



# 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**





Welcome!

# Agenda

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- 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)

# 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)

Phase 1: Emergency Events



Phase 2: Response



Phase 3: Remediation

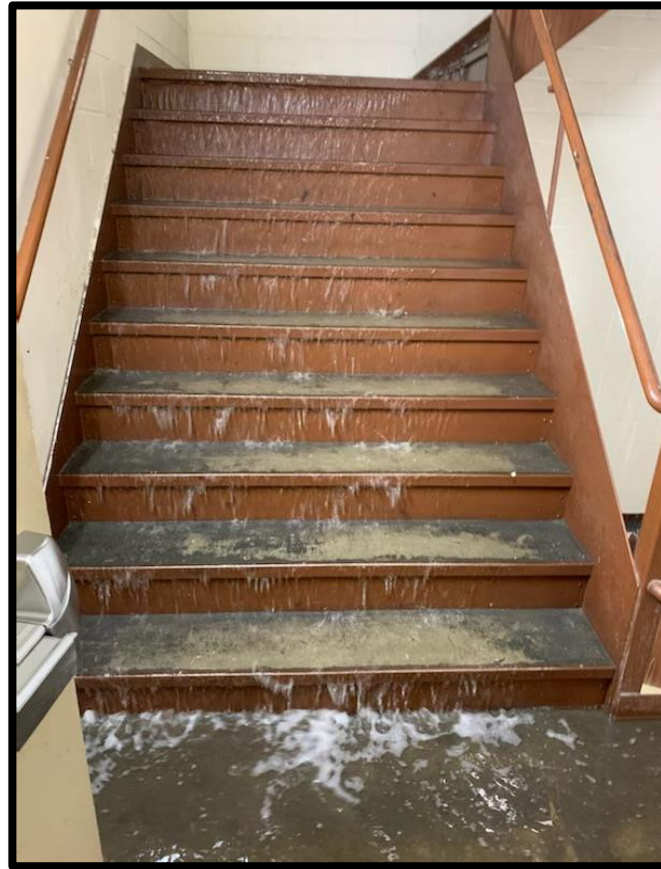


Phase 4: Recovery





# Emergency Conditions: First Look



Phase 1: Emergency Events



Phase 2: Response



Phase 3: Remediation



Phase 4: Recovery



# Emergency Conditions: First Look



Phase 1: Emergency Events



Phase 2: Response



Phase 3: Remediation



Phase 4: Recovery



# 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 identification 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

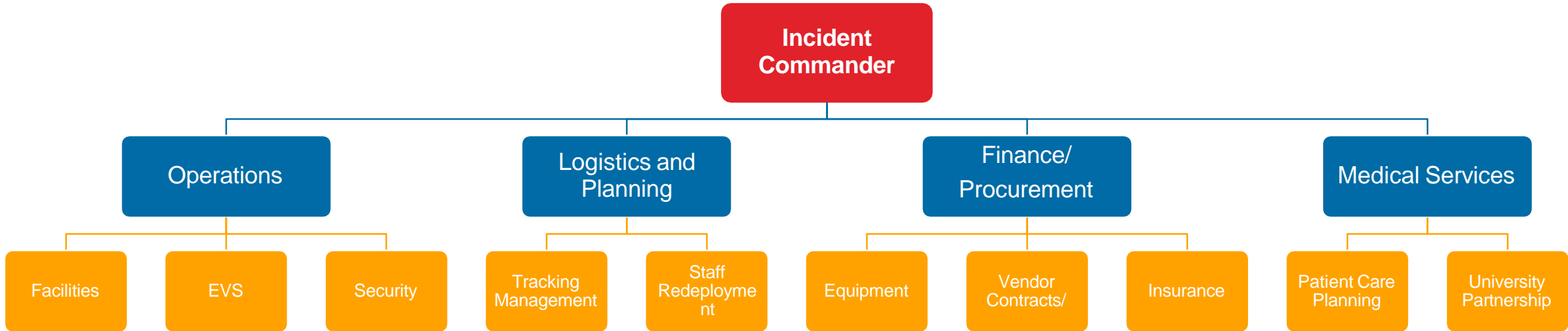
Phase 2: Response

Phase 3: Remediation

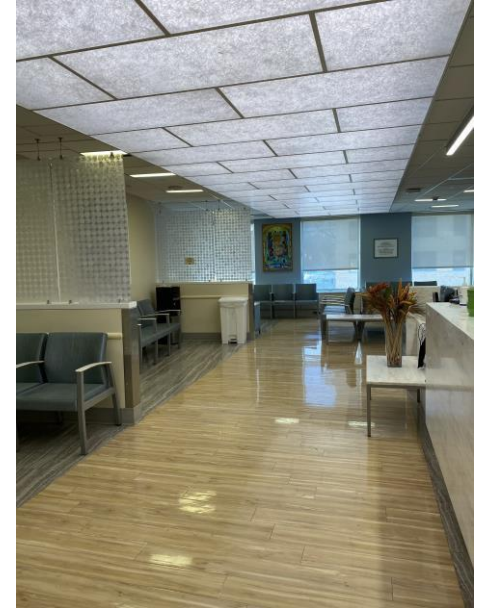
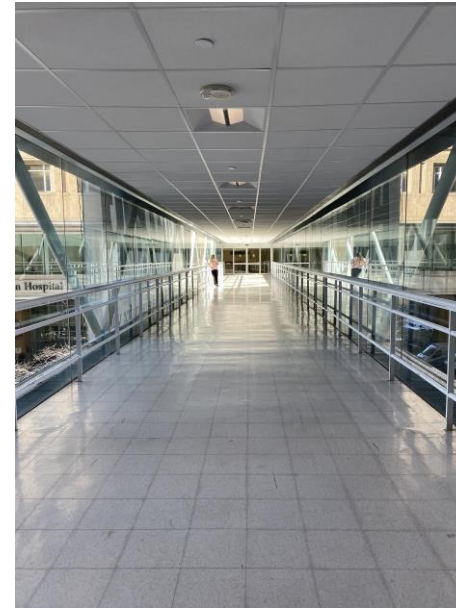
Phase 4: Recovery



