



NYSNA INCLEMENT WEATHER PREPAREDNESS GUIDE



Most healthcare services are considered essential. That means no sitting home and hunkering down during emergencies. In fact, not only do healthcare institutions need to be up and running during all kinds of emergencies, they also must prepare for a greater-than-normal influx of patients if the source of the emergency causes injuries to the public.

The number and intensity of weather emergencies have increased year-round. Extreme flooding, higher-intensity hurricanes, massive snowfalls, wildfires due to drought, and record-setting temperatures are becoming more frequent. Healthcare facilities must plan in advance for these emergencies. This guide serves to help nurses assess whether their workplace is adequately prepared for weather emergencies.

For assistance with any work-related health and safety issue, please contact NYSNA's Occupational Health and Safety Representatives at healthandsafety@nysna.org.

Activation of Hospital Incident Command System (HICS)

Whenever an emergency event such as a major, severe storm is expected, the healthcare facility's HICS should be activated. This system must designate a team of staff who implement the hospital's emergency response plan. The HICS system must include methods to communicate information; plant operations; manage resources; interface with local, state and federal agencies; address patient and staff needs; and even plan for evacuations, if necessary. Nurses can ask to see a copy of their facility's HICS command structure and emergency response-related protocols and procedures. Contact the NYSNA Occupational Health and Safety representatives at healthandsafety@nysna.org or your NYSNA representative for assistance in obtaining these materials.

It's Always About the Staffing

Having enough staff available to provide care during a weather emergency is key to safe patient care and safe working conditions. However, if plans aren't made in advance to maintain adequate staffing, the strain on staff members who are on-site can be extreme.

Staff members may have difficulty reaching their workplace during a weather emergency, or they may have weather-related crises occurring at their own homes that require immediate attention. In addition, elder and childcare services may be shut down, making it difficult for staff to leave home. Many roads may be closed and public transportation curtailed.

It is critical that the healthcare facility's management has a plan in place to adequately staff the facility in the event of an emergency, such as a major storm. Management must consider ways to assist staff in getting to work and resources that can help staff with family needs. During long-term recovery situations, where regional infrastructure has been destroyed and access to food, water and shelter is affected, healthcare facilities should arrange to provide these resources to the staff's family members so that staff are freed up to work.



When catastrophic flooding destroyed large portions of Ashland, North Carolina, several years ago, the main hospital that provides trauma services in the area assisted hospital staff and their families by providing family housing and setting up a small "grocery store" where staff and families could obtain basic items.

Staff shortages may result in mandatory overtime for staff members who are at work, leaving them vulnerable to extreme fatigue. Working excessive hours can result in injuries to healthcare staff and cause patient care errors.

The National Institute for Occupational Safety and Health (NIOSH) has conducted studies on the effects of nurse fatigue and found that long shifts and excessive overtime can result in injuries to both patients and nurses

(see online training link in the Resources section).

New York State Labor Law Section 167 restricts mandatory overtime for nurses except in certain circumstances, which include but are not limited to natural and other disasters and government-declared states of emergency. Under these circumstances, healthcare facilities can require nurses to continue working beyond their scheduled shift.



However, according to the New York State Education Department (NYSED) Office of the Professions, “Extensive research indicates that there is a correlation between number of hours worked by health care practitioners and job function and errors.” NYSED goes on to state, “Voluntarily working beyond 16 hours in a 24 hour time period will be considered by the New York State Board for Nursing as a factor in determining the willful disregard of patient safety by nurses and will be subject to a potential charge of unprofessional conduct.”¹ NYSED does not address working excessive hours “involuntarily.” Nurses can, however, use this information to notify the employer that they are too fatigued to continue providing safe patient care, should the hospital require them to work excessive overtime during an emergency.

The American Nurses Association emphasizes that fatigue can significantly impair cognitive and motor performance, creating risks comparable to impairment from alcohol after prolonged wakefulness.² Therefore, preventing nurse fatigue is a patient safety priority as well as a workplace safety issue.

NYSNA urges nurses to notify their managers if they are required to work to the point of exhaustion and to request sleep time. They should also notify their union representatives and file protests of assignment if forced to work overtime to the point that fatigue is affecting their ability to provide safe patient care or is increasing the likelihood of them injuring themselves.

Meeting Staff Needs in the Workplace

While healthcare facility managers typically say that they are prepared for emergencies, NYSNA members often report that, during emergency situations, there are inadequate sleeping and bathing arrangements for staff and even food shortages.

