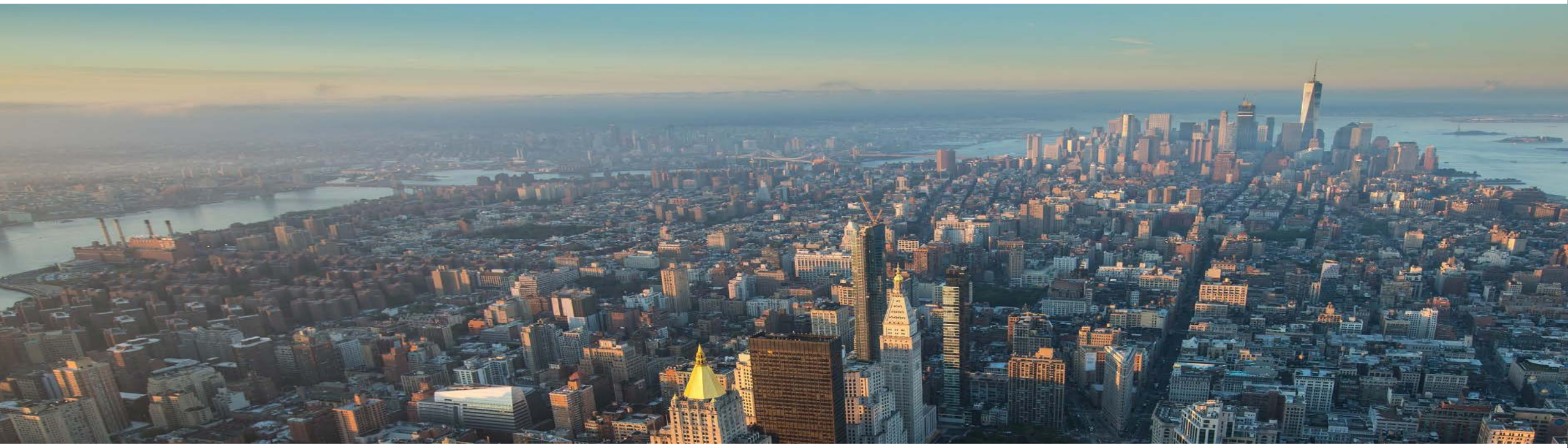


NYC Health Care Coalition (NYCHCC) Leadership Council Meeting Co-hosted with EPCOM

NYC DOHMH Office of Emergency Preparedness and Response Bureau of Healthcare System Readiness

Thursday, January 30, 2020

Welcome!

Opening Remarks

Agenda AM

AM	
8:30 – 9:00	Registration
9:00 – 9:30	Welcome / Opening Remarks
9:30 – 10:00	EPCOM: Borough Coalition – BP 1 Achievements
10:00 – 10:30	EPCOM: Spotlight on Novel CoronaVirus
10:30 – 11:15	EPCOM: Leveraging Technology to further Emergency Preparedness Programs
11:15 – 11:30	Networking Break
11:30 – 12:00	EPCOM: The Essential Watch Function

Agenda PM

PM	
12:00 – 12:30	Networking Lunch
12:30 – 1:15	SurgeEx 2020 Status Update and Pre-Exercise Checklist Presentations
1:15 – 2:00	Transportation Resourcing During Evacuations
2:00 – 3:00	An Update for Healthcare Providers on the Novel Coronavirus (2019-nCoV)
3:00 – 3:15	Updates: Nursing Home Equipment Distribution and Governance Board Report Out
3:15 – 3:30	Announcements, Final Remarks and Adjournment

EPCOM: Borough Coalition – BP 1 Achievements

EPCOM: Spotlight on Novel CoronaVirus

EPCOM: Leveraging Technology to Further Emergency Preparedness Programs

Networking Break

EPCOM: The Essential Watch Function

Networking Lunch

SurgeEx 2020 Update

NYCHCC Leadership Council Meeting

January 30, 2020

NYC Health

SurgeEx Design

- Date: Sometime within the next 2-3 weeks
- Duration: 0800 – 1430
- Key Capabilities / Functions Assessed
  - Establish EOC / ICS
  - Patient / Resident Census
  - Rapid Patient (Resident) Discharge
  - Patient (Resident) bed-matching
  - Transportation Request Management / TAL assignment
- Scenario: Not coastal storm or related to evacuation zones
- Includes ESF-8 / Governance Board participation

NYC Health

SurgeEx 2020 Participants

- 55 hospitals
- 17 nursing homes
- Multiple agencies
  - NYSDOH
  - DOHMH
  - NYC Emergency Management
  - FDNY
- Multiple Associations and organizations
  - GNYHA (hospitals)
  - CCLC (nursing homes)
  - REMSCO (ambulances / transportation)
  - YNH (vendor)

NYC Health

SurgeEx Planning Update

- January 15, 2020, completed Final Planning Meeting
- Finalizing exercise materials
  - MSEL
  - Player Handbook
  - ExPlan
- Finalizing use of Sit Stat 2.0 – hospitals only
  - Drill on January 31, 2020
  - You will be asked to provide SurgeEx 2020 EOC contact information

NYC Health

SurgeEx Planning Update

- Trusted Agent Training
  - Recommend two TAs per facility, but okay with just one
  - Register by February 1, 2020
  - Training on February 4, 2020, 1000 – 1100
  - Link provided to view recorded version after February 4, 2020
- Finalizing Media Plan
  - Commissioner Letter to HCF / Network Executive Leadership
  - Media Reporter
  - Press Release immediately after exercise on same day
  - Op-Ed & Pod Cast after SurgeEx 2020 (tentative)

NYC Health

Evaluation Plan

- SurveyMonkey #1. EEG data collection questionnaire for trusted agents
- SurveyMonkey #2. Participant de-briefing questionnaire
- After Action Summaries. To be submitted to DOHMH within 7 days after SurgeEx 2020 (Template forthcoming from DOHMH)
- REMSCO Transportation Provider Call Logs
- DOHMH Observers
- Coalition level hotwash Notes

  – via webinar with Exercise Planning Team

DOHMH Observers

- Patient Transfer Centers

MSHS	Montefiore
NYP	Northwell

- Each evacuating HCF

MSH	NYC H+H/ Metropolitan	Lenox Hill	Hospital for Special Surgery	NYU Orthopedics	Terrance Cardinal
MSBI (Downtown)	NYC H+H/ Bellevue	MSKCC	NYP Weill Cornell	NYU Tisch	Mary Manning

- Select receiving HCFs

Mount Sinai West	NYC H+H/ Jacobi	Richmond U. Med Center	NYP Columbia	NYU Brooklyn	Kings Harbor Multicare
Mount Sinai St. Luke's	NYC H+H/ Harlem	SUNY Downstate	NYP Lower Manhattan	SBH Health Sy	St Mary's Children

NYC Health

Pre-Exercise Checklist Update

(Deliverable 8: Participate in a CST Exercise)

NYC HEALTH+ HOSPITALS | EMERGENCY MANAGEMENT

Surge Ex 2020 Checklist

Presented by:

Kyesha L. Turner, MPA, AEM
Director of Emergency Management
Training, Exercises, and Response
Office of the President & CEO
NYC Health + Hospitals

Agenda

- Introduction
- Checklist overview
- Completion strategy
- Questions

NYC HEALTH+ HOSPITALS

NYC HEALTH+ HOSPITALS | Gotham Health

Introduction

Bellevue | Coney Island | Elmhurst

Harlem | Jacobi | Kings County

Lincoln | Metropolitan | North Central Bronx

Queens | Woodhull | Carter

Coler | Gouverneur | McKinney | SeaView

Introduction

Health + Hospitals…

- **+24 Emergency Preparedness Coordinators**
- **11 Acute Care Hospitals**
- 5 Long Term Care/Nursing Homes
- 7 Ambulatory Care Sites (Gotham Health)
- 70 Neighborhood Health Centers

NYC HEALTH+ HOSPITALS

Surge Ex Checklist

Actions to be completed in October – December 2019	Date	Initial
1. Review corrective actions from SurgeEx 2019	11/14/19	JG
2. Identify what evacuation tools you will use (reference Patient Evacuation Toolkit). At a minimum, ensure your staff understand and are trained on o bed category definitions o required medical & demographic information needed to transport patients to another facility o Patient Evacuation TAL 1 worksheet	12/5/19	JG
3. Ensure staff are trained on eFINDS (scanners, mobile apps, etc.) and any other equipment needed to evacuate patients	11/19/19	JG
4. Train applicable staff on Transportation Assistance Levels (TAL) using TAL tool	12/5/19	JG
5. Review and identify who you will contact to transport patients during rapid patient discharge (RPD), regularly scheduled discharges, evacuations.	12/5/19	JG
6. Review information in the GNYHA emergency contact directory and provide any updates directly to GNYHA. Also review information in the Sit Stat 2.0 Resource Detail View for your facility. o Gather contact information on healthcare facilities with whom you have send/receive relationships	11/18/19	JG
7. Train applicable staff on how to log into Sit Stat 2.0, access the Resource Detail View and other views, and update event information as requested. Link: https://emresource.juvare.com/gnyha/login	12/2/19	JG
8. Review your plans on who you are you sending patients to and who you are accepting patients from; identify long term care LTC) facilities, nursing homes, shelters, home, etc.	12/6/19	JG
9. Review and update surge plans	11/11/19	JG
10. Review and update evacuation plans	11/11/19	JG

- Review Surge Ex 2019 AAR
- Identify Evac Tools
- Train Staff on e-FINDS
- Train Staff on TALS
- Transportation POC for RPDs/Evac Pts
- Update Contact Info in Juvare
- Train Staff on Juvare
- Review Send/Rec Agreements & MOUs
- Review/Update Surge & Evac Plans
- Review/Update FEPA
- Conduct Table Top

NYC HEALTH+ HOSPITALS

Completing the Checklist

- **Workshops**
  - Surge Management Planning (FEPA)
  - Send/Receive (MOUs)
- **Internal/External Training**
  - TALS (Hosted by REMSCO)
  - e-FINDS (NYSDOH)
- **Daily Operations/Drills**
  - Juvare EMResource (Sit Stat 2.0)
- **Table Top Exercise**

Questions

Thank YOU!!!!

Contact

Kyesha L. Turner, MPA, AEM

NYC Health + Hospitals

Director of Training, Exercises, and Response

Central Office Emergency Management

Kyesha.Turner@nychhc.org

212-323-2542

Pre-SurgeEx 2020 Checklist Mount Sinai Health System Challenges & Successes

NYCHCC LCM #2

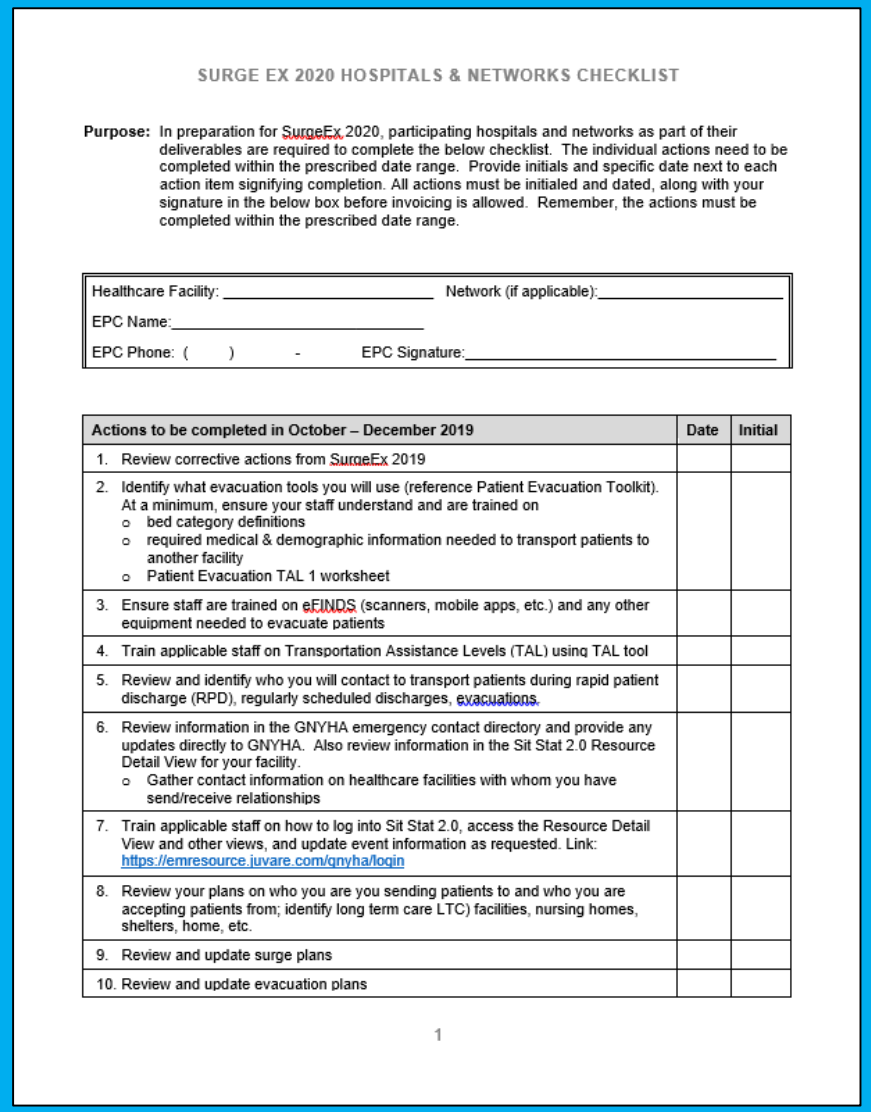
Thursday, January 30, 2020 (9 AM – 3:50 PM)

CUNY School of Law, Long Island City, NY

Mount Sinai

Table of Contents

1. Challenges
2. Successes
3. Questions



SURGE EX 2020 HOSPITALS & NETWORKS CHECKLIST

Purpose: In preparation for SurgeEx 2020, participating hospitals and networks as part of their deliverables are required to complete the below checklist. The individual actions need to be completed within the prescribed date range. Provide initials and specific date next to each action item signifying completion. All actions must be initialed and dated, along with your signature in the below box before invoicing is allowed. Remember, the actions must be completed within the prescribed date range.