# Response: Command Center Activation



# 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

Phase 1: Emergency Events

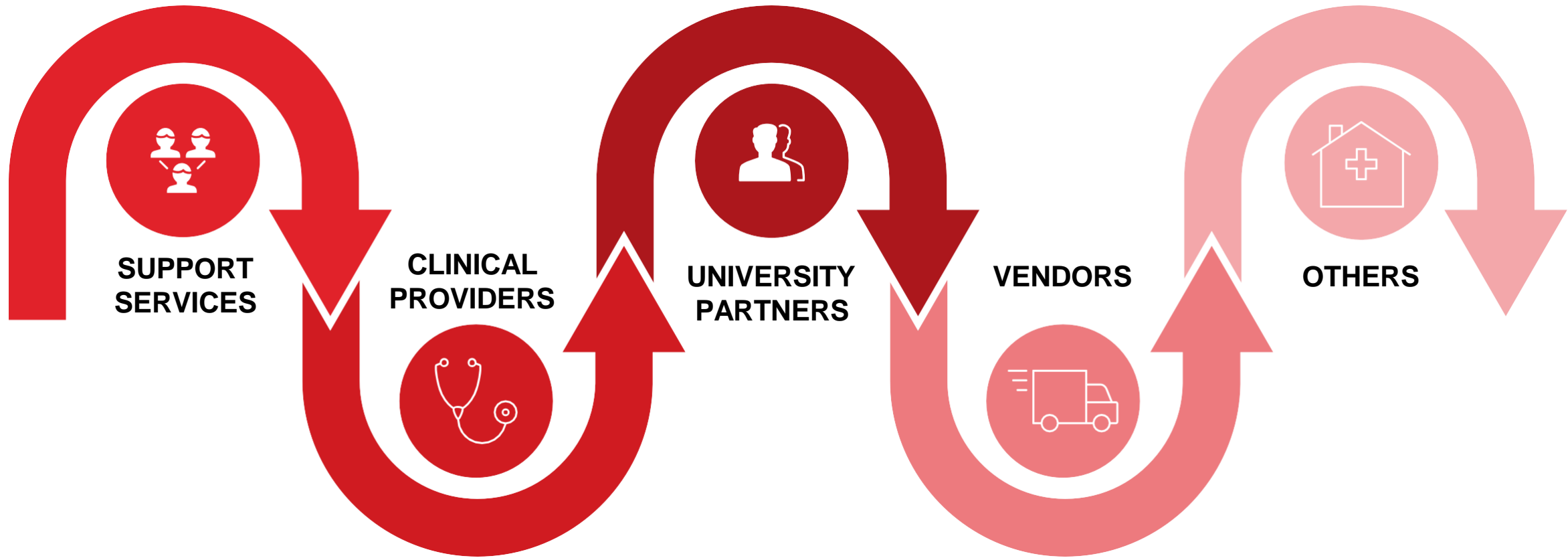
Phase 2: Response

Phase 3: Remediation

Phase 4: Recovery



# Recovery



***Putting Patients First***

# Activating NYP's Emergency Operations Plan (EOP)

Internal or external event may interrupt routine Hospital operations

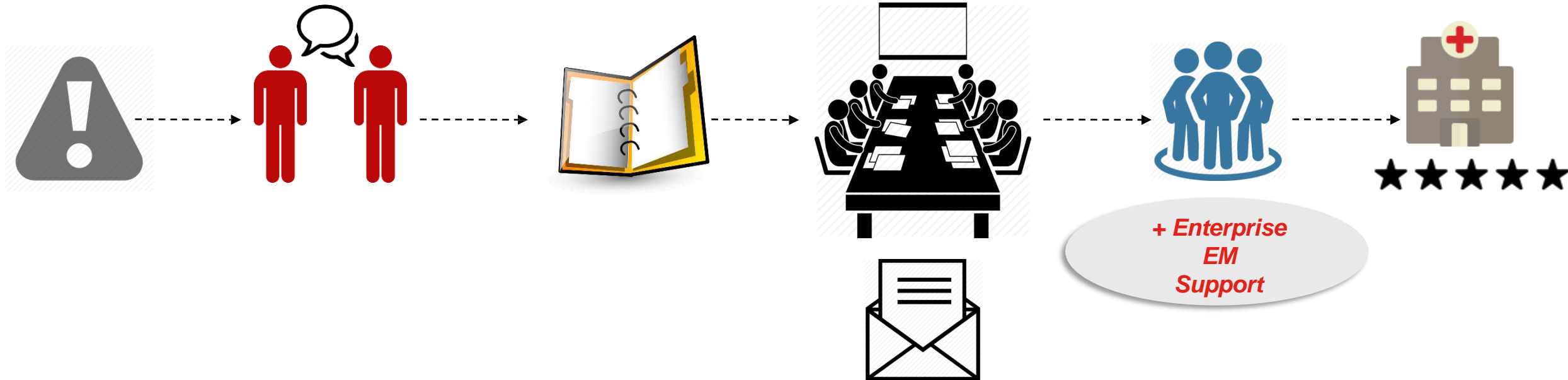
Report this info immediately to campus COO or AOC & VP of Security and Emergency Management