The American Nurses Association recommends that nurses be allowed to sleep seven to nine hours in a 24-hour period.³ Labor and management should discuss plans and provisions to allow nurses to get an adequate amount of sleep in a quiet, dark, comfortable environment when nurses are required to stay in the hospital well beyond their regularly scheduled shift due to emergency situations. Healthcare facilities must have plans in place prior to the emergency event. Nurses and facility leaders should also agree on the maximum number of hours that nurses can be required to work, the number of breaks and the amount of sleep time that will be provided.

Patient Management

When healthcare facilities have advanced notice of a weather emergency, they should make plans to maintain as low a patient census as possible. This is necessary due to likely decreased staffing, potential supply shortages, utilities instability (power outages, etc.) and possible patient surges due to weather-event related injuries. Healthcare facilities should have plans in place to:

- Cancel elective procedures.
- Expedite discharges.
- Temporarily expand telehealth services.
Note that professional medical providers, not artificial intelligence systems, should conduct telehealth services because human assessment remains the key to safe and effective clinical decision-making.

1 New York State Education Department Office of the Professions. Voluntary Overtime. [NYS Nursing:Practice Information:Workplace Information](#)

2 American Nurses Association (2014). Addressing nurse fatigue to promote safety and health: joint responsibilities of registered nurses and employers to reduce risks. ANA Enterprise. [Addressing Nurse Fatigue to Promote Safety and Health | ANA](#)

3 ANA Position Statement (2006). Assuring Patient Safety: The Employers’ Role in Promoting Healthy Nursing Work Hours for Registered Nurses in All Roles and Settings.

Patient management should also include:

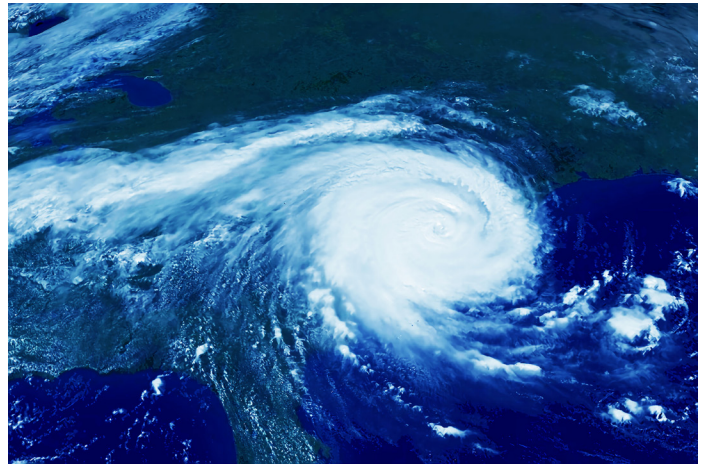
- Patient surge protocols, including emergency department plans related to receiving many more patients than normal, including “worried well” patients.
- A tracking system if electronic medical records (EMRs) fail due to power outages or damage to building infrastructure.
- Changes in visitation policies to limit strain on hospital staff and resources.

Evacuation Protocols/ Sheltering in Place

When weather emergencies become extreme, it may be necessary to either evacuate facilities or issue shelter-in-place orders (meaning no one can leave the facility). Healthcare facilities should consider evacuation prior to the worst conditions hitting. This allows the facility to evacuate patients while elevators are still operational, and key information from EMRs can be printed out to travel with the patient during transport. It is particularly important to move the most vulnerable patients prior to the event occurring because the healthcare facility may need to move these patients while they are attached to ventilators and other life-saving equipment. Immediately following Hurricane Sandy, healthcare staff had to carry acutely ill patients from a New York hospital down stairways while other healthcare staff simultaneously hand-pumped respirators — a horrifying prospect that should be avoided at all costs.

Local departments of health, along with emergency management entities, should have a regional plan in place that identifies healthcare facilities where beds are available in order to move patients to safe areas. Healthcare facilities should have the ability to track patients whom they have moved and provide access to medical records to the receiving hospital without delay. Healthcare facilities must also have a way for family members and loved ones to track where the patient has been transferred to.

Healthcare facilities must identify in advance methods to transport a large number of patients. Can facilities move some patients by bus? Do others need ambulance transport? Will healthcare



facilities identify volunteers to drive patients from one facility to another? Will weather conditions hamper life flights?

