



# COVID-19 ED Weekly Update

September 16, 2020

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# 9/15/20 Snapshot

## **New York State**

- Infection rate: 0.9% (below 1% for over a month)
- In last 24 hours: 586 new cases, 10 deaths

## **New York City**

- Infection rate: 0.8%
- In last 24 hours: 268 new cases, 7 deaths
- School Staff COVID Cases with NY Schools Re-opening:
  - 55 out of 17,000 School Staff Tested Positive (0.32%)
- "The Test & Trace Corps announced that nearly 80 percent of all positive COVID cases are completing the Corps' intake"

## **Brooklyn:**

- Current Inpatient: 51 Cases (21 ICU, 18 Intubated)
- Infection Rate: 1.3%

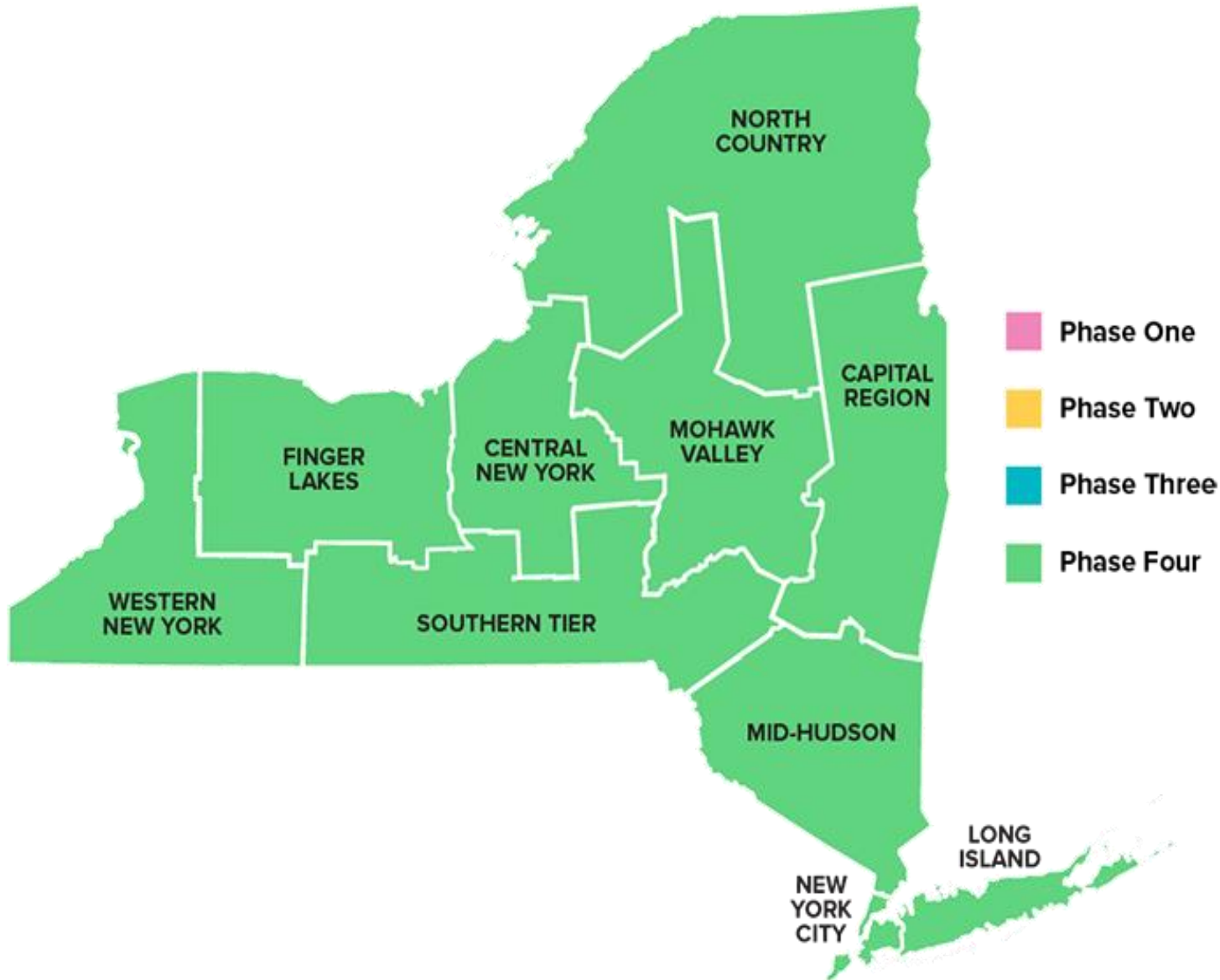