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



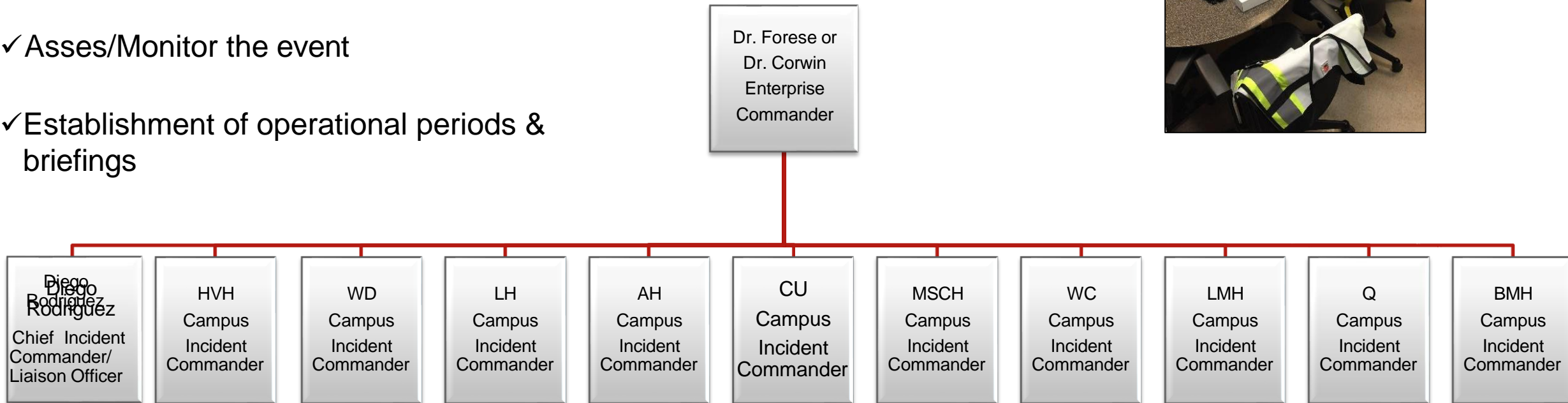
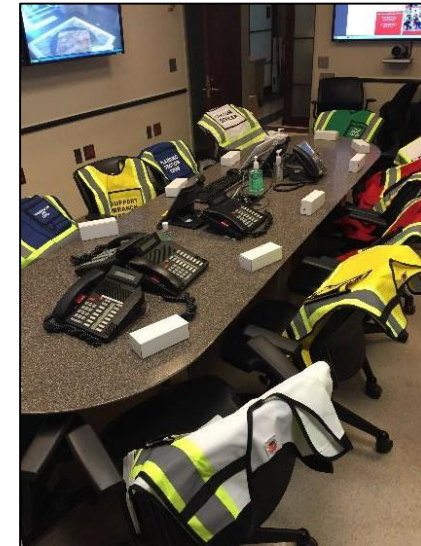


# NYP Enterprise Incident Command Structure

## 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](mailto:NYPAlert@nyp.org)

### Information will be pushed out:

Notify NYP  
Emails



NYPBeReady  
Smart Phone  
Mobile  
Application



Check in Calls



Computer  
Pop-up Alert  
Boxes

### Staff can also check for the latest information:

#### Infonet/Exfonet Announcements

News & Announcements

[View News Archives ->](#)

##### March 20, 2018: Winter Storm Warning

The National Weather Service has issued a Winter Storm Warning for the New York City area from late tonight, Tuesday, March 20, through early Thursday morning, March 22. At this time, 12 to 16 inches of snow are expected, along with strong winds causing very low wind chills. This may impact commutes for employees on Wednesday and Thursday morning. Employees are advised to exercise caution while commuting, and allow for additional travel time as roads may be slippery. The forecast may change, but we want staff to be aware of a possible storm and to be prepared.

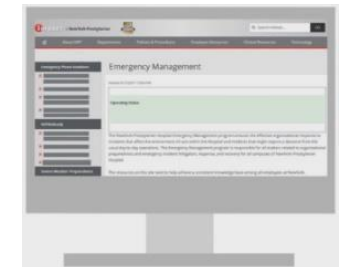
The NYP Emergency Management team is monitoring the storm track and forecast and is making preparations as part of Phase B of NYP's Severe Weather Plan. If necessary, we will send out updates, including information about accommodations for staff. As always, updates will be sent via NYP Alert, NYPBeReady mobile application, email, and the Infonet.

[Read the Informational Bulletin](#)

