

# **Emergency Preparedness Coalition of Manhattan Borough Coalition – BP1 Achievements**

NYC Health Care Coalition

Leadership Council Meeting

CUNY Law School, 2 Court Square, Long Island City, NY 11101



#### **EPCOM Goals for BP1**

- Reinvigorate coalition and engage membership
- Maintain a workable committee with obvious benefits to members





- Reinvigorate coalition and engage membership

  - review and revise foundational documents
  - develop and execute mutual aid MOU



#### **Mutual Aid MOU**

Emergency Preparedness Coalition of Manhattan

EPCOM

Emergency Preparedness Coalition of Manhattan

I. Mission Statement

The mission of the Emergency Preparedness Coalition of Manhattan (EPCOM) is to convene a multidisciplinary group of stakeholders to increase the collective preparedness of the healthcare sector in Manhattan through collaboration and information sharing before, during, and after emergencies of every type.

#### II. Introduction

As in other parts of the nation, the New York City borough of Manhattan is susceptible to emergencies, both natural and man-made, that could exceed the resources of any individual EPCOM member. An emergency could result from incidents generating an overwhelming number of patients, from a smaller number of patients whose specialized medical requirements exceed the resources of the impacted facility (e.g. hazmat injuries, pulmonary, traums surgery, etc.), or from incidents such as building or plant problems resulting in the need for partial or complete healthcare facility exceeding the patient of the patient patients of the patient patients of the patients of the

#### III. General Principles of Understanding

This Memorandum of Understanding (MOU) made as of fineert date, is a voluntary agreement outlining terms and conditions for mutual cooperation among EPCOM members (hereinafter referred to collectively as the "Parties" or individually as "Party").

WHEREAS, Parties are healthcare sector entities that directly provide or support various healthcare services in the New York City borough of Manhattan;

WHEREAS, the purpose of this MOU is to establish a framework for the coordination of sharing information, resources, and assets before and during emergencies;

WHEREAS, this MOU is intended to supplement, and not supplant, existing Parties emergency plans or their contracts for resources or assets;

WHEREAS, Parties acknowledge that executing this MOU does not guarantee that any Party will provide resources during an emergency nor does it guarantee that any Party will receive a needed resource during an emergency;

NOW, THEREFORE, in consideration of the mutual desire to voluntarily assist each other; the Parties agree to the following principles:

Page 1 of

- Mutual Aid MOU outlining terms for EPCOM members to follow when sharing resources during disasters
- Not intended to be a legally binding, contractual agreement
- Final draft distributed to membership for review and comment – signed documents returned
- Next Steps: modeled on the National Intercollegiate Mutual Aid Agreement (NIMAA)

- - Call Down Drills
  - Development of DRRT
  - DYOD SupplyEx2.0 Cold Chain Workshop / Exercise
  - DYOD Catastrophic Ops Exercise



#### Call Down Drills 2019

- Plan and conduct two (2) call down notification drills
- Response rate goal of 100%
  - within 15 minutes
- Dates / Times:
  - April (announced)
  - May (unannounced)
- Notifications by voice, SMS text, and email
- Results tallied and distributed to membership
- AAR/IP developed





# Call Down Drill Results 2019 (15 min goal)







## Call Down Drill Results 2019

Results	<ul> <li>55 out of 94 recipients (58%) answered at least one point of contact within 15 minutes</li> <li>60 out of 94 recipients (63%) answered at least one point of contact within 30 minutes</li> <li>62 out of 94 recipients (65%) answered at least one point of contact within 24 hours</li> </ul>
Gaps and Opportunities for Improvement	Messages did not reach recipients due to incorrect contact information on file
Potential Corrective Actions	<ul> <li>Review and update contact information for all committee members</li> <li>Re-send "in-service" flyer to members regarding valid responses to SWN messages</li> <li>Repeat call down notification drill at least twice annually</li> </ul>

Results	<ul> <li>52 out of 92 recipients 56% answered at least one point of contact within 15 minutes</li> <li>56 out of 92 recipients 60% answered at least one point of contact within 30 minutes</li> <li>62 out of 92 recipients 67% answered at least one point of contact within 24 hours</li> <li>When asked whether they had activated their EOC for the Measles Outbreak, EPCOM members responded with the following:         <ul> <li>Yes: 35</li> <li>No: 27</li> <li>No Response: 30</li> </ul> </li> </ul>
Gaps and Opportunities for Improvement	<ul> <li>Some messages still did not reach recipients despite multiple requests to provide updated contact information</li> <li>As the drill was unannounced, some members were unable to respond due to conflicts</li> <li>Members continue to provide invalid responses to the Get Word Back feature</li> </ul>
Potential Corrective Actions	<ul> <li>Require all EPCOM members to review and update their contact information at least twice per grant period</li> <li>Consider utilizing Send Word Now on a more regular basis (perhaps to help improve situational awareness) so that members are more familiar with the platform and the types of messaging they might see</li> <li>Provide additional "in-services" regarding receipt of messages and responses to messages</li> <li>Repeat call down notification drill at least twice annually, with at least one of the drills being unannounced</li> </ul>

- - ☑ Call Down Drills
  - Development of DRRT
  - DYOD SupplyEx2.0 Cold Chain Workshop / Exercise
  - DYOD Catastrophic Ops Exercise



#### Disaster Resource Response Tool (DRRT)

- EPCOM membership involved in workgroups aimed at developing
  - NYC healthcare facility resource request process
  - DRRT flow chart
  - DRRT form

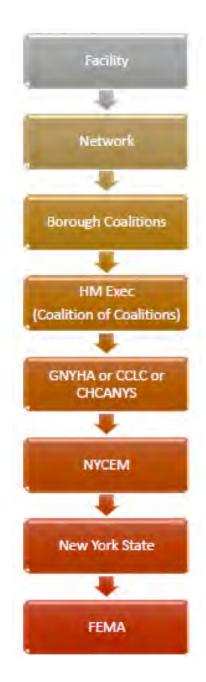
#### NYC Healthcare Facility Resource Request Process

The NYC Healthcare Facility Resource Request process is utilized for facilities/systems that are unable to source a resource from within their facility, their health network, or from a current vendor. Once a facility/network has determined they cannot source the resource needed, the facility/network will complete the resource request form and escalate it to the next level according to the outlined workflow.

The expectation prior to escalation is to ensure a resource can definitely not be sourced at each level (e.g. NYULH requests 50 medical evacuation devices from their borough coalition but they are unable to fulfill. They escalate it to HM Exec for further sourcing).

This process is always live, meaning, there are no specific triggers or thresholds for a facility/network to request a resource\*. It should be recognized that there may be a cost incurred for any resource provided, loaned, or damaged, and this form does not mean to take the place of any existing MOU or legally binding contract that the sourcing agency may require – this is simply the process to begin a request.

\*While funding or waivers may become available during a declared local/state/federal disaster or public health emergency, facilities and networks may utilize this process at any time. A single-facility or localized incident may not rise to the level of a declaration, despite an unmet need from a requestor, however; while the response to an incident may begin locally, a structured framework for a tiered response involving local, state, and federal agency resource can be escalated using the same form and workflow.



# **Disaster Resource Response Tool (DRRT)**

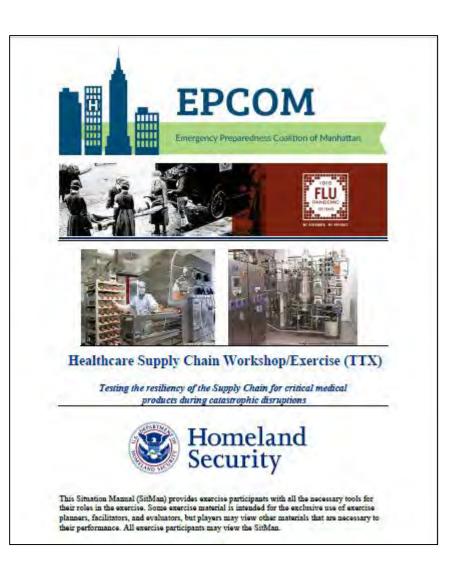
	Healthcare Facility Resource	NIC Kequest Form
d requests to the appropriate with	ty below.	
Hospitals/Networks senthers Constructor (212) 999-9999	H+H Fodilities partition (2000 person) (212) 999-9999	Other Facilities sendbar #Clarker and (212) 999-9999
Facility Name	Have you exhausted all res	ources (outside vendors, network, coalition)?
Incident/Event Name		Check Bax If Yes
Resource Needed Describe the capabilities needed	Quantity Requested or tenource specifications.	
Summer of Summer (Out)		
Suggested Source (Optional) (fapplicable, listary specificsource	ayoutave identified for this request (e.g. City	agency, NYSOHSESI:
Logistical Support		
	cis, feeding, ladging, transportation or at	her logistical / wrap around support.
	cis, feeding, ladging, transportation or of	her logistical / wrap around support.
Describe any fueling, maintéana	cs, feeding, ladging, transportation or of	ter logistical / wrap around support.
Describe any fueling, maintean  Delivery Information	tis, feeding, ladging, transportation or at livery date, time, location, and special cons	
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Describe any fueling, maintean  Delivery Information		
Describe any fueling, maintean Delivery Information Provide information regarding de Contact Information		
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Describe any fueling, maintean Delivery Information Provide information regarding de Contact Information	livery date, time, location, and special cons	
Describe any fueling, maintenant Delivery Information Provide Information regarding de Contact Information Privary Contact Phase	Every date, time, ideation, and special cons Eventi Address Phase 2:	
Detribe any fueling, maintenant Delivery Information Provide Information regarding de Confect Information Primary Contact Primary Contact Phone I Secondary Contact	livery date, time, location, and special cons Email Address Made 2	
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- - ☑ Call Down Drills
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  - ☑ DYOD SupplyEx2.0 Cold Chain Workshop / Exercise
  - DYOD Catastrophic Ops Exercise



## DYOD - SupplyEx2.0 Cold Chain Workshop / Exercise



- Built on previous exercise (June 2018) following the initial RRAP project
- All EPCOM members participated as well as DHS, Idaho National Labs, GNYHA, NYCEM, and suppliers
- Major Takeaways:
  - Identification of improvement areas for major regional disruptions
    - Situation Awareness
    - Collaboration on Priorities for Strategic decisions
    - Transportation Planning
    - Logistics & SC Management Preparedness

NYU Langone

- - ☑ Call Down Drills
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## **DYOD – Catastrophic Ops Exercise**



- Engaging vendor
- Complex coordinated attack scenario
- Coordinate across EPCOM membership
- Simulate real time Situational Awareness calls
- Communicate impacts, issues, and unmet needs to partner institutions



- Maintain a workable committee with obvious benefits to members
  - Developed contact list and mapping for SurgeEx2.0
  - ■RRAP II time and temperature sensitive products
  - ☑ Information sharing related to operations for Highly Infectious Diseases
  - Developed VEOCI landing page and repository



# **Support for SurgeEx2.0**



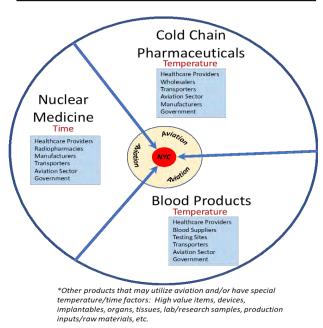


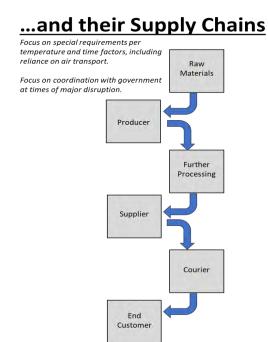
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## **RRAP II – Time and Temperature Sensitive Products**