## **UHB:**

- Infection Rate: 0-2%
- Current Inpatient: 1 Case



## STATE AND CITY SUMMARY:

# NYS Phase re-openings July 20, 2020



\*<https://forward.ny.gov/>

**September 9, 2020**  
**New York City entered Phase 4**  
**on Monday 7/21/20,**

# Declaration of Disaster extended to October 4, 2020

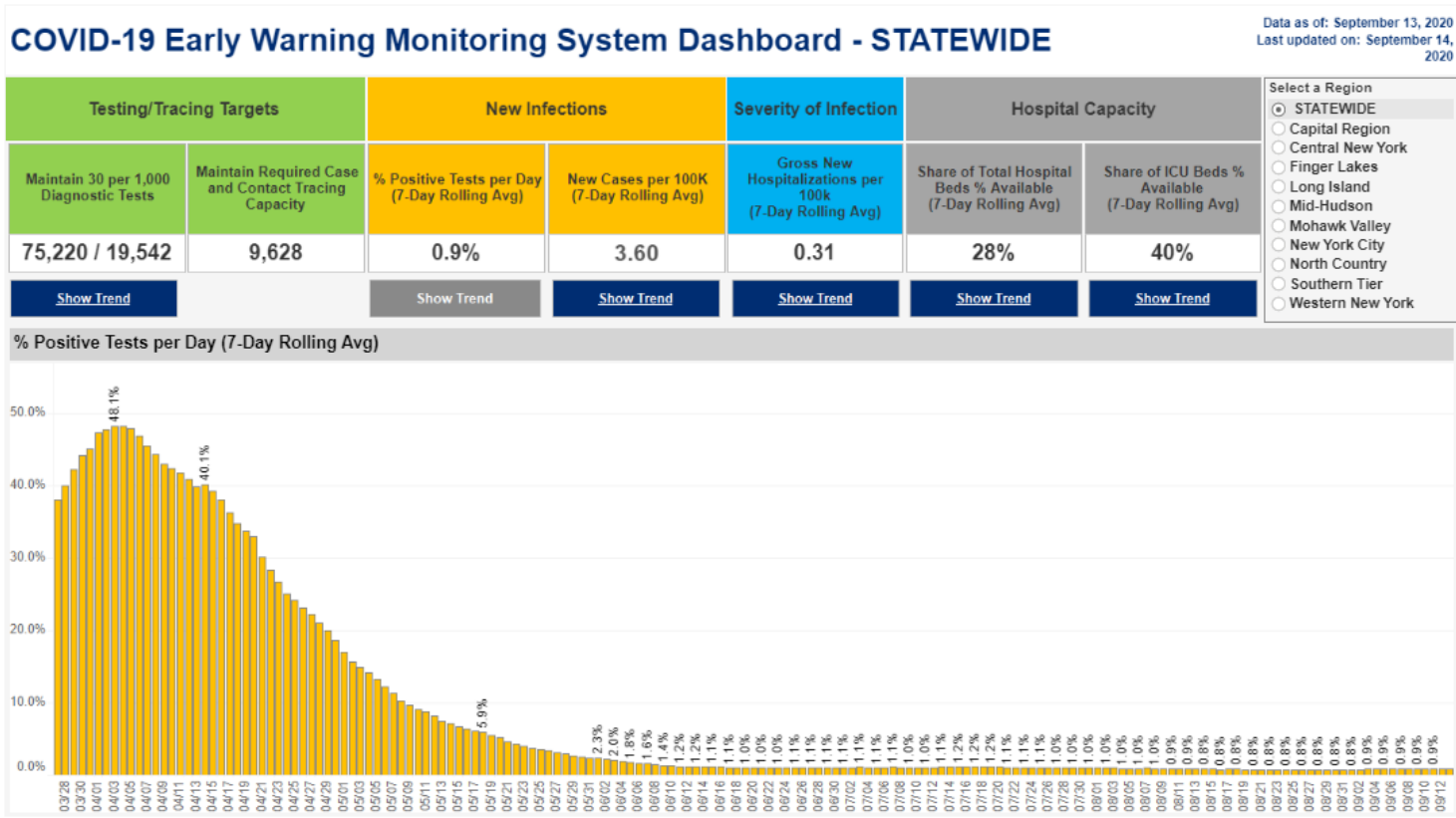
- Governor Cuomo has continued the declaration of the State Disaster Emergency effective March 7, 2020, as set forth in Executive Order 2020.
- He has issued Executive Order [No. 202.60: Continuing Temporary Suspension and Modification of Laws Relating to the Disaster Emergency which states that](#) Executive Order 202 shall remain in effect until October 4, 2020.

