NORCS Emergency Preparedness and Response Plan

NYC Aging Service Providers

Dec 2, 2025

* Required

Introduction

The purpose of this Service Provider Emergency Preparedness and Response Plan (the "Plan") is to provide preparedness guidance for Service Providers contracted by the Department for the Aging (NYC Aging) to ensure continued delivery of essential services during an emergency. Essential services are considered life-sustaining services, such as the provision of congregate meals.

The Plan is divided into two sections: Section I covers crucial emergency preparedness steps, and Section II provides basic guidance on emergency response.

The preparedness section prompts the Service Provider to provision information which NYC Aging must have to comply with the City's emergency response regulations as well as information that prepares the Service Provider to re-establish essential services in the event of an emergency. Each section must be completed. Please note that the preparedness section is not exhaustive, and Service Providers are encouraged to develop their own emergency preparedness plans appropriate to their location, clients, and programmatic focus.

The emergency response section consists of a short checklist to guide the Service Provider through an emergency. This section is subdivided into an all-hazards and a hazard-specific guidance section.

The following pages request information which NYC Aging must have on hand to comply with the City's emergency response regulations. Each section must be completed. Also, updates should be made and submitted when a change to the point of contact or other contact information is made.

Section I: Emergency Preparedness

Program Information

Please fill out the program information below:

1

Program Name *

2

Site Address: *

Provide the street number, street name, city, state, and zip code.

3

NYC Aging ID *

4

Community District Served *

5

Borough Location *

6

Program Landline Number *

Provide the complete number with no use of special characters or spaces. For example, a phone number like 111-222-3333 should be formatted as 1112223333

The value must be a number

7

Program Fax Number

Provide the complete number with no use of special characters or spaces. For example, a phone number like 111-222-3333 should be formatted as 1112223333

The value must be a number

8

Program General Email *

Please create a general email at which your site will receive all NYC Aging correspondence moving forward.The general email cannot be the same as any email currently in use.

9

Please inform your Program Officer as soon as there are any personnel changes at the director/deputy director/executive level or emergency contacts. *

◯ I understand

10

Program Emergency Contact Information *

Do you have an emergency contact chart including the following information:

	Yes	No	N/A
Primary Emergency Contact	◯	◯	◯
Secondary Emergency Contact	◯	◯	◯
Sponsor Emergency Contact	◯	◯	◯
Landlord/ Management Agency Emergency Contact	◯	◯	◯
Name, Title, Organization, Address, Email Address, Landline phone#, Cell phone#, and Fax# of each emergency contact	◯	◯	◯

Staffing

Create a list of your staff which includes your administrators, meal servers, meal preparers, etc. The list should identify the staff function, address, and contact information. This list is for internal use, not for external purposes. You can attach the list to the plan.

Please indicate that you have the information below for each staff member:

11

Do you have a staff list? *

- ◯ Yes
- ◯ No
- ◯ N/A

12

Does your staff list include the following: *

	Yes	No
Staff Function and Role	◯	◯
Home Address	◯	◯
Home Phone Number	◯	◯
Mobile Phone Number	◯	◯

13

How will your program store the Staff List? *

Lists and/or databases should be stored securely in multiple places in case the facility becomes inaccessible. Programs must remain aware of agency, legal and other constraints around client confidentiality. Consider different methods of storage such as hard drive, flash drive, hard copies, and web-based storage formats. Non-electronic format is required in the event that computer software or hardware issues impede digital access.

- ☐ Hard Drive
- ☐ Flash Drive
- ☐ Hard Copies
- ☐ Web-based Storage Formats
- ☐ Other

Volunteers

Volunteers are a valuable resource during emergencies.

Please note, if you create a volunteer list, it is for internal use, not for external purposes. You can attach the list to the plan.

Please identify volunteers and confirm that you have the information below for each volunteer.

14

Do you have a list of volunteers who can perform the various functions of your program? *

- ◯ Yes
- ◯ No
- ◯ N/A

15

Does your volunteer list include the following: *

	Yes	No
Volunteer Function/Role	◯	◯
Home Address	◯	◯
Home Phone Number	◯	◯
Mobile Phone Number	◯	◯

16

How will you store the Volunteer List? *

Lists and/or databases should be stored securely in multiple places in case the usual facility becomes inaccessible, but remain aware of agency, legal and other constraints around client confidentiality. Consider different methods of storage such as hard drive, flash drive, hard copies, and web-based storage formats. Updated lists should be kept digitally; hard copy is required in the event a computer software or hardware failure prevents digital access.