#### NYP's Social Media Accounts



#### Emergency Mgmt. Page on the Infonet





Emergency Management + Enterprise Resilience

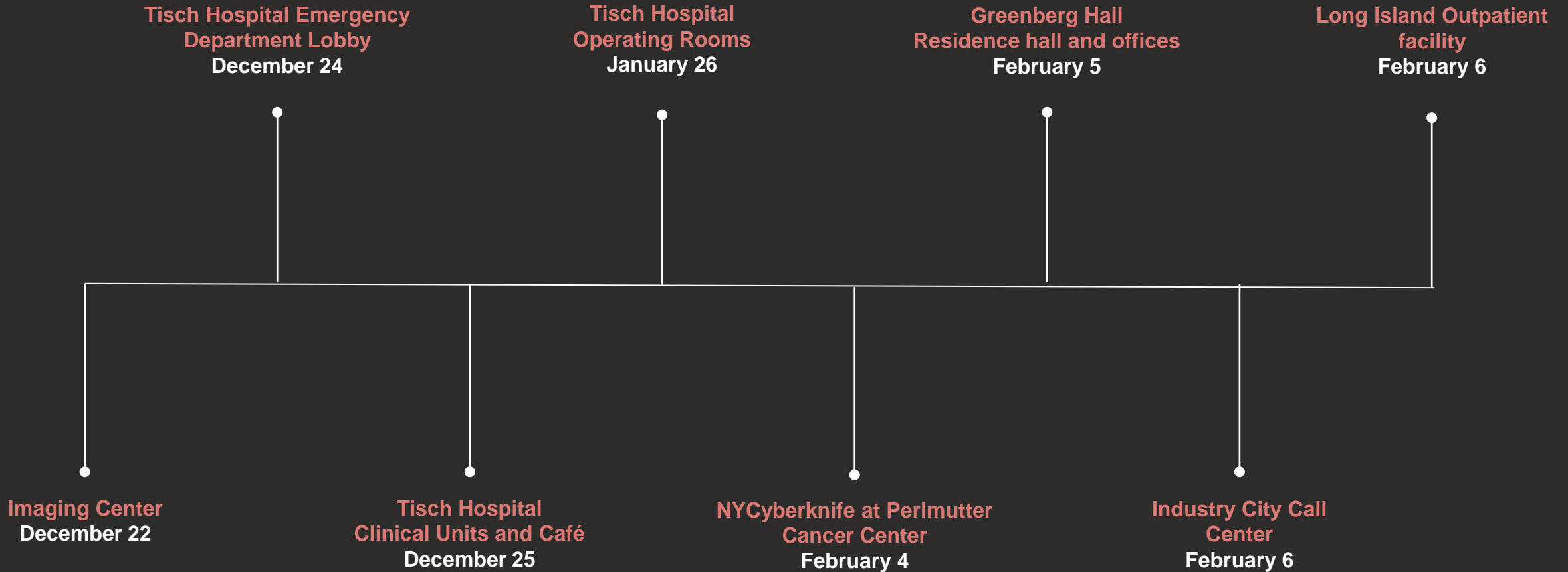
# Winter Flood Events Recap

February 7<sup>th</sup>, 2023





# Winter Flood Events



# Flood at the Perlmutter Center for Women's Imaging

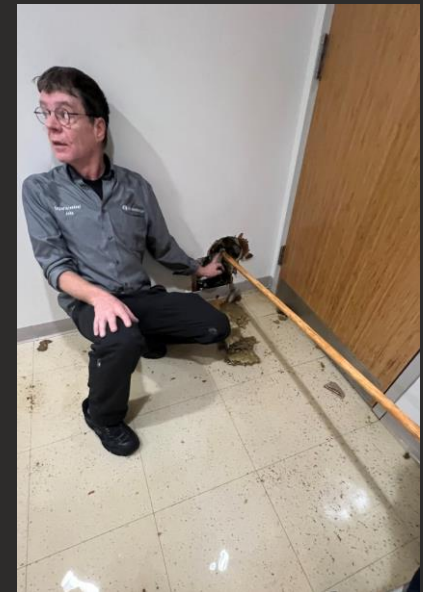
December 22, 7:30 AM

Impacts limited to exam rooms and office space

!NYULH Alert! issued to leadership

Patients rescheduled to alternate sites

Facility reopened the following day

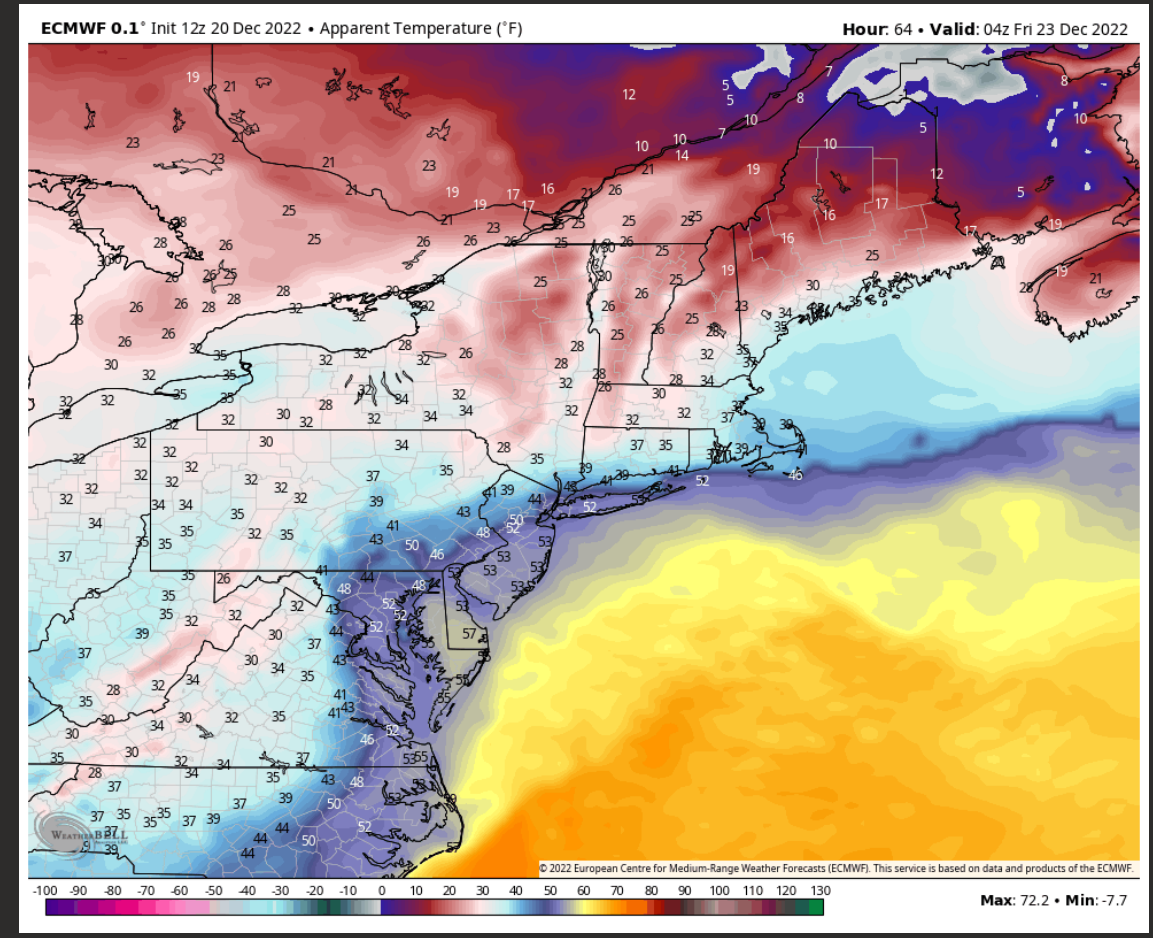
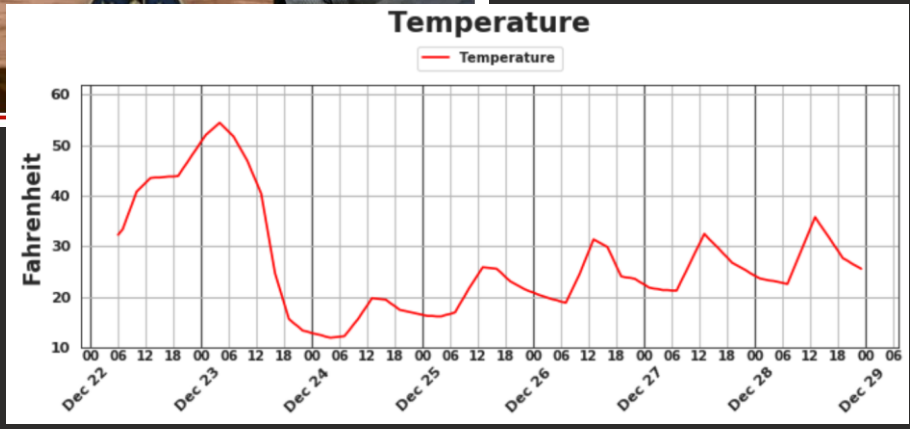
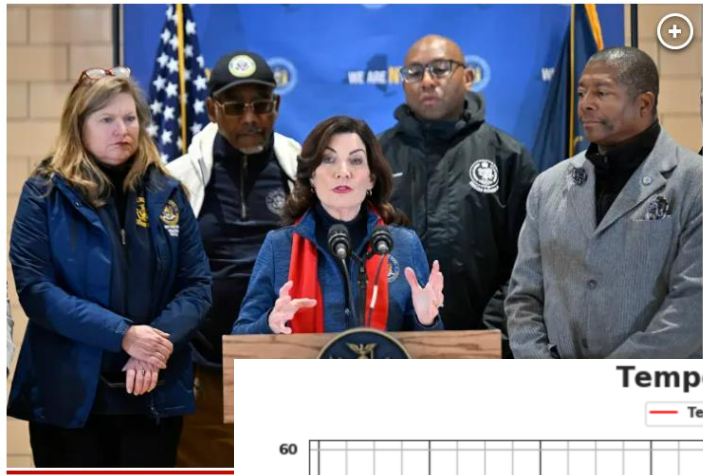