# COVID-19 Regional Metrics Dashboard

MOVING NEW YORK FORWARD

## Regional Dashboard

[BACK TO MAIN DASHBOARD](#)



# COVID-19 Regional Metrics Dashboard

MOVING NEW YORK FORWARD  
Regional Dashboard

[BACK TO MAIN DASHBOARD](#)

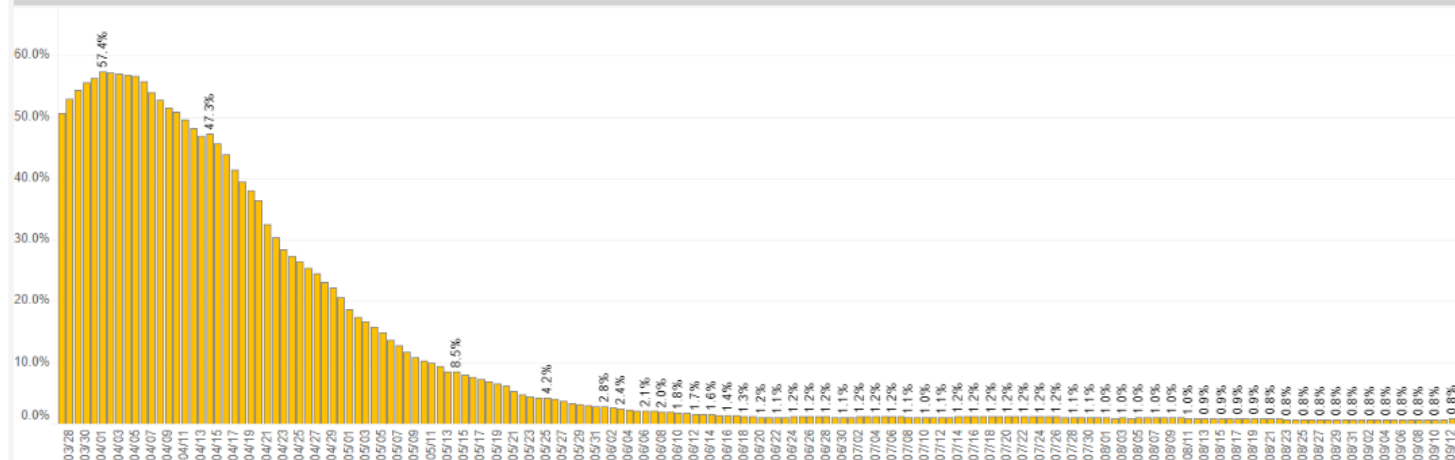
## COVID-19 Early Warning Monitoring System Dashboard - New York City

