NYC Health Care Coalition (NYCHCC) Leadership Council Meeting

NYC DOHMH OFFICE OF EMERGENCY PREPAREDNESS AND RESPONSE
BUREAU OF HEALTHCARE AND COMMUNITY READINESS

Tuesday, February 7, 2023

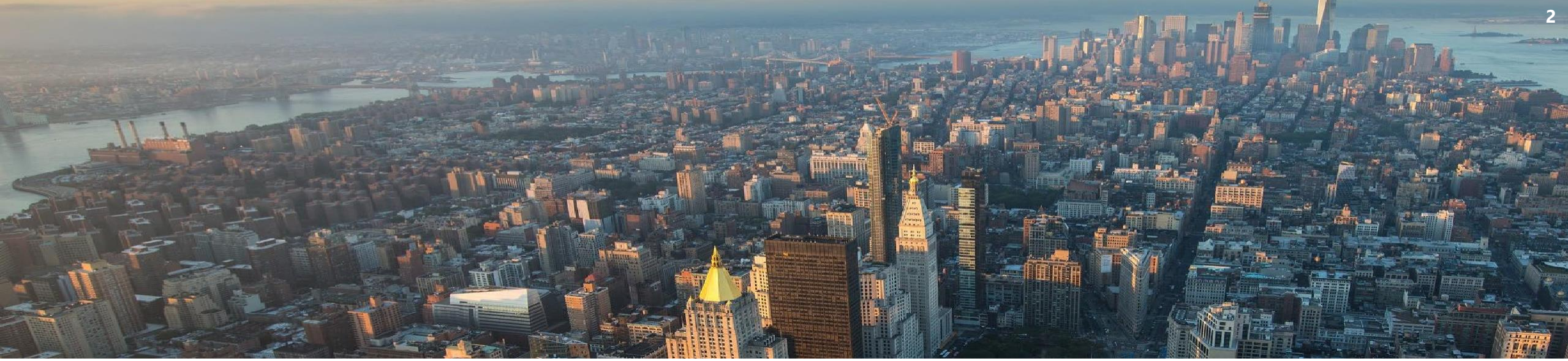
NYC Health

Welcome!

NYC Health

Agenda

10:00 – 10:05 | Opening Remarks and Welcome
10:05 – 10:30 | Winter Weather- Polar Vortex
10:35 – 10:55 | Burn Surge Exercises
10:55 – 11:15 | Emergency Management Mobile Application
11:15 – 11:45 | Update on Recent Emergency Preparedness Activities
11:45 – 12:00 | Closing Remarks & Looking Ahead to BP5



Emergency Preparedness Coalition of Manhattan (EPCOM)

NYC Health

NewYork-Presbyterian

Floodpocalypse: An Emergency Event

February 7, 2023

AMAZING THINGS ARE HAPPENING HERE

- The Emergency Event
- Response Plan
- Mitigation Plan
- Recovery

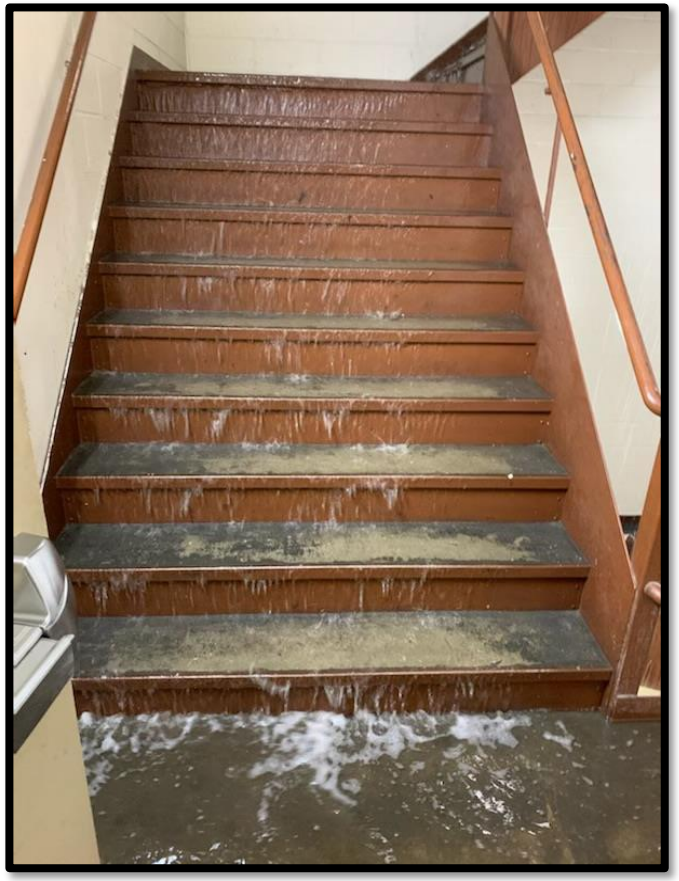
The Flow of Events

Phase 1: Emergency Events ▶ **Phase 2: Response** ▶ **Phase 3: Remediation** ▶ **Phase 4: Recovery**

Emergency Conditions Timeline

Day	Incident	Area
Christmas Eve (12/24/2022)	Burst Pipes, Steam Condition, Water Condition (Flooding)	Main Lobby
Christmas Day (12/25/2022)	Burst Pipes, Steam Condition, Water Condition (Flooding)	Elevators, Offices, Radiology
Post Christmas (12/26/2022)	Burst Pipes, Steam Condition, Water Condition (Flooding)	Patient Service Areas (Ambulatory Care)

Emergency Conditions: First Look



Phase 1: Emergency Events ▶ Phase 2: Response ▶ Phase 3: Remediation ▶ Phase 4: Recovery

Emergency Conditions: First Look

First Responders

Multidepartmental Operational Response

Impact

1 Facilities

1. Multiple simultaneous pipe bursts
2. Low staffing due to the holidays

2 EVS

1. 1,000s of sq/ft to cover
2. Mold and Mildew
3. Damage beyond infrastructure

3 Security

1. Patient Access
2. Staff Access

Response

1 Facilities

1. Quick identifcation of water sources and shutdown
2. Checking systems to prevent further damage

2 EVS

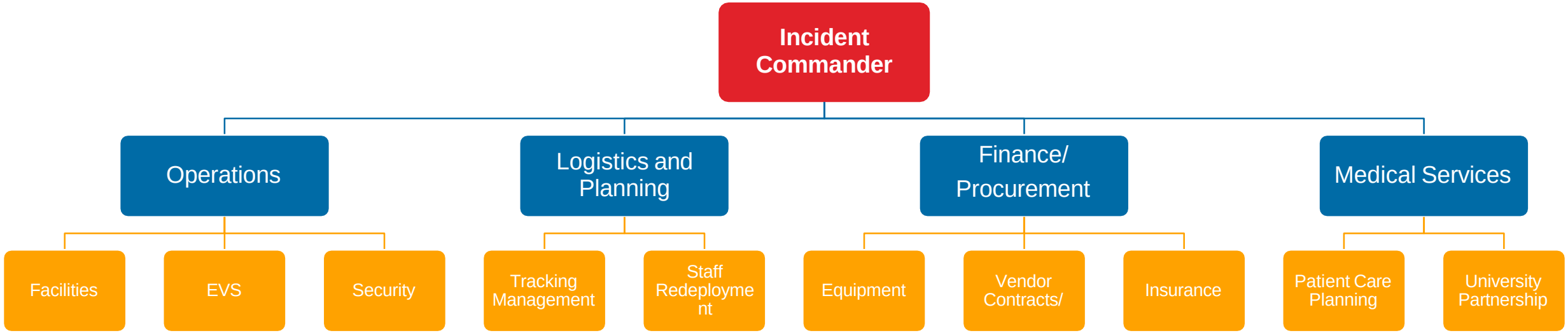
1. Quick clean up to prevent spread of water
2. Quick restoration work

3 Security

1. Provided approved escorts
2. Managed patient flow in real time

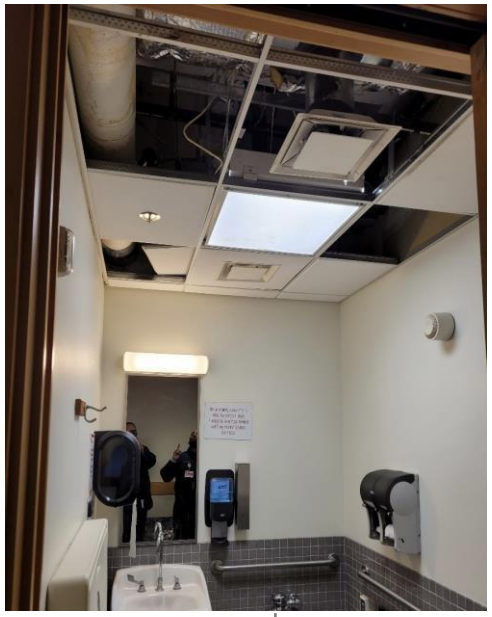
Phase 1: Emergency Events ▶ **Phase 2: Response** ▶ Phase 3: Remediation ▶ Phase 4: Recovery

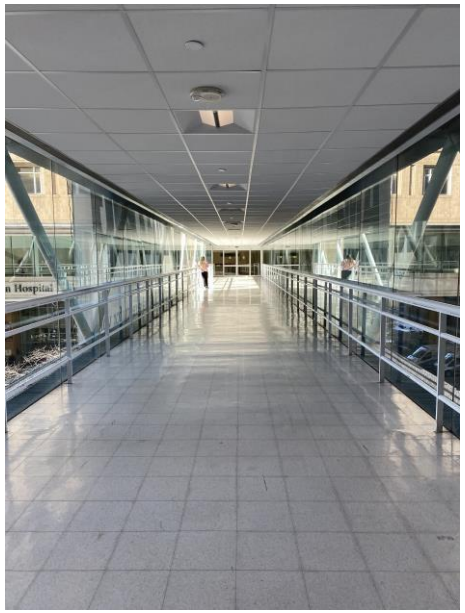
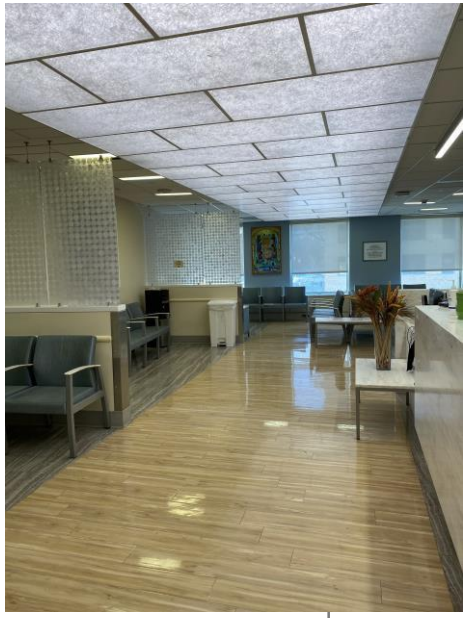
Response: Command Center Activation



