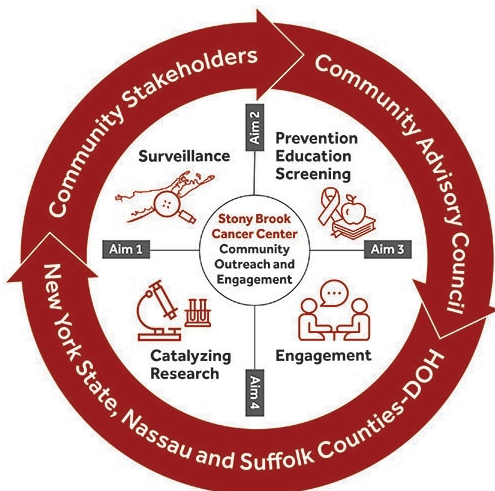
Black Men in White Coats™

The Renaissance School of Medicine established the region’s first chapter of Black Men in White Coats™ — which seeks to raise the number of Black men in the field of medicine by exposure, inspiration and mentoring the young Black men in our underserved communities.

- [2021 Event Recap](#)
- In the News: [Stony Brook Physicians Talk About 'Black Men in White Coats' Movement](#)

Cancer Center Transportation Grant

At Stony Brook Cancer Center, we partner with patients before, during and after their care by providing support programs. Reliable transportation to treatment is a barrier that many patients face during their cancer journey. By offering a platform of transportation services to our patients in treatment, we are able to remove these barriers and impact their outcomes. Funding to expand non-emergency medical transportation services will help provide better access for our patients receiving care.



Community Outreach and Engagement at Stony Brook Cancer Center

The [Office for Community Outreach and Engagement](#) is the bridge between our local community and Stony Brook Cancer Center. The primary goal of the Office is to reduce the cancer burden and disparities in our local community of Suffolk and Nassau counties. To accomplish this goal, Stony Brook cancer research and administrative programming is guided by the unique needs and attributes of the community. This community perspective is developed by engaging our community partners and stakeholders as well as gathering information from available surveys and other local measures.

Hispanic Heart Team

The Stony Brook Heart Institute includes a transcultural Hispanic Heart Team dedicated to serving Spanish-speaking patients. Risk factors for cardiovascular disease (CVD) are more prevalent among Hispanics/Latinos in the United States and on Long Island than in the general population. These risk factors are associated with the development of coronary artery disease (cholesterol plaques built up inside the arteries in the heart causing blockages) leading to heart attacks, heart failure, stroke mortality and disability. Most of these risk factors can be modified with medications, diet and lifestyle changes leading to a decreased incidence of CVD. Early diagnosis and treatment with state-of-the-art techniques and technology are available at the Stony Brook Heart Institute. We have Spanish-speaking providers and access staff (tenemos los proveedores de salud y las personas de acceso que hablan español).



Leadership Development Academy (LDA)

Stony Brook Medicine is committed to fostering a diverse, equitable, and inclusive workplace at all levels of the organization that values and respects the unique perspectives, backgrounds, and identities of all individuals.

The Leadership Development Academy (LDA) is designed to provide a diverse group of staff and faculty who are interested in pursuing leadership positions a unique opportunity to participate in a nine-month-long educational experience that focuses on best practices in leadership. Read a detailed program overview of the LDA [here](#).

The first cohort of the LDA will begin the program in September 2023 and will follow the academic year, ending in May 2024.

LGBTQ* Care at Stony Brook Medicine

Stony Brook Medicine established an LGBTQ* Committee to address the needs of the LGBTQ* community, including patients, faculty, staff and trainees. Our committee is multidisciplinary and includes medical and behavioral health providers and trainees, nurses, students, education specialists, and representatives from human resources, information technology and hospital administration. The mission of the committee is to review, address and affirm the specific and unique needs of LGBTQ* individuals, as well as promote respectful and culturally sensitive care to the LGBTQ* community.



Mobile Mammography Van

Our Mobile Mammography Van team is on a mission: to make sure every woman on Long Island, age 40 and older, who needs a mammogram has easy and convenient access. And no prescription is needed.

New York State Birth Equity Improvement Project

As part of the New York State Birth Equity Improvement Project, Stony Brook collects and utilizes perinatal data by demographics, including race, ethnicity, gender identity and language. All policies are reviewed to identify potential bias or inconsistencies to promote respectful and standardized care with shared decision-making with Black birthing people. More than 90 percent of nursing staff received education about implicit bias, as well as all medical staff, including Anesthesia. Implicit bias training was implemented for the Admitting Department, and a specific survey was implemented to measure patients experience through a health equity lens.





Office of Diversity, Inclusion and Intercultural Initiatives (DI3)

At Stony Brook University, we define the rich diversity of our students, faculty, clinicians and staff to be both a defining characteristic and an essential source of strength for our campus community.

As the nation evolves, the terms diversity, equity and inclusion (DEI) have progressed to represent persons from a growing array of backgrounds, cultures, identities and experiences, to name a few.

DEI is dynamic, not static, therefore we are committed to progressively reflecting the values, changes and understanding that a diverse learning environment benefits everyone.

School of Dental Medicine mobile dental clinic

The Mobile Oral Health Services Clinic partners with organizations providing critical services to vulnerable populations, including homeless shelters, human service agencies, elementary schools, Head Start Programs, Women, Infants, and Children Programs, Give Kids A Smile® events, and health fairs. Bringing care and oral health education directly to those in need helps to transcend obstacles facing many underserved patients.



Stony Brook Heights Rooftop Micro-Farm

The Division of Nutrition created the farm through the Healthy Heart Program grant from the New York State Department of Health. Located on the fourth floor roof of the Health Sciences Tower, the original 800-square-foot farm yielded about 400 pounds of tomatoes, basil, broccoli, peppers, cabbage, and herbs. Expanding to 2,200 square feet in 2012, the farm yielded 1,300 pounds of produce, more than triple the 2011 yield.

Stony Brook HOME

A medical student-run, physician-supervised free clinic that provides high quality and comprehensive primary care to uninsured adults on Long Island.



Stony Brook Medicine Food Farmacy

The Food Farmacy, a food pantry, helps Stony Brook Medicine patients with cancer and/or diabetes who are impacted by food insecurity. If you would like to donate, [monetary donations](#) and items from the [Stony Brook Nutrition Amazon Gift Registry](#) can be accepted at anytime.