- ☐ Hard Drive
- ☐ Flash Drive
- ☐ Hard Copies
- ☐ Web-based Storage Formats
- ☐ Other

17

How often is the Volunteer List updated? *

- ◯ Monthly
- ◯ Bi-monthly
- ◯ Tri-monthly
- ◯ Bi-annually
- ◯ Annually
- ◯ Other

Volunteer Organizations

Local volunteer and religious organizations are great sources of volunteers in the event of an emergency. It is advisable to enter into agreements with local volunteer organizations, such as: NYC Community Emergency Response Team, Volunteer Organizations Active in Disaster, and NY Cares.

18

Do you have a list of your local volunteer organizations?

- ◯ Yes
- ◯ No
- ◯ N/A

19

Does this list include the following: *

	Yes	No	N/A
Does this list include the organization name, contact name and phone number, and the type of assistance they provide?	◯	◯	◯

20

How will you store Volunteer Organizations List? *

Lists and/or databases should be stored securely in multiple places in case the facility becomes inaccessible. Programs must remain aware of agency, legal and other constraints around client confidentiality. Consider different methods of storage such as hard drive, flash drive, hard copies, and web-based storage formats. Non-electronic format is required in the event that computer software or hardware issues impede digital access.

- ☐ Hard Drive
- ☐ Flash Drive
- ☐ Hard Copies
- ☐ Web-based Storage Formats
- ☐ Other

21

How often is the Volunteer Organizations List updated? *

- ◯ Monthly
- ◯ Bi-monthly
- ◯ Tri-monthly
- ◯ Bi-annually
- ◯ Annually
- ◯ Other

Emergency Transportation

Please list your inventory of any available emergency response vehicles and drivers below. NYC Aging may need your help in providing vehicles and drivers for emergency response assistance.

22

Vehicles

Does your center have a list of available vehicles?

- ◯ Yes
- ◯ No
- ◯ N/A

23

Does this list include:

NOTE: The information below should be provided for each vehicle.

	Yes	No	N/A
Vehicle Type	◯	◯	◯
VIN	◯	◯	◯
Seating Cap	◯	◯	◯
Where the vehicle is parked after hours?	◯	◯	◯
The License Plate Number	◯	◯	◯
Where are the keys located after hours?	◯	◯	◯

24

Estimate number of vehicles available:

The value must be a number

25

Where do you fuel your vehicles?

Please include the name, address, phone number, and owner.

26

Communication with Vehicles

Select the method(s) of communication used with drivers during vehicle operation

- [ ] Program-issued cell phone
- [ ] Personal cell phone
- [ ] Program issued walkie-talkie/radio
- [ ] None
- [ ] Other

27

Drivers

Are drivers available after normal working hours, on weekends and holidays?

	Yes	No	N/A
After Normal Working Hours	◯	◯	◯
Weekends	◯	◯	◯
Holidays	◯	◯	◯

28

Estimate number of drivers available:

The value must be a number

An emergency transportation plan for staff must be developed in the event of a public transportation disruption. *

Please indicate how your center will continue to provide services if public transportation is not available by filling in the table below:

- [ ] Carpool
- [ ] Car Service
- [ ] Center Vehicles
- [ ] Walking
- [ ] Other

Communication

Communication across the organization is crucial for an effective emergency response.

30

Does your program have a “call-tree”? *

A list of telephone numbers for key staff, sponsors, volunteers, housing management contacts, and local organizations should be compiled and a “call tree” developed indicating who is responsible for calling whom in the event of an emergency. Programs should be prepared to provide all employees with information on when, if and how to report to work if an emergency happens, what role, if any, they will need to play in the notification of clients. As with all lists, a digital and hard copy must be maintained.