Phase 1: Emergency Events ▶ **Phase 2: Response** ▶ Phase 3: Remediation ▶ Phase 4: Recovery

Remediation



Service Relocation

15+ services affected

Equipment Replacement

4 Radiology departments affected (CT, MRI, Fluoro, Xray, Nuclear Med)

Space Restoration

12 Major Service Floors Restored

Phase 1: Emergency Events ▶ Phase 2: Response ▶ Phase 3: Remediation ▶ **Phase 4: Recovery**

Recovery

Service Relocation

- ✓ Service Continuity: Rescheduled Appointments
- ✓ Continued scheduled appointments at new locations
- ✓ Supply stock – new par levels
- ✓ Staff redeployment – escorts, registration, etc.

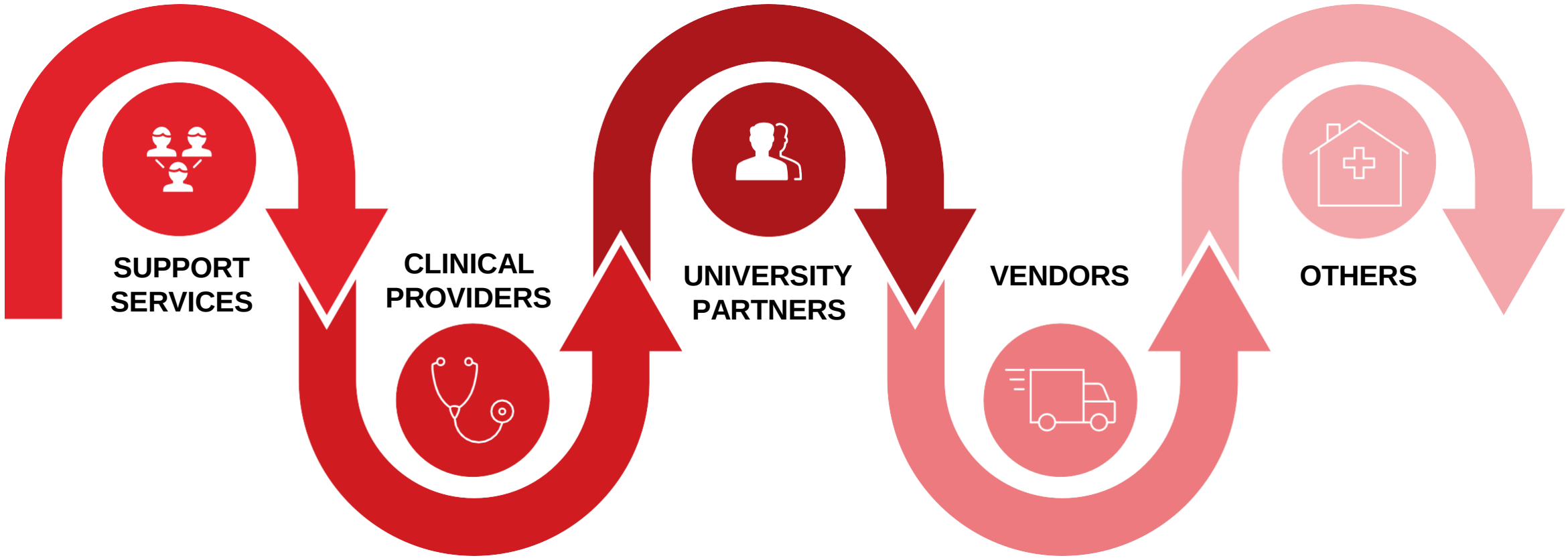
Equipment Replacement

- ✓ Tested and moved functional equipment
- ✓ Warehouse supply
- ✓ Shared services where applicable and possible
- ✓ Purchased new equipment

Space Restoration

- ✓ Major construction for 4 floors
- ✓ Infrastructure restoration
- ✓ IT & Biomed
- ✓ Furniture

Recovery



Putting Patients First

Activating NYP's Emergency Operations Plan (EOP)

Internal or external event may interrupt routine Hospital operations

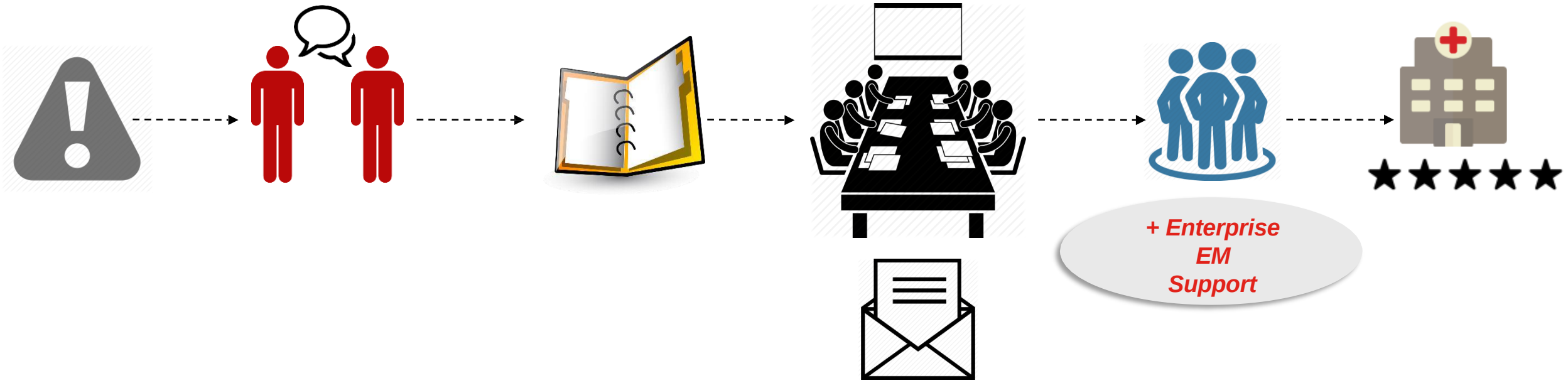
Report this info immediately to campus COO or AOC & VP of Security and Emergency Management

Upon receipt and verification, the Hospital Administrator will immediately activate the EOP

A Hospital Command Center will be established by Incident Commander

The campus Emergency Preparedness Coordinator will be involved with the setup

Return to routine Hospital Operations & debrief on incident



NYP Enterprise Incident Command Structure

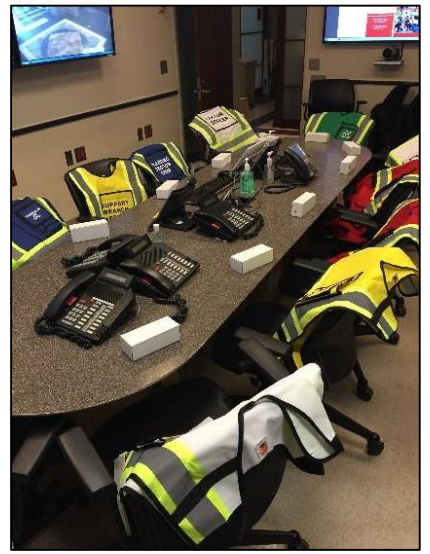
Hospital Command Center

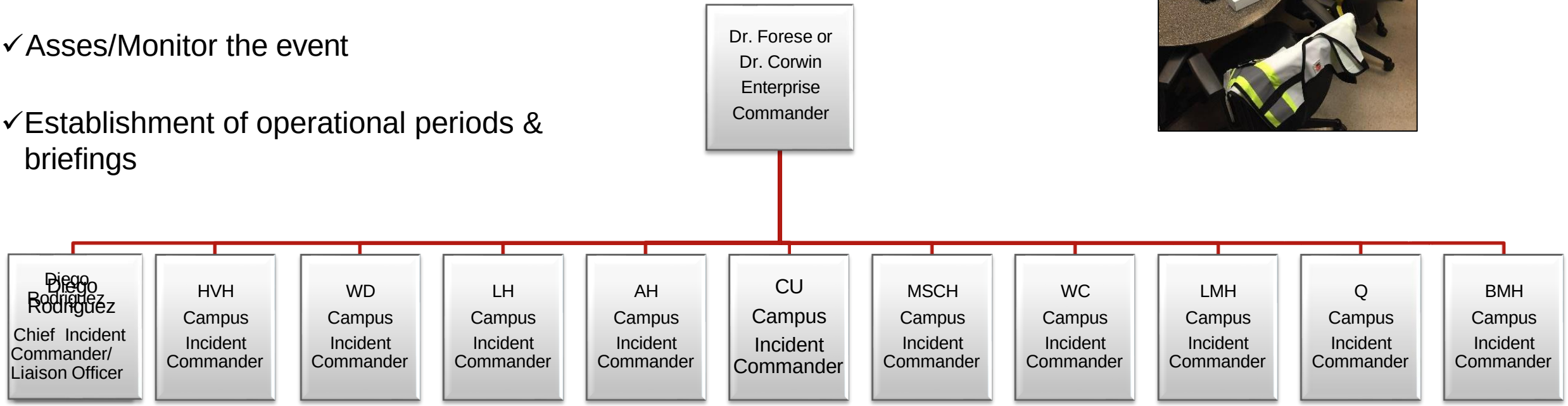
Through implementation of Emergency Operations Plan (EOP)