Healthcare Facility: _____ Network (if applicable):_____

EPC Name:_____

EPC Phone: ( ) - EPC Signature:_____

Actions to be completed in October – December 2019	Date	Initial
1. Review corrective actions from SurgeEx 2019		
2. Identify what evacuation tools you will use (reference Patient Evacuation Toolkit). At a minimum, ensure your staff understand and are trained on o bed category definitions o required medical & demographic information needed to transport patients to another facility o Patient Evacuation TAL 1 worksheet		
3. Ensure staff are trained on eFINDS (scanners, mobile apps, etc.) and any other equipment needed to evacuate patients		
4. Train applicable staff on Transportation Assistance Levels (TAL) using TAL tool		
5. Review and identify who you will contact to transport patients during rapid patient discharge (RPD), regularly scheduled discharges, evacuations		
6. Review information in the GNYHA emergency contact directory and provide any updates directly to GNYHA. Also review information in the Sit Stat 2.0 Resource Detail View for your facility. o Gather contact information on healthcare facilities with whom you have send/receive relationships		
7. Train applicable staff on how to log into Sit Stat 2.0, access the Resource Detail View and other views, and update event information as requested. Link: https://emresource.juvare.com/gnyha/login		
8. Review your plans on who you are you sending patients to and who you are accepting patients from; identify long term care LTC) facilities, nursing homes, shelters, home, etc.		
9. Review and update surge plans		
10. Review and update evacuation plans		

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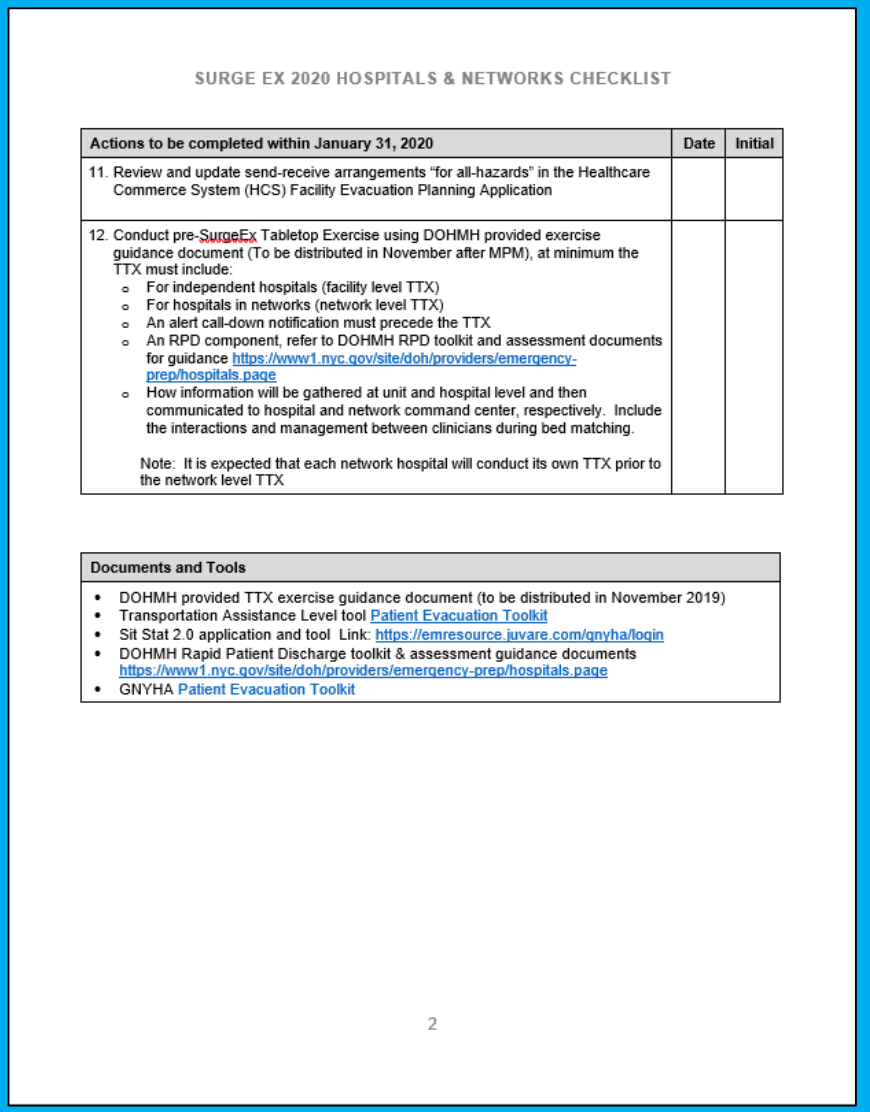


SURGE EX 2020 HOSPITALS & NETWORKS CHECKLIST

Actions to be completed within January 31, 2020	Date	Initial
11. Review and update send-receive arrangements "for all-hazards" in the Healthcare Commerce System (HCS) Facility Evacuation Planning Application		
12. Conduct pre-SurgeEx Tabletop Exercise using DOHMH provided exercise guidance document (To be distributed in November after MPM), at minimum the TTX must include: o For independent hospitals (facility level TTX) o For hospitals in networks (network level TTX) o An alert call-down notification must precede the TTX o An RPD component, refer to DOHMH RPD toolkit and assessment documents for guidance https://www1.nyc.gov/site/doh/providers/emergency-prep/hospitals.page o How information will be gathered at unit and hospital level and then communicated to hospital and network command center, respectively. Include the interactions and management between clinicians during bed matching. Note: It is expected that each network hospital will conduct its own TTX prior to the network level TTX		

Documents and Tools
• DOHMH provided TTX exercise guidance document (to be distributed in November 2019) • Transportation Assistance Level tool Patient Evacuation Toolkit • Sit Stat 2.0 application and tool Link: https://emresource.juvare.com/gnyha/login • DOHMH Rapid Patient Discharge toolkit & assessment guidance documents https://www1.nyc.gov/site/doh/providers/emergency-prep/hospitals.page • GNYHA Patient Evacuation Toolkit