- ◯ Yes
- ◯ No
- ◯ N/A

31

How often is the "call-tree" updated? *

- ◯ Monthly
- ◯ Bi-monthly
- ◯ Tri-monthly
- ◯ Bi-annually
- ◯ Annually
- ◯ Other

32

What other forms of communication would you use during an emergency? *

- ☐ Flyers
- ☐ Email
- ☐ Phone/Text
- ☐ Web
- ☐ Social Media
- ☐ 24/7 Phone line with recorded message
- ☐ Other

33

Emergency Updates and Alerts *

Receiving emergency updates and alerts and relaying this information to staff, contractors, and clients is crucial for the management of an emergency.

Please indicate how your organization will receive and provide emergency information. NYC Aging recommends that the provider's staff, including at least one senior staff member, enroll to receive Notify NYC and Advanced Warning System notifications.

- [ ] Receive: NYC Aging Office of Emergency Preparedness Alerts & Updates
- [ ] Receive: Television
- [ ] Receive: Notify NYC
- [ ] Receive: Advance Warning System
- [ ] Provide: 24/7 Phone line with recorded message
- [ ] Provide: Website
- [ ] Provide: Phone/Text
- [ ] Other

34

Contact Information for Local Emergency Agencies *

It is important that your Older Adult Center be prepared to contact the necessary local authorities in the event of an emergency.

Please confirm that you have a local emergency agency contact information list, including all of the local emergency agencies below:

- [ ] Local NYPD Community Affairs Unit
- [ ] FDNY Firehouse
- [ ] Con Ed
- [ ] PSEG
- [ ] Hospital
- [ ] Other

35

Please list the language abilities of your staff and what paperwork and materials you have in languages other than English. *

During an emergency, some clients or members may need instructions and information delivered in a foreign language. Include: the name of the multi-lingual staff member, language, and material translated.

High-Risk Clients

Vulnerable clients with disabilities, access and functional needs must be placed on a special list to be contacted to ensure their wellbeing during an emergency.

NOTE: Copies of the high-risk client list must be accessible off-site in case of accessibility restrictions to the site

36

Do you have a high-risk client list? *

- ◯ Yes
- ◯ No
- ◯ N/A

37

How do you determine which clients on your roster should be given highest priority for receiving services during an emergency? *

38

How often is the High-Risk Client List updated? *

- ◯ Monthly
- ◯ Bi-monthly
- ◯ Tri-monthly
- ◯ Bi-annually
- ◯ Annually
- ◯ Other

39

Please confirm the format of the list: *

- ☐ Electronic copy
- ☐ Paper copy
- ☐ Other

40

Where are your back-up copies located? *

41

Regular check-ins with high-risk clients are crucial to ensure their wellbeing during an emergency. *

Please select how your organization will contact its high-risk clients during an emergency.

- [ ] Client Email
- [ ] Client Landline
- [ ] Client Cell Phone
- [ ] Client's Family or Relative's Phone
- [ ] Caregiver Cell Phone
- [ ] In-person visit
- [ ] Other

Emergency Food

Water and non-perishable food products should be stockpiled for staff and clients in the event that access to regular food purchases and deliveries is interrupted by an emergency.

42

Please explain the plan for alternative food source and distribution: *

43

If applicable, please describe the quantity of water and non-perishable food stockpiled, in your office, for staff use in the event of an emergency:

Note: Indicate the type of item, quantity, restock frequency, and supplier.

Emergency Supplies

Please always keep the following emergency supplies on site: fire extinguishers, first aid kit, battery powered radio, flashlights, and name tags as staff identifiers. If financially feasible, plans should be made for a back-up power supply, such as a generator, in case of a prolonged power outage.

44

Do you have all of the emergency supplies below? *

	Yes	No	N/A
Defibrillator (AED machine)	◯	◯	◯
First Aid Kit	◯	◯	◯
Battery powered radio	◯	◯	◯
Flashlights	◯	◯	◯
Generator	◯	◯	◯
Employee Name Tag/ Identification	◯	◯	◯
Fire Extinguishers	◯	◯	◯

45

Indicate the quantity, supplier, and restock frequency of the emergency supplies above: *

Local Back-up Provider

If your organization is unable to operate its facility due to an emergency, nearby partner organizations may be able to assist in the provision of essential services for your clients.

Please list two alternate providers and the services available to your clients during a facility shutdown.