✓Activate Hospital Incident Command Structure (HICS) for planning

✓Asses/Monitor the event

✓Establishment of operational periods & briefings





Methods for Communicating an Emergency Incident

- **NYP Alert is the hospitals primary means of communication**

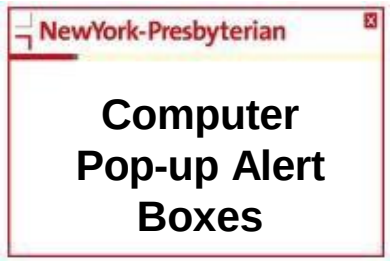
  For staff to enroll: send an email to NYPAlert@nyp.org

Information will be pushed out:

Notify NYP Emails

NYPBeReady Smart Phone Mobile Application

Check in Calls

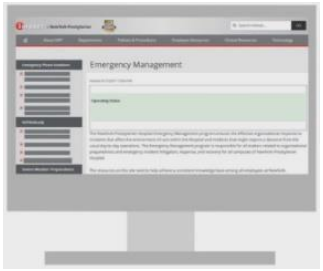


Staff can also check for the latest information:

Infonet/Exfonet Announcements

NYP's Social Media Accounts

Emergency Mgmt. Page on the Infonet



NewYork-Presbyterian

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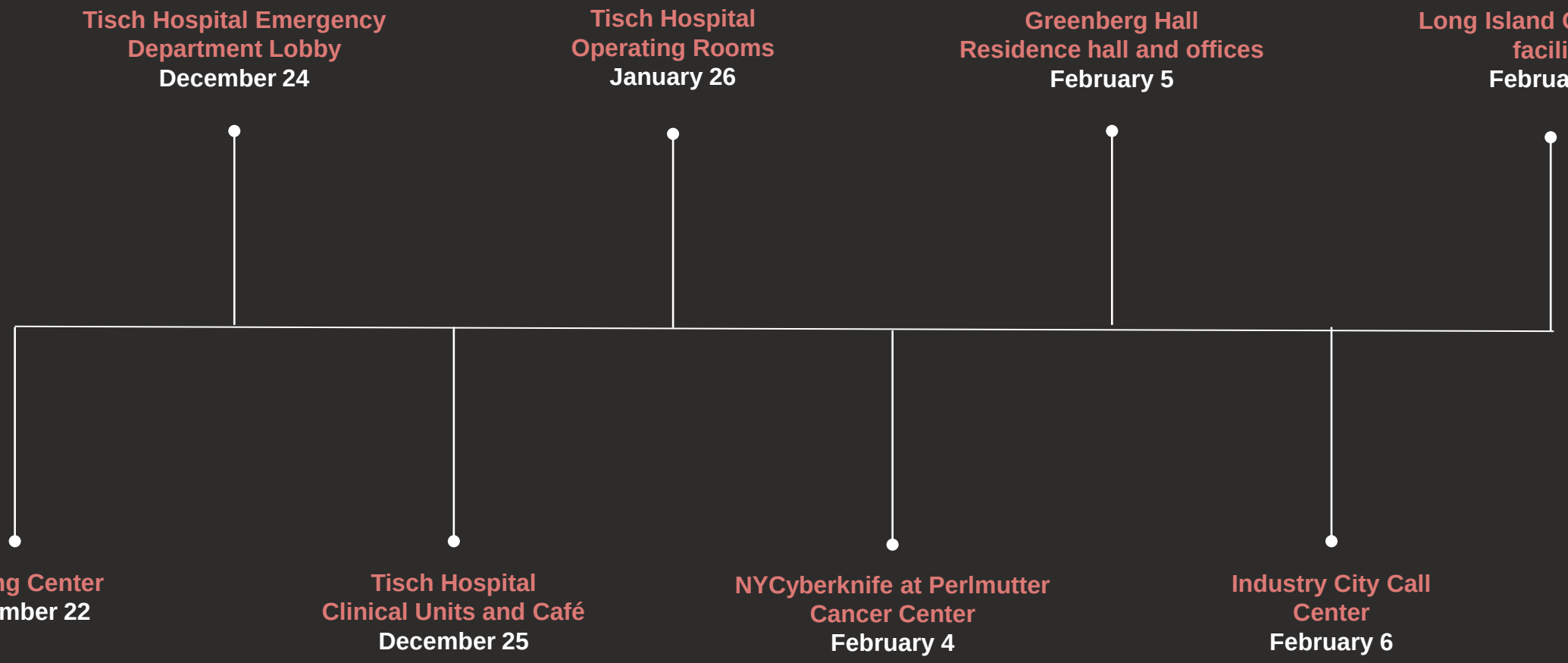
Emergency Management + Enterprise Resilience

Winter Flood Events Recap

February 7th, 2023

Winter Flood Events



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Flood at the Perlmutter Center for Women's Imaging

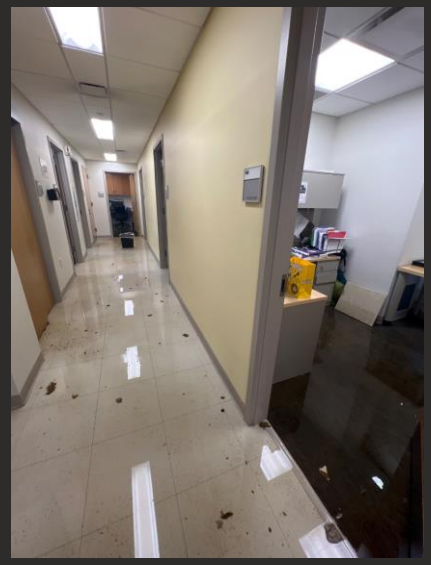
December 22, 7:30 AM

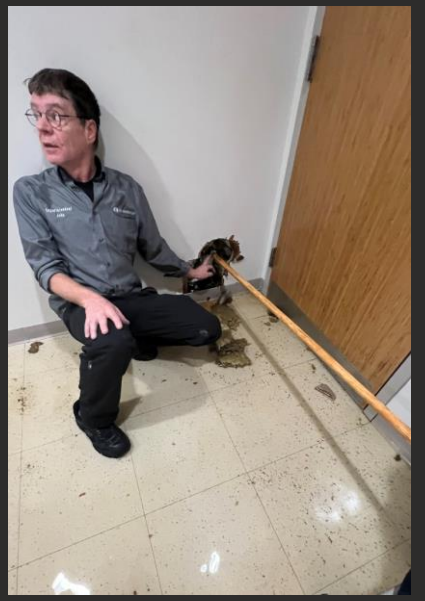
Impacts limited to exam rooms and office space