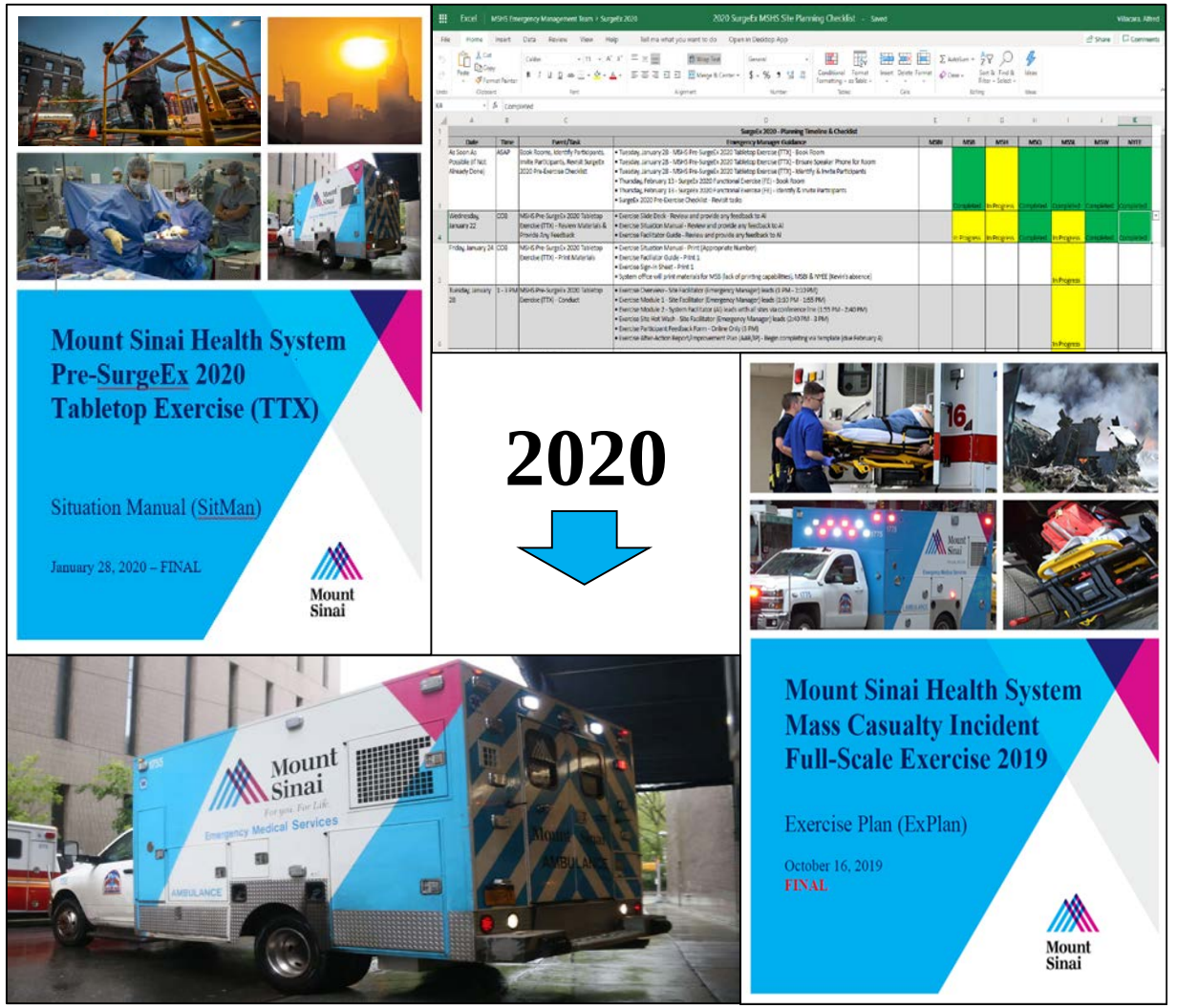
2

Challenges

- Bandwidth to complete checklist tasks at end of 2019/beginning of 2020
- e-FINDS not included in SurgeEx 2020
- Bed Categories & TALs require further socialization
- FEPA Send-Receive Arrangements (HCS) vs. Critical Asset Survey (CAS)

Successes

- Checklist inspired our MSHS Checklist (SharePoint) for site task tracking
- Pre-SurgeEx 2020 Tabletop Exercise (TTX) well received
- Transfer Center engagement in TTX and evacuation discussions
- Reinforcing lessons learned from 10/16/19 MSHS MCI FSE



Thank You

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Transportation Resourcing During Evacuations

Transportation Resourcing During Evacuations

PRESENTED BY

THE REGIONAL EMS COUNCIL
OF NEW YORK CITY

2020

Presentation Purpose & Overview

Purpose: Equip hospital providers with the information necessary to make informed decisions about transportation during an evacuation event.

Topics Covered:

- 1. Overview of the EMS system in NYC
- 2. Alternative Transportation Resources
- 3. Transportation Assistance Levels (TALs)

2019 SurgeEx
After Action Report

Transportation Concerns Expressed:

1. Facilities were unsure how to best identify transportation resources for evacuating patients
2. Staff were unfamiliar with Transportation Assistance Levels (TALs) and how to identify the appropriate TAL for each patient.

NYC EMS System Overview

THE 4 PRIMARY SECTORS OF EMS IN NYC

1. Municipal:
   - FDNY-EMS/911 system
   - NYPD ESU
2. Hospital:
   - Primarily 911 System
   - Hospital Interfacility
3. Private:
   - Primarily Contracted Services
   - May also do 911
   - May have affiliated paratransit/ambulette service
4. Volunteer Sector:
   - Service their local communities

911 units are not used during evacuation / interfacility transport

NYC EMS System Overview
Private Ambulance Sector

15 commercial ambulance services operate within NYC

- Collective ambulance units (approx.):
  - 500 BLS
  - 200 ALS

- Services Provided:
  - Interfacility & emergency transport with contracted Healthcare Facilities
  - 911 ambulances in partnership with a contracted hospital

NYC EMS System Overview

Private Ambulance Sector

These limited resources will bear the brunt of providing transportation during regional hospital evacuations

- Hospitals using for facility evacuations
- Ambulance services have contracts with multiple healthcare facilities
- Day to day services must still be provided: 911, Discharges, Dialysis, etc.
- Nursing homes may also be requesting resources

Ambulance Resources Will Be Extremely Strained During an Evacuation

NYC Nursing Home Data

Total number of nursing homes: 169

NURSING HOMES BY BOROUGH	
Bronx	44
Brooklyn	40
Manhattan	17
Queens	58
Staten Island	10

Transportation Assistance Levels (TALs)

TALs identify the transportation needs of a patient.

TALs are based on patient's ambulatory ability and medical needs during transport

TALs are divided into three basic levels

- TAL 1: Stretcher Bound
- TAL 2: Wheelchair Bound
- TAL 3: Ambulatory

********TALs Not based on bed-matching********

Transportation Assistance Levels (TALs)

TAL 1 – Breaks down into 4 types

- TAL 1 – BLS: Stretcher bound, but only minimal care
- TAL 1 – ALS: Requires complex ALS level care
- TAL 1 – Vent: Requires portable ventilator
- TAL 1 – Bariatric: Requires a specialized vehicle/stretcher

- These distinctions are based on the ambulance capability/equipment needed to support the patient.