In some scenarios, it is not necessarily safe to remove patients from a healthcare facility. Rather, the safest option is to find an area within the facility to house patients and staff. For example, if there is a risk of tornados, the facility should move patients and staff to designated shelter-in-place areas away from windows. The healthcare facility must identify these areas in advance and must notify staff as to where their unit’s shelter-in-place area is located.

If a storm only damages part of a facility, it may be necessary to relocate patients from one part of the facility to another. In this case, it is better to move the patients horizontally from one part to another part of the same floor, but it may be necessary to move them vertically to floors above or below. While it can be difficult to know exactly where damage may occur, healthcare facilities should generally have protocols in place on moving patients or units. Also, vulnerability assessments can be conducted in advance to identify those parts of buildings that are more likely to experience weather-related damage.

Find more information on shelter-in-place and healthcare facility evacuation at [Sheltering, Relocation, and Evacuation](#), a guide produced by the U.S. Health and Human Services ASPR TRACIE Healthcare Emergency Preparedness Information Gateway.



Utilities

Major weather emergencies often result in short- or long-term loss of utilities — particularly electricity. While all hospitals and most other healthcare facilities are equipped with auxiliary power sources, these units only last for a limited amount of time and are unable to generate enough power to fully power all the facility's electrical needs. For example, lights are dimmed, ventilation systems are turned down, and there may only be one elevator that is operational. Healthcare facilities must save power for life-saving equipment. Healthcare facilities use enormous amounts of energy on a 24-hour basis. Electricity may be needed to pump water through cooling systems, maintain medical air systems, and filter the air and water. Utility companies prioritize getting power to healthcare facilities as quickly as possible, but if severe damage has occurred to the electrical system, repair may take days. Healthcare facilities should consider how they will deal with prolonged power outages.

Power loss may also knock out communications systems. Healthcare facilities should have backup systems in place to make sure staff within the facility can communicate with each other as well as reach outside agencies and the public. Healthcare facilities should consider reaching out to the public with general information via local radio stations, which may remain operational. Posting information on social media can also reach larger groups. Phone lines, even if functional, may be overwhelmed by calls from patients' families and friends worried about their condition.

Communications

Maintaining both internal and external communications is key to proper functioning during a weather emergency. The HICS system and emergency plans should identify clear lines of communication, and that communication should be two-way. HICS leadership must share information with frontline staff, and frontline staff must have a way to communicate information to HICS leadership. Lack of communication is often nurses' biggest complaint during emergency situations.

In addition to internal communication, hospitals must identify the best way to maintain communication and coordination with regional healthcare facilities, local law enforcement, ambulance services, local and state health departments, emergency response agencies and local utility companies.

Supply Chain

Because we live in an interdependent, worldwide supply chain society, weather emergencies anywhere can affect the supply of necessary goods everywhere. An important part of emergency preparedness is identifying supply chain vulnerabilities to shore up access to supplies. Following a "just-in-time" supply model turned out to be disastrous during the COVID-19 crisis. In an emergency, healthcare facilities must have adequate amounts of supplies including food, medication, medical gases, potable water, PPE, medical equipment and other necessities. Find more information on supply chain readiness in the Resources section of this guide.

Post-Event

When the weather emergency ends, recovery begins. Every healthcare facility should have a recovery plan that includes:

- Assessment of facility infrastructure damage.
- Clean-up both within the facility (removal of contaminated materials and equipment, cleaning and decontaminating nonporous surfaces, disinfection) and outside spaces

(clearing snow, ice, debris from flooding, downed trees and branches, and garbage).

- Full return of utilities and computer systems.
- Proper mold remediation if water incursion has occurred.

What NYSNA Members Can Do to Assess and Monitor Employer Emergency Plans

- **Early and often is a good rule of thumb:** NYSNA local bargaining units can raise questions about emergency plans at labor-management or other meetings at any time of the year and request documents related to emergency plans.
- **After the event, debrief and gather information as soon as possible, and be ready to form demands around areas where management has failed to prepare adequately.** This can lay the groundwork for improved response in the future.
- **Hold management's feet to the fire over current and ongoing maintenance and repair projects.** Any facility equipment, such as ventilation or plumbing, that is operating subpar now could become a major problem during emergency conditions. Leaks are another sign of poor building conditions that management should address in advance of an event that can cause water damage.
- **Consider contract proposals related to these issues for your next round of contract negotiations.** NYSNA Health and Safety is available to assist.

Regulations/Standards

Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness Rule

The purpose of the CMS Emergency Preparedness Rule is to establish national emergency preparedness requirements to ensure adequate planning for both natural and human-made disasters and coordination with federal, state, tribal, regional and local emergency preparedness systems.