#### **Healthcare Products of Focus...**





- Interviews and meetings with manufacturers, distributors and healthcare providers continue
- A new series of interviews covering air freight providers, specialty blood product transporters and specialty nuclear medicine producers are ongoing

DRAFT

Focusing on addressing takeaways from workshop/exercise



- Maintain a workable committee with obvious benefits to members
  - Developed contact list and mapping for SurgeEx2.0
  - **⊠**RRAP II time and temperature sensitive products
  - ☑ Information sharing related to operations for Highly Infectious Diseases
  - Developed VEOCI landing page and repository



## **Information Sharing for HID Operations**

- Measles Outbreak 2019
  - Visitor restrictions <5 y/o</li>
  - CIR site user access
- Influenza Planning 2019/2020
- 2019 Novel CoronaVirus (2019 nCoV)

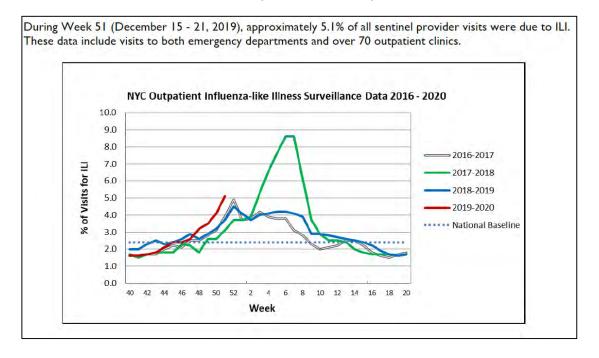






## **Information Sharing for HID Operations**

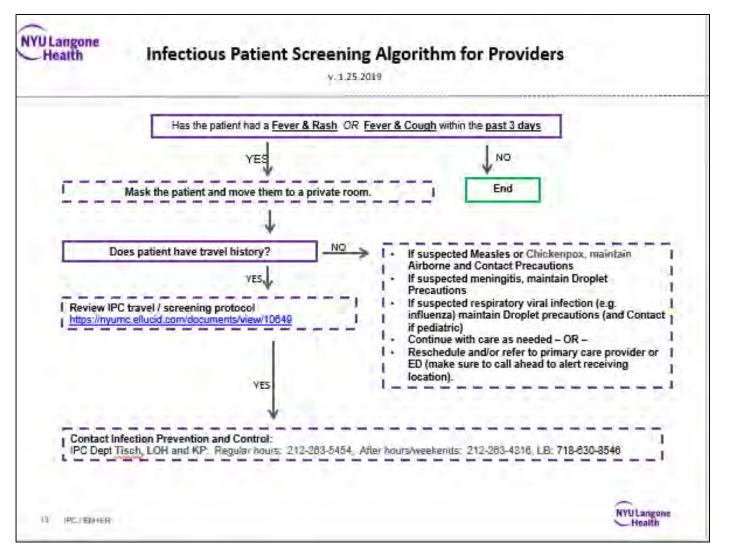
- Measles Outbreak 2019
- Influenza Planning 2019/2020
  - Surveillance and monitoring
  - Communication Plan
  - Screening Algorithm for Providers
- 2019 Novel CoronaVirus (2019 nCoV)







# **Information Sharing for HID Operations**





# **Questions?**



#### **Thank You!**

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# 2019 Novel Coronavirus (nCoV) Planning & Response

30 January 2020 | Emergency Preparedness Coalition of Manhattan



#### **Overview**

- 1. Novel Coronavirus & IPC Surveillance
- 2. Initial Actions (System-wide)
- 3. Communications Plan
- 4. Inside Health
- 5. Situation Report & Forward Planning



# 2019 Novel Coronavirus (2019-nCoV)





## **Outbreak Tip Sheet (IPC)**

#### NYU Health System Infectious Disease Outbreak Summary – January 22, 2020

Disease	Epidemiology	Clinical Presentation	Infection Prevention
New York City metro area			
Hepatitis A	Nationwide outbreak with homelessness and IVDU are major risk factors. Although NYC has been less affected than other areas (Philadelphia, Midwest), outbreaks have been reported in NYC group home settings.	Acute hepatitis with jaundice, dark urine, fever, malaise, nausea, vomiting	<ul> <li>Start contact precautions if diapered, incontinent or unable to consistently perform hand hygiene after toileting</li> </ul>
United States			
Hepatitis A	Sustained outbreak has persisted in the south and Midwest with >27,000 cases. About 60% were hospitalized. Homeless and IVDU are major risk factors	Acute hepatitis with jaundice, dark urine, fever, malaise, nausea, vomiting	<ul> <li>Start contact precautions if diapered, incontinent or unable to consistently perform hand hygiene after toileting</li> </ul>
E. coli 0157:H7	17 cases throughout US associated with consumption of prepackaged chicken Caesar salad.	3 to 8 day incubation; abd pain, diarrhea (may be bloody), fever	<ul> <li>Start contact precautions if diapered, incontinent or unable to consistently perform hand hygiene after toileting</li> </ul>
International			
2019-nCoV	Ongoing outbreak of pneumonia identified in the city of Wuhan, Hubei Provence, China. Person to person spread has been identified. There are > 300 confirmed cases in Asia, primarily in China. The first U.S. case was announced 1/21/2020.	Fever, cough, difficulty breathing + travel from Wuhan City, China, or having close contact with a known or suspected case within the last 14 days.	<ul> <li>Place mask on patient</li> <li>Airborne &amp; contact precautions with eye protection; call IPC</li> </ul>
Ebola	The outbreak in Congo continues with 3,292 cases with few cases detected in Uganda; incidence has decreased since mid- October with primary epidemic focus in the Biakato Mine region.	2 to 21 day incubation, onset fever and headache, then GI symptoms	Immediately implement VHF precautions and call IPC
Dengue	2.7 million Dengue infections reported in 2019; Central and South America; Brazil, Colombia, Nicaragua, Mexico and Honduras have reported the most cases. There is also a risk in many parts of Africa, Asia (including the Middle East) and the Pacific Islands.	Fever after travel associated with rash, myalgia, retro-orbital headache, neutropenia and thrombocytopenia	· Standard precautions
Lassa Fever	Sporadic cases in Liberia; as of end of October 70 suspect cases with 17% mortality rate	1 to 3 week incubation period, onset of flu like symptoms, then bleeding.	Immediately implement VHF precautions and call IPC
Measles	S. America (Brazil, Venezuela, Columbia), Europe (Italy, France, UK and especially the Ukraine), Russia, Madagascar/Central Africa and the Philippines	See above	see above
MERS	199 cases if MERS-CoA infection reported in Saudi Arabia – after a period of decline, the number of cases has increased since October $1^\pi$ .	2 to 5 days typical incubation, but can be as long as 14 days. Respiratory infection + infiltrate	Place mask on patient     Airborne & contact precautions; call IPC

For a complete list, follow this link: <a href="https://www1.nvc.gov/site/doh/providers/reporting-and-services-main.page">https://www1.nvc.gov/site/doh/providers/reporting-and-services-main.page</a> Infection Prevention & Control Department: TH/KP/LOH/Ambulatory-212-263-5454; LB-718-630-8546



### Level 1- Initial Actions (System-wide)

- Detailed Level 1 Plan includes all patient care areas
- Communications Plan with proactive communications to all stakeholders (HCPs, managers, staff, patients, visitors)
- Revised protocols in EDs as described in the Level 1 Plan and ensuring consistency across the system
- Ensure supplies on hand and stockpiled (gowns, gloves, surgical masks, N95 respirators, face shields)

- Reinforce Respiratory Protection Program to ensure HCP trained and fit-tested
- 2019 nCoV Action Plan focused on accommodating nCoV surge
- Continuous updates on NYU
   Langone Health response to First
   Call Roster via !NYULH Alert!
- Activated Situation Room daily
- Embed revised travel screening into Epic



### **Current Incident Working Groups/Conference Calls**

- Executive Leadership
- IPC/Clinical Guidance
- Communications & Marketing
- Surge
- ED Coordination
- Supply Chain
- Waste Management
- Health & Safety
- Ambulatory Sites/Urgent Care



#### **Level 1- Response Plan (IPC)**

Level 1 (v1/25/2020)	Ambulatory	Emergency Department & Urgent Care	Inpatient
	ts, regardless of 2019-nCoV (nCoV) concern:		
	tely provide a mask if exhibiting fever and cough, then move to a location a		
	pread principally by droplet and contact. Airborne transmission increases		
	nis time, healthcare personnel caring for any patient with acute respiratory		
Symptom screen	e cared for in a room with the door closed. Super-spreading events are resFever or cough/respiratory symptoms asked		Fever or cough/respiratory upon admission; evaluate fever or unexplained respiratory distress after admission
Epi risk screen	Travel in China within 14 days of symptom onset OR close contact wi	ith a person who developed fever or respiratory within 14 days of 1	
Symptom & epi screen	Provide mask and visitors, move to room with door closed	ara person into developed teres er respirator, maini 1 adys er s	2. Have to dimin of 2. close contact many more patient
positive=Person under investigation (PUI)	<ul> <li>If location unable to assess patient (rehab, subspecialty): provide mask and refer to appropriate clinical location; call ahead</li> </ul>	Provide mask to patient and visitors, move to AIR, use eye p	protection and follow airborne/contact isolation precautions
	First call the HCP contact number: 212-263-1540	First, call Infection Prevention and Control (IPC): •Routine hours: Manhattan (212-263-5454); Brooklyn	Then call the Health Department:
	Then call the Health Department:	(718-630-8546): Winthron (516-663-2717)	NYC DOHMH Provider access line: 866-692-3641
If you have a PUI	NYC DOHMH Provider access line: 866-692-3641	•All other times or for clinical questions, call hospital	Nassau County DOH regular hours: 516-227-9639
	Nassau County DOH regular hours: 516-227-9639 Nassau County DOH after hours: 516-742-6154	epidemiologist (Manhattan: 212-263-4316) or HCP contact number: 212-263-1540	Nassau County DOH after hours: 516-742-6154
	ACT - The second of the second	Mild symptoms, considering treat and release: no diagnostic	
	<ul> <li>Mild symptoms, considering treat and release: no diagnostic work up recommended</li> </ul>	work up recommended	Chest x-ray; cbc; upper respiratory PCR panel; streptococcal
Diagnostic work up	•Ill, considering admit: no diagnostic work up recommended;	•III, considering admit: chest x-ray; cbc; upper respiratory PCR	urine antigen; legionella urine antigen; mycoplasma IgM,
	refer to ED and call ahead	panel or flu/RSV PCR; streptococcal & legionella urine antigen; mycoplasma IgM, samples for nCoV testing if OK by DOH	samples for nCoV testing if OK by DOH
		•Treat and release: see home isolation guide sheet; notify DOH	•ID and pulmonary/CC consult
	•Treat and release: see home isolation guide sheet; notify DOH	Admit: notify IPC and ID	Note: maintain airborne/contact isolation with eye protection
Management	• Requires further evaluation: refer to ED call ahead	Note: maintain airborne/contact isolation with eye protection	even if nCoV testing is not performed, unless other clear-cut
	•Note: do not refer patients with mild symptoms to the ED for testing	even if nCoV testing is not performed, unless other clear-cut diagnosis is identified	diagnosis is identified
Transport	Patient: Surgical mask	Patient: Surgical mask or DeMistifier tent; Transporter:	follow TB protocol (wear N95 when in enclosed space)
	rs, regardless of location: exclude if exhibiting fever, rash or cough. Encoura		
Who can visit		omatic individuals critical for the wellbeing of patient; Follow Visito	
Tracking	<u></u>	Maintain log of all visitors and exposures*	
Healthcare personnel A	s always, perform hand hygiene and follow standard precautions (use PPE	appropriate for clinical scenario, only touch face after hand hygien	e). During this time:
1	<ol> <li>Review the IPC video "IPC-Removing Personal Protective Equipment" w</li> </ol>	hich covers how to remove PPE without contaminating yourself; G	o to FOCUS and use search word PPE
	<ol><li>If returning within 14 days from nCoV affected areas must call the Occu</li></ol>		
Tracking	Record all HCP with close contact with PUI	Record all He	CP exposures*
	HCP providing direct patient care wear a mask or N95, eye	•HCP entering room wear N95, eye protection, gown a	and gloves (do not place mask with eye shield over N95)
PPE	protection, gloves and if available, gown  Other HCP: not required	•Other HCP:	not required
Evnosure definition: •	Being within approximately 6 feet or within the room or care area.	of a novel coronavirus case for a prolonged period of time wh	illo not wearing recommended personal protective equipmer