Stony Brook Medicine’s Health Occupations Partnership for Excellence (HOPE) Program

One of the innovative programs to transform health equity is the Stony Brook HOPE (Health Occupations Partnerships for Excellence) Program. The HOPE Program offers insight and mentorship to students interested in pursuing careers in healthcare. The program seeks to decrease healthcare disparities by increasing the number of healthcare providers from underserved and underrepresented communities. To date, the program has launched the college careers of nearly 200 young people from Long Island. Students in the HOPE program spend two years after school on the Stony Brook campus and discover everything from the college application process to the inner workings of an operating room. Since its inception in 2005, HOPE has helped open new avenues for hundreds of promising high school students from underserved and racially and ethnically diverse communities. Under the mentorship of Stony Brook faculty, the two-year program fosters the academic development of 11th- and 12th-grade students and prepares them for future careers in the health industry.



- IV. **Sample Emergency Management Plans (effective 9/6/2023, please see webpage for most current versions)**
- a. 96-Hour Self Sufficiency Annex
 - b. Rapid Discharge Plan
 - c. Patient Surge Plan
 - d. Staff Sheltering and Accommodations Policy and Procedure

**Stony Brook University Hospital
96 Hour Self-Sufficiency Plan
Emergency Management Policy & Procedure Manual**

Purpose:

It is the policy of the Stony Brook University Hospital to be prepared to respond to disaster events and to provide quality patient care to anyone affected by such events. In order for the hospital to respond to the needs of the public during emergency conditions, certain logistical provisions must be in place.

This Plan and the attached matrix address the self-sufficiency of continuing hospital operations when the Stony Brook University Hospital's efforts to provide communications, resources and assets, security and safety, staff, utilities and patient care cannot be supported by the local community for at least 96 hours.

Scope:

Hospital Wide

Procedure:

The Hospital Incident Command System (HICS) will be utilized in conjunction with the activation of this plan. Materials Management, Pharmacy and Hospital Facilities currently maintain an inventory of assets and resources and will monitor quantities of such inventories during the event. Communications with purveyors of supplies is a must, and arrangements will be made to obtain additional supplies/resources as soon as conditions warrant their response.

Stony Brook University Hospital will establish response efforts, which may include: conserving resources, curtailing some services, supplementing of resources from outside the local community, partial evacuation or total evacuation. Evacuation will be considered as a last resort.

Materials Management maintains a stockpile of personal protective Equipment (PPE), Pharmacy maintains a stockpile of Pharmaceuticals, and Emergency Management maintains a stockpile of cots. State (MERC) and Federal assets (SNS) may also be obtained by activation via the Suffolk County Office of Emergency Management. Stony Brook University Hospital also works closely with the other 11 hospitals within the county for purposes of sharing supplies and equipment in the event of an emergency.

Stony Brook University Hospital identifies the facility’s capabilities and response efforts in addressing the following six critical areas.

- Communications
- Resources and Assets
- Safety and Security
- Staff Responsibilities
- Utilities Management
- Patient Clinical and Support Activities

The following self-sufficiency matrix is designed to be utilized as a guide during a disaster event when response efforts cannot be supported by the local community for at least 96 hours.



96 Hour
Self-Sufficiency Ann

<End of policy>

SBUH Rapid Discharge Plan (in effect 9/6/2023)
Stony Brook University Hospital
Rapid Discharge Plan
Emergency Management Policy & Procedure Manual

Purpose: The Rapid Discharge Plan may need to be deployed to make available a number of beds for a massive external disaster or because areas of the hospital have become unsafe and must be vacated.

Scope: All hospital personnel.

Procedure:

1. The Associate Director or the Assistant Director of Nursing (ADN) should be notified immediately in the event that the Rapid Discharge Plan may need to be deployed. The Associate Director or the Assistant Director of Nursing (ADN) will determine whether it is necessary to activate the Hospital Command Center.
2. The Incident Commander in consultation with the Operations Section Chief and the Chief Medical Officer will determine the number of beds and areas (if any), which must be vacated.
3. All Elective Admissions will be put on hold. All Elective OR procedures will be cancelled.
4. The Patient Access Unit Leader will supply the Chief Medical Officer with a list of all patients, their admitting service, and the name of their attending physician. The Chief Medical Officer will then coordinate with Department Chiefs.
5. Department Chiefs or their designees (in consultation with attending) will review the in-patient census and will prioritize which patients may be safely discharged. Transportation home for these patients will be coordinated with EMS (4-1911).
6. Should this not create an adequate number of beds, the Chief Medical Officer in consultation with Department Chiefs or their designees will coordinate the prioritizing of other discharges.
7. Department Chiefs or their designees will coordinate with the Patient and Bed Tracking Units in contacting other area hospitals to identify available beds for patients who are stable for transfer, and for prioritizing the order of transfer. Transfer will be coordinated with EMS (4-1911).

<End of policy>

SBUH Patient Surge Capacity
Stony Brook University Hospital
Patient Surge Capacity Plan (in effect 9/6/2023)
Emergency Management Policy & Procedure Manual

Stony Brook University Hospital acknowledges the importance of planning ahead to address emergency staffing needs and increased demand for isolation wards, ICUs, assisted ventilation services, and consumable and durable medical supplies.

Definition: Medical Surge Capacity is “the ability to evaluate and care for a markedly increased volume of patients that challenges or exceeds normal operating capacity.” Medical Surge capability is the “ability to manage patients requiring unusual or very specialized medical evaluation or care.”

Standard of Care: During periods of surge it is recognized that the standard of care will be to strive to provide the best possible care to the most people.