The four elements of the CMS Emergency Preparedness Rule are:

1. Emergency plan.
2. Policies and procedures.
3. Communication plan.
4. Training and testing.

To participate in the Medicare or Medicaid program, healthcare facilities must be in compliance with CMS Emergency Preparedness regulations. Find more information at [Emergency Preparedness Rule | CMS](#).

OSHA/PESH Emergency Action Plans Standard (OSHA 29 CFR 1910.38)

OSHA and PESH require that, at a minimum, an emergency action plan includes:

- Procedures for reporting a fire or other emergency.
- Procedures for emergency evacuation, including type of evacuation and exit route assignments.
- Procedures for employees who remain to operate critical plant operations before they evacuate.
- Procedures to account for all employees after evacuation.
- Procedures for employees performing rescue or medical duties.
- The name or job title of every employee who serve as points of contact for employees who need more information about the plan or an explanation of their duties under the plan.

Facilities must also have in place an employee alarm system and training on emergency evacuation. Find this standard at [1910.38 - Emergency action plans. | Occupational Safety and Health Administration](#).

The Joint Commission (TJC)

TJC has numerous emergency management requirements. Find information on these requirements, broken down by specific types of healthcare settings, at [Emergency Management Resources | Joint Commission](#).

New York State Labor Law Section 167

Restrictions on Consecutive Hours of Work for Nurses
[NYS Open Legislation | NYSenate.gov](#)

Resources

Health and Human Services Assistant Secretary for Preparedness and Response Technical Resources, Assistance Center and Information Exchange (ASPR-TRACIE)

[ASPR TRACIE | Healthcare Emergency Preparedness Information Gateway](#)

Standing Together: An Emergency Planning Guide for America’s Communities, Joint Commission

[Standing Together: An Emergency Planning Guide for America’s Communities](#)

Hospital All-Hazards Self-Assessment, U.S. Centers for Disease Control and Prevention

[Hospital all-hazards self-assessment](#)

Supply Chain Disaster Preparedness Manual, U.S. Centers for Disease Control and Prevention

[Supply Chain Disaster Preparedness Manual](#)

Strengthening the Healthcare Supply Chain: Industry Best Practices for Supplier Risk Assessments, Health Industry Distributors Association

[Strengthening The Healthcare Supply Chain: Industry Best Practices For Supplier Risk Assessments](#)

Guidance for Managing Worker Fatigue During Disaster Operations Volume 1, U.S. National Response Team

[Guidance for Managing Worker Fatigue During Disaster Operations : Technical Assistance Document, Volume I](#)

Guidance for Reopening Healthcare Facilities After Water and Wind Damage, Centers for Disease Control and Prevention

[Guidance for Reopening Healthcare Facilities After Water and Wind Damage | Infection Control | CDC](#)

Tips for Retraining Staff After a Disaster, ASPR-TRACIE

[Tips for Retaining Staff after a Disaster](#)

Sheltering, Relocation, and Evacuation, U.S. Health and Human Services (HHS) ASPR-TRACIE Healthcare Emergency Preparedness Information Gateway

[Sheltering, Relocation, and Evacuation](#)

NIOSH training for nurses on shift work and long work hours. (2015) Caruso, C.C., Geiger-Brown, J., Takahashi, M., et. al. US Department of Health and Human Services, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health, DHHS (NIOSH) Publication No. 2015-115 (Revised 4/2024). <https://doi.org/10.26616/NIOSH PUB2015115revised102023>

Addressing Nurse Fatigue to Promote Safety and Health: Joint Responsibilities of Registered Nurses and Employers to Reduce Risks, American Nurses Association Position Statement

[Addressing Nurse Fatigue to Promote Safety and Health | ANA](#)

Voluntary and Mandated Overtime, New York State Education Department Office of the Professions

[NYS Nursing:Practice Information:Workplace Information](#)

NYS Labor Law Section 167 –Restrictions on consecutive hours of work for nurses

[NYS Open Legislation | NYSenate.gov](#)

Mandatory Overtime, NYSNA Nursing and Education Practice Department

<https://acrobat.adobe.com/id/urn:aaid:sc:VA6C2:b8b789ce-a732-4340-bef7-88356e8d3b56>

How Healthcare Facilities Can Prepare for Wildfire Smoke Conditions, NYSNA Health & Safety

<https://www.nysna.org/resources/how-healthcare-facilities-can-prepare-wildfire-smoke-conditions>

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