<sup>\*</sup> Exposure definition: •Being within approximately 6 feet or within the room or care area, of a novel coronavirus case for a prolonged period of time while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, N95 respirator, eye protection); close contact can include caring for, living with, visiting, or sharing a healthcare waiting area or room with a novel coronavirus case. •Having direct contact with infectious secretions of a novel coronavirus case (e.g., being coughed on) while not wearing recommended personal protective equipment

Other locations:

<sup>•</sup> Procedure or surgical areas: Screen patients for fever and cough during pre-procedure phone calls or initial evaluation. Exclude symptomatic patients undergoing elective procedures



<sup>•</sup>Non-clinical areas: refer symptomatic individual for care; provide mask and call ahead

#### **Communications Plan**

2019-nCoV

Communications Plan

(Version 1: 25 Jan 2020, 1230hrs)

Outbreak Level	Level 1 (Current)	Level 2	Level 3
Description	Epi curve increasing ; nCoV widespread elsewhere, not in our area	Some nCoV cases in NYC, standard operations being optimized	Surge of nCoV cases in our hospitals, cohorting ongoing, alternative/ surge spaces utilized
	Weekly Broadcast update email with FAQs	Bi-Weekly Broadcast update email	Daily update Broadcast email
All Otaff	5 minute video with Mike Phillips, Jen Lighter, Fritz talking FAQs	Video Town hall with IPC, Hospital Execs, CMO, CNO from Farkas	Live Town hall with IPC, Hospital Execs, CMO, CNO all hospitals
All Staff	Banner across insideHealth page		
	2019-nCoV Portal (one click for all documents/ tools [e.g.,Flu Portal])		
Managers	Weekly Manager Update via email	Bi-Weekly Manager Update via email	Daily Manager Update via email
Healthcare staff	Weekly Manager Update reviewed/ all shift huddles	Bi-Weekly Manager Update reviewed/ all shift huddles	Daily Manager Update reviewed/ all shift huddles
Patients	Flyers/ handouts	Flyers/ handouts/ bi-weekly rounding	Flyers/ handouts/ daily rounding
	Tissues at all entrances/ nursing stations/ welcome desks	Surgical masks at entrances	Strict visitors restrictions in place
Visitors	2019-nCoV sign (with cough/ sneeze protocols [e.g., flu sign])	STOP 2019-nCoV sign (don before entering if coughing/ sneezing)	



#### **Currently on Inside Health**

#### **InsideHealth**

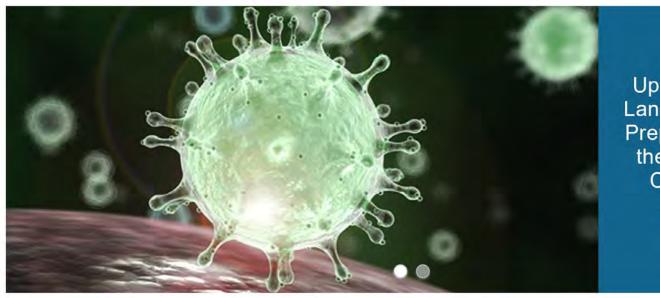
FOR NYU LANGONE EMPLOYEES

Analytics Center Policies & Procedures Library MCIT Support

**Human Resources >** 

Health System v

**Directories** ×



Update on NYU Langone Health's Preparedness for the 2019-novel Coronavirus

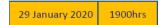
Read More >



#### Situation Report & Level 2 Planning



#### **Situation Report**



Current

**US Case** 

Count\*

5

#### **Key Planning Items**

Incident Name: Novel Coronavirus (2019-nCoV)

NYU Langone Health Situation Room is OPEN in Greenberg Hall SC1-046 (0700-1900hrs daily)

evels	⊠	Level 1	Epi Curve increasing; nCoV widespread, elsewhere not in NYC
_		Level 2	Some nCoV cases in NYC, standard operations being optimized
utbreak		Level 3	Surge of nCoV into our hospitals, cohorting, alternative/surge spaces utilized
Out		Level 4	Worst case scenario, all surge spaces full

#### **Incident Overview**

- 2019-nCoV outbreak continues to evolve. More than 5997 cases have been confirmed in mainland China, as the coronavirus spreads across Asia and the rest of the world. Nearly 60 million people are under partial or full lockdowns in Chinese cities.
- Approximately 70 confirmed cases in 17 places outside China. \*There are 5 confirmed cases in the US, all of which were exposed in China. CDC conducting public health entry screening for passengers from China at 20 US airports.
- 3. Arkansas Department of Health is investigating a possible case within the state
- NYU Langone remains at Level 1, which means that there is disease transmission elsewhere but not in our area.
- We are preparing for Level 2, when there is a least one confirmed case in our hospitals or multiple confirmed cases in New York City.

#### **Public Health Response**

NYC Department of Health and Mental Hygiene	New York State Department of Health	Centers for Disease Control and Prevention	World Health Organization	
⊠ <u>Health Update</u>	⊠ <u>Health Advisory</u>	⊠ <u>Health Advisory</u>	<u>Situation Reports</u>	

- EM+ER Staffing Plan
- Executive Daily Situation Report
- Taskforce Development & Tracking
- Level Setting Terms



## **VEOCI Dashboard- Staffing & Document Repository**

2019 Novel Coronavirus, EM+ER Situational Awareness EM+ER 2019 n-CoV Posture- Level 1 Status Situation Room Staffing Schedule Sunday- Jan 26(4 hr tour) Monday - Jan 27 Tuesday - Jan 28 Wednesday - Jan 29 Thursday - Jan 30 Friday - Jan 31 Saturday - Feb 1(4 hr tour) AM:(7 AM-3 PM) Caitlin Kelly Becca Caitlin Matt Resnick Kelly PM:(11 AM- 7 PM Kelly Johanna Resnick Johanna Becca Kelly Matt Sunday - Feb 2 (4 hr tour) Monday - Feb 3 Tuesday - Feb 4 Wednesday - Feb 5 Thursday - Feb 6 Friday - Feb 7 Saturday - Feb 8 (4 hr tour) AM:(7 AM-3 PM) Andrew Matt Andrew PM:(11 AM- 7 PM) Johanna Kelly Resnick Kelly Matt Becca EM+ER Links 2019 nCoV Document Repository EM+ER 2019 n CoV Task Force Filter Form Entries. Tracker Go to Communications Dashboard Name of Submission Documents for Repository Description/Background of Document(s): Working Group Go to NICS Activation-Issue ☐ Plan Document (3 items) Tracker Task Force 2019 nCoV Level 1 Plan\_v1.25.2020.pdf Level 1 Plan Level 1 Plan for NYU Langone, created by KRM on. Go NYU Square Chatroom NICS Briefing Add Document to 2019 nCov 2019 nCoV Action Plan NYU Langone Health\_2019 nCoV Action Plan\_26... Action Plan prepared by KRM on January 26, 2020 Document Repository External Meeting Matrix.docx Meeting Matrix for EM+ER Meeting Matrix Create a 2019 nCov Task Force □ Situation Report (2 items) Enter a 2019-nCoV Procurement EM+ER Internal Situation Report # 2 1.28.20 2019-nCoV\_SitRep\_NYULH\_28 January 2020.pdf Situation Report completed by ABR/AT Total 12 Jan 27 Situation Report 2019 nCoV 2019 nCoV SitRep NYULH 27 January 2020.pdf Situation report created by Johanna Miele and Kell..



# **Issue Tracking**

+ER 2019 n CoV Task Force Tracker						Filter Form Entries
Name:	Purpose:	EM+ER Staff Lead:	IPC Owner:	Key Group Members:	Frequency:	Date of Next Meeting:
EM+ER Internal (1 items)						
EM+ER n-CoV Check-In	EM+ER Situational Awareness of res	Johanna Miele	N/A	EM+ER Staff	Weekly	2020-Jan-28 10:00
External (2 items)						
TAMCEMC 2019 n CoV	Situational awareness of top academ	Caitlin Flynn		Knox Walker (UPMC)	Weekly	2020-Jan-29 12:30
Touchbase with NYU Square SHCs	Situational awareness of SHC protoc	Rebecca Glenn		William Karnardi, Dr. Lewis Marshall	As needed	
NICS Briefing (1 items)						
NICS Briefing #1	Leadership situational awareness of	Kelly McKinney		SWN Leadership Alert	As needed	2020-Jan-29 15:00
Task Force (5 items)						
Communications and Marketing Task		Matthew Scott			As needed	
Patient Surge Space Task Force	Identify triage versus patient care sp	Andrew Dahl		Amy Horrocks(Hosp Ops), P3(Andre	As needed	
Modification to Epic for Screening	Need for novel coronavirus infection f	Johanna Miele		Glenn Doty, Michael Phillips, Ana Sat	Until modification complete	2020-Jan-28 13:00



#### Looking Ahead....

- Supply Chain & Prioritization
- Clinical Management & Surge
- Emergency Department Split-Flow Triage
- Continued Communications
- Assessing burnout



#### **Continuing Surveillance**





#### Let's Talk!

- Avoid duplication of efforts
- Early mitigation in the NYC supply chain
- Share best practices
  - Emergency Management
  - Clinical Management
  - PPE Recommendations
- Share information across systems
- Stay connected!



#### **Questions?**



#### **Thank You!**

Johanna Miele, MPH
Manager, EM+ER
Johanna.Miele@nyulangone.org



## Technology in Emergency Management: Sit Stat 2.0

January 30, 2020

#### **GREATER NEW YORK HOSPITAL ASSOCIATION**

Over 100 years of helping hospitals deliver the finest patient care in the most cost-effective way.

## Agenda

- Leveraging Technology to Support Information Sharing
- II. Sit Stat 2.0 An Opportunity to Advance Regional Preparedness
- III. Project Status & Current Use of System
- IV. Growth Opportunities

## Leveraging Technology to Support Information Sharing

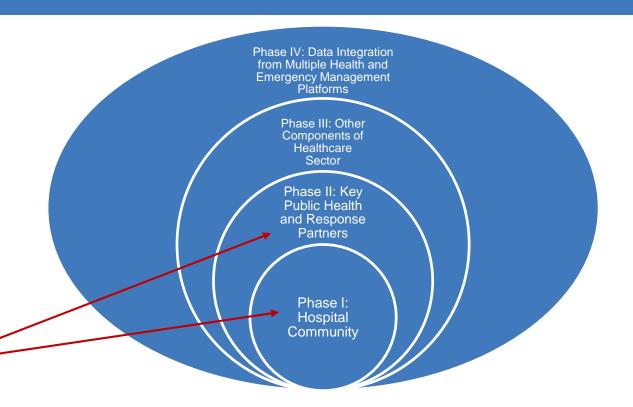
- 1. Impactful agency-hospital sector collaborations are increasing information sharing (and creating an increased appetite for better tools and systems).
  - □ Development of NYCEM Watch Command Outgoing Message Radio Protocols (2015)
  - Development and launch of EMS-to-Hospital Communication Protocols for Mass Casualty Incident Response (2016)
- 2. Health systems are growing larger and centralizing emergency management functions. As their internal capacities grow, they want greater connectivity to the rest of the health sector and response agencies.
- 3. New technology tools, especially those fueled by social media, are highlighting how real-time information can inform emergency management decisions.