Transportation Assistance Levels (TALs)

TAL 2 – Wheelchair

- Unable to stand, must be transported in his/her wheelchair
- No medical care required during transport
- Common Transports: Access a Ride, Ambulette

TAL 3 – Ambulatory

- Mobile enough to take non-specialized transport w/help
- Does not require medical care during transport
- Common Transports: Buses, Taxi, Paratransit

Specialty Transportation Services

Bariatric (TAL-1 BLS/ALS)

- Designed for 300+ lbs bed confined patient
- Specialized resource
- 96 Bariatric Capable Ambulances

Isolette Stretcher

- Specific for NICU patients
- Estimated 8 or less citywide
- Requires 110 V inverter in vehicle

Ventilator (TAL-1 ALS)

- Requires 110 V inverter in vehicle

Other Transportation Services

Para-Transit Services
- Ambulatory & Wheelchair capable
- Up to 8 patients (Two TAL 2, six TAL 3)
- Access-A-Ride: Provided by contract w/MTA

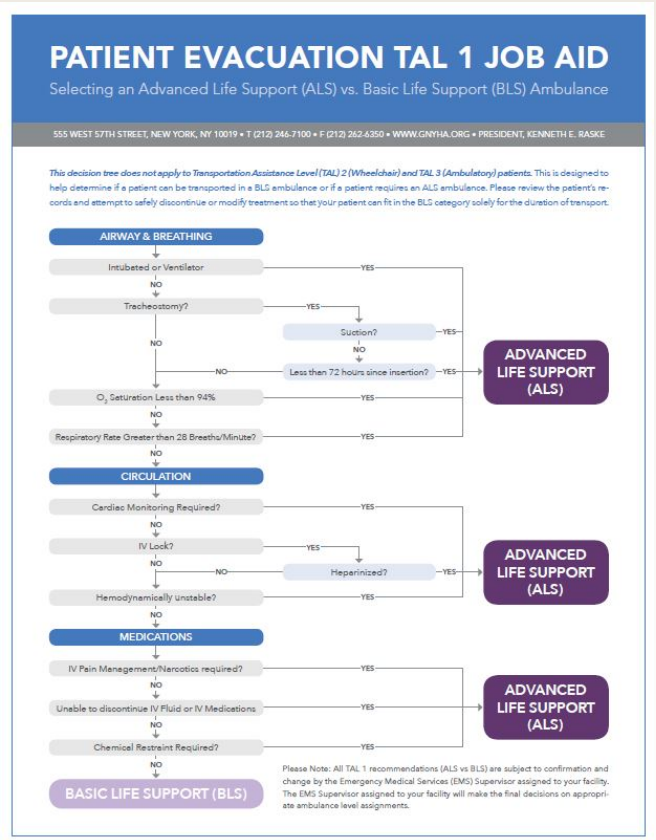
Ambulette Services
- Ambulatory & Wheelchair capable
- Capacity dependent upon vehicle size/layout

School Buses
- Generally for ambulatory passengers
- Some wheelchair accessible

Charter Buses, Taxis, Ride Share, Private Cars

Cannot offer medical treatment!

TAL 1 Job Aid



PATIENT EVACUATION TAL 1 JOB AID

Selecting an Advanced Life Support (ALS) vs. Basic Life Support (BLS) Ambulance

555 WEST 57TH STREET, NEW YORK, NY 10019 • T (212) 246-7100 • F (212) 262-6350 • WWW.GNYHA.ORG • PRESIDENT, KENNETH E. RASKE

This decision tree does not apply to Transportation Assistance Level (TAL) 2 (Wheelchair) and TAL 3 (Ambulatory) patients. This is designed to help determine if a patient can be transported in a BLS ambulance or if a patient requires an ALS ambulance. Please review the patient's records and attempt to safely discontinue or modify treatment so that your patient can fit in the BLS category solely for the duration of transport.

AIRWAY & BREATHING

Intubated or Ventilator? — YES → ADVANCED LIFE SUPPORT (ALS)

NO

Tracheostomy? — YES → Suction? — YES → ADVANCED LIFE SUPPORT (ALS)

NO → Suction? — NO → Less than 72 hours since insertion? — YES → ADVANCED LIFE SUPPORT (ALS)

NO → Less than 72 hours since insertion? — NO

O_2 Saturation Less than 94% — YES → ADVANCED LIFE SUPPORT (ALS)

NO

Respiratory Rate Greater than 28 Breaths/Minute? — YES → ADVANCED LIFE SUPPORT (ALS)

NO

CIRCULATION

Cardiac Monitoring Required? — YES → ADVANCED LIFE SUPPORT (ALS)

NO

IV Lock? — YES → Heparinized? — YES → ADVANCED LIFE SUPPORT (ALS)

NO → Heparinized? — NO

Hemodynamically unstable? — YES → ADVANCED LIFE SUPPORT (ALS)

NO

MEDICATIONS

IV Pain Management/Narcotics required? — YES → ADVANCED LIFE SUPPORT (ALS)

NO

Unable to discontinue IV Fluid or IV Medications — YES → ADVANCED LIFE SUPPORT (ALS)

NO

Chemical Restraint Required? — YES → ADVANCED LIFE SUPPORT (ALS)

NO

BASIC LIFE SUPPORT (BLS)

Please Note: All TAL 1 recommendations (ALS vs BLS) are subject to confirmation and change by the Emergency Medical Services (EMS) Supervisor assigned to your facility. The EMS Supervisor assigned to your facility will make the final decisions on appropriate ambulance level assignments.

General Rules:

1. Categorize patients into the lowest TAL possible
2. Patients should be prepped for minimal care during transport
3. Specialty patients may require staff to accompany them

Source:

GNYHA Patient Evacuation Toolkit

TAL Exercise

EXAMPLE PATIENT #1

- 42y/o Male, 5’10, 327lbs
- Presenting complaint: Nausea, palpitations and cough with white/brown sputum for past week.
  - Unable to concentrate and ‘feeling rough & dizzy’. Brought in by 911 EMS.
- Past Medical History: COPD, Type 2 diabetes, Hypertension, Amputated Left Leg Below Knee.
- Diagnosis: Lower respiratory tract infection (LRTI). Agranulocytosis.
- Status: Admitted 12 hours ago to Med/Surg. BP Monitoring. Blood Work.
- Vitals: HR – 108, RR – 16, BP – 168/102, SpO2 – 96% (On O2), Temp – 99.6, Blood Sugar – 287, ECG - Unremarkable
- Current Treatments/Meds:
  - Lisinopril tablets PO 5mg on admission, 10mg x1/day Oral during stay
  - Prednisolone tablets 30mg on admission
  - Salbutamol MDI IH 2 puffs on admission
  - 1 nebulized Salbutamol treatment scheduled in 2 hrs.

What TAL level should this patient be placed in?

TAL Exercise

EXAMPLE PATIENT #2

- 57 y/o Female, 5’6, 315 lbs
- Presenting complaint: Missed her regularly scheduled dialysis treatment. Came in via ambulance 2 hours ago for emergency dialysis.
- Past Medical History: Renal failure, hypertension.
- Status: Awaiting hemodialysis. BP monitoring. Blood work.
- Vitals: HR – 98, RR – 16, BP – 168/102, SpO2 – 96% (On room air), Temp – 98.2, Blood Sugar – 187
- Current Treatments/Meds:
  - Dialysis 3 x a week – M, W, F
  - Proventil
  - Diovan
  - Simvastatin

What TAL level should this patient be placed in?