Strategy:

In the event that Stony Brook University Hospital will be required to surge beyond its current capacity, the following strategies will be considered:

1. Initiation of the Hospital Incident Command System.
2. Discharge of patients early and establishment of a discharge holding area in accordance with the rapid Discharge Plan.
3. Temporarily canceling elective surgical procedures.
4. Conversion of outpatient procedure beds into inpatient beds.
5. Hallway usage and the use of the cafeteria will be considered as an alternate treatment areas.
6. Communicate with New York State Department of Health for consultation and direction.
7. Partner with the Suffolk County Health Department and the Suffolk County Fire Rescue and Emergency Services Office of Emergency Management to create emergency treatment capacity outside the hospital.
8. Initiate mutual agreements with other health care facilities, including acute, long-term care, and rehabilitation facilities.
9. Consideration of other local facilities such as schools, armories.
10. Consultation shall occur with the New York State Department of Health on plans and processes to expand bed capacity during times of crisis. The efforts will take into account the need to provide staff and medical equipment and supplies to care for the occupant of each additional hospital bed.
11. Consultation shall occur with the New York State Department of Health on whether, how, and when an Altered Standards of Care in Mass Casualty Events will be invoked and applied.
12. Depending on the circumstances of the event, the Stony Brook University Medical Center Pandemic Flu Surge Plan may be utilized.

Staffing:

1. The Assistant Director of Nursing (ADN) on duty shall be responsible for assigning responsibility for the assessment and coordination of staffing levels during an emergency.
2. The Assistant Director of Nursing shall estimate the minimum number and categories of personnel needed to care for a single patient or a small group of patients on a given day.
3. Clinical Nurse Managers for all inpatient units will be contacted and asked to report in.
4. A determination shall be made on how the hospital will meet staffing needs as the number of patients increases and/or healthcare and support personnel become ill or remain at home to care for ill family members. As a part of that determination the following options shall be considered:
 - a. Assigning patient-care responsibilities to clinical administrators
 - b. Recruiting retired healthcare personnel
 - c. Using trainees (e.g., Stony Brook University medical and nursing students)
 - d. Using patients' family members in an ancillary healthcare capacity
5. Clinical Nurse Managers shall be instructed to call in enough personnel to ensure adequate staffing and open all available patient care beds.
6. Stony Brook University Hospital shall collaborate with the Suffolk County Health Department, the New York State Department of Health and other local and regional healthcare-planning groups in an attempt to achieve adequate staffing of the hospital.
7. Stony Brook University Hospital supports increased cross-training of personnel to provide support for essential patient-care areas at times of severe staffing shortages (e.g., in emergency departments, ICUs, or medical units).
8. The NYSDOH and the Suffolk County Health Department shall be consulted to help assess the feasibility of recruiting staff from different hospitals and/or regions.
9. Consultation with the NYSDOH shall occur on plans for rapidly credentialing healthcare professionals. This might include defining when an "emergency staffing crisis" can be declared and identifying emergency laws that allow employment of healthcare personnel with out-of-state licenses.
10. Consideration shall be given to explore opportunities for recruiting healthcare personnel from other healthcare settings, (e.g., medical offices and day-surgery centers).
11. Consultation with public health partners about existing state or local plans for recruitment and deployment of local personnel will occur.
12. It is acknowledged that the Medical Society of New York State has a database of physicians that may be accessed during periods of surge. Request for additional physicians can be processed through the New York State Department of Health.

Clinical Nurse Manager Duties:

The Clinical Nurse Manager duties will include but are not limited to the following:

1. Depending the level of surge required, the hospital will expedite the discharge of patients who do not require ongoing inpatient care.

2. Facilitate discharge of all patients who have had discharge orders written immediately and ready these rooms for patient care. Patients waiting for rides should be sent to the Patient Discharge area.
3. Assure that all rooms are cleaned immediately. If Housekeeping is unable to immediately clean an empty bed, other unit personnel may be requested to perform that service.
4. The Clinical Nurse Manager will keep the Assistant Director of Nursing informed of any changes of bed status immediately.
5. Facilitate without delay admissions to inpatient units. Patients may also be accepted without admission orders. In these cases, the unit will contact the physician for admission orders.
6. In the event that the unit may exceed its resources to provide adequate patient care this information shall be relayed to the Assistant Director of Nursing.

Mutual Aid:

Stony Brook University Hospital participates in the Regional Mutual Aid Program and has entered into a Memoranda of Understanding with neighboring hospitals.

Essential-Support Personnel:

Essential Support Personnel that are needed to maintain hospital operations include:

1. Housekeeping, Linen – Environment
2. Hospital Facilities, Hospital Physical Plant – Facilities
3. Food and Nutritional Services - Food
4. Administrative Services - Operations
5. Clerical personnel – Clerical/Document Support
6. Health Information Management – Medical Records
7. Information Technology – IT Services

Non- Essential Positions:

Consideration will be given to re-assign staff to support critical hospital services.

Bed Capacity:

1. Conversion of outpatient procedure beds into inpatient beds shall be initiated.
2. Hallway usage and the use of the cafeteria as alternate treatment areas shall be actively considered.
3. Depending on census and type of surge patients, consideration to utilize open beds on OB/GYN Unit will occur as regulations allow.
4. Areas of the facility that could be vacated for use in cohorting patients have been identified.

Guidelines for Cohorting of Patients:

1. Implement cohorting early in the course of a local outbreak to accommodate an anticipated surge of patients.

2. Designation of units or areas of the facility for cohorting patients recognizing the possible need for rooms with engineering controls such as negative pressure isolation rooms.
3. Assessment of ventilation systems to ensure they are not shared with other areas or rooms.
4. Ensure that personnel assigned to the cohorted patient care units do not “float” or are otherwise assigned to other patient care areas .
5. Criteria shall be utilized for shifting use of available space based on ability to support patient-care needs (e.g., access to bathroom and shower facilities).

Canceling Elective Surgical Procedures:

Assessment will be undertaken for temporarily canceling elective surgical procedures.

Transfers:

Determination shall be made as to whether patients who require emergency procedures will be transferred to another hospital.

Home Health Agencies:

The hospital will work with home healthcare agencies to arrange at-home follow-up care for patients who have been discharged early and for those whose admission was deferred because of limited bed space.

Consumable and Durable Supplies:

1. An assessment of anticipated needs for consumable and durable resources shall be undertaken and trigger points shall be assigned for ordering extra resources.
2. A tracking system shall be utilized to track available medical supplies in the hospital to determine rapid consumption, including items that provide personal protection (e.g., gloves, N95 masks).
3. An estimation of the need for respiratory care equipment (including mechanical ventilators) shall be completed.
4. Consideration shall be made to facilitate the acquisition of additional equipment if needed. Regional hospitals may be engaged to provide additional supplies and equipment.