!NYULH Alert! issued to leadership

Patients rescheduled to alternate sites

Facility reopened the following day



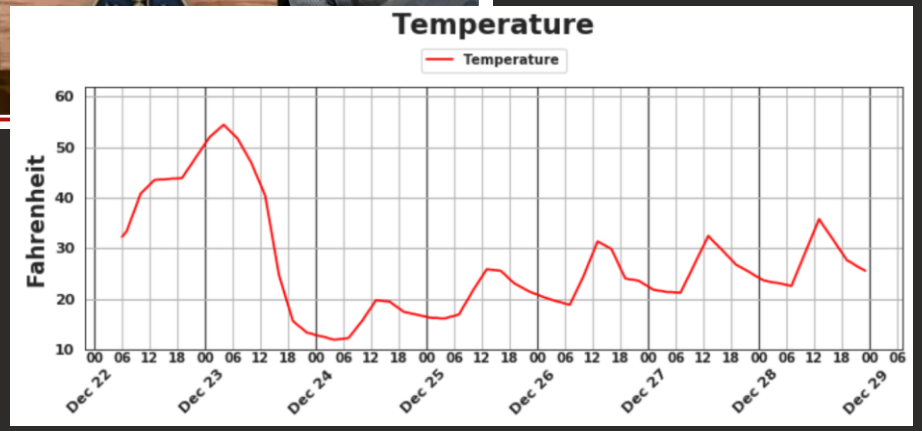


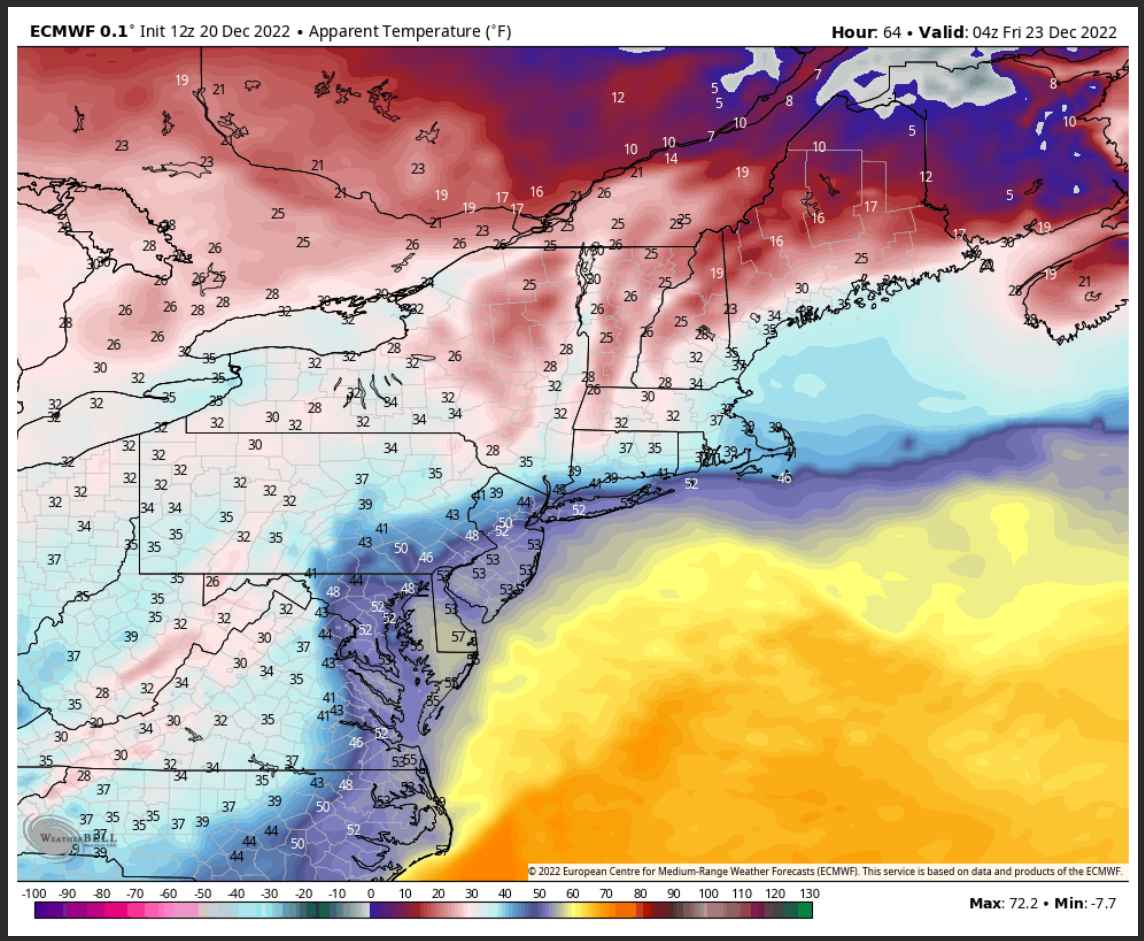
Christmas Weekend Polar Vortex

Empire state 'suffering' under Arctic blast: Gov. Hochul

By Melissa Klein

December 24, 2022 | 2:32pm | Updated





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Perelman Emergency Department Lobby Flood
December 24, 2022

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IMPORTANT NOTICE
Touchless Sign-in
for All Emergency Department Visitors
Emergency Department Entrance ONLY

FLU SHOTS!
LOUIS MARX III
Emergency Reception Center

KiDS Emergency Care
FLU SHOTS!

KiDS Emergency Care

FLU SHOTS!
LOUIS MARX III
Emergency Reception Center

Polar Vortex Recap

5 incidents:

- Perelman Emergency Department lobby
- Medical Science Building loading dock
- Tisch Café
- Tisch Hospital 2nd floor
- Cobble Hill Emergency Department decontamination showers

Emergency Manager on Call responded to events

Activation of NYULH Incident Command System

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January 6th, 2023

Tisch Operating Room Leak

Cause: clogged pipe in mechanical equipment room above

Impacts: two operating rooms out of service

Recovery strategy: schedule procedures relocated to alternate ORs

Health Care Center PACU Leak

Cause: clogged sink drain above

Impacts: entire PACU closed

Recovery strategy: alternate PACU established in separate location

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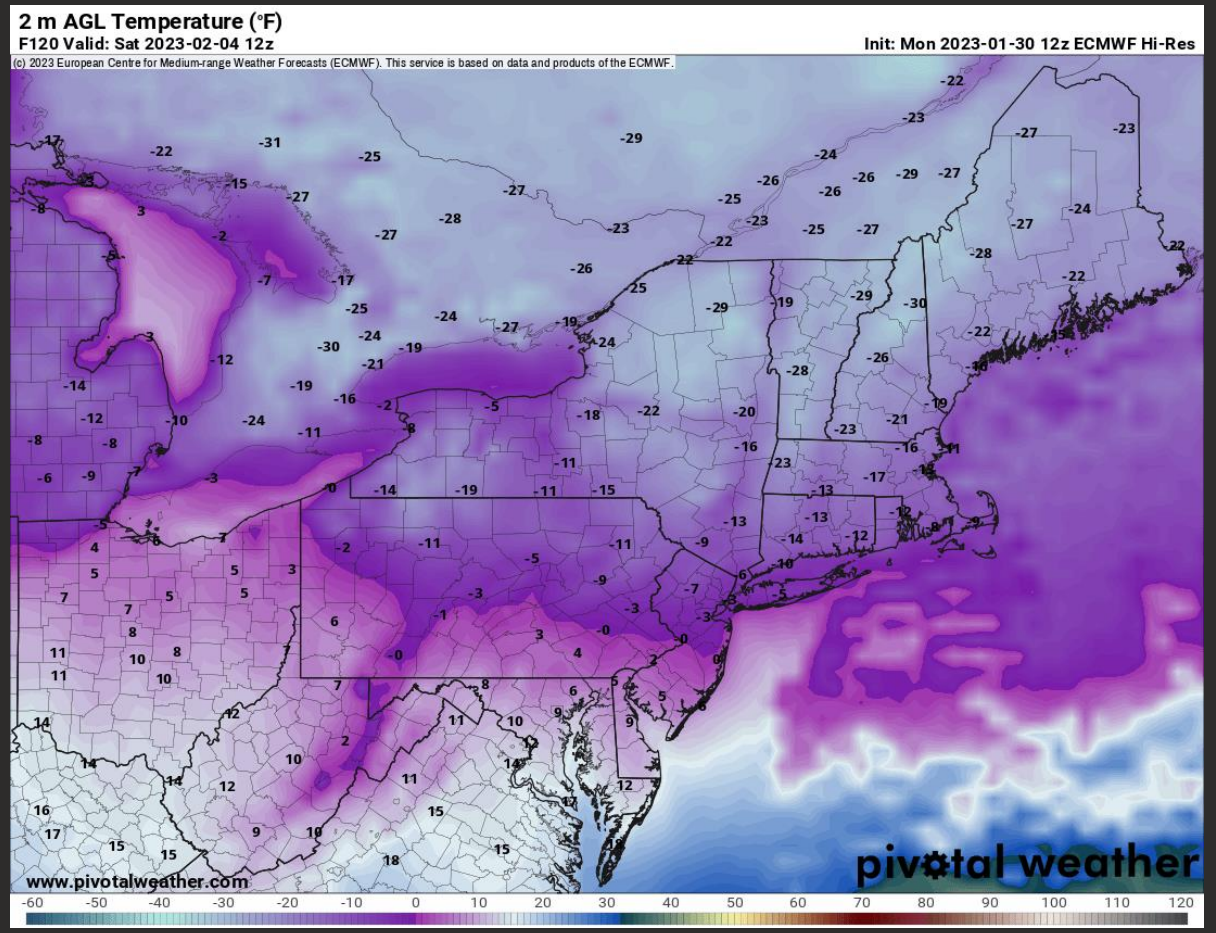
Arctic Blast
February 3 – 5, 2023

- Initiated communication to leadership on January 30th
- Enabled forward planning by Facilities teams
- Activated Enterprise Situation Room for enhanced monitoring and coordination on February 3
- Responded to 9 incidents



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Takeaways

1. Early notification and activation of leadership enables a proactive response
2. Department leaders are accountable for the delivery of their essential services
3. Infrastructure will fail; identify alternate sites as part of continuity planning efforts

Through our Enterprise Resilience Program we are:

1. Empowering “Department Resilience Leaders” (DRL) to develop continuity plans
2. Equipping DRLs with notification tools to activate their teams during a disruption
3. Establishing channels for DRLs to connect into the NYULH Incident Command System

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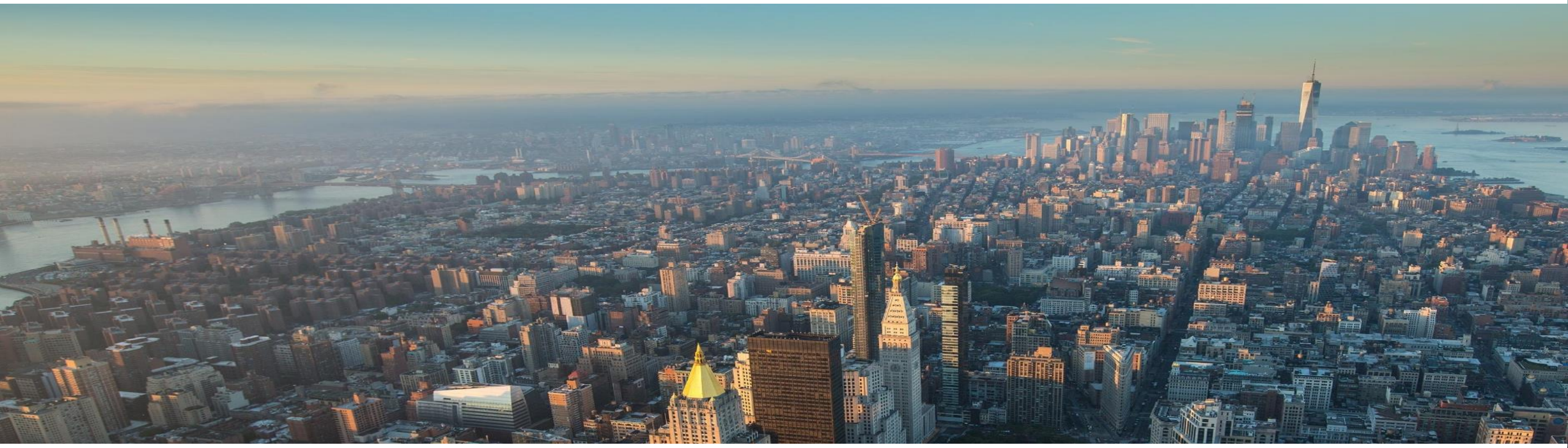

NYC Health

Hospital Preparedness Program (HPP)
Budget Period 4 (BP4) Burn Surge TTX
Tabletop Exercise

Date: February 16, 2023

Exercise Objectives

- **ASPR Capability #4: Medical Surge**
  - Health care organization-including hospitals, EMS, and out-of-hospital providers - deliver timely and efficient care to their patients even when the demand for health care services exceeds available supply. The HCC, in collaboration with the ESF-8 lead agency, coordinates information and available resources for its members to maintain conventional surge response. When an emergency overwhelms the HCC's collective resources, the HCC supports the health care delivery system's transition to contingency and crisis surge response and promotes a timely return to conventional standards of care as soon as possible.