TAL Exercise

EXAMPLE PATIENT #3

- 41 y/o Female, 5’2, 127lbs
- Presenting complaint: Severe Abdominal Pain, Vomiting
- Past Medical History: Krohn’s Disease, Anemia
- Diagnosis: Multiple abscesses in small intestine
- Status: Received laparoscopic surgery 24 hours ago. Admitted to Med/Surg. Post Op monitoring. Blood work.
- Vitals: HR – 100, RR – 12, BP – 108/82, SpO2 – 97% (On Room Air), Temp – 98.6, Blood Sugar – 72, ECG - Unremarkable
- Current Treatments/Meds:
  - Morphine 2.5 mg every 4 hours IV Pump
  - Ampicillin every 12 hours by IV Infusion
  - Saline Infusion
  - IV Nutrient Therapy

What TAL level should this patient be placed in?

TAL Exercise

EXAMPLE PATIENT #4

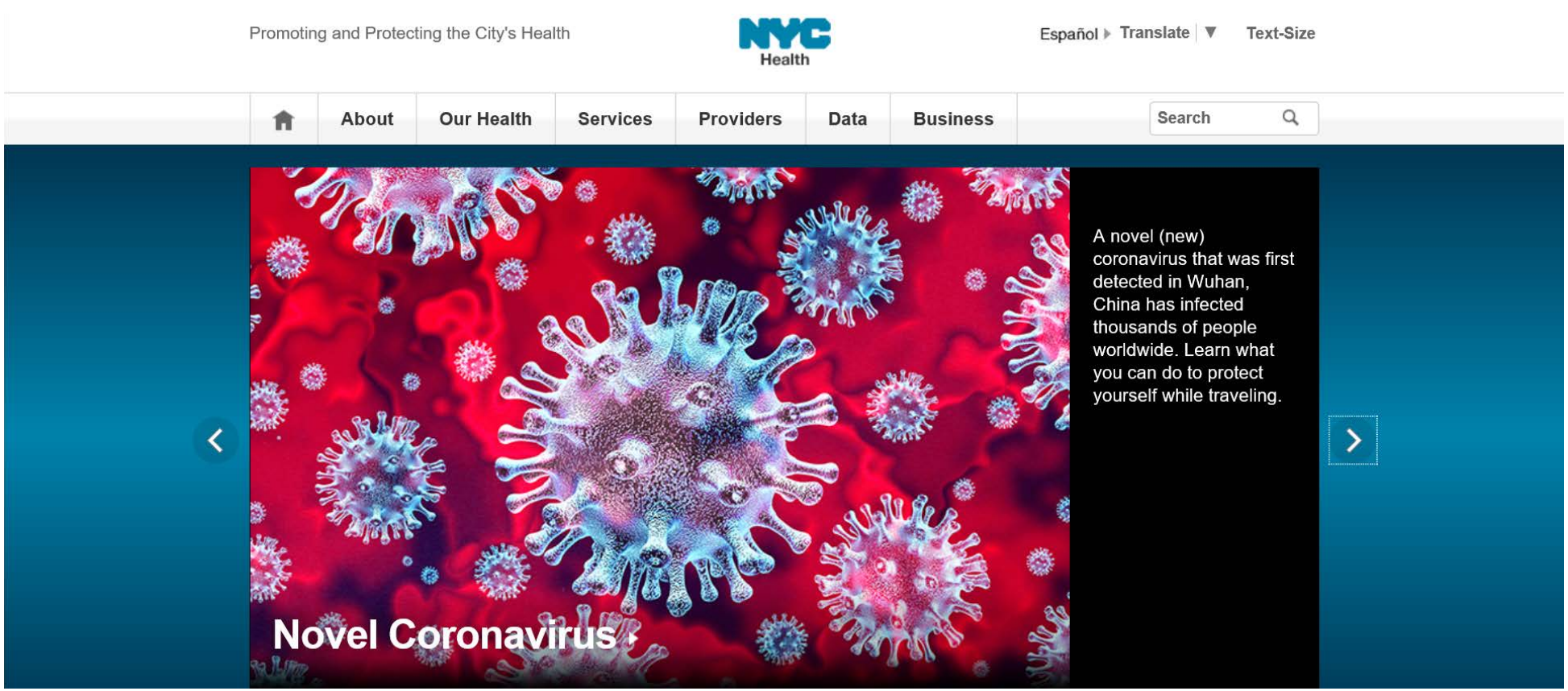
- 26 y/o Female, 5’5, 110 lbs
- Presenting complaint: sleeplessness
- Past Medical History: bipolar disorder, anorexia (Last treated in 2018)
- Diagnosis: manic depressive disorder
- Status: walked in with EMS complaining of staying up for three days. Admitted to psych service after medically cleared. Awaiting bed.
- Vitals: HR – 90, RR – 14, BP – 118/80, SpO2 – 98% (On Room Air), Temp – 98.6, Blood Sugar – 72, ECG - Unremarkable
- Current Treatments/Meds:
  - Lithium, non-compliant

What TAL level should this patient be placed in?

Questions?

An Update for Healthcare Providers on the Novel Coronavirus (2019-nCoV)

2019 Novel Coronavirus (2019 nCoV)



Timothy Styles, MD, MPH
NYC Dept. of Health and Mental Hygiene, Office of Emergency Preparedness and Response

Disclosures

This is a rapidly changing infectious disease event, some of the following information may have changed since slides were created yesterday

The views presented are my own, they are not official views of either NYC DOHMH or CDC

All of the information presented is based on our best knowledge as of this week

Agenda

- Background information on current outbreak and general information on Coronavirus
- NYC planning and response activities
- CDC response activities
- What's next…..
- Questions

Background

Early Days of Outbreak

- December 31, 2019 WHO China office reported cluster of viral pneumonia in Wuhan China with unknown cause, many affected linked to seafood market
- January 5, 2020: 59 cases / 7 severe all ruled out for respiratory pathogens, influenza (seasonal and avian), MERS and SARS
- January 9, 2020: same case count but ***novel coronavirus discovered*** in one of the patients; confirmed in several others shortly after
- Week of January 13, 2020: Countries begin airport screening including US
- By Week of January 27, 2020: Detected throughout China, multiple travel associated cases in several countries and local spread in a few of these countries

Coronavirus General

Large Family of Viruses, 7 now know to cause human illness

- **4 common human coronaviruses**
  - Typically cause more mild URI symptoms – runny nose, headache, sore throat, fever
  - 229R, NL63, OC43, and HKU1
- **3 that cause more severe lower respiratory illness –**
  - Typically attack lower respiratory cell leading to fever, cough, shortness of breath, and fever
  - May progress to pneumonia and death
  - SARS, MERS, and 2019-nCoV
  - SARS associated with Civet Cats; no cases since 2004
  - MERS associated with Camels; cases continue in Middle-East with case fatality rate 30-40%

2019-nCoV → Lots of Unknowns!!!!