Data as of: September 13, 2020  
Last updated on: September 14, 2020

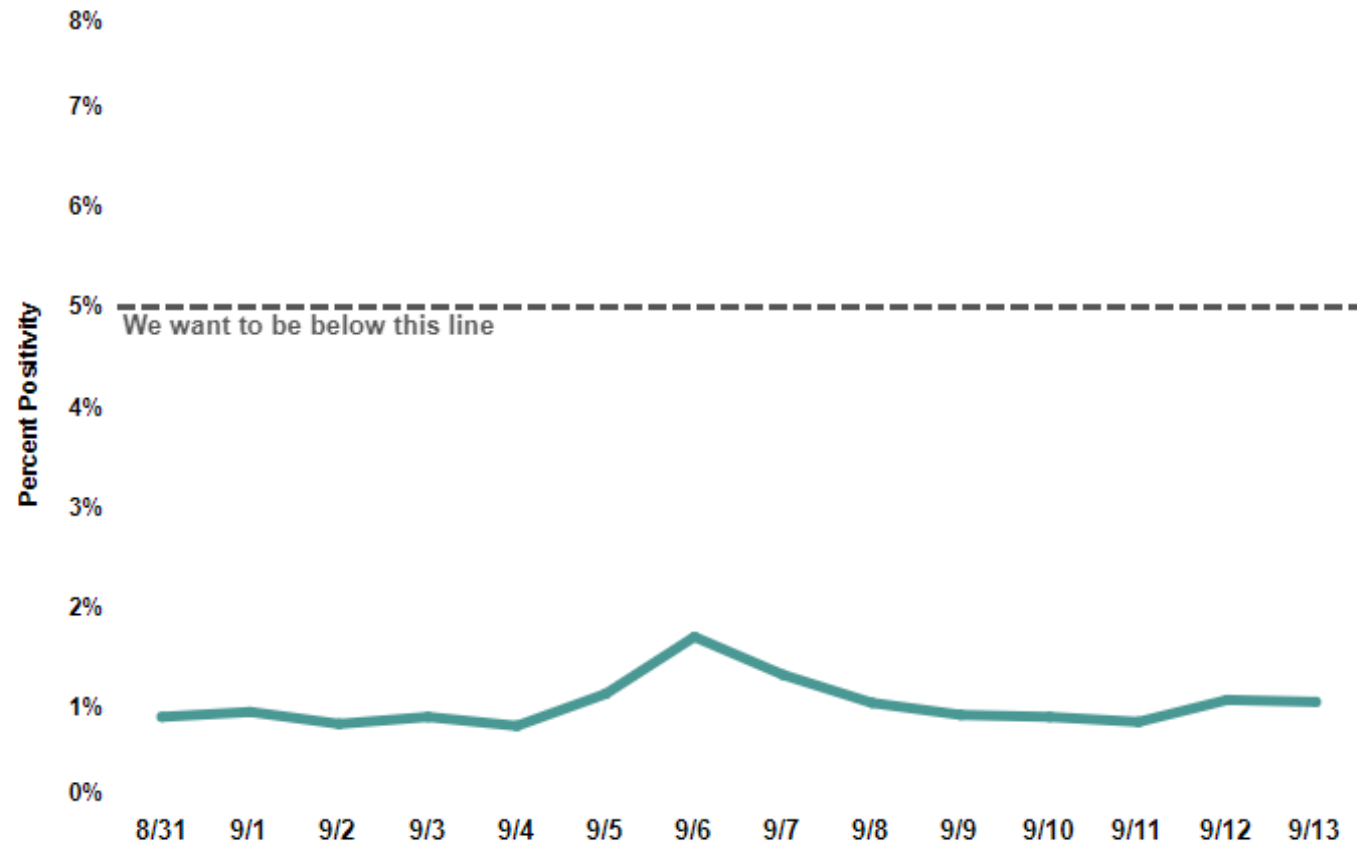
Testing/Tracing Targets		New Infections		Severity of Infection	Hospital Capacity	
Maintain 30 per 1,000 Diagnostic Tests	Maintain Required Case and Contact Tracing Capacity	% Positive Tests per Day (7-Day Rolling Avg)	New Cases per 100K (7-Day Rolling Avg)	Gross New Hospitalizations per 100k (7-Day Rolling Avg)	Share of Total Hospital Beds % Available (7-Day Rolling Avg)	Share of ICU Beds % Available (7-Day Rolling Avg)
32,021 / 8,399	4,648	0.8%	3.16	0.36	22%	30%
<a href="#">Show Trend</a>		<a href="#">Show Trend</a>	<a href="#">Show Trend</a>	<a href="#">Show Trend</a>	<a href="#">Show Trend</a>	<a href="#">Show Trend</a>

- Select a Region
- STATEWIDE
  - Capital Region
  - Central New York
  - Finger Lakes
  - Long Island
  - Mid-Hudson
  - Mohawk Valley
  - New York City
  - North Country
  - Southern Tier
  - Western New York

% Positive Tests per Day (7-Day Rolling Avg)