Pharmacy Considerations:

The Director of Pharmacy shall assess need and facilitate the acquisition of necessary pharmaceuticals. Access to the Strategic National Stockpile during an emergency shall be considered a viable option.

Examples of consumable resources are:

- Hand hygiene supplies (antimicrobial soap and alcohol-based, waterless hand hygiene products)
- Disposable N95, surgical and procedure masks
- Face shields (disposable or reusable)
- Gowns

- Gloves
- Facial tissues
- Central line kits
- Morgue packs

Examples of durable resources are:

- Ventilators
- Respiratory care equipment
- Beds
- IV pumps

Security:

It may be necessary to limit non-patient access to the facility during an event. The Stony Brook University Hospital Security Management Plan shall be utilized as appropriate during an event that requires extending surge capacity. University Police Policies and Procedures specify actions to be taken when a facility lock-down is required.

HERDS:

HERDS shall be used to track bed availability and need. The Hospital shall have adequate number of staff on all shifts assigned and trained to HERDS role. HERDS was designed as a method to efficiently collect and aggregate data from hospitals. There are four principle functions:

- Collection of information necessary for effective resource planning.
- Surveillance of specific disease conditions or detection of patterns of illness via hospital and ED admissions.
- Monitoring the resource needs and availabilities of healthcare facilities during a public health emergency; and
- Tracking of patients involved in a mass casualty event.

Mortuary Issues:

1. Assessment of current capacity and alternative capacity for refrigeration of deceased persons will occur.
2. Consultation with Suffolk County Department of Health and the Suffolk County Medical Examiner's Office regarding temporary sites shall occur.

<End of policy>

***SBUH Staff Sheltering
Stony Brook University Hospital
Staff Sheltering & Accommodations Policy (in effect 9/6/2023)
Emergency Management Policy & Procedure Manual***

Purpose

The purpose of this plan, and components thereof, is to direct the implementation and management of those measures necessary to mitigate, prepare for, and respond to a severe event that disrupts, or has the potential to disrupt, normal operations and necessitates staff sheltering and accommodations.

Note: Severe weather response planning should also be considered for pre-event planning if the National Weather Service (NWS) forecast includes the potential for severe weather. For pre-event planning activities, refer to the Weather Related Emergency Plan (Section 15).

Scope

The Emergency Management Program is designed to assure appropriate, effective response to a variety of emergency situations that could affect the safety of patients, staff, and visitors, or the environment of the hospital, or adversely impact upon the hospital's ability to provide healthcare services to the community.

Each unit/department will assess and address their needs, including supplies and staffing, to maintain patient care and deliver essential services. Any unmet needs or requests for assistance will be directed to IC or the HCC (if activated).

Authority

The Hospital Incident Commander has primary authority for managing the incident. In a larger event, responsibilities for managing Staff Sheltering & Accommodations may be assigned to an individual who will be designated as the Staff Support Unit Leader.

Outside normal business hours (evenings, nights, weekends, holidays), the Associate Director or the Assistant Director of Nursing has primary authority for managing this incident unless relieved by the AOD or designee.

Command Center Activation Procedure

In many instances where there is a manageable event that should not require the activation of the Hospital Command Center, such as significant snowfall, the Associate Director of Operations will assume the role of Weather Chief (see Section 15a – JAS). In the instance of escalating events, such as internal power outages or communications outages, or during severe weather events such as hurricanes, the Hospital Command Center would be activated.

The CEO, Associate Director or the Assistant Director of Nursing (ADN) or designee will determine whether the Hospital Emergency Command Center should be opened. Upon deciding

to open the Emergency Command Center. A request will be made to the hospital operator for a “Code HICS” activation.

I. Critical Functions:

A. Communication

1. All internal and external communication messages will be coordinated through the Public Information Officer (PIO) within the ICS
2. In the event of a large-scale emergency, use of landline telephones will be kept to a minimum, and limited to critical communications in order to maintain the availability and integrity of the telephone System.
3. Use of additional communications resources should be considered, including:
 - a. E-mail
 - b. Stony Brook Medicine Intranet
 - c. Employee hotline (4-SNOW)
 - d. Two-Way radios
 - e. Wireless (cellular) telephones, including SMS messaging
 - f. Wi-Fi telephones
 - g. Red emergency bypass telephones
 - h. Amateur (HAM) radios
 - i. Messenger/Runner

B. Resources and Assets

1. Provisions will be made to expedite pending supply orders and to request additional supplies, including food and water, through the Logistics Section within the ICS.
2. All necessary and requested supplies and equipment will be staged and provided to incident responders through the Logistics Section within the ICS.
3. Assets not immediately available will be acquired using normal and emergency procurement procedures.

B. Safety and Security

1. A Safety Officer will be designated by the Incident Commander.
2. A Security Branch Director will be designated within the Operations Section in ICS.
3. Safety and security of all staff, patients, and visitors will be closely monitored throughout the event. Any safety or security issue will be reported to the HCC and assigned for resolution.

C. Staff Responsibilities

1. All employees should have personal and family emergency preparedness plans in place prior to, and throughout, the event.
2. Staff will continue to perform their normal job functions unless an alternate role is assigned through the Incident Commander. If assigned an alternate role, specific responsibilities will be carried out according to the appropriate job action sheet.
3. Provision of staff accommodations may be considered by the Incident Commander (see below).

D. Utilities

Hospital Facilities Management staff will be available to the HCC for the duration of the event to address utilities issues and will be coordinated through the Operations Section Chief (or designee) within the ICS.

2. Utility-specific emergency plans will be implemented to address identified issues according to Hospital Facilities Management protocol.

F. Patient Clinical and Support Activities

1. All clinical and patient management activities will be maintained throughout the event. Any modifications will be coordinated through the Medical Care Branch Director (or designee) within the ICS.

2. Patients scheduled to be admitted, scheduled for outpatient surgery, or non-emergency appointments will be cancelled and contacted only at the direction of the Incident Commander.

VI. Staff Accommodations:

Where assigned staff are unable to return home after their shift or opt to come in earlier than their assigned shift to ensure their availability, cots, linen, and sleeping locations may be assigned. Staff requiring accommodations are expected to coordinate this through their own departmental chain of command, which in turn would coordinate through the designated Weather Chief. Staff are also reminded to bring their own change of clothing, toiletries, and other amenities.