46

Alternate Provider# 1

Name of alternate provider:

47

Address

48

Contact name at alternate provider:

49

Telephone Number

Provide the complete number with no use of special characters or spaces. For example, a phone number like 111-222-3333 should be formatted as 1112223333

The value must be a number

50

Mobile Number

Provide the complete number with no use of special characters or spaces. For example, a phone number like 111-222-3333 should be formatted as 1112223333

The value must be a number

51

Is the alternate provider currently a NYC Aging provider?

52

What services will the alternate provider supply?

53

Alternate Provider# 2

Name of alternate provider:

54

Address

55

Contact name at alternate provider:

56

Telephone Number

Provide the complete number with no use of special characters or spaces. For example, a phone number like 111-222-3333 should be formatted as 1112223333

The value must be a number

57

Mobile Number

Provide the complete number with no use of special characters or spaces. For example, a phone number like 111-222-3333 should be formatted as 1112223333

The value must be a number

58

Is the alternate provider currently a NYC Aging provider?

59

What services will the alternate provider supply?

Section II: Emergency Response

Life-threatening Emergency

In the event of an emergency that impacts the health or safety of your staff or clients, such as a health emergency or fire, please follow your internal 9-1-1 procedure.

If there is no procedure in place, please follow the guidance below:

1. Immediately call 9-1-1

2. If 9-1-1 is called, provide the following information:

- Name
- Name of organization
- Exact address
- Call-back number (cell phone)
- Reason for call (e.g., person is an older adult who is sweating profusely, complaining of light headiness)

If the victim is unconscious:

1. Call 9-1-1 immediately

2. Determine if the victim is breathing, and, IF NOT, begin CPR and start the defibrillator process (AED/CPR certified preferred, but anyone may help under the Good Samaritan Law protection)

3. Stay with the victim until Emergency Medical Services have arrived

4. Accompany the victim to the hospital if necessary

IMPORTANT: *If during the incident the AED machine was used by certified personnel, the AED device vendor must be contacted within 24 hours. After the incident, please fill out an incident report and send it promptly to your Program Officer*

If the victim is conscious:

1. Call 9-1-1 immediately.
2. Determine if the victim is coherent.
3. Acquire contact information and medical history, including information about current medications.
4. Stay with the victim until Emergency Medical Services have arrived.
5. Accompany the victim to the hospital (if necessary).

All Hazard Guidance

A localized emergency that leads to a service disruption should first be handled by your organization by using the resources outlined in your emergency preparedness plan. This may include making use of one or more of the following resources in order to re-establish your program's provision of meals:

- Communication plan to inform staff and clients about the emergency.
- Transportation plan to shuttle staff to worksite or clients to an alternate service site.
- Local volunteers to replace unavailable staff.
- Local volunteer organizations or back-up providers to provide essential services that the provider cannot provider any longer.
- High-risk clients list to ensure their needs are met.
- Emergency food supplies to be used until emergency food assistance arrives.
- Emergency supplies, such as radio, flashlights, first aid kits until emergency services arrive.

Note: Severe weather disruptions, such as blizzards or coastal storms, may require NYC Aging's contracted service providers to provide meals to an expanded number of seniors who do not currently fall under their scope of contract. Under such conditions, the normal meal pattern may be suspended and the 1/3 RDI rule waived in the interest of providing uninterrupted service. Service providers will not be penalized if the emergency results in an underutilization of meals.

IMPORTANT: *If your center's subcontracts the preparation of meals, it is the primary contractor's responsibility to ensure that subcontractors meet these requirements as well.*

If your organization cannot re-establish essential services by using the resources in your preparedness plan, reach out to your Program Officer to request assistance. If required, NYC Aging will coordinate with New York City Emergency Management (NYCEM) to request additional resources to respond to the emergency.

Continuity of Operations Planning and Scenario Specific Emergency Response

Providers should ensure that their building management complies with City mandated fire safety and evacuation guidelines and regulations. For information on fire safety and evacuation planning, please visit NYC Fire Department's website or email PlanHelp@fdny.nyc.gov for assistance.

Additionally, NORCs, along with other NYC Aging providers, will be asked to participate in annual emergency preparedness efforts, including: the hosting of a Ready NY event for clients in partnership with NYC Emergency Management; preparedness and planning efforts with the NYC Department for the Aging. For additional organizational preparedness resources, please visit New York City Emergency Management's Partners in Preparedness' website. For information on how to host a Ready NY event please visit NYC Emergency Management's website or contact readyny@oem.nyc.gov for assistance.