## Percent of NYC residents who test positive

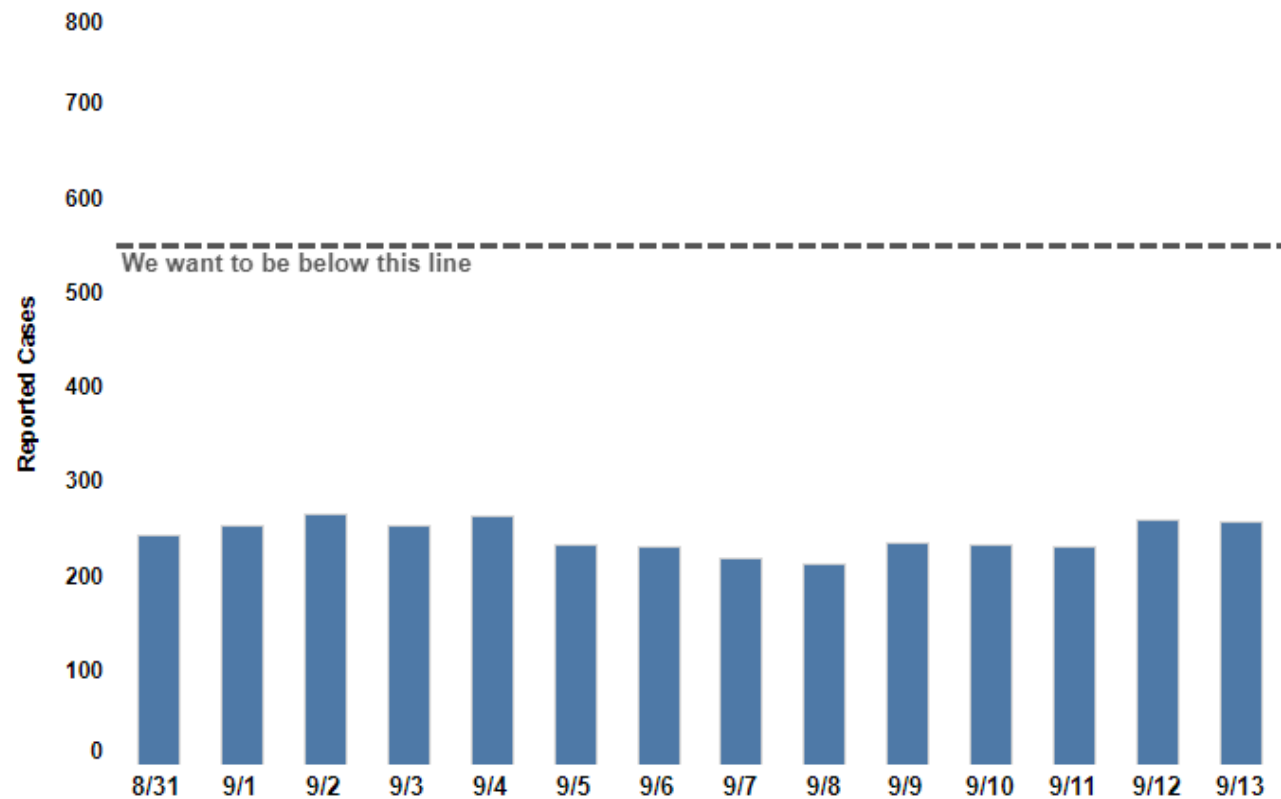


**Milestone:** This chart indicates when more NYC residents have a positive result for COVID-19.

Testing indicators may be reconsidered if testing supplies limit local ability to test for COVID-19.



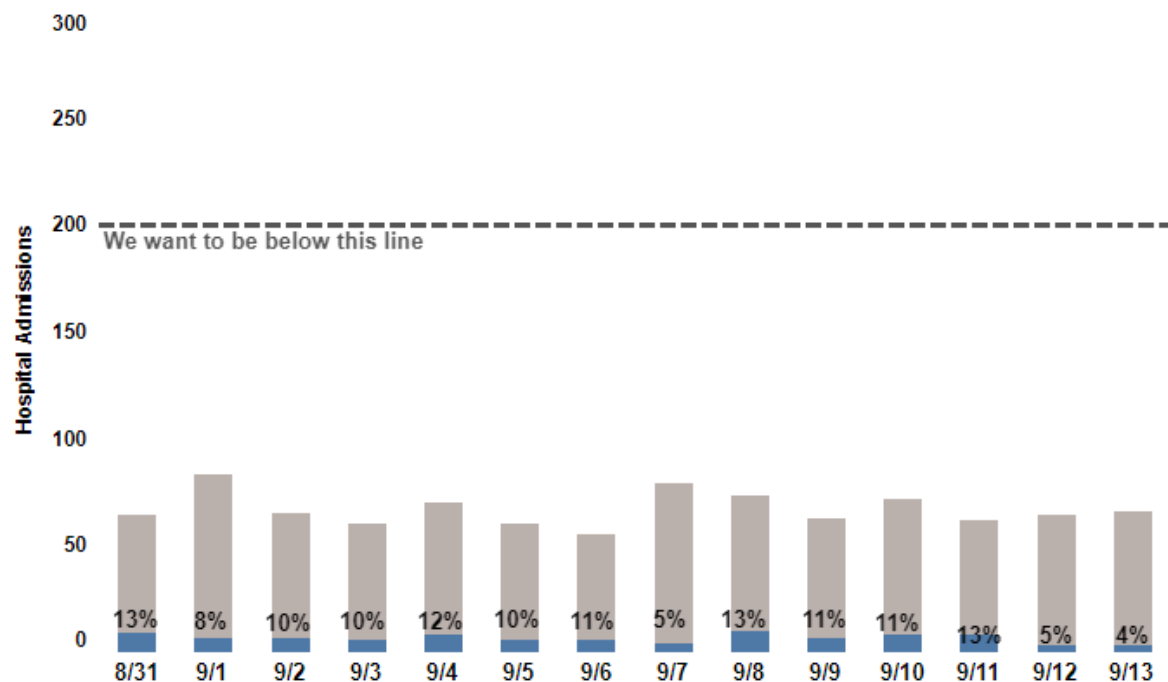
## Daily reported cases of COVID-19, seven-day average