Sleeping accommodations for staff are addressed by the Weather Chief Staff or the Support Unit Leader if HICS is activated. This may entail establishing a staff rest area in a low traffic area on a temporary basis, or may entail securing temporary housing in campus dormitories or local hotels for extended emergencies. The University Emergency Operations Center may be able to assist with securing temporary housing in campus dormitories.

A. Priority for accommodations will be given to operations-essential employees and will be coordinated through the Weather Chief or Nursing Office for nursing staff.

B. Boarding locations will be established based on availability. Potential areas include:

- Vacant patient rooms
- Endoscopy
- Physical Therapy
- Lobby Conference Rooms
- Pre-Admission Testing
- Floors 8 and 9 in the bed pavilion
- In extreme circumstances, Health Sciences locations may be utilized.

C. Advise Security and Housekeeping of boarding locations for adjustment of Security rounding and cleaning schedules, as needed.

- D. Secure adequate linen, pillows, and stage them at a designated distribution location.
- E. Determine individual(s) responsible for receiving room requests and making assignments, as well as the contact number to be used to make the requests.
- F. Initiate Staff Accommodation Tracking Log to record requests and room assignments. Log will include name of employee, room assigned, contact number (preferably cell phone), and shift / time that accommodations are required.
- G. The Incident Commander will coordinate with the PIO to develop and distribute notifications to managers indicating the plan (or any plan component) is in effect and the contact number to be used to request a room. Requests will only be accepted from management personnel.
- H. Secure additional cots from the Distribution Department or from the Islandia warehouse in case additional accommodations are required and traditional beds/stretchers are not available
- I. The Incident Commander may coordinate with University Administration to secure rooms at local hotels (Hilton Garden Inn, Holiday Inn Express), if necessary, however, these rooms may be required within the community depending on the nature of the event. (Note: Hotel rooms must be prior authorized by Hospital Administration or will otherwise be at staff member's personal expense)
- J. Provide frequent updates or copies of Staff Accommodation Tracking Log to Security as requests are received and accommodations assigned

VII. Staff Transportation:

Staff members are expected to make arrangements for their own transportation to and from work. In extraordinary circumstances where essential staff members are unable to get in on their own, Courier Services may assist with transportation, but with significant limitations. Essential staff requiring assistance with transportation are expected to coordinate this through their own departmental chain of command, which in turn would coordinate through the Hospital Courier service. The guidelines for pick-ups will be that Courier Services drivers will go east as far as William Floyd Parkway and drivers will go west as far as Route 111. There may be some exceptions made as needed if the staff are critical, but that will be the decision of the Weather Chief. Staff are strongly encouraged to car pool as much as possible.

VIII. Staff Food:

Food service requirements for patients and staff are addressed by the Nutritional Supply Unit Leader. The Food and Nutrition Department has internal emergency procedures designed to accommodate extended emergencies.

The Incident Commander may opt to provide food without cost to the employees where assigned staff are unable to return home after their shift or opt to come in earlier than their assigned shift to ensure their availability.

IX. Pharmaceuticals for Staff:

In some circumstances, essential personnel who may be mandated to stay during or after emergencies such as snow storms or hurricanes, may not have access to their medications when they are required to stay. In such unusual cases, Pharmacy will fill emergency prescriptions for all who needed them, including boarders, as long as the employee has a valid prescription, written by a LIP.

X. Child Care/Elder Care:

Child care and elder care requirements are addressed by the Staff and Family Assistance Unit Leader. While brief child care and elder care needs may be handled on site in temporary locations that may be determined on an as-needed basis, the Stony Brook Day Care Center may be used for emergency child care needs, and the Long Island State Veterans Home Adult Day Care Center may be used for elder care needs.

For assistance with the Adult Day Care Center or for emergency use of the LISVH Multipurpose Room, contact LISVH Administration at 444-8606 during normal business hours or contact the LISVH Nursing Supervisor's Office at 444-8745 during non-business hours.

For emergency assistance with child care, contact the Stony Brook Child Care office at 632-6930 during normal business hours. Off-hours assistance must be coordinated in advance, such as during an extended event, and there is no impromptu off-hours coverage.

XI. Pets:

There are no provisions for sheltering pets during an event. Service animals are specifically exempt from this restriction and will be accommodated.

XII. Staff Psychological Support:

A procedure is in place for incident stress debriefing as well as for psychological support of patients and family members. This is addressed by the Disaster Mental Unit Leader consistent with the Mental Hygiene component of the Suffolk County Joint Emergency Evacuation Plan. Staff involved in emergency operations may be offered an opportunity to address incident related issues with qualified behavioral health professionals. Refer to the Disaster Mental Health Plan for further details.

Immediate (Operational Period 0-2 Hours):

- Review supply inventory for potentially needed supplies (batteries, linen, potable water, prepared food, med/surg supplies, etc.).
- Designate areas to accommodate staff that are unable to leave the facility and/or choose to board at the hospital.
- Obtain additional supplies, equipment, medications, food and water to sustain operations.
- Consider relocating shelter supplies (cots, air mattresses with air pump, etc.) to the Hospital.
- Obtain supplemental staffing, as needed.

Intermediate and Extended (Operational Period 2 hours to Greater than 12 Hours):

- Continue to obtain needed supplies, equipment, medications, food and water.
- Coordinate the delivery of cots, air mattresses (with pump and 'D' cell batteries) to the loading dock for distribution to designated staff accommodation areas.
- Coordinate the delivery of linen, bedding supplies, and personal hygiene kits to the designated areas by Receiving and Distribution for staff use.
- Continue to provide staff for patient care.
- Determine what staff will be provided transportation by Courier Services and request the dispatch of vehicles accordingly, after consultation with the Nursing Office.
- Monitor staff for adverse effects of heat and psychological stress.
- Monitor, report, follow up on and document patient, staff or visitor injuries.
- Continue to provide transportation services for internal operations.

Demobilization and Recovery Period:

- The emergency activation may only be cancelled at the direction of the Incident Commander. If a Code HICS was announced via the PA system, the Incident Commander will contact the operator and request "All Clear on Code HICS" be announced using the PA system. The "All Clear on Code HICS" message will be initiated through the SPOK mobile emergency notification system and via overhead pager.
- Conduct or assist in damage assessment as assigned. Report all damage and operational assessment information to the HCC or designated individual/department.
- Ensure facility repairs and restoration of utilities.
- Restock supplies, equipment, medications, food and water.
- Ensure all equipment (cots, air mattresses, etc.) that was distributed is returned to the staging area for cleaning and transportation back to the warehouse or other storage areas.
- Ensure communications and IT/IS operations return to normal.
- Facilitate stress management and after-action debriefings and meetings, as necessary.