NORCs are also asked to prepare, and in some cases, assist with City-coordinated response efforts for the following emergency events:

1. Heat Emergencies*
2. Fire
3. Building Collapse
4. Evacuation
5. Active Shooter
6. Coastal Storm/Flooding
7. Power Outage
8. Transportation Disruption
9. Winter Weather Emergency
10. Communicable Disease

Preparedness & Response: Multi-Day Internet Outage/ Cyber Attack

In today's digital world, staying informed about cybersecurity is more important than ever. Your first and most reliable line of defense is awareness. By recognizing risks and adopting safe habits, you can protect yourself and your information from common threats.

Phishing Attacks: Be on the lookout for fake emails designed to trick you into clicking harmful links or giving up sensitive information. Always *think before you click*—a single suspicious link can lead to a major data breach.
Lock Your Screen: Whether you're stepping away from your desk or putting down your phone in public, an unlocked device is an open invitation.
Avoid Public Wi-Fi: Just because it's free doesn't mean it's safe. Hackers love open networks — and they're watching what you do online.
Be Cautious with Attachments: Attachments can look harmless — but they're one of the most common ways attackers deliver malware. If you weren't expecting it, don't open it.
Strengthen Your Defenses: Use strong, unique passwords for each account. Keep your software updated and always enable Multi-Factor Authentication (MFA).
USB Safety: Never plug in a USB drive you found or don't trust. These devices can carry hidden malware that installs itself as soon as they're connected.

In a short summary, please describe what plans or protocols are in place in the event of a multi-day internet outage/cyber-attack where:
1) hackers demand ransomware or your office
2) staff are unable to access or utilize computers for the duration of a work week. Please indicate if you have manual methods (perhaps by checklist and phone) to continue day-to-day operations.

In the case you are experiencing a Multi-Day Internet Outage/Cyber Attack, please email NYC Aging Cybersecurity (Aging) cybersecurity@aging.nyc.gov. *

Emergency Communications Procedures

Section A: Reporting Service Disruptions

In an emergency, any potential disruption of contracted services must be reported to NYC Aging's Bureau of Community Services (BCS) by telephone and email:

Laudrey Lamadieu
Senior Director
LLamadieu@aging.nyc.gov
Landline: 212-602-4332
Cell phone: 917-624-0297

Ruth Cordero
Director, NORC Programs
Rcordero@aging.nyc.gov
Landline: 212-602-4320
Cell phone: 917-873-3763

Louella Byers
Assistant Commissioner
LByers@aging.nyc.gov
Landline: 212-602-4314
Cell phone: 347-585-2933

In addition, please email NYC Aging at emergencynotification@aging.nyc.gov to report a delayed opening, a planned closure, or problems with service delivery.

Section B: Availability of Emergency Procedures

Copies of this document, including staff, client lists and NYC Aging telephone numbers, should be kept in physical and electronic form on and offsite:

61

Location #1 *

Name of the Location:

62

Address *

63

Name of the Custodian *

64

Office Number *

Provide the complete number with no use of special characters or spaces. For example, a phone number like 111-222-3333 should be formatted as 1112223333

65

Home Number *

Provide the complete number with no use of special characters or spaces. For example, a phone number like 111-222-3333 should be formatted as 1112223333

66

Does staff keep the client lists at this location? *

- ◯ Yes
- ◯ No

67

Location #2 *

Name of the Location:

68

Name of the Custodian *

69

Address *

70

Office Number *

Provide the complete number with no use of special characters or spaces. For example, a phone number like 111-222-3333 should be formatted as 1112223333

71

Home Number: *

Provide the complete number with no use of special characters or spaces. For example, a phone number like 111-222-3333 should be formatted as 1112223333

72

Does staff keep the client lists at this location? *

- ◯ Yes
- ◯ No

73

Please confirm your director has approved of this plan. *

- ◯ Yes
- ◯ No

74

Name of the personnel completing this form: *

75

Email Address: *

76

Phone Number:
*

Provide the complete number with no use of special characters or spaces. For example, a phone number like 111-222-3333 should be formatted as 1112223333

Thank you for your cooperation!



* Please completely review the form before submitting.

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