Exercise Schedule

Event	Date	Time
Participant Brief	2/16/23	10 AM
Workshop		10 AM – 12PM
Start of Exercise (StartEx)		1 PM
End of Exercise (EndEx)		2:30 PM
Hotwash (Quick)		2:35 PM

Exercise Objectives

- Objectives align to ASPR **Capability #4: Medical Surge**
- **Objective #1**
  - Validate the ability of the HCC members to activate their Mass Casualty Plans within the first 12 hours in accordance with the NYC HCC Burn Surge Annex.
- **Objective #2**
  - Identify methods that HCC members will employ to triage and prioritize patients for treatment or transfer to specialty facilities within the first 12 hours in accordance with the NYC HCC Burn Surge Annex.
- **Objective #3**
  - Discuss how HCC members will coordinate during the response when clinical resources are strained or depleted within 2 hours of the onset of the incident or arrival of patients in accordance with the NYC HCC Burn Surge Annex.

Scenario

- On a Summer Saturday, thousands of attendees gather on Randall's Island beginning at 11 AM for the NYC Circus. At approximately 4:00 PM (1600), the stage display catches on fire. Initially, it is unknown whether this is caused by pyrotechnic failure or electrical fire. Due to high winds, the fire spreads and ultimately results in a stage collapse. Initial patients experience burn and crush injuries. The crowd evacuates rapidly leading to additional crush/trample injuries near the stage and exits. As the fire spreads, a nearby dining tent is engulfed and results in minor burns from flames and cooking oil. After evacuation, of the impacted area, patients are treated, triaged, and transported to nearby hospitals.

Thank you for your participation!

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NYU-Brooklyn Burn Surge Exercise

November 2, 2022

NYCHCC Leadership Council Meeting

AGENDA

- NYULH MCI Program
- Burn Surge MCI Exercise 11/22
- Lessons Learned and Future MCI Exercises
- Questions

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NYULH Mass Casualty Incident (MCI) Program

- MCI Planning Team meetings
- TTX and Full Scale Exercise annually
- Mass Decon training 3-4 times per year
- Major event and ad-hoc MCI walkthroughs of ED's
- MCI presentations at frontline staff meetings
- Special Events Monitoring and activations

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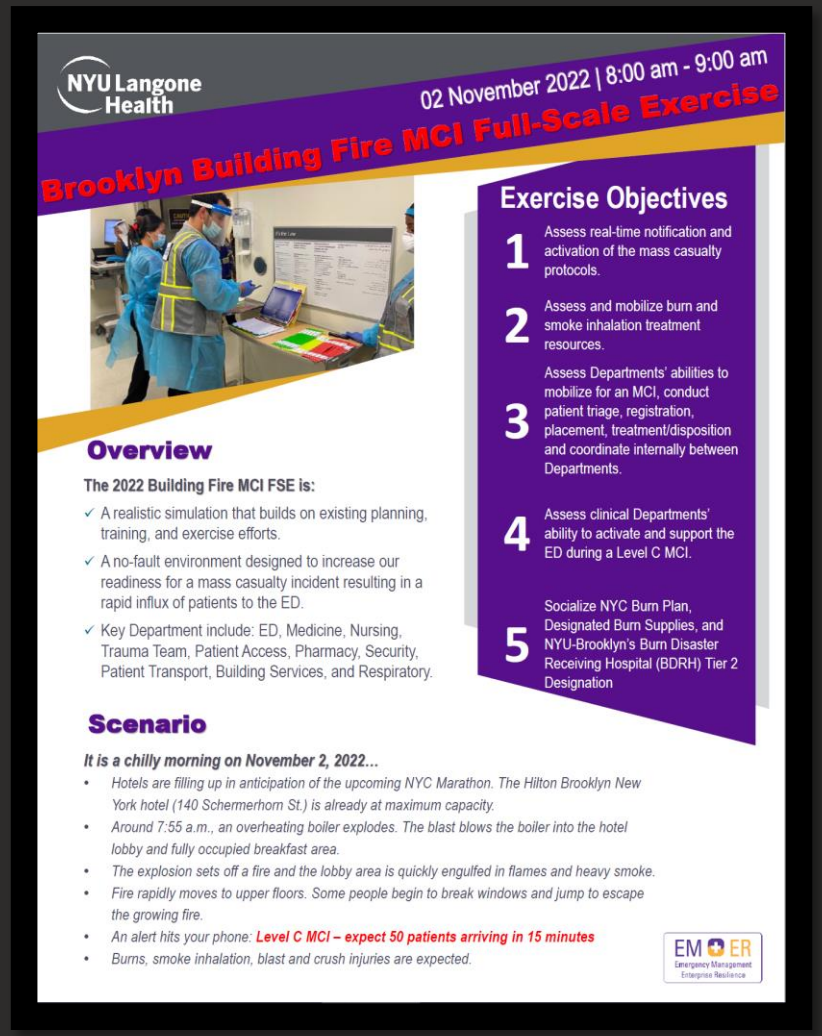
Burn Surge Exercise - Planning

- Set Scenario
- Set Objectives
- Date/Time
- 2+ months of planning meetings
- Documentation
- Actor/Moulage/Simulation Recruitment
- Player Plugins
- Socialization of Burn Cart and BDRH



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Burn Surge Exercise - Scenario

Date: November 2 Time: 8am

- *The Liberty View Brooklyn Hotel (826 4th Ave) is already at maximum capacity*
- *Around 7:55 a.m., an overheating boiler explodes. The blast blows the boiler into the hotel lobby and fully occupied breakfast area*
- *The explosion sets off a fire and the lobby area is quickly engulfed in flames and heavy smoke*
- *The hotel's fire alarm activates, but the auto sprinkler system fails*
- *Fire rapidly moves to upper floors. Some people begin to break windows and jump to escape the growing fire.*
- *An alert hits your phone:* ***Level C MCI***
- *Burns, smoke inhalation, blast and crush injuries are expected*

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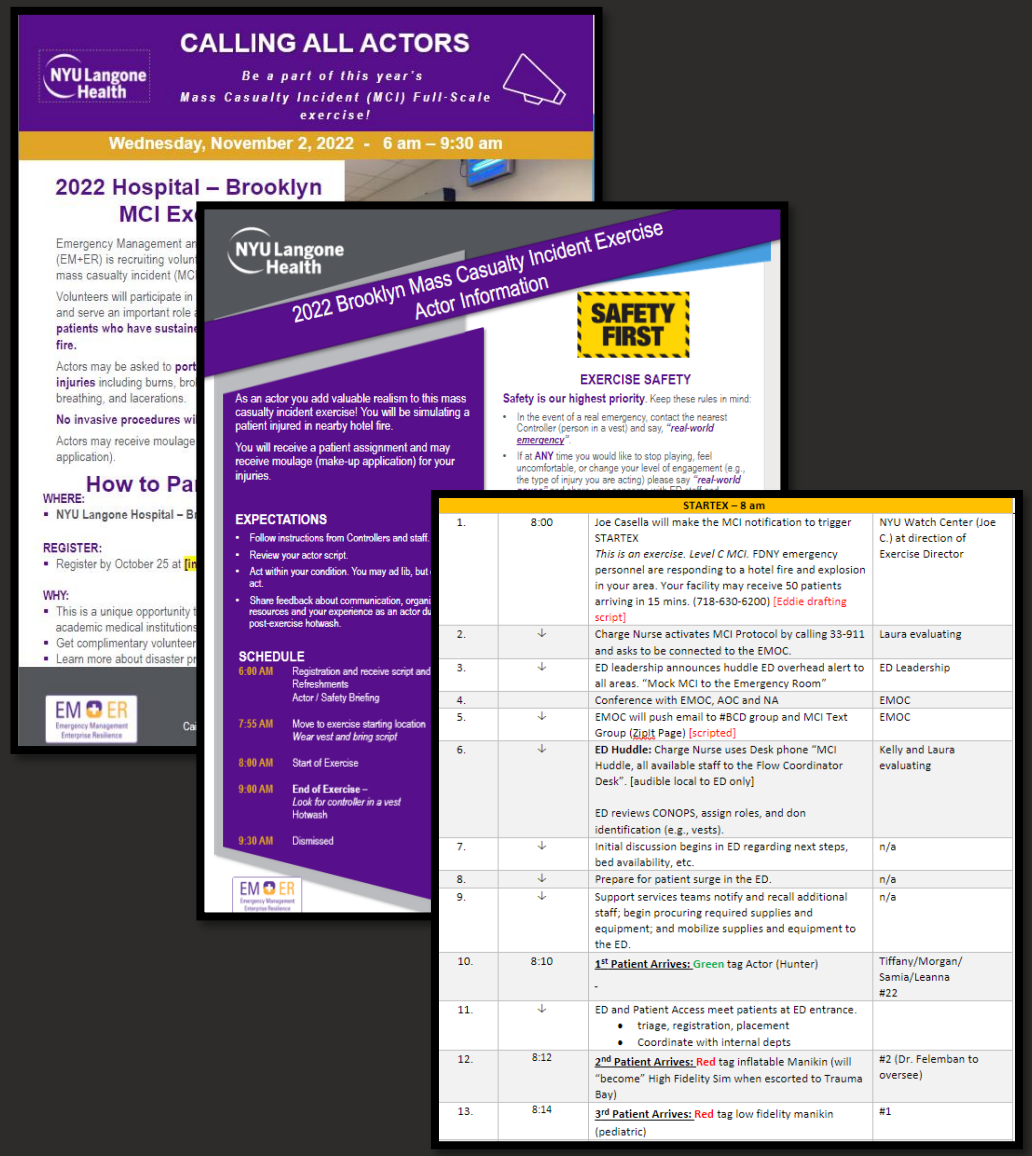
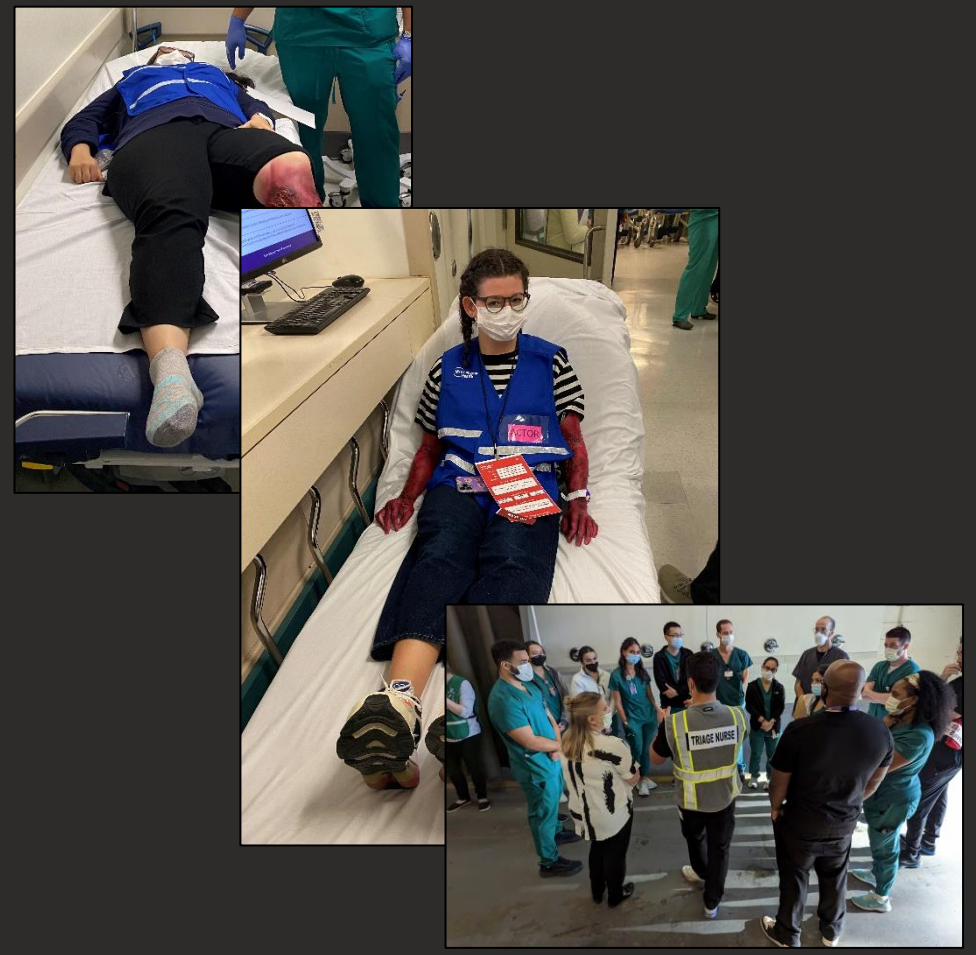
Burn Surge Exercise - Documents