# Christmas Weekend Polar Vortex

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

By Melissa Klein

December 24, 2022 | 2:32pm | Updated



# Perelman Emergency Department Lobby Flood

December 24, 2022







# Polar Vortex Recap

## 5 incidents:

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

Emergency Manager on Call responded to events

Activation of NYULH Incident Command System

# January 6<sup>th</sup>, 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

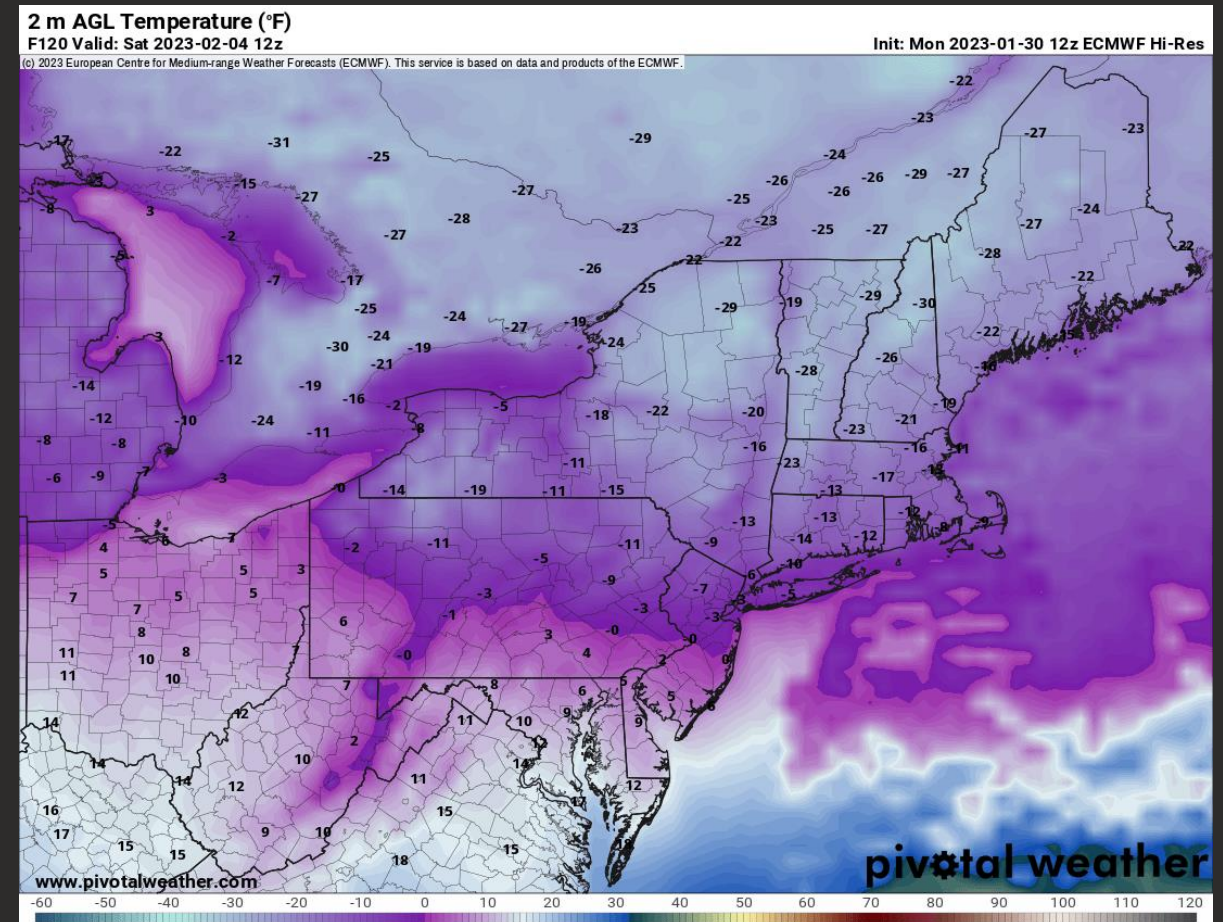
**Cause:** clogged sink drain above

**Impacts:** entire PACU closed

**Recovery strategy:** alternate PACU established in separate location

# Arctic Blast February 3 – 5, 2023

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



# 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



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

*Date: February 16, 2023*

# Exercise Objectives

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- **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

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- 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

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- 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!