# Sit Stat 2.0 – An Opportunity to Advance Regional Preparedness

Agreement that a robust situational platform is needed for NYC

- GNYHA was wellpositioned to catalyze this initiative
- Multi-year, multi-phase effort

Current areas of focus



## Sit Stat 2.0 Project Status



**112 NYS** Hospitals using *EMResource* 



Regional data integration/sharing across agencies and other parts of healthcare sector

#### **Notifications**

**GNYHA** also engaging with other Public Health & Response Partners



#### Current Use of Sit Stat 2.0/EMResource

Resource	Tailored	Event
Detail View	Views	Templates
Static information about each participating facility	Pre-developed sets of high-value information for specific use cases	Pre-developed surveys for anticipated hazards

The Sit Stat Advisory Council meets every other month. It is a key structure for building a culture of information sharing among hospitals, health systems, and agencies.

The Advisory Council reviews and provides feedback on all event templates, drills and exercises, and product enhancements.

## Sit Stat Views: Increasing Accessibility of Information

## Resource Detail View

Repository of static information about each participating facility

Requesting updates 2x annually

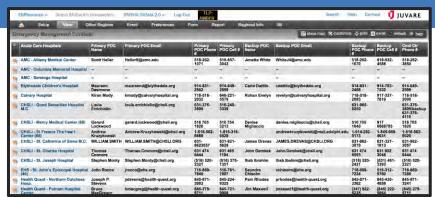
Facility Information	Status	Comment	Last Update	Emergency Management	Status	Comment	Last Update
GNYHA Member	Yes		31 Jul 2018 10:38	Contacts			2011 2010 201
Health System	N/A		26 Apr 2019 13:57	Primary POC Name	Jay Johnson		22 May 2018 00:1
State Designations	Status	Comment	Last Update	Primary POC Email	jj@a.aaa		22 May 2018 00:1
AIDS Center	Yes	Comment	18 Jul 2018 15:08	Primary POC Phone #	555-555-3215		22 May 2018 00:1
Burn Center	No		22 May 2018 00:18	Primary POC Cell #	555-555-9571		22 May 2018 00:1
Perinatal Center	N/A		22 May 2018 00:18	Backup POC Name	Joe Davis		22 May 2018 00:1
SAFE Designated Hospital	Yes		18 Jul 2018 15:11	Backup POC Email	jd@a.aaa		22 May 2018 00:1
Stroke Center	No		22 May 2018 00:18	Backup POC Phone #	555-555-6842		22 May 2018 00:1
Adult Trauma Center	Level 2		15 Aug 2019 16:32	Backup POC Cell #	555-555-3791		22 May 2018 00:1
Total Case Parising				Command Center	Status	Comment	Last Update
Pediatric Trauma Center	Leyel 2		15 Aug 2019 16:33	Cmd Ctr Phone #	555-555-4567		22 May 2018 00:1
NYC Designations	Status	Comment	Last Update	Cmd Ctr Email	сс@а.ааа		22 May 2018 00:
911 Receiving	Yes		22 May 2018 00:18	Crnd Ctr Address	1265 Lombardi		22 May 2018 00:1
Burn Disaster Receiving	Yes		06 Jun 2019 16:18		Avenue		
Hospital			122 1 2212 12 12	Cmd Ctr Bldg	Atrium		22 May 2018 00:1
Evacuation Zone (NYC)	4		06 Jun 2019 16:18	Cmd Ctr Floor	1		22 May 2018 00:1
■ Other Designations	Status	Comment	Last Update	Cmd Ctr Room #	Atrium		22 May 2018 00:1
STEMI Center	Yes		06 Jun 2019 16:18	Facility Contact	Status	Comment	Last Update
NICU Level	Level 1		05 Jun 2019 16:41	Information		100000000000000000000000000000000000000	-
NDMS	No		22 May 2018 00:18	Main Hospital Phone #	555-555-1234		22 May 2018 00:1
Radiation Injury Treatment	No		22 May 2018 00:18	Security Phone #	555-555-7328		06 Jun 2019 16:2
Network				Public Relations Phone #	555-555-7827		06 Jun 2019 16:2
Evacuation Zone (Nassau)	-			AOD / AOC Phone #	555-555-2630		06 Jun 2019 16:1
Evacuation Zone (Suffolk)	-			ED Main Phone #	555-555-4321		22 May 2018 00:1
Hospital Services	Status	Comment	Last Update	NYC: 800Mhz Link?	Yes		22 May 2018 00:1
Ambulatory Surgery - Gastroenterology	No		26 Apr 2019 14:27	Other Radio Link (Not NYC EM 800 Mhz)	No		22 May 2018 00:1
Cardiac Cath - Adult Diagnostic	No		26 Apr 2019 14:27	Staffed Beds	Status	Comment	Last Update
Cardiac Cath - Electrophysiology (EP)	No		26 Apr 2019 14:27	Staffed AIDS Staffed Bone Marrow	5		22 May 2018 00:
Cardiac Cath - PCI	No		26 Apr 2019 14:27	Transplant			1000
Cardiac Cath - Ped Intervention Elective	No		26 Apr 2019 14:27	Staffed Burn Care Staffed Chem	0		22 May 2018 00:
Cardiac Cath - Pediatric	No		26 Apr 2019 14:27	Dependence-Detoxification	V.		may 2010 001

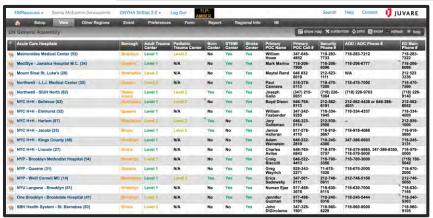
## Sit Stat Views: Increasing Accessibility of Information

#### **Tailored Views**

Facility data aggregated for particular use case

- Emergency Management Contacts View
- Hospital Designations View
- Agency Views
- Event Views



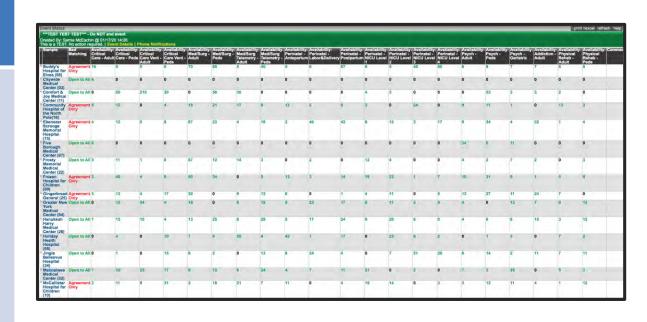


## Sit Stat Events: Supporting Real-Time Response

#### **Event Templates**

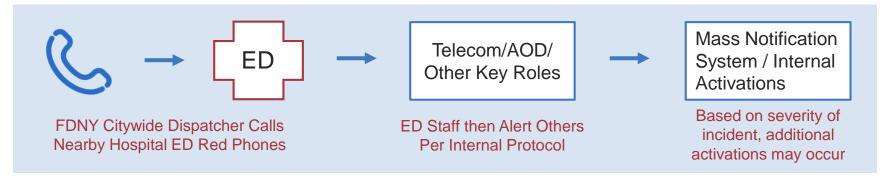
Pre-developed surveys for anticipated hazards

- Bed Matching
- Coastal Storm (Impacts)
- FDNY MCI Notifications
- MCI Level C/D
- Prolonged Heat
- Seasonal Flu
- Winter Weather
- Blackout/Power Outage
- Special Pathogen

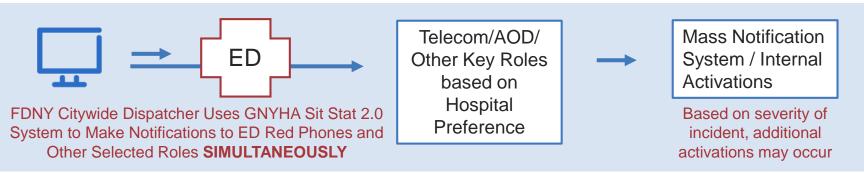


#### Sit Stat Events: Foundation for Bi-Directional Communication

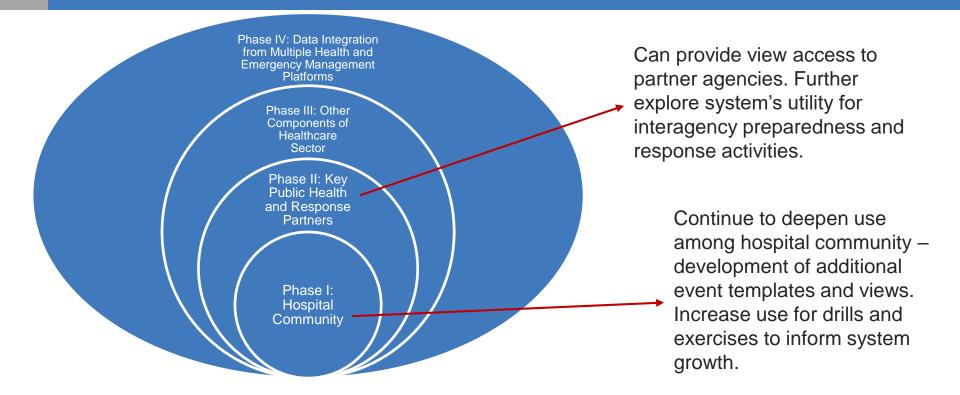
#### **Previous Process**



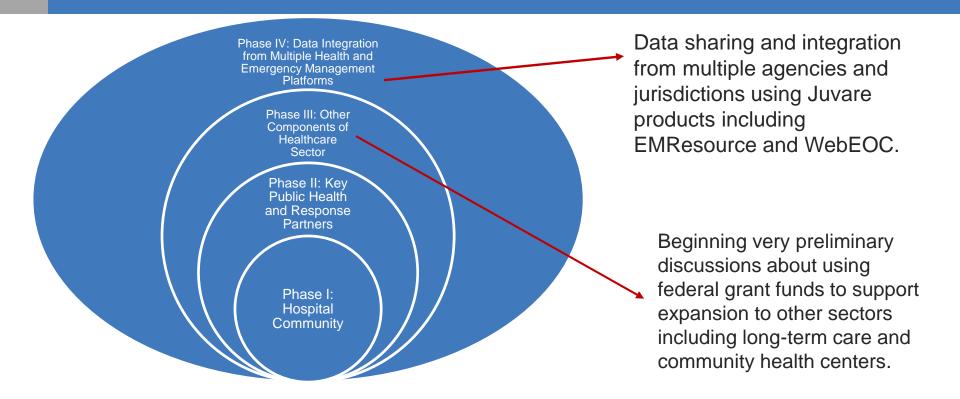
#### **New Process (11/4/19)**



## Growth Opportunities



## Growth Opportunities



#### 13 Thank You!

Samia McEachin smceachin@gnyha.org 212-258-5336

Jenna Mandel-Ricci jmandel-ricci@gnyha.org 212-258-5314



# Leveraging Juvare: an Electronic Emergency Management Tool



## **Juvare and NYC Health+Hospitals**

Since 2017 Juvare has provided NYC H+H with a web-based/mobile two-product solution for manual data entry/collection, situational awareness, and incident document management. The solution consist of the following:

EM Resource: Allows for consistent data reporting across the organization, with key focus on the three service lines.

- Daily Report
- Bed Report
- Cold Weather Sheltering
- Special Pathogens Reports

elCS: an electronic Incident Command System that used to activate, respond, and accurately document incidents for process improvement, litigation, and reimbursement.