- Flyer
  – Actor Recruitment, Exercise One Pager
- Master Scenario Event List
- Checklists
  – EEG, Simulation Checklists
- Patient Profiles
  – Triage tags, Injury list
- Scripts
  – Safety, Actor Briefing, Telecom, Command Huddle, Hotwash
- Actor Waivers
- Post Exercise Survey
- After Action Report/Improvement Plan



Burn Surge Exercise

- Hospital-wide participation
- Full Emergency Department
- Two real traumas
- 15 patient actors, 2 simulation manikins, one pediatric airway task trainer, 10 Inflatable Manikins
- All actors registered in EPIC and marked in Disaster Mode
- One hour exercise then hotwash



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Burn Surge Exercise – Lessons Learned

- Develop a checklist for the Incident Commander to us in an MCI
- Review processes for requesting additional resources, staffing, and equipment
- Clarify process for coordinating order of patient taken to the OR
- Review the process for activating, staffing, and scaling up the Lavendar Team and Family Assistance Center
- Clarify the process for how MCI patients can be marked in Disaster mode in EPIC and socialize with front line staff
- Provide additional training on Burn Cart and continue to educate staff on BDRH designation

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THANK YOU

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NYCHCC Leadership Council Meeting / EPCOM

Digital Delivery in an Emergency – The MSK Model

February 7, 2023

MSK's Emergency Management Team

Bill DelGrosso
Emergency Management Program Manager

Janelle Stewart
Training & Exercise Lead

Walter Kowalczyk
Director

Jake Neufeld
Business Continuity Program Manager

Memorial Sloan Kettering Cancer Center

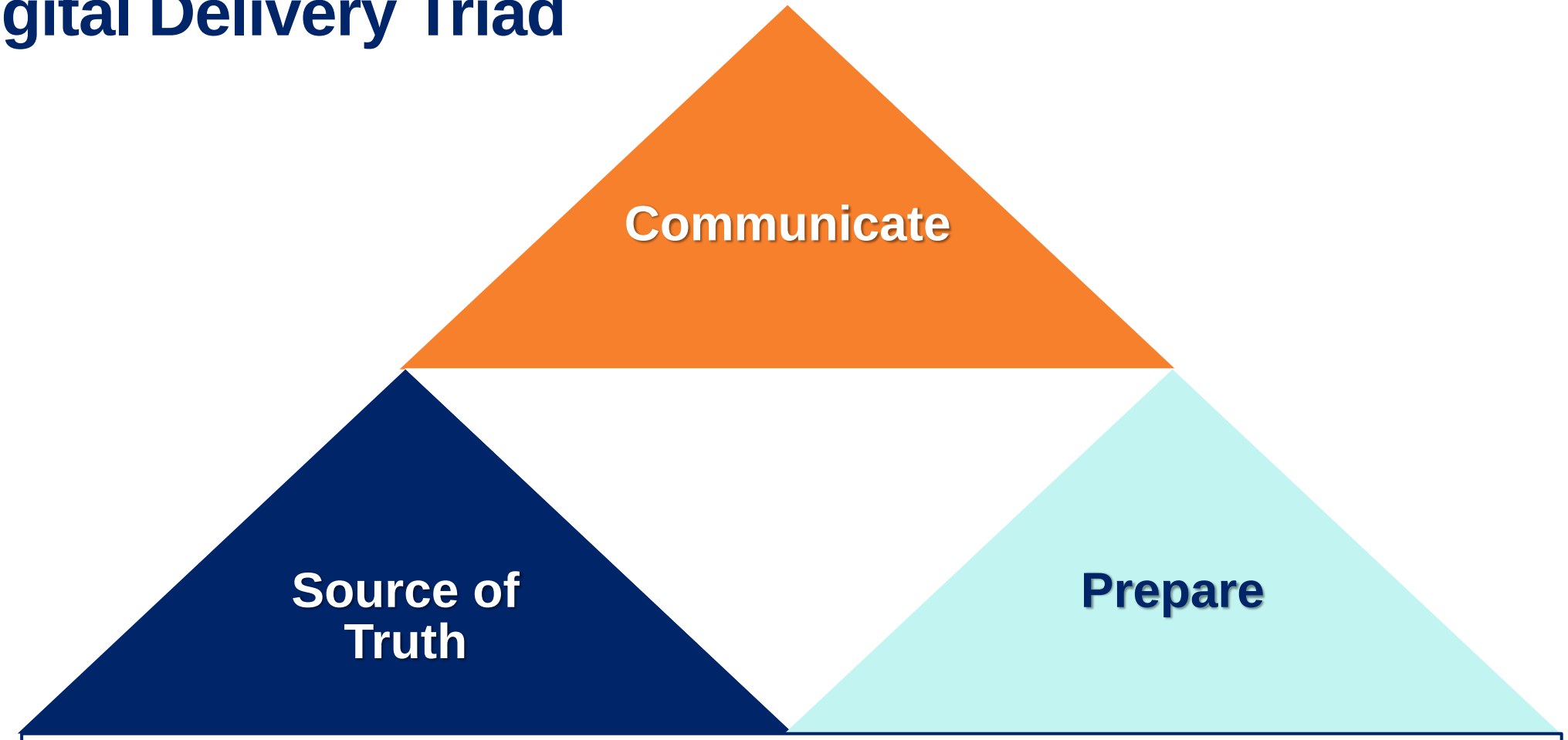
Agenda

- **MSK By The Numbers**
- **Digital Delivery Triad**
  - Communicate
  - Source of Truth
  - Prepare
- **What's Next**
- **Questions**

MSK By the Numbers

- 20K + employees
- 2 in-patient facilities
- 15 out-patient facilities
- 5 non-clinical sites
- 400 + Emergency Management Community

Digital Delivery Triad



Objective 2:
Promote organizational awareness, decision-making, and information sharing to the Emergency Management Community by increasing collaboration, integrating planning, and leveraging information/communication technology.

2023 Management Plan

Communicate

- Everbridge
  - Mass Notification System (MNS)
- MS Teams
  - Coordination / Education
  - Information Communications Technology Incidents
  - Program Management
- SmartSheet
  - Program task tracking
  - Joint Commission compliance tracking

Source of Truth: Emergency Management Intranet

Emergency Management

About Us:

The Emergency Management (EM) Team, in partnership with other MSK departments, works to identify any areas of vulnerability to potential hazards, and to mitigate, prepare for, respond to, and recover from the impacts from a range of emergencies.

To assure MSK is always prepared, the EM Team develops emergency preparedness actions, plans, as well as response and recovery strategies to ensure the continuity of clinical and business operations and the safety of patients, visitors, and staff. #BeReadyMSK.

Contact: emergencymgmt@mskcc.org

Kowalczyk, Walter
Director, Emergency Management

Stewart, Janelle
Lead, Emergency Management Trainin...

Neufeld, Jacob
Manager, Business Continuity

DelGrosso, Frank
Program Manager, Emergency Manag...

Quick Links:

- Winter Weather Tips
- Main Campus Emergency Operations Plan
- Main Campus Incident Management Team (IMT) Organization Chart
- Personal & Family Preparedness
- Register for EzNotify - MSK's Mass Notification System
- Red Phone Directory
- Emergency Management Community Resources

Weather - Transit- Traffic Links

Weather | Transit Alerts | Traffic Alerts

Emergency Management Events:

See all

+ Add event

Create an e...
When yo... here where your readers can see it.