# 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




# 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


# 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



02 November 2022 | 8:00 am - 9:00 am

## Brooklyn Building Fire MCI Full-Scale Exercise



### Exercise Objectives

- 1 Assess real-time notification and activation of the mass casualty protocols.
- 2 Assess and mobilize burn and smoke inhalation treatment resources.
- 3 Assess Departments' abilities to mobilize for an MCI, conduct patient triage, registration, placement, treatment/disposition and coordinate internally between Departments.
- 4 Assess clinical Departments' ability to activate and support the ED during a Level C MCI.
- 5 Socialize NYC Burn Plan, Designated Burn Supplies, and NYU-Brooklyn's Burn Disaster Receiving Hospital (BDRH) Tier 2 Designation

### Overview


The 2022 Building Fire MCI FSE is:

- ✓ A realistic simulation that builds on existing planning, training, and exercise efforts.
- ✓ A no-fault environment designed to increase our readiness for a mass casualty incident resulting in a rapid influx of patients to the ED.
- ✓ Key Department include: ED, Medicine, Nursing, Trauma Team, Patient Access, Pharmacy, Security, Patient Transport, Building Services, and Respiratory.

### Scenario

**It is a chilly morning on November 2, 2022...**

- Hotels are filling up in anticipation of the upcoming NYC Marathon. The Hilton Brooklyn New York hotel (140 Schermerhorn St.) 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.
- 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 – expect 50 patients arriving in 15 minutes**
- Burns, smoke inhalation, blast and crush injuries are expected.



# Burn Surge Exercise - Scenario

Date: November 2      Time: 8am

- *The Liberty View Brooklyn Hotel (826 4<sup>th</sup> 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*





# 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

**NYU Langone Health**

## CALLING ALL ACTORS

Be a part of this year's  
Mass Casualty Incident (MCI) Full-Scale exercise!

Wednesday, November 2, 2022 - 6 am – 9:30 am

### 2022 Hospital – Brooklyn MCI Ex

Emergency Management and Enterprise Resilience (EM+ER) is recruiting volunteer actors for a mass casualty incident (MCI) exercise. Volunteers will participate in a simulated mass casualty incident (MCI) scenario involving patients who have sustained injuries including burns, breathing apparatus, and lacerations. Actors may be asked to perform tasks such as triage, registration, and patient care. No invasive procedures will be performed. Actors may receive moulage application.

#### How to Participate

**WHERE:**

- NYU Langone Hospital – Brooklyn

**REGISTER:**

- Register by October 25 at [https://www.nyu.edu/healthcare/em+er](#)

**WHY:**

- This is a unique opportunity to gain hands-on experience in a simulated MCI scenario.
- Get complimentary volunteer training and refreshments.
- Learn more about disaster preparedness and response.

**EM+ER**  
Emergency Management + Enterprise Resilience

**NYU Langone Health**

## 2022 Brooklyn Mass Casualty Incident Exercise Actor Information

**SAFETY FIRST**

**EXERCISE SAFETY**

Safety is our highest priority. Keep these rules in mind:

- In the event of a real emergency, contact the nearest Controller (person in a vest) and say, "real-world emergency".
- If at ANY time you would like to stop playing, feel uncomfortable, or change your level of engagement (e.g., the type of injury you are acting) please say "real-world emergency".

As an actor you add valuable realism to this mass casualty incident exercise! You will be simulating a patient injured in nearby hotel fire. You will receive a patient assignment and may receive moulage (make-up application) for your injuries.

**EXPECTATIONS**

- Follow instructions from Controllers and staff.
- Review your actor script.
- Act within your condition. You may act, but do not overact.
- Share feedback about communication, organization, and your experience as an actor during the post-exercise hotwash.

**SCHEDULE**

**6:00 AM** Registration and receive script and refreshments  
Actor / Safety Briefing

**7:55 AM** Move to exercise starting location  
Wear vest and bring script

**8:00 AM** Start of Exercise

**9:00 AM** End of Exercise – Look for controller in a vest  
Hotwash

**9:30 AM** Dismissed

**EM+ER**  
Emergency Management + Enterprise Resilience

STARTEX – 8 am			
1.	8:00	Joe Casella will make the MCI notification to trigger STARTEX. This is an exercise. Level 1 MCI. FDNY emergency personnel are responding to a hotel fire and explosion in your area. Your facility may receive 50 patients arriving in 15 mins. (718-630-6200) [Eddie drafting script]	NYU Watch Center (Joe C.) at direction of Exercise Director
2.	↓	Charge Nurse activates MCI Protocol by calling 33-911 and asks to be connected to the EMOC.	Laura evaluating
3.	↓	ED leadership announces huddle ED overhead alert to all areas. "Mock MCI to the Emergency Room"	ED Leadership
4.	↓	Conference with EMOC, AOC and NA	EMOC
5.	↓	EMOC will push email to #BCD group and MCI Text Group (2 page) [scripted]	EMOC
6.	↓	<b>ED Huddle:</b> Charge Nurse uses Desk phone "MCI Huddle, all available staff to the Flow Coordinator Desk". [audible local to ED only]	Kelly and Laura evaluating
7.	↓	ED reviews CONOPS, assign roles, and don identification (e.g., vests).	n/a
8.	↓	Initial discussion begins in ED regarding next steps, bed availability, etc.	n/a
9.	↓	Prepare for patient surge in the ED.	n/a
10.	8:10	<b>1st Patient Arrives:</b> Green tag Actor (Hunter)	Tiffany/Morgan/Samia/Leanna #22
11.	↓	ED and Patient Access meet patients at ED entrance. <ul style="list-style-type: none"> <li>triage, registration, placement</li> <li>Coordinate with internal depts</li> </ul>	
12.	8:12	<b>2nd Patient Arrives:</b> Red tag inflatable Manikin (will "become" High Fidelity Sim when escorted to Trauma Bay)	#2 (Dr. Felemban to oversee)
13.	8:14	<b>3rd Patient Arrives:</b> Red tag low fidelity manikin (pediatric)	#1

# 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



# Burn Surge Exercise – Lessons Learned

- Develop a checklist for the Incident Commander to use 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