- **Novel = New**
- **Data from China**
  - Age range 9 – 96 years, but < 1% cases aged < 15
  - Incubation period 10 days (range 1 -14)
  - Severe cases 16.8%
  - Mortality < 3%
  - R_0 or basic reproduction ratio – Unknown (estimated between 2 and 3)
  - Primary transmission routes respiratory droplets and “close contact” and there is “reliable evidence of transmission during the incubation period”
- **Dutch study assessing 34 travelers from Wuhan**
  - Estimated incubation period 5.8 days (range 1.2—11.3 days)

Lancet paper on 2019-nCoV clinical features of severe disease

- **41 cases (30 men, 11 women)**
  - Median age 49yo (range 25-64yo)
  - 32% had underlying disease
    - Diabetes 20%, hypertension 15%, cardiovascular disease 15%
- **Median time from symptom onset to admission 7 days (range 4-8 days)**
- **CBC lymphopenia 63%**
- **Pneumonia**
  - Non-ICU cases: bilateral ground glass opacity & areas of consolidation
  - ICU cases: bilateral multilobe consolidation

Symptoms at onset			
Fever	98%	Headache	8%
Cough	76%	Bloody cough	5%
Myalgia or fatigue	44%	Diarrhea	3%
Sputum production	28%		

Symptoms at and during hospitalization	
Pneumonia	100%
Bilateral pneumonia	98%
Dyspnea	55%
Acute respiratory distress syndrome (ARDS)	29%
Admitted to ICU for Oxygen support	32%
Secondary infection	10%
Death	15%

Huang, et al. "Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China." *The Lancet* (2020).

2019-nCoV

As of January 29th

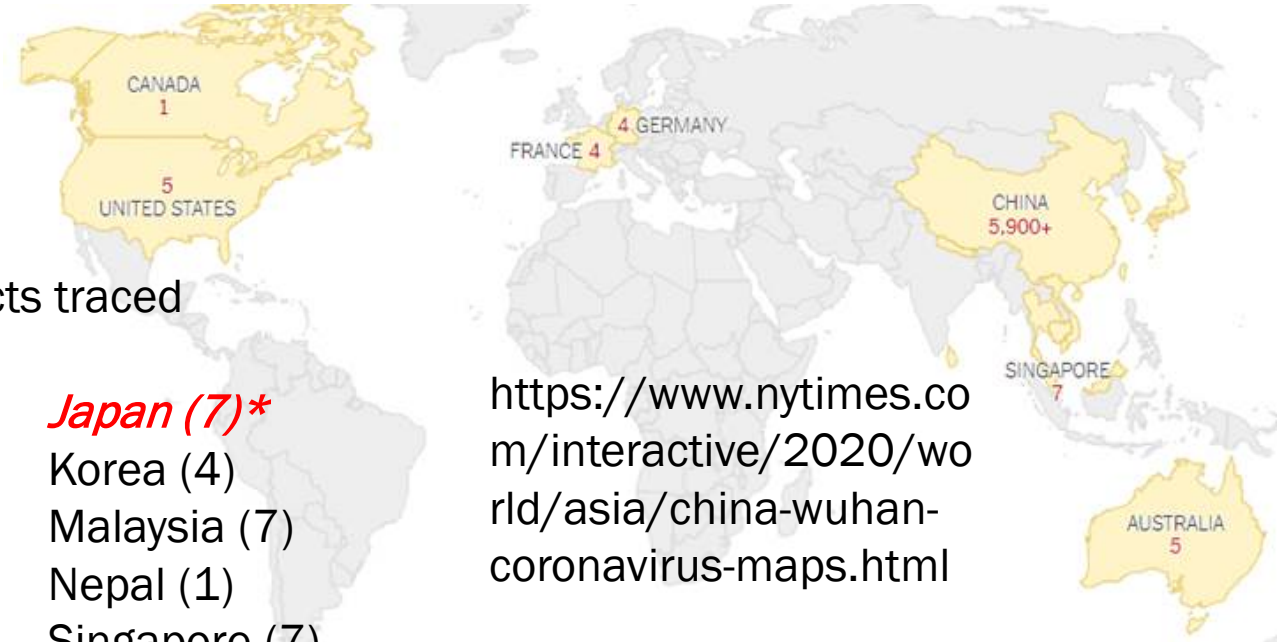
- **Totals: 6107 cases, 132 deaths (2.2%)**

  Mainland China: 6107; 132 deaths, >48K contacts traced

Taiwan (8)*
Hong Kong Special Administrative Region (8)
Macau Special Administrative Region (7)
Australia (5)
Cambodia (1)
Canada (3)
France (4)
Germany (4)*

**Secondary transmission reported*

*Japan (7)**
Korea (4)
Malaysia (7)
Nepal (1)
Singapore (7)
Sri Lanka (1)
Thailand (14)
US (5)
Vietnam (2)*
UAE (1)



https://www.nytimes.com/interactive/2020/world/asia/china-wuhan-coronavirus-maps.html

2019-nCoV

Management of Suspected 2019-nCoV

- https://www1.nyc.gov/assets/doh/downloads/pdf/imm/2019-ncov-provider-checklist.pdf
- **IDENTIFY patients who may have respiratory illness caused by 2019-nCoV**
  - Place visible signage requesting visitors with a fever and recent international travel to notify a hospital staff member
  - Place surgical mask on patients who present with febrile respiratory illness
- **Immediately ISOLATE patients if report:**
  - Fever(T ≥100.4 °F or ≥38 °C) **and** respiratory symptoms (e.g., cough, shortness of breath), and travel to Wuhan City, China within 14 days prior to illness
  - Fever **and** respiratory symptoms (e.g., cough, shortness of breath) if they report close contact within 14 days of illness onset with a person under investigation for 2019-nCoV when that person was ill
  - Fever **OR** respiratory symptoms (e.g., cough, shortness of breath) if they report close contact within 14 days of illness onset with a with an ill laboratory-confirmed 2019-nCoV patient
- **INFORM - Call NYC DOHMH provider access line at 1-866-692-3641 for all suspected PUIs**

2019-nCoV Testing

CDC is the only laboratory that currently can test for 2019-nCoV in the United States

- Contact DOHMH to ensure proper collection, storage, delivery, and submission of specimens
- DOHMH Public Health Laboratory (PHL) will be able to conduct testing in coming weeks

All PUIs should be tested for common respiratory pathogens

- Multiplex respiratory PCR panel (including influenza) - alternative diagnosis lowers index of suspicion for 2019-nCoV
- Hospital laboratories can safely conduct molecular diagnostic tests and other clinical laboratory tests using standard precautions

2019-nCoV Testing

Diagnostic testing – Specimens requested

Specimen #	Specimen Type
2	Nasopharyngeal swab (NP)
1	Oropharyngeal swab (OP)
1	Lower respiratory specimen for hospitalized patients only (e.g., sputum, bronchoalveolar lavage, tracheal aspirate)
1	Serum

- One NP swab for 2019-nCoV test
- One NP swab for multiplex respiratory panel

If PUI is hospitalized additionally collect and store:

Specimen #	Specimen Type
1	Stool
1	Urine

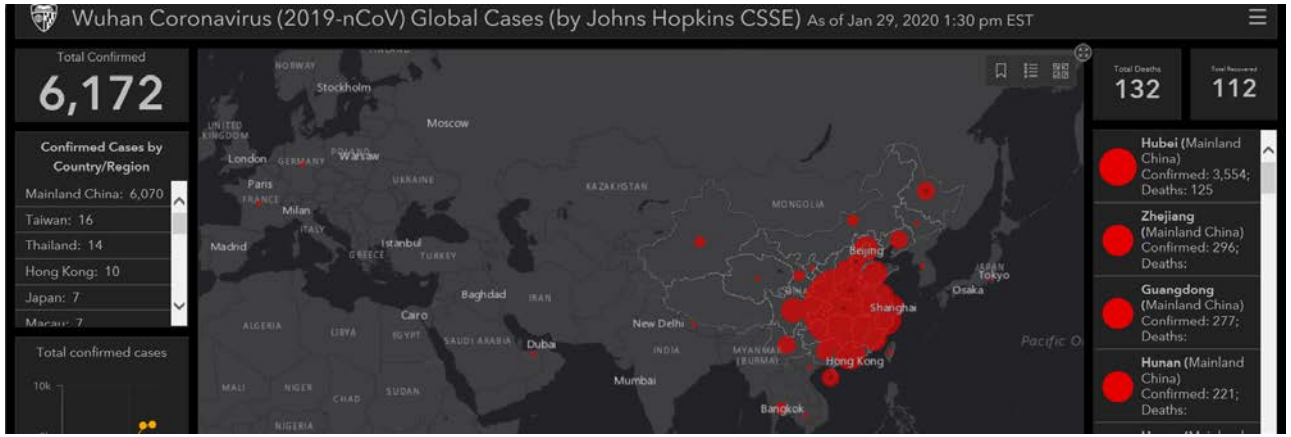
2019-nCoV keeping up to date

Case counts, updated definitions for PUI, management (will change):

- CDC
  - https://www.cdc.gov/coronavirus/2019-ncov/index.html
  - https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html

- NYC DOHMH
  - https://www1.nyc.gov/site/doh/providers/health-topics/novel-respiratory-viruses.page

Tracking maps - NYT & Johns Hopkins



https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6

NYC DOHMH

- **Developing and providing guidance to healthcare providers for PUI testing**
  - Health Alert Network releases
  - Provider webinars
  - 24/7 consultation and support
- **Working to obtain testing capability**
  - Provides specimen collection guidance and forms
  - Coordinates shipping to CDC
- **Developing community messaging**
- **Providing Situational Awareness**
  - Governance Board Calls, EPCC, LCM

NYC FDNY

- **Worked with DOHMH, Port Authority and Hospitals for JFK suspect cases**
  - If multiple patients at same time will try and distribute
  - Hospitals selected had capacity to rule out other respiratory illnesses
  - Idea to not overwhelm one hospital with several patients needing AIIR
- **Expected to start Fever Travel protocol**
  - DOHMH is trying to help coordinate messaging and call to ED directors with FDNY
  - Also trying to ask for advance notification to allow prep time for AIIR rooms
  - HOWEVER, fever/travel triggers are more general than PUI definition

CDC FDA and NIH

CDC Emergency Operation Center Activated

- Providing epi-support
- Coordinating laboratory testing
- Developing probes and primers, expect to release to states soon
- Screening to be expanded to 20 US Airports

FDA

- Exploring medical countermeasures, 2 described in HHS press conference

NIH

- Potential vaccine candidates, they hope to initiate clinical trials in 3 months

NYC Planning Considerations – BCU vs AIIR

Biocontainment (BCU) unit required

- High mortality with multiple modes nosocomial transmission
- Limited treatment options
- Category A waste
- Altered lab practices

Airborne Infectious Isolation Room (AIIR)

- Contagious; nosocomial primarily via respiratory droplet
- High-consequence infections
  - (e.g. Respiratory, neurologic, pox)
- Potential for High morbidity/mortality
- Limited treatment options
- No altered laboratory practices

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NYC Planning Considerations – BCU vs AIIR

Biocontainment (BCU) unit required

- Viral Hemorrhagic Fevers
  - Ebola
  - Marburg
  - Lassa Fever
- Smallpox
- Nipah
- Unknown illness (Disease X)

Airborne Infectious Isolation Room (AIIR)

- MERS
- SARS
- Novel influenza A (H5N1, etc.)
- Monkeypox
- 2019 novel CoV

NYC Planning Considerations

Why not a standard room with enhanced precautions?

- Contagious
- High-consequence infections
- High morbidity/mortality
- More treatment options (no vaccine, no effective antivirals for 2019 nCoV)
- No altered laboratory practices
- Rare to limited nosocomial transmission (hospital spread is a major concern)

- Yersinia pestis (pneumonic plague)
- Burkholderia pseudomallei (melioidosis) and B. mallei (glanders)
- Francisella tularensis (tularemia)
- Pandemic influenza
- Human rabies

NYC EMS Considerations

OR

Standard, Contact and Airborne Precautions including use of Eye Protection

- Gloves
- Gown
- N-95
- Face shield or Goggles

NYC EMS Considerations

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What's Next

- **Guidance WILL Change!!! This is an evolving situation so stay tuned!**
- **Expect to have cases in NYC**
  - Fever travel sign and question should be a part of daily routine
  - Hospitals must work with DOHMH to coordinate testing
- **If sustained person to person in multiple countries expect WHO to enact public health emergency**
- **Initial goal will be to test all PUI's and perform contact tracing to prevent spread in NYC**
  - IF spread becomes sustained throughout country would likely shift approach to prior planned and tested capabilities for responding to pandemic influenza
  - In case of widespread transmission may recommend actions to reduce or prevent through social distancing, hand hygiene, self isolation when sick (stay home), obtain routine vaccine
  - More aggressive interventions such as school closures and cancelling public events possible


Questions?

Update: Nursing Home Equipment Distribution

Emergency Preparedness Equipment Update

OPER-BHSR

Jimmy Dumancela

Grant Disclaimer

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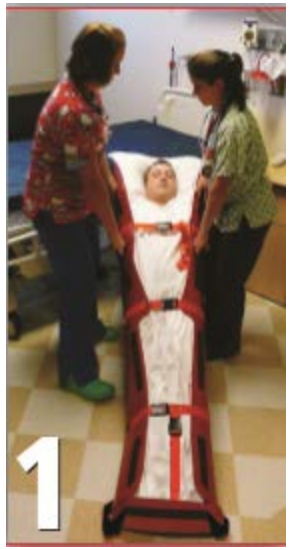
Med Sleds- Equipment History/ Distribution

- Referencing the After-Action Report of Hurricane Sandy
- NYC DOHMH Bureau of Healthcare System Readiness has introduced the following programming to the Long Term Care Sector:
  - Comprehensive Emergency Management Plans,
  - Exercise Design, and
  - Continuity Planning
- Since 2017, NYC DOHMH and Med Sled have partnered to train on the med sled equipment for the NYC Long Term Care (LTC) Sector.
- Our goal is to provide med sled equipment and to train all 247 LTC sites.

Med Sleds- Training

- **Between 2018 and 2019, NYC DOHMH conducted 33 med sled trainings**
  - Training was hosted at 6 different LTC facilities with the 5 boroughs to optimize attendance.
    - 230 staff members were trained (administrator, DNS, etc.,) representing 93 LTC facilities overall.



Thank you

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Update: Governance Board Report Out

Announcements, Final Remarks and Adjournment