Intranet Presence

OneMSK On Call Schedules Patient Care & Locations Research Education My Career & Benefits Our Organization Resources My Favorites

OneMSK Home

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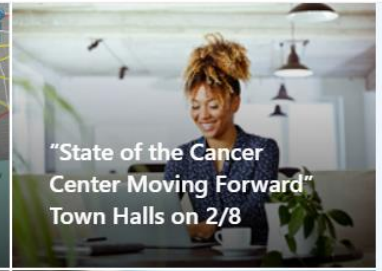


Top Headlines This Week

See all

Ethics Committee Open Forum, 2/23
Read more about the event here.
yesterday

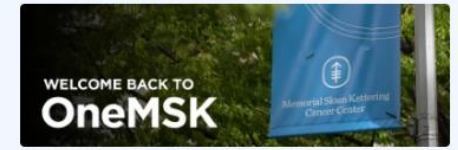
Improving Access to Cancer Care in Queens
Read about the newest MSK collaboration.
Jan 12, 2023

MSK Named One of America's Greatest Workplaces for Diversity by Newsweek
Read more about this honor.
4 days ago

Updates to MSK's Email Experience
Learn more about these changes.
5 days ago

Replay of 1/23 Town Hall Now Available
Watch the Town Hall replay here.
Jan 24, 2023

Adult Survivorship Program Wins 2022 Kate Niehaus Award
Join us in congratulating the Adult Survivorship Progra...
Jan 24, 2023



In Case You Missed It

Catch up on recent MSK news and features.

Systems News & Alerts

Click for the latest clinical an stems alerts and updates.

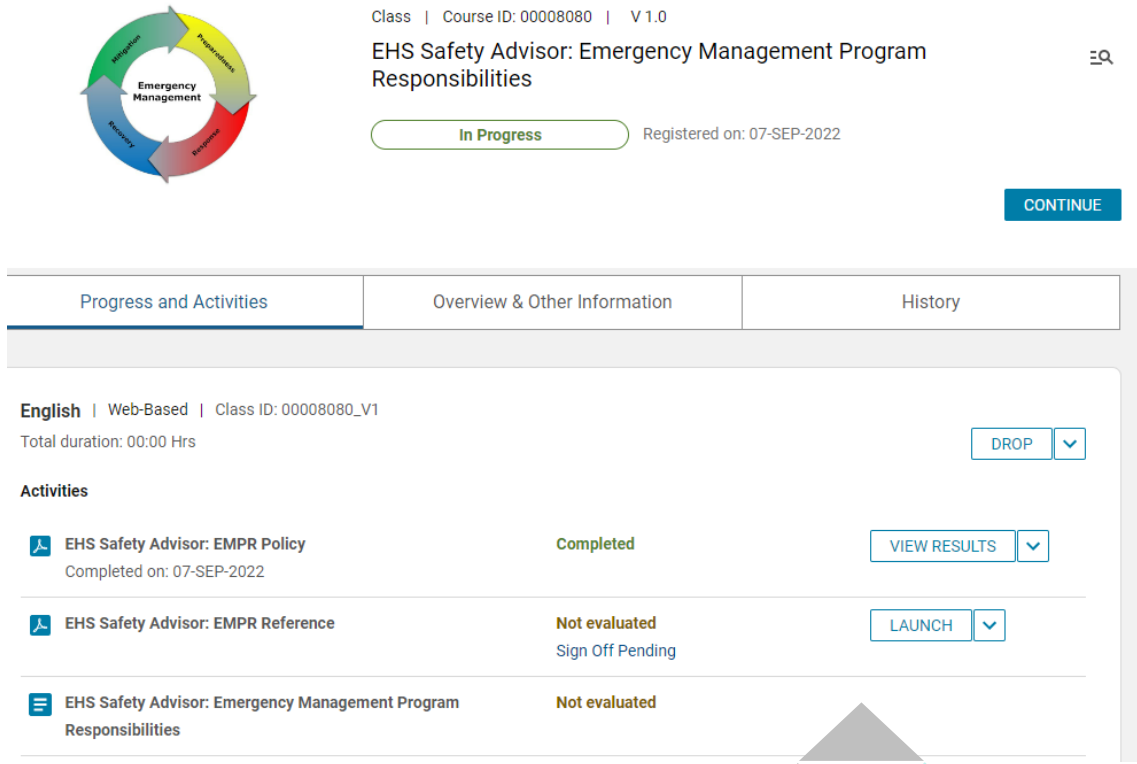
Call Schedules Emergency Management Cafeteria Menus Locations Jitney

Prepare: Learning Management System Platform

Empower the MSK Emergency Management Community
- Incident Management Team(s) Training
- Exercise Development

Workforce
- Training Health/Safety and Emergency Management
- Automated Annual Tracking

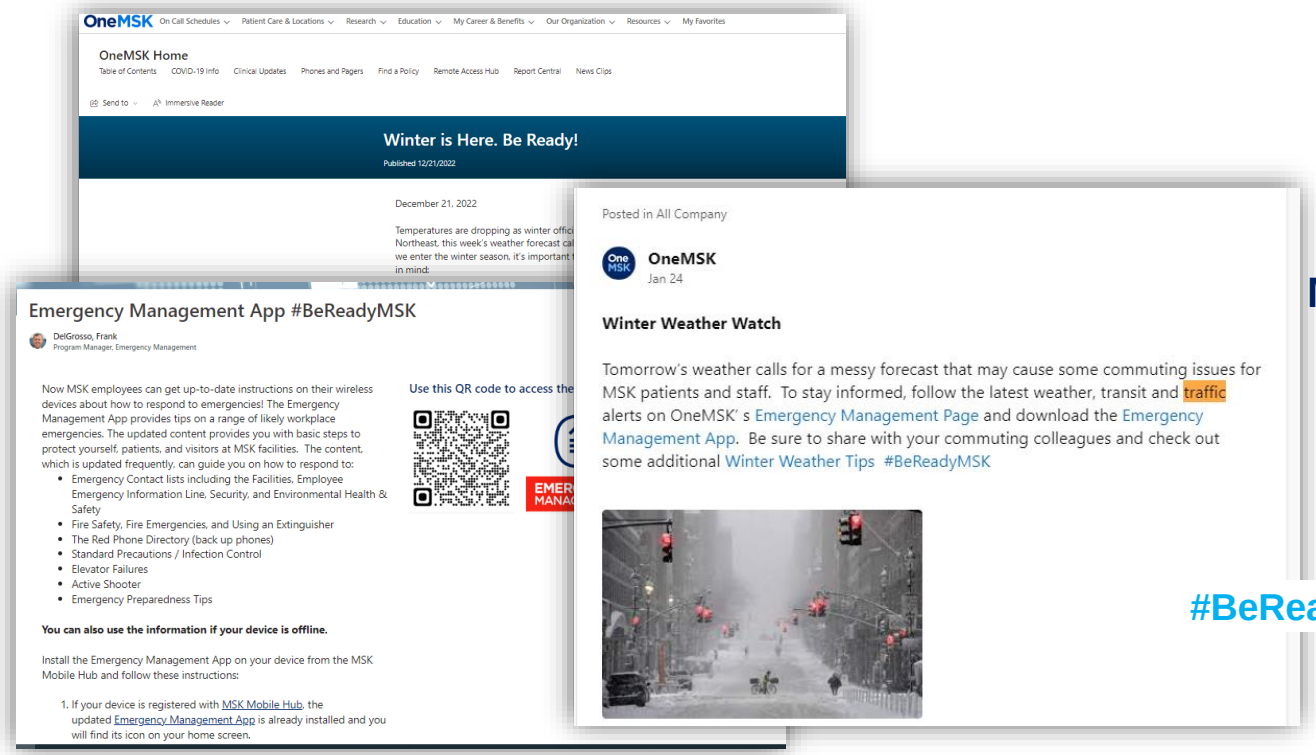
Compliance Documentation
- Joint Commission
- New York State



Prepare: The Emergency Management App

- Provides preparedness instructions for a range of emergencies
- Replaces static printed material posted at Nursing Stations
- Updated with **key hazards and critical information (TJC)**
- Can be viewed offline
- **Changeable**

Cross- Promotion on MSK digital platforms



EMERGENCY MANAGEMENT

Pushed from MSK Mobile App Library

#BeReadyMSK

Memorial Sloan Kettering Cancer Center

Emergency Management

#BeReadyMSK

- Introduction
- Emergency Contacts
- Fire Emergency (RACE)
- Extinguishing Small Fires (PASS)
- Red Phone Directory
- Standard Precautions/Infection Control
- Elevator Failure
- Personal Preparedness
- Winter Weather Tips — **Added December 14**
- Active Shooter
- Behavioral Emergencies
- Bomb Threat
- Cardiac Arrest (Code Team)/Rapid Response Team
- Child Abduction
- CIS Downtime Procedures
- Civil Disturbance
- Earthquake
- Explosion
- Fire Safety Tips
- Handwashing Procedure
- Hazardous Materials
- Red Phones
- Safety Data Sheets
- ...vere Weather Planning

What's Next

- Coordination of preparedness information to external MSK social media
- Consolidation of preparedness and communication capabilities
- Digitalization of Incident Management Team (IMT) Tools
- EPIC Implementation

Questions?