THANK YOU



# 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

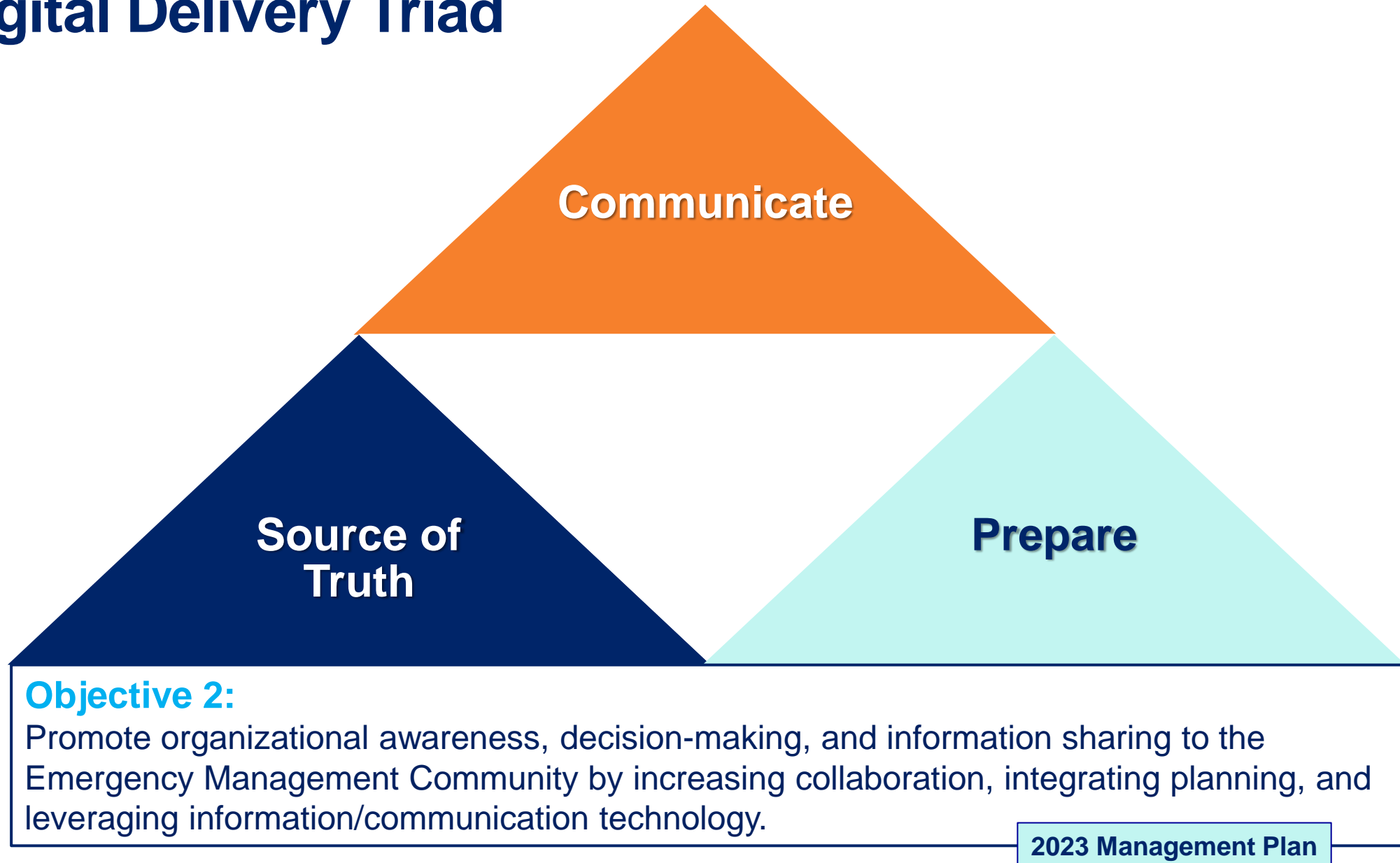
What does it take to ensure that progress in cancer care benefits all communities?

IT  
TAKES  
MSK.



Memorial Sloan Kettering  
Cancer Center

# Digital Delivery Triad





# 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



### 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](#)

### 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: [emergencygmt@mskcc.org](mailto:emergencygmt@mskcc.org)



**Kowalczyk, Walter**  
 Director, Emergency Management



**Stewart, Janelle**  
 Lead, Emergency Management Trainin...



**Neufeld, Jacob**  
 Manager, Business Continuity



**DelGrosso, Frank**  
 Program Manager, Emergency Manag...

### Weather - Transit- Traffic Links

  
 Weather

  
 Transit Alerts

  
 Traffic Alerts

### Emergency Management Events:

See all

+ Add event

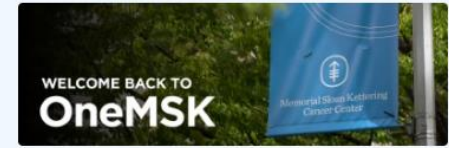


**Create an**

When you create an event, up to 50 people can see it.

## OneMSK Home

[Table of Contents](#) [COVID-19 Info](#) [Clinical Updates](#) [Phones and Pagers](#) [Find a Policy](#) [Remote Access Hub](#) [Report Central](#) [News Clips](#)



### In Case You Missed It

Catch up on recent MSK news and features.



### 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

### Systems News & Alerts

Click for the latest clinical and systems alerts and updates.

# 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



Class | Course ID: 00008080 | V 1.0

EHS Safety Advisor: Emergency Management Program Responsibilities

**In Progress** Registered on: 07-SEP-2022

CONTINUE

Progress and Activities	Overview & Other Information	History
-------------------------	------------------------------	---------

English | Web-Based | Class ID: 00008080\_V1

Total duration: 00:00 Hrs

DROP

Activities

EHS Safety Advisor: EMPR Policy Completed on: 07-SEP-2022	<b>Completed</b>	<a href="#">VIEW RESULTS</a>
EHS Safety Advisor: EMPR Reference	<b>Not evaluated</b> Sign Off Pending	<a href="#">LAUNCH</a>
EHS Safety Advisor: Emergency Management Program Responsibilities	<b>Not evaluated</b>	

# 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

The image shows three overlapping screenshots from MSK digital platforms:

- Top Screenshot:** A webpage titled "Winter is Here. Be Ready!" published on 12/21/2022. It features a blue header and text about winter weather preparedness.
- Middle Screenshot:** A social media post from OneMSK dated Jan 24, titled "Winter Weather Watch". The text says: "Tomorrow's weather calls for a messy forecast that may cause some commuting issues for MSK patients and staff. To stay informed, follow the latest weather, transit and traffic alerts on OneMSK's Emergency Management Page and download the Emergency Management App. Be sure to share with your commuting colleagues and check out some additional Winter Weather Tips #BeReadyMSK". It includes a QR code and a photo of a snowy street.
- Bottom Screenshot:** A document titled "Emergency Management App #BeReadyMSK" by DelGrosso, Frank. It provides instructions on how to use the app, including a QR code to access it. The text states: "Now MSK employees can get up-to-date instructions on their wireless devices about how to respond to emergencies! The Emergency Management App provides tips on a range of likely workplace emergencies. The updated content provides you with basic steps to protect yourself, patients, and visitors at MSK facilities. The content, which is updated frequently, can guide you on how to respond to:
  - Emergency Contact lists including the Facilities, Employee Emergency Information Line, Security, and Environmental Health & Safety
  - Fire Safety, Fire Emergencies, and Using an Extinguisher
  - The Red Phone Directory (back up phones)
  - Standard Precautions / Infection Control
  - Elevator Failures
  - Active Shooter
  - Emergency Preparedness Tips
 You can also use the information if your device is offline. Install the Emergency Management App on your device from the MSK Mobile Hub and follow these instructions:
  1. If your device is registered with MSK Mobile Hub, the updated Emergency Management App is already installed and you will find its icon on your home screen.



Pushed from MSK Mobile App Library

#BeReadyMSK

The screenshot shows the app's main menu. At the top, there is a dark blue header with the Memorial Sloan Kettering Cancer Center logo and the text "Emergency Management" and "#BeReadyMSK". Below the header is a list of menu items, each on a light gray background with a white border. The items are: Introduction, Emergency Contacts, Fire Emergency (RACE), Extinguishing Small Fires (PASS), Red Phone Directory, Standard Precautions/Infection Control, Elevator Failure, Personal Preparedness, Winter Weather Tips (highlighted in orange with "Added December 14" next to it), 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, and Severe Weather Planning. At the bottom right, there is a gray triangle icon and the page number "53".

# 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 30<sup>th</sup>



# 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**

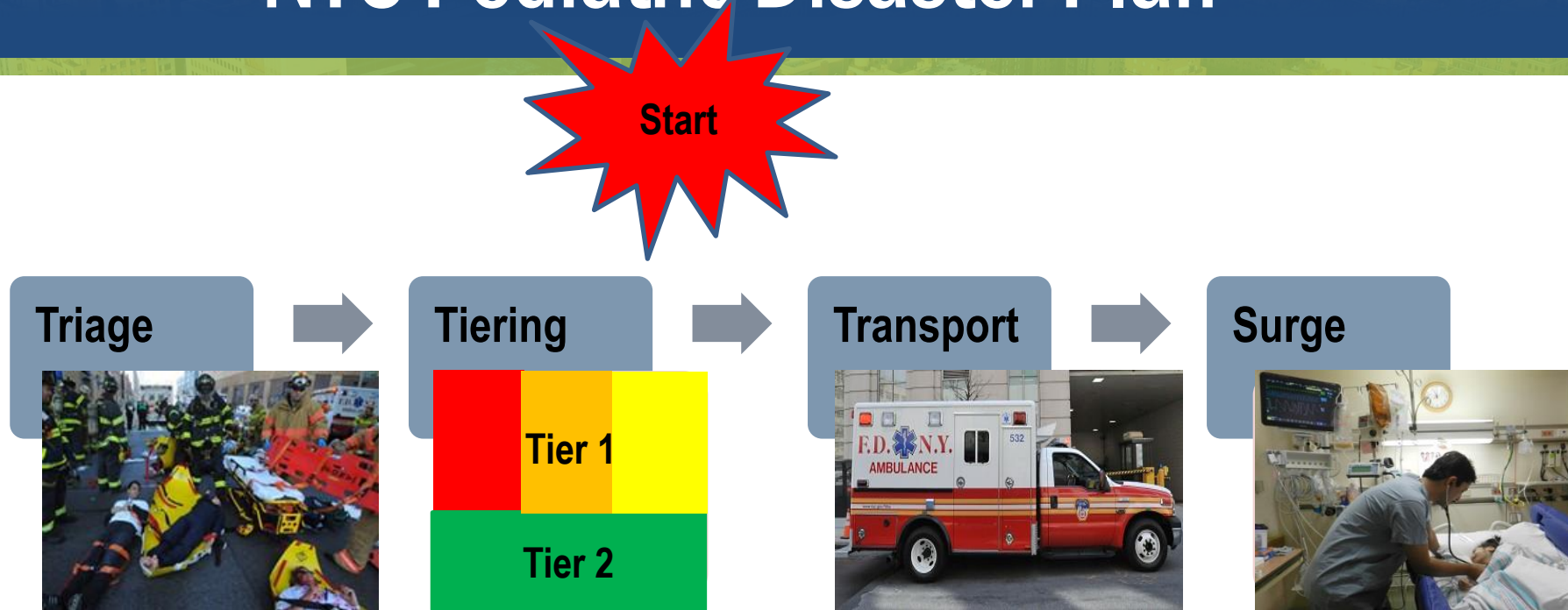


# Initial Operational Goal of the PDP

- **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



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 from the scene 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
  - Plan initially identified designated agency to perform transport/transfer bed coordination
  - 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



Gotham Center  
42-09 28<sup>th</sup> 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 3<sup>rd</sup>** 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](mailto: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.

Health Care Professional

- 2 -

September 9, 2016

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!

**Dr. George Foltin**

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[info@pediatricdisastercoalition.org](mailto:info@pediatricdisastercoalition.org)



# Input for Budget Period 5

Darrin Pruitt, PhD, MPH

February 7, 2023

# Preparing for BP5

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- 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)

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- 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

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- 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

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



Adjourn