## System-Wide Approach

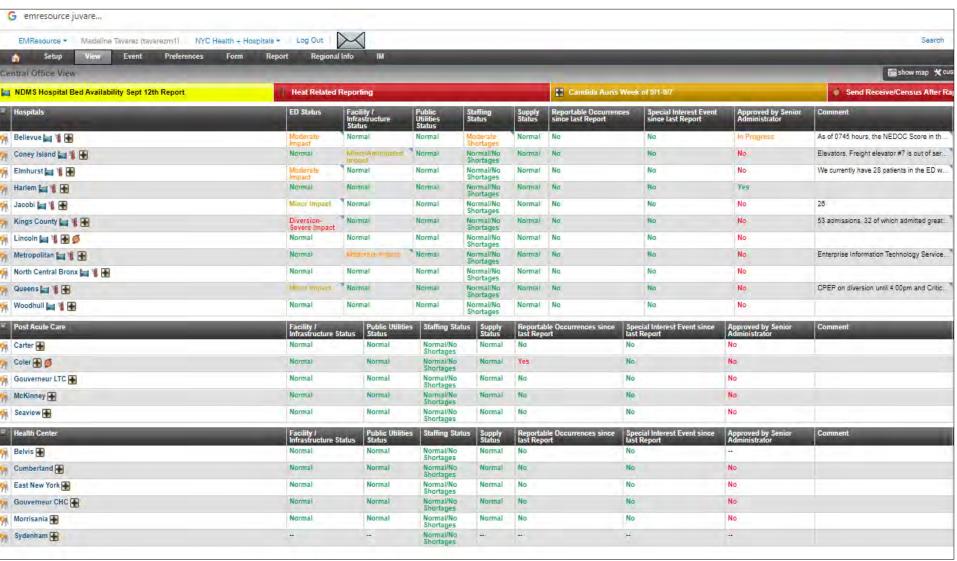
- 11 Hospitals
- 5 Post Acute Care
- 7 Community Health Centers
- 27 Neighborhood Health Clinics
- 23 School Based Health Centers
- 8 SMNS Locations



# Phase 1: Building Daily Familiarity and Situational Awareness



## **Daily Report**





## **Bed Reporting**

	🏠 Sets	ıp III	View	Event	Prefer	ences	Form	Report	Reg	ional Info	IM			
le	d Reporting			-	-	_	_			-	_			
	NDMS Hosp	ital Bed	Availabilit	ty Sept 12	th Report			1	Heat Rela	ated Repo	orting			
W .	Hospitals	Census: Adult Critical Care - Burn	Census: Adult Critical Care - Non- Burn	Census: ED - Medical	Census: ED - Pediatric	Census: ED - Psychiatric	Census: ED - Trauma	Census: Forensic Female	Census: Forensic Male	Census: Labor & Delivery	Census: Med / Surg - Adult	Census: Med / Surg - Geriatric	Census Med / Surg - Iso / Neg Pres	Ce Me St Si Pt
À	Bellevue	NIA.	56	17	0	11	8	o	12	10	264	17	17	17
7/1	Coney Island	MAX.	0	17	0	6	0	p.c.	MA.	2	170	BIAN.	16	15
Ñ	Elmhurst 🔄	N/A		113	9	14	2	8	0	9	-	N/A	-	9
7	Harlem 🔄	3	16	26	1	5	1	0	0	1	72	30	7	15
Ñ	Jacobi 🔄	8	34	55	14	13	0	MA	WA	6	174	72	18	9
7	Kings County		0	na.	WA			100		15	0		0	0
M	Lincoln 🕍	NA	11	45	14	8	1	MA	NVA	6	132	41	8	23
Ñ	Metropolitan	HH/V	0	26	1	3	4	and the	14/10	0	54	13	2	
7	North Central Bronx	0	0	9	4	7	0	N/A	M/A	3	56	10	6	6
M	Queens 🗮	111/1	15	59	0	18	0	100		8	114	0	0	0
71	Woodhull	N/A	16	26	N/A	19	MA	N/A	WA	0	78	M/A	3	59
-	Summary	11	148	393	43	104	16	8	12	60	1,114	183	77	14
	Post Acute C	are							Census: P Acute Care	e Reh	isus: iabilitation	Census: Skilled Nursing		Censu Brain
Ñ	Carter 😱								0	14		156	0	)
71	Coler 🚹 🍠							2.0	0	-		602	0	)
91	Gouverneur L	TC 📳							-	-		264	0	)
79	McKinney 👍									-		307		)
74	Seaview 🛖								÷1	48		296	3 8	\$
	Summary							19	0	48		1,625	8	3

Summary	
Status Type Summary	Total
Census: Adult Critical Care - Burn	11
Census: Adult Critical Care - Non-Burn	148
Census: ED - Medical	393
Census: ED - Pediatric	43
Census: ED - Psychiatric	104
Census: ED - Trauma	16
Census: Forensic Female	8
Census: Forensic Male	12
Census: Labor & Delivery	60
Census: Med / Surg - Adult	1,114
Census: Med / Surg - Geriatric	183
Census: Med / Surg - Iso / Neg Pres	77
Census: Med / Surg - Single Pt Rm	144
Census: Med / Surg - Telemetry	166
Census: NICU	89
Census: Operating Room	21
Census: PICU	15
Census: Pediatric Med / Surg	39
Census: Post Acute Care	0
Census: Post Partum - OB/GYN	105
Census: Psych Adult Female (18-64y/o)	174
Census: Psych Adult Male (18-64y/o)	349
Census: Psych Chemical Dependent	66
Census: Psych Geriatric Female (>64y/o)	9
Census: Psych Geriatric Male (>64y/o)	11
Census: Psych Pedi Female (=<17)	17
Census: Psych Pedi Male (=<17)	16
Census: Recovery / PACU	16
Census: Rehabilitation	102
Census: Skilled Nursing	1,625
Census: Traumatic Brain Injury	26
Census: Ventilator Beds	0
Staffed - Adult Critical Care - Non-Burn	122
Staffed - Forensic - Female	0
Staffed - Forensic - Male	24
Staffed - Labor and Delivery	26
Staffed - Med/Surg - Adult (= >17 y/o)	401
Staffed - Med/Surg - Geriatric (>65 y/o)	52
Staffed - Med/Surg - Neg Pres/Iso	32
Staffed - Med/Surg - Single Patient	24
Staffed - Med/Surg - Telemetry	154
Staffed - Neonatal Intensive Care Unit	41
Staffed - Operating Room	7
Staffed - Pediatric Intensive Care Unit	1
Staffed - Pediatric Medical / Surgical	22
Staffed - Post Partum - OB/GYN	64
Staffed - Psych - Adult Female (18-64)	3
Staffed - Psych - Adult Male (18-64 y/o)	12
Staffed - Psych - Chemical Dependent	25
Staffed - Psych - Geri Female (>65 y/o)	0
Staffed - Psych - Geri Male (>65 y/o)	4
Staffed - Psych - Pedi Female (<17 y/o)	3
Staffed - Psych - Pedi Male (<17 y/o)	0
Staffed - Recovery / PACU	34
Staffed: Adult Critical Care - Burn	0
Staffed: Post Acute Care	0



# Phase 2: Leveraging Existing Deliverables and Initiatives

- NYC Emergency Management
  - Nursing Home Surge Capacity
  - Special Medical Needs Shelter Report
- Hospital Preparedness Program
  - Body Collection Point
  - Infectious Disease Incident Response Guide



#### SMNS Shelter Report - Quick Guide

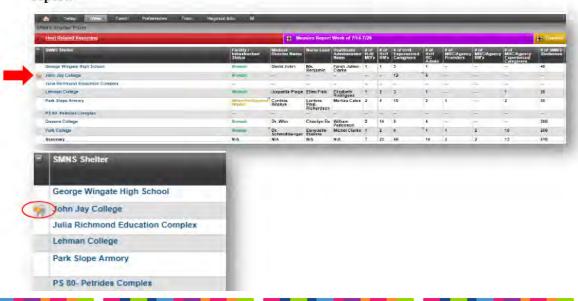
Step 1: Log in to https://emresource.juvare.com



-	
	SMNSJohnJay
3	SMNSJuliaRichmond
1	SMNSLehman
1	SMNSParkSlope
3	SMNSPetrides
	SMNSQueensCollege
	SMNSWingate
	SMNSYorkCollege
	PW: Gothamhealth1

**EM Resource for SMNS Reporting** 

Step 2: Click on the "keys" icon to the left of your SMNS Shelter Facility name to open report.





## **SMNS Shelter Form Desktop View**

**Step 1:** Login with your SMNS Username and Password. Open your web browser and Enter the URL below.

https://emresource.juvare.com

**Step 2:** Click on the keys next to your SMNS to open and complete report.

**Step 3:** Click save.





## **Body Collection Points**

BO	P P												
H	NDMS Hospital Bed Availability Sept 12th Report	Heat Related Reporting						Candida Auris Week of 9/1-9/7					
E	Hospitals	Body Collection Point: BCP Active	Body Collection Point: Mass Fatality Plan	Body Collection Point: Current Morgue Capacity	Body Collection Point: Adjacent to a loading dock?	Body Collection Point: Shore Power	Body Collection Point: CS Plug	Body Collection Point: 380 / 460 Power?	Body Collection Point: Proximal to HVAC / Air Intake?	Body Collection Point: Public View Concerns	Body Collection Point: Security Cameras		
**	Coney Island 📺 🖟	No	BCP Trailer (8.5'x53') 44	15	Yes	Yes	Yes	No	No	No	Yes		
4	Härlem 🙀 🐧 🚹	No	BCP Trailer (8.5'x53') 44	13	Yes	No	No	No	No	No	Yes		
9	Jacobi 🔄 🐧 🚹	No	BCP Trailer (8.5'x53') 44	20	Yes	No	No	No	No	No	Yes		
师	Lincoln 🔄 🖠 🖪 💆	No	BCP Trailer (8.5'x53') 44	14	Yes	Yes	Yes	Maybe	No	No	Yes		
9	Metropolitan 🟣 🕯 🕒	No	BCP Trailer (8.5'x53') 44	14	Yes	Maybe	Maybe	Maybe	Yes	No	Yes		
*	North Central Bronx 🟣 🐧 🚹	No	BCP Container (8'x40') 32	8	Yes	No	No	No	No	No	Yes		
9	Queens 🔄 🐧 🔒	No	BCP Trailer (8.5'x53') 44	3	No	Maybe	Maybe	Maybe	No	Yes	Yes		
4	Woodhull 🟣 📲	No	BCP Container (8'x40') 32	15	No	Yes	Yes	Yes	Yes	Yes	No		



#### **EM Resource Events**

lcon	Event Template A
$\triangle$	Ad Hoc Event
THE REAL PROPERTY.	Blood Availability Query
1	Candida Auris
()	Code Blue - Winter Weather Sheltering Information Request
$\boxtimes$	Daily Report
A	EM Communications Drill
	General Announcement
la .	GNYHA - Evacuating Receiving
	GNYHA - Evacuation Sending
1	Heat Related Reporting
	Hospital Surge Beds
	LTC Surge Beds
(F)	MCI
<b>(</b>	MCI Notification DEMO
1	Measles Report
H	National Disaster Medical System Bed Availability
<b>+</b>	Seasonal Flu Activation
0	Send/Receive - Census After Rapid D/C
	SMNS Shelter Operations
(3)	Winter Weather Advisory