<End of policy>

SBUH Weather Related Emergencies
Stony Brook University Hospital
Weather Related Emergencies (effective 9/6/02023)
Emergency Management Policy & Procedure Manual

Purpose:

The Weather Related Emergencies Plan outlines the mechanics of alerting, mobilizing, and supporting staffing in the event of a major weather related emergency. This plan also describes actions that should be taken to minimize the impact of the event.

Scope:

All Hospital personnel

Coordination of Resources:

The Associate Director or ADN or designee will determine if the Hospital Emergency Command Center (HCC) should be activated (reference Hospital Incident Command policy). HCC staff will coordinate equipment/personnel resource needs with the Operations Chief. In most cases of severe weather emergencies, the Stony Brook West Campus HCC will also be activated and may be able to assist with additional resources.

Each department is to maintain its own departmental mobilization plan which should include plans for retention and/or calling in of staff.

The Hospital Public Relations Department will coordinate the hospital's public service announcements for radio broadcast. University Police will update the 444-SNOW and 632-SNOW information lines.

Where the severity of a storm requires extended holding over of staff, the Incident Commander will determine the need for provision of sleeping accommodations for staff (see Section 30 - Staff Accommodations Plan). The Incident Commander will also determine the need for expansion of cafeteria hours and meal accommodations for staff, including employees involved in snow removal during other than normal work hours.

Initiating Procedure:

- The AOD will assume the role of Nursing Office Incident Commander during a Weather-Related Emergency.
- The AOD will monitor for Weather Related Conditions and send an alert to the Chief Nursing Officer (CNO) or designee/ AOD backup and to the Weather-Related Nursing Emergency Teams (Teams A, B and C) of an impending storm that has the potential to impact hospital operations.
- During active storm, the AOD will consult with the AOD back-up every 4 hours or as otherwise indicated regarding the need to activate the Weather-Related Action Plan. CNO/designee will be notified prior to activation of Teams A, B or C.
- Designated teams will report to the Nursing Office within 1 hour of activation of teams to receive direction from the AOD.
- Nurse Managers of designated teams will report the elements of the "STAT REP" for units of responsibility to the AOD.

- AOD will coordinate deployment of Nursing Personnel to Nursing Units, as necessary.

The following actions may be implemented without activating Teams A, B or C if appropriate resources available in the Nursing Office and Nurse Staffing Ratios adequate for patient care. The Weather-Related Emergency Job Action Sheet at the end of this section should be used to document emergency activities:

Nursing Office:

- AOD communicates via Operator to announce to all Department Heads: Storm Watch or Storm Warning in Effect. When extensive notice is needed, group e-mail, and or SB Alert system may be utilized. Department Heads will then activate Departmental Mobilization Plan.
- AOD communicates with all Critical Services on this checklist during active storm. These services include the Operator, Food and Nutritional Services, Respiratory Therapy Department, Linen Services, Radiology Department, Housekeeping, Emergency Medical Services, Laboratory Services, Health Information Management, Exchange Cart, Distribution Services, Pharmacy, Security, and Physical Plant. Critical Services are responsible for keeping the AOD apprised of the status of each department's readiness.
- AOD communicates with back up AOD regarding the need to activate Nursing Emergency Teams by using Hospital Directory and searching for "Nursing Emergency Preparedness" Teams A, B or C. Teams will be activated if staffing ratios are compromised.
- AOD utilizes Algorithm for Weather Related Emergencies in determination of "Code HICS" activation via paging system.
- AOD assigns a Nurse to triage transportation of staff to and from the hospital. A ten mile radius will be prioritized for staff pick-up, however, if there is a critical staff member out of the radius, the AOD can make a decision for pick-up, e.g. for prevention of staff remaining greater than 16 hours. The AOD assists with triaging and monitoring of this delegated assignment.

Courier Services:

- Direct Nursing Office secretary to take names and contact number of any employee requesting pick-up until decision made to implement activation of Courier Services.
 - Assess and initiate the need to pick up staff if 2 or more of the following occur:
 - Active storm with reported hazardous driving conditions.
 - Greater than 10 requests for staff to be transported to work.
 - Approximately 15 RN sick calls along with threat to adequate staffing ratios.
 - Sick calls to specialty units with inability to reallocate existing nursing resources.
 - Evaluate the staffing needs of each unit on a continual basis.
- Director of Receiving and Courier Services will be contacted to obtain the names/contact numbers for drivers. Contact Associate Director of Supply Chain Services in the event that needs are not being met.
- Request number of Couriers needed to pick up staff.
- Dispatch drivers and triage pick-up of Critical Staff during storm. (i.e. RNs, MDs, Respiratory Therapists, Lab Technicians, X-Ray technicians).
- This role may be assigned to a Nurse Manager designated by AOD. ***(Must be prioritized to prevent staff from working more than 16 hours.)***
- Utilize map of Suffolk County located in Nursing Office to assist with grouping of pick-up.
- Document all decisions for picking up Courier Services "Request Transportation Form."
- Coordinate return of employees to home within 2 hours of shift completion.

- Monitor the work hours of each Courier to prevent extended shift work and communicate with Director of Courier Services, as necessary.

Operator:

- Activate “Code Nursing Emergency Team” through operator as outlined in the initiating procedure.
- For direct communication to the operator, utilize 4-1077.
- Communicate with Director of Communications/Switchboard if switchboard.
- Communication procedures are not being met and elicit plan to provide normal operating procedure.
- Obtain direct phone number to operator for Nursing Office Incident Commander.

Food and Nutritional Services:

- Notify Dietary Supervisor if patient dietary needs are not being met and elicit plan to provide normal operating procedure. Contact Associate Director of Food and Nutritional Services if unable to obtain operational plan.
- The Incident Commander will determine if meal accommodations will be provided for staff.

Respiratory Therapy Department:

- Communicate with Respiratory Therapy supervisor on duty in the event of transportation needs.
- Communicate with Respiratory Therapy supervisor for identified interruption in Respiratory Therapy Services.