Memorial Sloan Kettering
Cancer Center

NYCHCC Leadership Council Meeting

NEW YORK CITY PEDIATRIC DISASTER COALITION

FEBRUARY 2023

PDC BP4 SOW Deliverable Updates

Operationalize and implement the current draft Pediatric Disaster plan

Conduct Pediatric Tabletop exercise and after-action meeting and report based on ASPR required Pediatric Surge Annex (deferred from BP2)

Develop and conduct survey to assess pediatric disaster planning in the home care sector

Participate in all five borough coalitions meetings/activities as pediatric SME

Maintain PIRT Roster, on call schedule and conduct two call-down drills

Participate in Leadership Council and EPS meetings

Conduct PDC Advisory Board meetings

PDC ACTIVITIES UPDATE

Pediatric Intensive Care Response Team PIRT

- PIRT provides SME during pediatric MCIs and prioritization of patients for secondary transport
- Volunteer Pediatric Intensivists
  - Serve under NYC Medical Reserve Corp umbrella
  - All currently practice at PICUs in NYC

PDC maintains a 24/7 on-call PIRT

- No-notice call down drill conducted on January 30th

PDC/PIRT Response Pediatric MCI Response

January 9, 2022 Bronx Fire:

- **PDC received Bronx Coalition notification and activated PIRT**
- **PDC provided SME and consultation services**
- **Facilitated Discussion outcomes:**
  - Need to operationalize Pediatric NYC Draft Plan
  - Need overall plan activation, situational awareness and response under unified incident command including PIRT input for primary, secondary transport and SME
  - Need immediately available bed board showing available surge space including burns, trauma
  - Need comprehensive disaster mental health training and response: screening, triage
- **PDC offered to assist during the January 2, 2023 motor vehicle accident MCI involving 19 patients including 3 children**

PDC Activities Update Cont.

- **Response to pediatric respiratory surge**
  - Presented a comprehensive webinar on November 3, 2022:
    - 380 participants were registered
    - Topics included current epidemiology, impact of surge, strategies to mitigate and response to the event
    - Slides and recording were provided to local and nationwide audience
    - PDC Webinar (Recording: https://www.youtube.com/watch?v=ncfQi1Cymnc)

  Email us if you would like a copy of the slides

PDC Future Strategies Recommendations for Respiratory Surge

- **Real Time Situational Awareness (NYSDOH Pediatric Data Request)**
  - Daily Dashboard with Resource Capable Bed availability
- **Matching Resources to Needs During Citywide Surge –Operationalize Pediatric Disaster Plan**
  - Centralized Command and Control of Assets
  - MOC Model
  - Load Leveling/Transport/Transfer
  - Supply Chain Coordination
  - Just in Time Training

Future Strategies Recommendations Continued

- **Increase Staffing**
  - Increase training for cross coverage
  - Change regulations/credentialling (Emergency Declaration, Crisis Standards of Care)
  - Increase ED PICU manpower (EMT, PNP)
  - Utilize OPD/Urgent Care Staff
- **Develop Alternate Care Sites**
- **Utilize Local/Federal Resources DMAT PDMAT**
- **Telemedicine**

Operationalizing the NYC Pediatric Disaster Plan

NYCHCC LEADERSHIP COUNCIL MEETING FEBRUARY 7, 2023

New York City Pediatric Disaster Coalition

NYC Pediatric Disaster Plan Draft

Moving the Right Child, at the Right Time, to the Right Place.

Primary Transport Prioritization of Pediatric Patients

- Increases the number of children who will be transferred to definitive pediatric care facilities
- Allows for improved hospital utilization
- Prevents an overwhelming surge into hospitals that do not routinely care for critically injured children
- Minimizes the need for inter-facility transfer for seriously injured children

Initial Operational Goal of the PDP

- **The operational goal is to provide optimal medical care for the pediatric victims of an MCE by facilitating:**
  - (1) Primary (pre-hospital) transport to pediatric capable hospitals, when available and appropriate; and subsequently
  - (2) Secondary (inter-facility) transfer to such hospitals, when available and appropriate, in situations where primary transport was unavailable, or patients self-evacuated to facilities not capable of definitive pediatric care

NYC Pediatric Disaster Plan

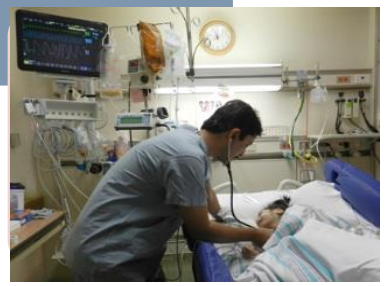
Start

Triage

Tiering

Transport

Surge



The PDC and their collaborative planning team created a comprehensive Pediatric disaster plan for NYC from the onset of the event and first response through pediatric intensive care surge

NYC Pediatric Disaster Plan (Draft) Objectives

Scenario: Overwhelming incident involving pediatric patients requiring transporting medical, trauma and burn patients to tiered designated pediatric facilities including trauma centers or burn centers and *Pediatric Disaster Ambulance Destinations* (PDADs)—hospitals with capabilities to care for pediatric patients

Objectives:

- To provide situational awareness and bilateral communications including with Pediatric SMEs (PDC/PIRT)*
- To provide the ability to prioritize children to tiered PDADs for primary and secondary transport
- To provide Bed Capacity Dashboard for transport/transfer/load leveling
- To coordinate and implement resource management

*PIRT has demonstrated 24/7 on call schedule and response capabilities

NYC Pediatric Disaster Plan (Draft)

- **Transport/ Transfer Key Elements:**
  - To prioritize pediatric patients for transport <u>from the scene</u> of an MCI
    - Minimizes the need for inter-facility transfer for seriously injured children
  - Address inter-facility (secondary) transport
  - Secondary transport assessed alongside completion of primary transport
    - **<u>Plan initially identified designated agency to perform transport/transfer bed coordination</u>**
    - SMEs (PIRT - Pediatric Intensivist Response Team) would prioritize patients for movement
    - Transport/Transfer coordinated using mutual aid resources when needed

Letter of Agreement: All 28 Tier-I and Tier-II PDAD Hospitals

NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE

Gotham Center
42-09 28th Street
Queens, NY 11101-4132

September 9, 2016

Dear **(Name of EPC)**,

As you are aware, your Chief Executive Officer (CEO) and hospital preparedness staff have agreed that your hospital will serve as a Tier-1 or 2 Pediatric Disaster Ambulance Destination (PDAD) hospital as part of the New York City (NYC) Pediatric Disaster Plan (PDP). The NYC PDP is being implemented to enable the city to respond to disasters involving large numbers of children. A key portion of the plan addresses communications and secondary transport during a major disaster.

In order to fully operationalize this plan, the NYC PDC will be conducting an exercise to test the communications portion of the NYC PDP in the spring of 2017. Tier-1 and Tier-2 PDAD Hospitals will be able to select participation in this exercise as an elective deliverable for the Budget Period 5 (BP5) Hospital Core Contract.

PDC and DOHMH invite **(Hospital Name)** to participate in the PDP exercise. To receive reimbursement for this activity through the BP5 Hospital Core Contract, your hospital will need to:

- Select "Elective Deliverable 3: Pediatric Disaster Plan Communications Exercise" by **October 3rd** during Core elective selection process, which will begin in mid-September;
- Complete a pediatric surge plan for your hospital before May 2017 (**note: if your hospital has not yet completed a surge plan with NYC PDC, you will be invited to participate in a pediatric surge planning program with PDC that will ensure your ability to meet this requirement);*
- Attend 1 kick-Off and 3 planning meetings;
- Participate in the exercise; and
- Submit an After Action Report and Improvement Plan (AAR/IP) to the DOHMH.

To confirm that your hospital will participate in the exercise planning and conduct of the 2017 Pediatric Disaster Plan Communications Exercise, **please sign and date the statement below and email a scan copy of the signed letter of agreement to Wanda Medina** (wmedina2@health.nyc.gov) at the DOHMH by **Monday, October 3, 2016**.

Thank you for your on-going commitment to care for New York City's children.

Sincerely,

Wanda Medina
Senior, Program Manager for Vulnerable Population
Bureau of Healthcare System Readiness, OEPR

I, _____, confirm _____ will
(Name & Last Name of EPC) (Print Hospital Name)

participate in the Pediatric Disaster Plan-Communications Exercise as part of the core elective deliverable three (ED3) from the DOHMH in spring 2017

_____, _____ will serve as the secondary
(Name & Last Name Alt EPC) (Title)

point of contact for this endeavor.

Signature: _____ Date: _____
(Hospital EPC)

PDC/wm

NYC Pediatric Disaster Plan (Draft) Next Steps

- **Issues to resolve**

  Communications and bed coordination entity needs to be delineated, accepted and operationalized based on resource capabilities and developing a process for plan implementation

  - Draft - not signed by agencies and operationalized
  - Need for responsible entity (?MOC Model) for
    - Communication of situational awareness
    - Transport/Transfer and bed coordination to distribute pediatric patients to PDADS, Burn, Trauma Centers
    - Resource management

  Proposed Next Steps:

  - **Develop working group to operationalize the plan**
  - **Conduct follow up meetings**
  - **Operationalize the Pediatric Disaster Plan by end of BP4**

Discussion

Thank You for your Time!

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Dr. Michael Frogel
Co-Principal Investigator
NYC Pediatric Disaster Coalition
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Dr. Bruce Greenwald
PDC PIRT Chief
Chief PCC Medicine
Vice Chair Dept of Peds
NY Presbyterian Hospital/Weill Cornell Medical Center
bmgreen@med.cornell.edu

Website:
www.pediatricdisastercoalition.org
Email:
info@pediatricdisastercoalition.org

Input for Budget Period 5

Darrin Pruitt, PhD, MPH

February 7, 2023

NYC Health

Preparing for BP5

- Notice of funding opportunity continuation guidance recently released
- Throughout December and January each year, look back at
  - AARs and In progress reviews from DYOD and other deliverables
  - (Those for the HCC are found in today's evaluation)
  - Self-ratings on capabilities
  - BP5 HPP requirements
  - Governance Board priorities
  - Most recent HVA
- Find "through line"

Input you can provide (via today's evaluation)

- 4 questions
  - 1 for each of HPP's 4 capabilities
- Capabilities items:
  - pick top 3 most important in your view
  - 1 (16 choices)
  - 2 (11 choices)
  - 3 (5 choices)
- Capability 4 (medical surge planning and response) – write in

Next Steps

- late Feb, early March
  - Summarize all findings
  - Present to Governance Board for comment and priorities
- March
  - Complete our work plan
- March - April
  - start process for BP5 SOWs

Coalition Announcements

- End of the midterm performance period is February 28th 2023
- Next Emergency Preparedness Symposium is Thursday March 9th 2023
  - Cohosted with BQEPC
  - Please look out for save the date calendar invite this week
- Other Announcements from Coalition Partners?

Adjourn