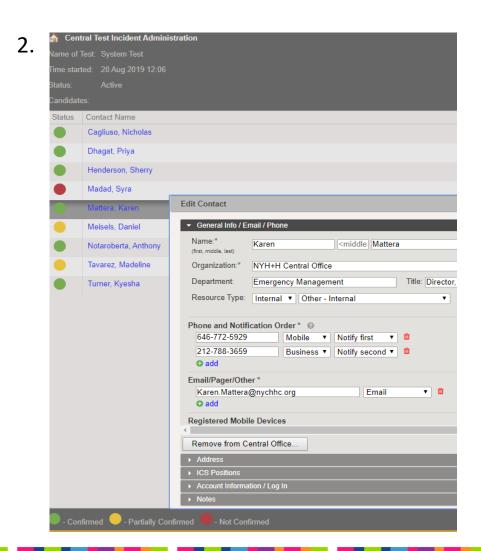
<u>Hospitals</u>	NDMS Burn Census	NDMS Burn Open Available	NDMS Critical Care (CC) Census	NDMS Critical Care (CC) Open Available	NDMS Med/Surge - Census	NDMS Negative Pressure/ISO Census	NDMS Med/Surge - Open Available	NDMS Negative Pressure/ISO Open Avail	NDMS Pediatric Census	NDMS Pediatric Open Available
Bellevue 🕍 📳										
Coney Island 🔄 🕯 🚹			-			-			-	
Elmhurst 🟣 🤻 🛖			-			-				
Harlem 🔄 📳 🚹	2	1	8	12	125	2	4	19	5	7
Jacobi 🛌 🐐 🚹										
Kings County 🔄 🗐 🚹						-				
Lincoln 🚔 📳 🍯			-	-			-		-	
Metropolitan 🔄 🗐 🚹										
North Central Bronx 🕍 📳			-							
Queens 🔄 📲 🚹	0	0	18	0	124	0	25	0	0	0
Woodhull 🟣 🥞 🚹			-	-		-				
Summary	2	1	26	12	249	2	29	19	5	7



### **eICS**

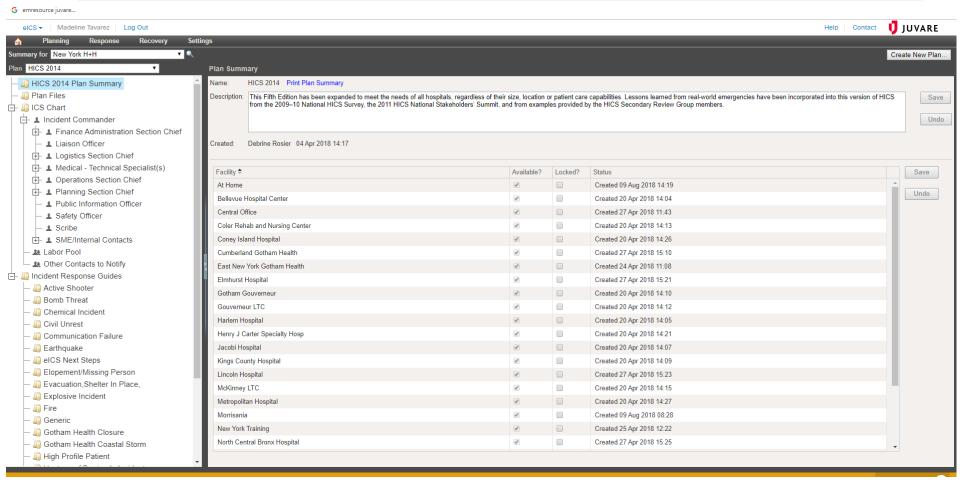
#### Notifications/Activations

 Start Exercise/Drill 1 of 6: Select Type and Facility Actual Incident Exercise/Drill Q Search... At Home Bellevue Hospital Center Central Office Coler Rehab and Nursing Center Coney Island Hospital Cumberland Gotham Health East New York Gotham Health Elmhurst Hospital Gotham Gouverneur Gouverneur LTC Harlem Hospital Henry J Carter Specialty Hosp lacobi Hospital Continue





# Incident Response Guides, Library, HVA, and More...





## **Opportunities:**

- Strengthen our site infrastructure and service data
- Standardize naming conventions and data management
- Ability to generate reports and collaborate with partners such as Greater NY Hospital Association

## **Challenges:**

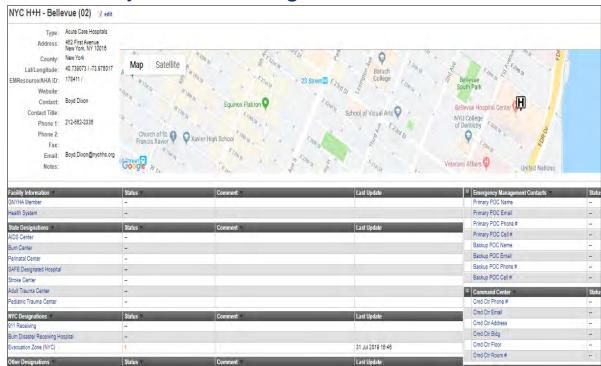
- Manual data entry
- Design and development
- Information Technology and dedicated support





#### What's Next?

- Detail Resource Profile View
- Enhancing the eICS features based on the systemwide Hospital Incident Command System Training





## Questions?

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Planning and Operations
NYC Health + Hospitals
125 Worth Street
New York, New York 10013

Office: (212)323-2524 Mobile: (646)787-5006

Email: <a href="mailto:tavarezm1@nychhc.org">tavarezm1@nychhc.org</a>



# LEVERAGING TECHNOLOGY IN HEALTHCARE EM: VEOCI

#### **DOHMH HPP Meeting**

Thursday, January 30, 2020



#### What is VEOCI?

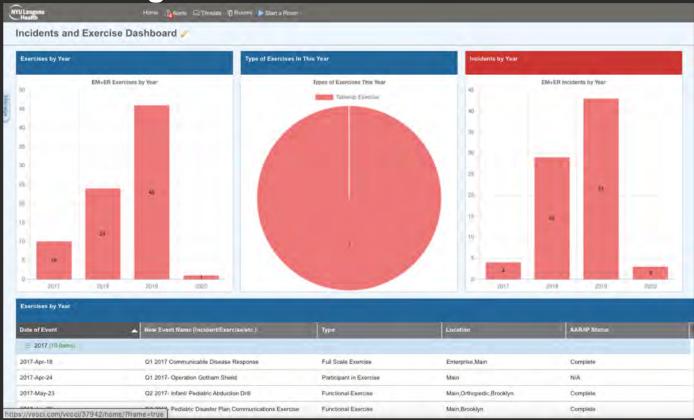
#### **Functional Uses**

- Cloud-based Application
- No coding required, intuitive interface
- Relational-database that functions through:
  - Forms
  - Workflows
  - External Data Sources
- Displays and Produces:
  - Notifications
  - Reports
  - Dashboards

- ✓ Program Management
- ✓ Incident Response
- **✓ EPCOM Coordination**

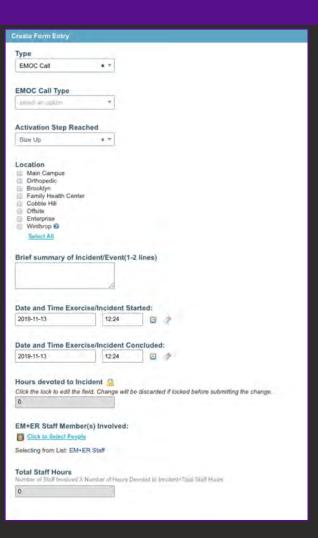


#### **Program Management**





## On Call Emergency Manager – Incident Call Tracking





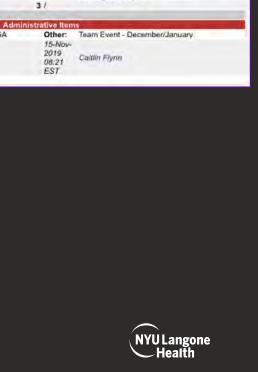
## **Staff Meetings**





	Project Updates
	1 NEMEP (wrap up Pt Evac / Executive TTX 2019)
	2 Regulatory TJC AMP FSA Program
	3 HPP Grant Management (NYU, EPCOM, Ebola)
	4 EPCOM Meeting and Next Steps
	Exercises
	1 12/02 Executive TTX 2019
	2 / Q4 Inf/Ped Abd (Dec)
	3 / NIP #4 (Jan 6)
	Adn
	Time Off: IAEM (11/15-11/21) Savannah, GA
Total Staff Hours on EMO for the Past 8 Days	Campus Changes: Friday 11/22 - Main Campus
Total Staff Hours	
Multiple Triage Event(MTE)	<b>3</b>
MCI Level A	<b>②</b>
Fire Safety Alert	
Facilities Issue	0
Facilities Issue - No Entry -	0

Caitlin Flynn



Meetings

Planning Meeting - Inf/Ped Abd Drill

Trainings

Pharmacy AS PrepTalk (Parts II/III)

Nursing AS PrepTalks

Post Exercise Planning Meeting - Patient

IAEM Stuff (TAMCEMC & HC)

Evacuation

NEMEP Coordination Call (TTX)