Linen Services:

- Notify supervisor if unit linen par levels are not being met.
- Obtain an additional linen cart to be placed in designated staff accommodation areas if needed.

Radiology Department:

- Communicate with supervisor on duty for Radiology in the event of transportation needs.
- Communicate with Associate Director of Radiology for identified interruption in Radiology Services.

Housekeeping:

- Communicate with Housekeeping Supervisor to ensure patient rooms cleaned for admissions/discharges to provide normal operating procedures.

Emergency Medical Services (EMS):

- Maintain communication with EMS for updates on inter-facility transfers to plan for bed availability and staffing needs.

Laboratory Services:

- Contact Director of Laboratory for delay in lab work or blood draws by phlebotomy or any Laboratory Service related issues. Elicit corrective action.
- Communicate with Supervisor to prioritize transportation needs if necessary.

Health Information Management (HIM):

- Contact Associate Director in the event there is an interruption in Normal Operating Hours and elicit plan to resume operating hours.

Exchange Cart:

- Contact Director of Supply Management Services for equipment/supply shortages.

Distribution Services:

- Contact Director of Distribution Services for interruption or delays in patient transport.

Pharmacy Department:

- Contact Director of Pharmacy for interruption in dispensing or distribution of medications.
- Communicate with Supervisor to prioritize transportation needs if necessary.

Security:

- Coordinate Safety and Security Hazards and concerns related to Weather Event with security supervisor and University Police.

Physical Plant:

For snow emergencies, snow removal is done in the following priority order:

- 1) Emergency Department access road, walkway, ambulance/visitors parking, and helipad.
- 2) Loop Road, access roads, hospital circle.
- 3) Hospital entrance and sidewalks.
- 4) Level 5 roof/fire exits from tower.
- 5) Morgue door.
- 6) LINAC stairwell and the stairs from level 3 to level 6.
- 7) Ambulatory Surgery Center, sidewalks, parking lots.

Staff Transportation:

If the weather-related event prompts widespread disruption in normal transportation modalities external to the hospital, the Incident Commander will determine the need to pick up critical staff from their homes. During this time, all hospital staff who are already present inside the facilities will remain on duty and the Staff Accommodations plan will be activated. Courier services will coordinate transportation of critical staff into the hospital, utilizing staff and vehicles from General Services, Environmental Health and Safety, and volunteer staff. Other hospital vehicles, including Hospital Physical Plant and Security vehicles, may be utilized as needed, provided that they are not required onsite to manage the effect of the emergency. For example, vehicles dedicated to plowing hospital roadways would not be removed from service in order to transport staff to and from work. In addition, community members having four-wheeled drive vehicles may be utilized as volunteers in the event that additional transportation is required.

Specific Action Plans:

Listed below are foreseeable weather-related emergencies, based on the facility’s hazard vulnerability assessment, and the action plans that should be instituted.

Stony Brook University Hospital may receive official notification of severe weather conditions from several sources, but principally over the emergency management weather radio located at University Police

Headquarters or at the Stony Brook University Emergency Operations Center on West Campus. When a severe weather condition bulletin is issued, the University Police Dispatcher will notify the Associate Director or the Assistant Director of Nursing (ADN). The Associate Director or ADN will implement the Weather-Related Emergencies Plan according to the following guidelines:

STORM WATCH

Definition: Weather conditions are such that severe weather or tornadoes are expected or could develop.

1. The operator will be instructed to issue the following page: **“There is a Storm Watch in effect which is expected to last until <<State Time>>”**
2. The operator will also transmit the Storm Watch notification via the SPOK mobile paging system to designated groups
3. If the Storm Watch is during the evening or night, the Associate Director or ADN may determine that the overhead page not be made and the operator would be instructed to transmit the notification solely via the SPOK mobile system or to contact all departments having staff on duty.
4. All windows are to be closed and all window drapes, shades or blinds will be closed.
5. The **“Storm Watch”** page will be repeated every hour while the Storm Watch is in effect.
6. The Storm Watch will be in effect until canceled by the Associate Director or ADN and will be announced by overhead paging that “the Storm Watch has been canceled.” This action will be decided by the Associate Director or ADN and will be based upon subsequent weather bulletins or following contact with Emergency Officials.

STORM WARNING

Definition: There has been a severe weather or tornado sighting in the area.

1. The switchboard operator will be instructed to issue the following page **“There is a severe storm warning (or tornado sighting) in the area”**
2. The switchboard operator will also transmit the notification via the paging system using the “Code HICS” protocol.
3. If the Storm Warning is during the evening or night, the Associate Director or ADN may determine that the overhead page not be made and the operator would be instructed to transmit the notification solely via the paging system using the “Code HICS” protocol or to contact all departments having staff on duty.
4. The “Storm Warning” page will be repeated every hour while the warning is in effect.
5. The Storm Warning will be in effect until canceled by the Associate Director or ADN will be announced by overhead paging **“The Storm Warning has been canceled”** or **“The Storm Warning has been canceled but a Storm Watch is still in effect until <<State Time>>”**. The operator will also transmit the notification via the paging system using the “Code HICS” protocol.
6. All visitors leaving the building should be advised that a Storm Warning is in effect. Staff on all units should advise visitors of the Storm Warning and advise them to remain until the warning is over.
7. All personnel should be alert to the possibility that if a tornado or other severe weather emergency struck the surrounding area, the External Disaster Plan may also need to be implemented.

8. West campus Emergency Management may activate the warning siren if a tornado is confirmed as approaching the campus.

HURRICANE/TROPICAL ATORM

- Ensure all exterior windows and doors are closed and latched/locked. Assure that all drapes, shades, blinds and other window coverings are closed. This requirement includes non-patient care areas such as the cafeteria, administrative offices, laboratory, etc. Every window having a curtain or blind is to have that covering closed.
 - Ensure flashlights are working and high priority equipment is plugged into red (generator powered) outlets. Flashlights, batteries and extension cords are contained in sealed emergency equipment boxes located in all patient care units.
 - Follow instructions broadcast over the hospital public address system or paging
 - Hospital Physical Plant staff will cordon off the bridges between the Hospital/HSC and the HSC/Basic Science Tower.
- If there are any people in the areas of the hospital having windows without coverings, such as the front lobby or the cafeteria, they are to be directed to areas of safety.
- The use of elevators should be minimized as much as possible because of possible power failure or possible damage to the elevator penthouse on top of the building if it is struck.
- Report any facility problems to the Hospital Physical Plant via 4-2400.
- Report any unsafe conditions to the Emergency Dispatcher via 911.