1 11/16

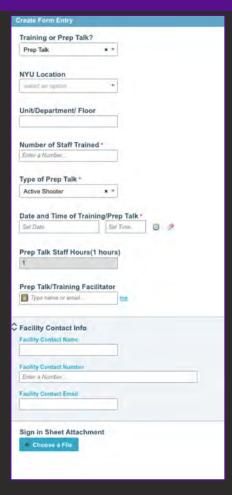
2 11/18

3/

1/

2/

3/

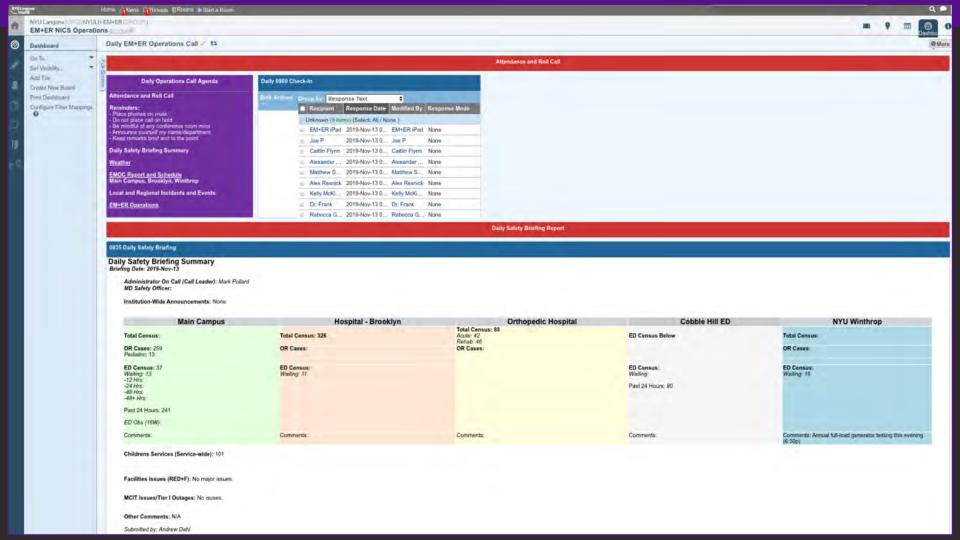


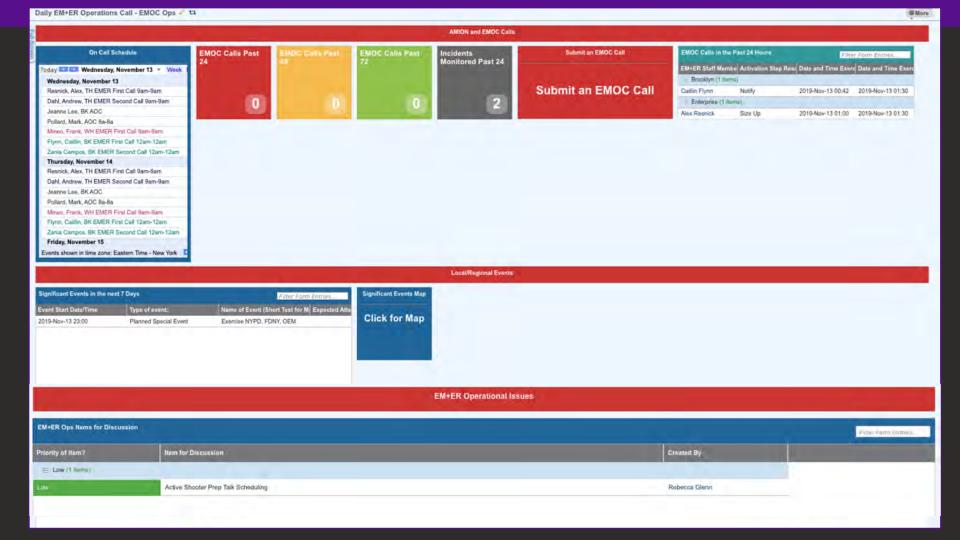
# **Completed Training**

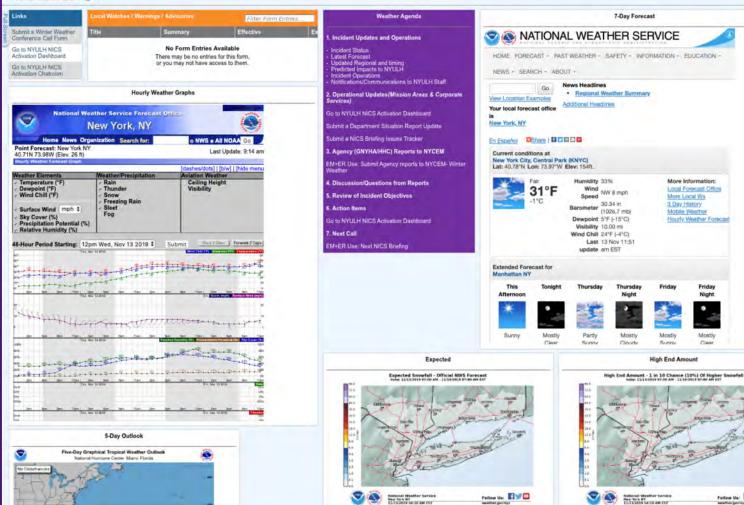


# **Incident Management**





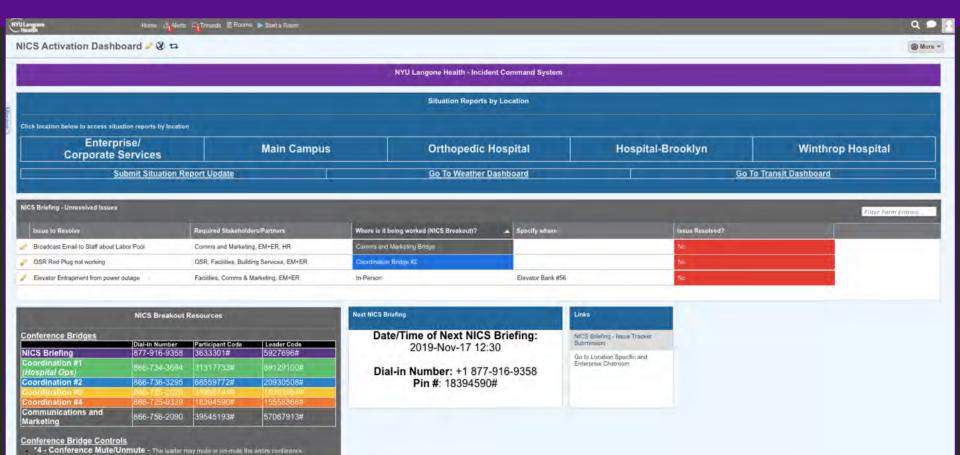




Weather Dashboard



Follow Us:





\*6 - Self Multe/Unmute - Both leaders and participants can mute or unmute their line.
\*7 - Conference Lock/Unlock - Leaders may lock the call so that no additional paties attempting.

Links

HERDS Data Request Flu Survey
2020- Google Sheet

NY State DOH - Influenza Tracker

NYC DOHMH - Influenza
Surveillance

EM+ER Only - Submit an
Unresolved Issues for Influenza

Level 4

Ongoing - Action Items

In Pragress -Action Items

Pending - Action Items

Surge patient unit full

Completed -Action Items

Open alternate locations of care; open Respiratory units

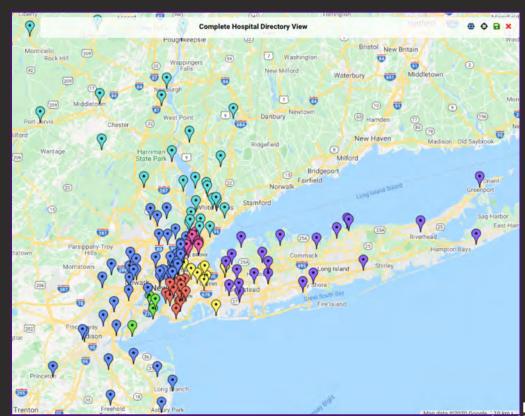
**Action Items** 

Filter Form Entries.

Pleasetment Bails Els Penert

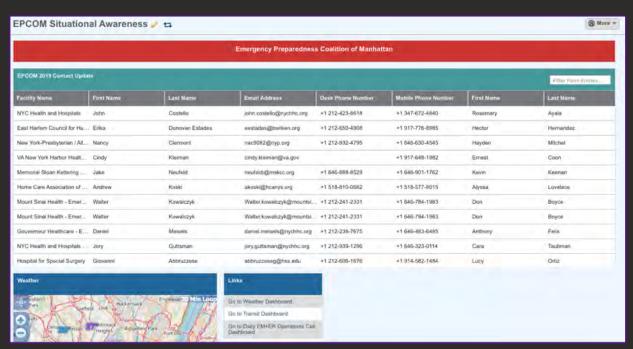
## **Potential EPCOM Utilization**

Hospital Directory and Database



### **Potential EPCOM Utilization**

#### Member Director and Communication





## **Potential EPCOM Utilization**

Information Repository





## **Questions?**

Andrew Dahl
Manager,
Emergency Management +
Enterprise Resilience

Andrew.Dahl@nyulangone.org







**THANK YOU** 



# **NewYork-Presbyterian**

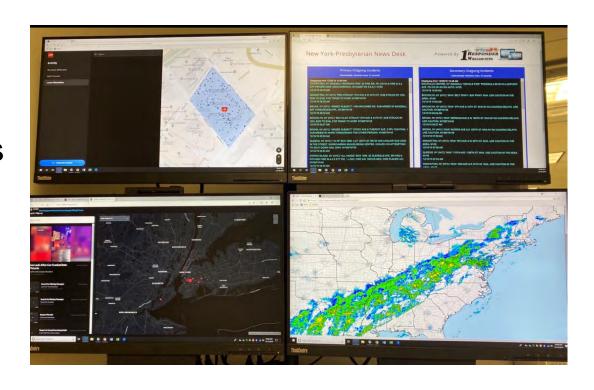
# **Security & Emergency Management Situational Awareness Center**

January 30<sup>th</sup>, 2020



# NYP Emergency Management - Operations

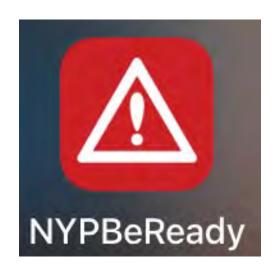
The main purpose of the NYP Emergency Management Situational Awareness Center is to remain informed about events that may impact our enterprise.





# **Mass Notification**

# **△**Send Word Now<sup>™</sup>



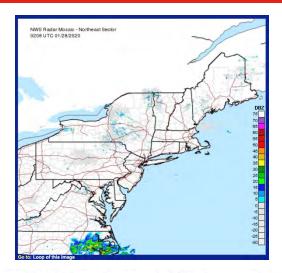
NYP Emergency Management is responsible for the distribution of information to the NYP Enterprise.

- Emergencies
  - Internal/External
- Weather Emergencies
- Surge Incidents
- Drills/Exercises
- Regulatory Activity
  - Joint Commission/DOH



# Weather







# Storm Prediction Center

NOAA/National Weather Service



# NATIONAL HURRICANE CENTER and CENTRAL PACIFIC HURRICANE CENTER

NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION



# **Current/Ongoing Citywide Incidents**

### New York-Presbyterian News Desk



#### **Primary Outgoing Incidents**

Automatically refreshes every 10 seconds

#### Displaying from 01/26/20 09:36 PM

WALDWICK, NJ (BERGEN) \*TRAIN VS PED W/ MEDEVAC\* HEWSON AVE & PROSPECT. 1 VIC STRUCK BY TRAIN W/ TRAUMATIC INJS. MEDEVAC A GO. AA3 THE HELO NJ422 01/27/20 09:32 PM

ENGLEWOOD, NJ (BERGEN) \*MINOR FIRE\* 40 TRYON. DRYER FIRE IN A DWWLLING. FIRE EXTINGUISHED. VENT IN PROG. NJ422

01/27/20 09:12 PM

BRONX, NY (NYC) \*A/H HIGH RISE FIRE\* BOX 3612 : 3444 WHITE PLAINS RD. FIRE ON THE 8TH FLR IN APT 8D OF A 13 STY HIGH-RISE OMD. L-39 IS FAST. NY111

01/27/20 07:56 PM

BRONX, NY (NYC) \*10-77\* BOX 3612 : 3444 WHITE PLAINS RD. FIRE ON THE 8TH FLR IN APT 8D OF A 13 STY HIGH-RISE OMD. L-39 IS FAST. NY111 01/27/20 07:56 PM

BRONX, NY (NYC) \*10-75\* BOX 3612 : 3444 WHITE PLAINS RD. FIRE IN A 13 STY OMD. NY111 01/27/20 07:54 PM

QUEENS, NY (NYC) \*SMOKE DAMAGE\* BOX 7293 : 50-14 ROOSEVELT AVE. SMOKE IN A 1 STY LAUNDROMAT FROM A DEFECTIVE DRYER, SERV HAS BEEN DISCONNECTED, VENTING THE BLDG. NY111

01/27/20 07:28 PM

FINAL U/D QUEENS, NY (NYC) \*ALL HANDS\* BOX 6762 : 80-03 257TH ST. DIV 14 RPTS ALL FIRE HAS BEEN EXTINGUISHED, SEC SRCHS CONTINUING, FIRE IS U/C. NY111 01/27/20 07:25 PM

U/D QUEENS, NY (NYC) \*ALL HANDS\* BOX 6762 : 80-03 257TH ST. BN 53 RPTS 2 L/S/O, MAIN BODY OF FIRE KNOCKED DOWN, PRI SRCHS COMPLETE, FIRE REMAINS DWH. NY111 01/27/20 07:16 PM

#### Secondary Outgoing Incidents

Automatically refreshes every 10 seconds

#### Displaying from 01/26/20 09:37 PM

FREEPORT, NY (NASSAU) \*MVA\* WASHBURN AVE N/I JAY ST. MVA W/ INJS, DELAYS IN THE AREA. NY55

01/27/20 06:01 PM

HUNTINGTON STATION, NY (SUFFOLK) \*MVA\* E JERICHO TPKE & NEW YORK AVE. MVA W/ INJ CAUSING DELAYS. USE CAUTION. NY618

01/27/20 05:36 PM

QUEENS, NY (NYC) \*MVA\* 98TH ST & 34TH AVE. MVA W/ INJ CAUSING DELAYS. USE CAUTION. NY111

01/27/20 10:28 AM

PLAINVIEW, NY (NASSAU) \*MVA\* OLD COUNTRY RD N/I RT 135. MVA W/ SPILL DELAYS IN THE AREA. NY55

01/27/20 10:25 AM

SYOSSET, NY (NASSAU) \*MVA\* JACKSON AVE N/I MUTTONTOWM -EASTWOODS RD. MVA W/ SPILL DELAYS IN THE AREA. NY55

01/27/20 09:04 AM

BROOKLYN, NY (NYC) \*MVA\* LYNCH ST & LEE AVE. MVA W/ INJ CAUSING DELAYS. USE CAUTION. NY111

01/27/20 09:03 AM

GARDEN CITY PARK, NY (NASSAU) \*MVA\* JERICHO TPK N/A MARCUS AVE. MVA W/ INJS, DELAYS IN THE AREA. NY55

01/27/20 08:43 AM

CHESTNUT RIDGE, NY (ROCKLAND) \*MVA\* LOESCHER LN & RED SCHOOLHOUSE RD. MVA W/ INJ CAUSING DELAYS. USE CAUTION. NY111

01/27/20 08:41 AM

DIVERNIE AD ANY COLLEGE OF ANY ASSET OF SAME PARKET OF CAUTION IN THE





# **FDNY/NYPD/EMS Radio Communications**



- Monitor citywide radio frequencies
  - -NYPD SOD
  - -FDNY
  - -EMS



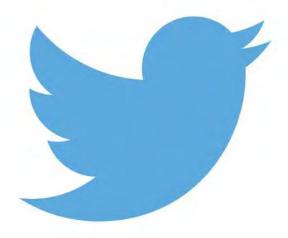


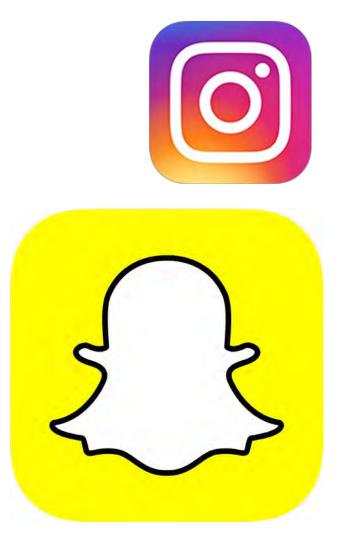


# Social Media – How can we leverage all of this?

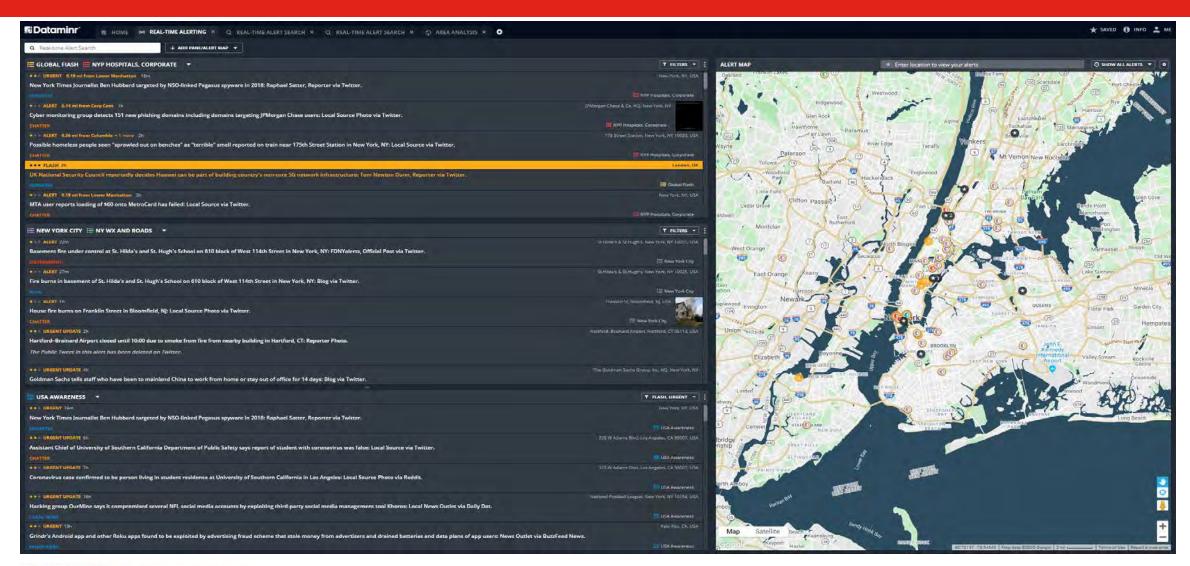






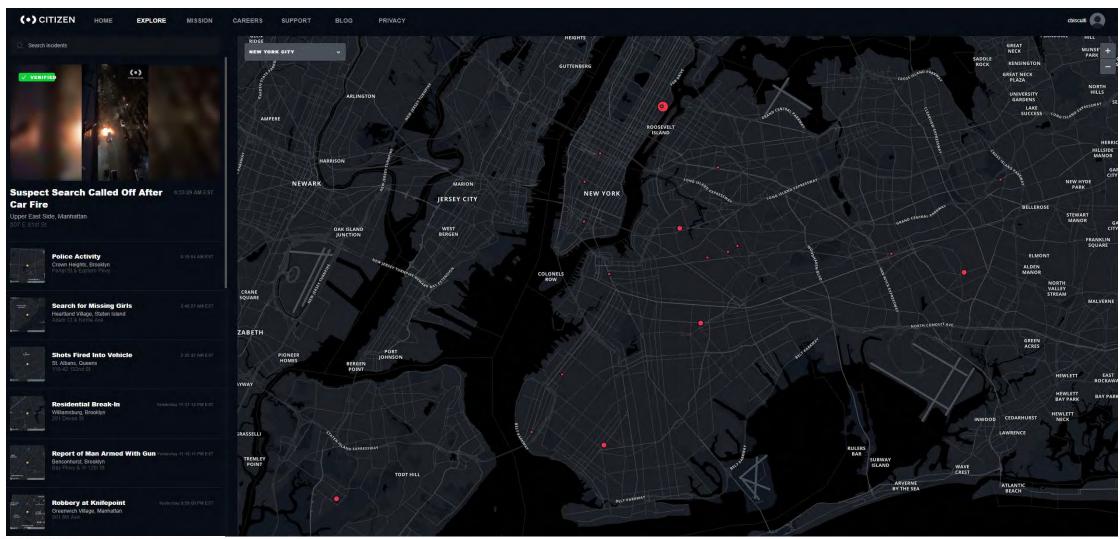


# **Intelligence Gathering Tools**





# **Intelligence Gathering Tools**





# **Collaboration / Information Sharing**





















# **NYULH WATCH CENTER**

#### **DOHMH HPP Meeting**

Thursday, January 30, 2020







**4** Hospitals



**350** Ambulatory Offsites



**2** Schools of Medicine



300+ Research Labs



40,000+ Staff and Faculty



## **Response Continuum**



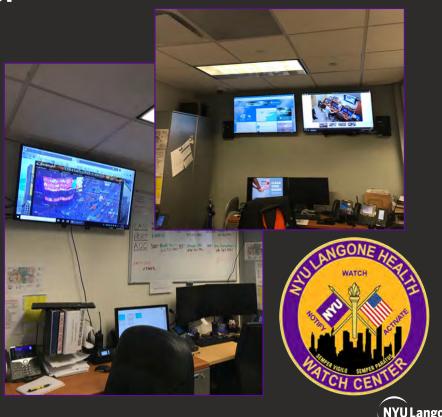


## **NYU Langone Watch Center**

- Partnership between EM and Telecom
- Currently 5 Emergency Operator FTEs, covering 12-18 hours daily
- Enhanced staffing for Mass
   Gatherings near NYULH Facilities
- EO backgrounds include Dispatchers, EMS, and Firefighting Backgrounds

#### 2020 Enhancements

Add 2 FTEs for around the clock coverage



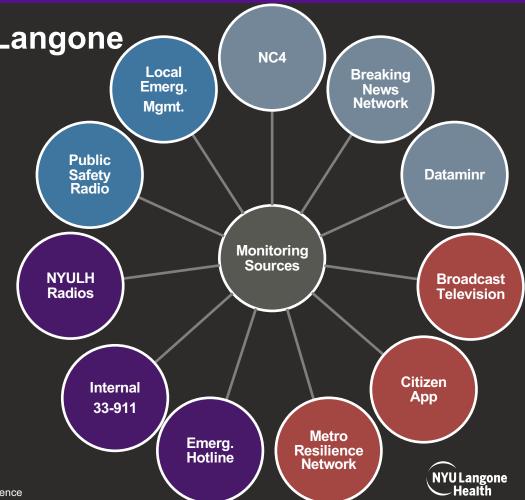
"Eyes and Ears" of NYU Langone

#### Internal Emergencies

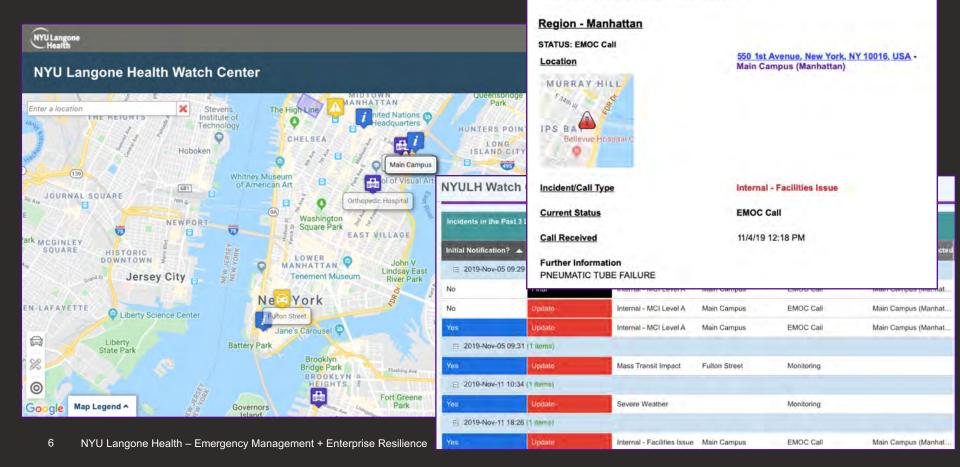
- √ Facilities and Infrastructure Issues
- ✓ Fire Safety Alerts
- ✓ Security Issues

#### External Incidents

- ✓ Mass Transit Impacts
- ✓ Potential MCIs
- ✓ Severe Weather
- ✓ Demonstrations, Events, Mass Gatherings

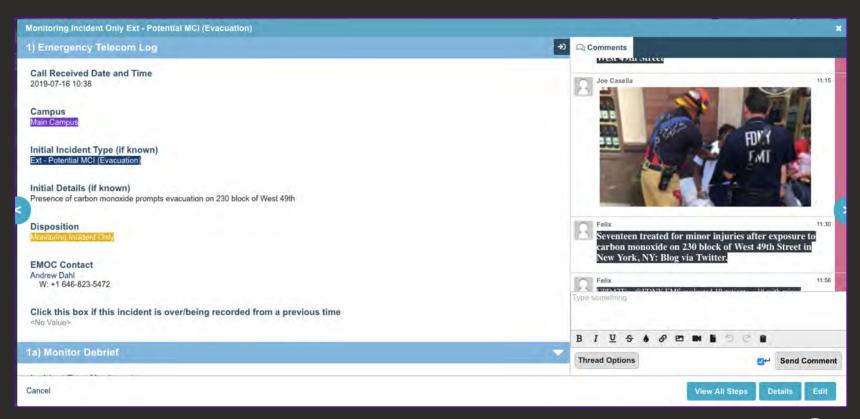


## **Notification and Activation**



NYU Langone Watch Center

**Emergency Management Notification** 





## Questions?

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Enterprise Resilience

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**THANK YOU** 