TORNADO

Open exterior windows and doors slightly to help balance rapid barometric pressure changes. Keep hallway and room doors open to equalize air pressure if the building is struck.

- Move patients away from exterior windows to avoid injury from breaking glass should a window be struck from the outside by airborne debris. Staff should also stay away from exterior windows and glass walls. Assure that all drapes, shades, blinds and other window coverings are closed. This requirement includes nonpatient care areas such as the cafeteria, administrative offices, laboratory, etc. Every window having a curtain or blind is to have that covering closed.
- If there are any people in the areas of the hospital having windows without coverings, such as the front lobby or the cafeteria, they are to be directed to areas of safety.
- Ensure flashlights are working and high priority equipment is plugged into red (generator powered) outlets. Flashlights, batteries and extension cords are contained in sealed emergency equipment boxes located in all patient care units.
- Follow instructions broadcast over the Hospital intercom.
- Hospital Physical Plant will cordon off the bridges between the Hospital/HSC and the HSC/Basic Science Tower .
- The use of elevators should be minimized as much as possible because of possible power failure or possible damage to the elevator penthouse on top of the building if it is struck.
- Report any facility problems to the Hospital Physical Plant via 4-2400.
- Report any unsafe conditions to the Emergency Dispatcher via 911.

SNOW/ICE CONDITIONS (reference hospital policy EC0004)

- ▣ Avoid exterior areas under the bridges connecting the Hospital/HSC to minimize the potential of injury due to falling ice.
- ▣ During/following snow and/or ice storms, call 444-SNOW to obtain the latest information available on campus roads, walks, and parking lot conditions.
- ▣ Report snow removal and ice control concerns to the Hospital Physical Plant via 4-2400.

EARTHQUAKE

While this is an extremely rare circumstance in this area, staff should adhere to similar safety precautions as during other events occurring without warning, such as tornados.

- Move patients away from exterior windows to avoid injury from breaking glass should a window be compromised by building movement.
- Ensure flashlights are working and high priority equipment is plugged into red (generator powered) outlets. Flashlights, batteries and extension cords are contained in sealed emergency equipment boxes located in all patient care units.
- Follow instructions broadcast over the Hospital public address and paging systems.
- Hospital Physical Plant staff will cordon off the bridges between the Hospital/HSC and the HSC/Basic Science Tower until the bridges have been evaluated and determined to be safe.
- Hospital Physical Plant staff will do a top to bottom assessment of the building to ensure that no vital systems are impaired.
- Biomedical Engineering staff will do a top to bottom assessment of the building to ensure that no BME systems are impaired.
- Respiratory Care staff will do a top to bottom assessment of the building to ensure that no patient ventilation systems are impaired.
- Nursing staff on all units will check to ensure that there are no patient impacts or obvious system or building failures
- If there are any people in the areas of the hospital having windows without coverings, such as the front lobby or the cafeteria, they are to be directed to areas of safety.
- Building occupants should not evacuate the building in the immediate aftermath of an earthquake due to the potential for falling glass or debris.
- The use of elevators should be minimized as much as possible because of possible power failure or possible damage to the elevator penthouse on top of the building until the elevators have been evaluated by Hospital Physical Plant staff.
- Report any facility problems to the Hospital Physical Plant via 4-2400.
- Report any unsafe conditions to the Emergency Dispatcher via 911.

<End of policy>

V. ***HHS Sustainable and Climate Resilient Healthcare Facility Initiative Checklists***

The Office of Climate Change and Health Equity suggests that hospitals develop climate resilience plans considering the following factors. It has also developed a series of checklists [*HHS Sustainable and Climate Resilient Health Care Initiative*](#). *The U.S. Department of Health and Human Services' Sustainable and Climate Resilient Health Care Facilities Initiative (SCRHCFI) is an effort to help assure the continuity of quality health and human care before, during, and after extreme weather events. This web-based toolkit includes the SCRHCFI Best Practices document, a five-element framework that comprises a vulnerability assessment for medical facilities and suggestions for building resilience, checklists (coming soon) to walk facilities through the five elements, and additional resources that encourage practical steps for building resilience.*

The preliminary assessment of Stony Brook University Hospital provides:

Element 1: Prospective Risk Assessment

Stony Brook University Hospital continues to conduct all-hazards vulnerability assessments. Climate change is considered in the annual activity, and forward-facing climate data, as well as cascading risks, will be included in current and future hazard vulnerability assessments.

Element 2: Health equity and community engagements

Stony Brook University Hospital has a long tradition of efforts to identify and address healthcare inequities. Significant efforts are underway to assess patient social and environmental determinant of health in clinical setting, including identification of medical vulnerabilities to climate related hazards, and development of outreach and partnerships with community organization.

Element 3: Assessment and remediation of vulnerabilities in infrastructure and operations

Stony Brook University Hospital continues to be maintained and acts to remediate identified vulnerabilities in infrastructure and operations, including land use, energy systems, water, sanitation, transportation, supply chains, and health work force. Many of these issues (e.g., energy and water conservation efforts, green building projects) are well quantified and included in our annual Practice Greenhealth applications. Such vulnerabilities may be discerned from the annual hazard vulnerability assessment or exercises to stress hospital operations and response.

Element 4: Collaboration between healthcare organizations

Stony Brook University Hospital is one site within Stony Brook Medicine. Other hospitals in the system include Stony brook Southampton and Stony Brook Eastern Long Island. There are also many related outpatient clinics in the system, with more than two dozen identified in state operating certificates. The system works hard to coordinate activities and support each hospital, while maintaining their separate identities and unique aspects. Additionally all hospitals participate in the MARO regional training group.

Element 5: Interdisciplinary planning, oversight, and evaluation

All resilience activities and emergency planning is conducted in a multi-disciplinary environment and subject to oversight and evaluation. Our Sustainability program and Practice Greenhealth activities supports the multi-disciplinary approach, as does the structure of governance at the hospital.