**Milestone:** This chart shows the seven-day average of newly reported COVID-19 cases each day. Due to delays in reporting, which can take as long as two weeks, recent data by diagnosis date are incomplete. New reported cases include some cases in which a specimen was collected on previous days and are being reported now for the first time.

NYC COVID-19 data include people who live in NYC or who live in another country but are being treated in NYC. The data do not include people who live in the United States outside of NYC. During the height of the outbreak in NYC, over 6,300 people were diagnosed with COVID-19 in a single day.

## Daily number of people admitted to NYC hospitals for COVID-19-like illness, percent COVID-19 positive



**Milestone:** This chart shows that the daily number of people admitted to NYC hospitals for COVID-19-like illness is now consistently below our milestone of 200. The average number of people with these types of symptoms who are admitted to the hospital during this time of year is around 100.

The chart also shows the number of people who were admitted to the hospital with COVID-19-like illness and tested positive for COVID-19. During the height of the outbreak in NYC, three out of four of these hospital admissions tested positive for COVID-19.

These data include all hospital admissions from emergency department visits in NYC. The information is collected through electronic data transmitted hourly to the NYC Health Department. COVID-19-like illness is defined as clinical presentation of influenza-like illness or pneumonia. People who are admitted to a hospital and are laboratory-positive for COVID-19 might not be included in these data because: a) they do not present to an emergency department with the syndrome of COVID-19-like illness; or b) their hospital admission was not reported to our emergency department system.

# New York City COVID-19 Data

Date	COVID-19 Cases	Hospitalizations	Deaths	Probable Deaths
9/1/20	230,490	57,136	19,060	4,693
9/8/20	232,036	57,296	19,098	4,646
<b>9/15/20</b>	<b>233,972</b>	<b>57,437</b>	<b>19,131</b>	<b>4,627</b>

Brooklyn COVID-19 HERDS Data - 9/13/ 20 snapshot

Acute Care Hospitals	CoVID-19	CoVID-19 - ICU	CoVID-19 - Intubated	Available: Staffed	Available: ICU
<b>Maimonides Medical Center (53)</b>	<b>15</b>	<b>13</b>	<b>13</b>	<b>143</b>	<b>33</b>
Mount Sinai Brooklyn (93)	1	1	0	91	3
New York Community Hospital (92)	2	0	0	40	1
NYC H+H - Coney Island (42)	4	1	1	85	8
<b>NYC H+H - Kings County (48)</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>189</b>	<b>88</b>
NYC H+H - Woodhull (45)	0	0	0	102	26
NYP - Brooklyn Methodist Hospital (54)	1	0	0	148	7
<b>NYU Langone - Brooklyn (51)</b>	<b>17</b>	<b>3</b>	<b>2</b>	<b>134</b>	<b>16</b>
One Brooklyn - Brookdale Hospital (41)	2	1	1	39	6
One Brooklyn - Interfaith M.C. (55)	0	0	0	80	6
One Brooklyn - Kingsbrook (47)	0	0	0	51	2
<b>SUNY Downstate Medical Center (44)</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>190</b>	<b>16</b>
The Brooklyn Hospital Center (95)	2	0	0	61	18
Wyckoff Heights Medical Center (58)	4	1	0	27	9
<b>Summary (9/9/20 data in red)</b>	<b>51 (49)</b>	<b>20 (21)</b>	<b>17(18)</b>	<b>1380 (1859)</b>	<b>239 (281)</b>

**New York State MIS-C (multi-system inflammatory syndrome in children)**

**Sept 15, 2020 (last update)- Confirmed MIS-C =254**

**(254 from 9/8) total deaths =5**

**94 % COVID-19 + (by diagnostic, antibody or both)**

**Age of Cases**

Age	Percent of Cases
<1	7%
1-4	25%
5-9	29%
10-14	25%
15-19	13%
20-21	3%

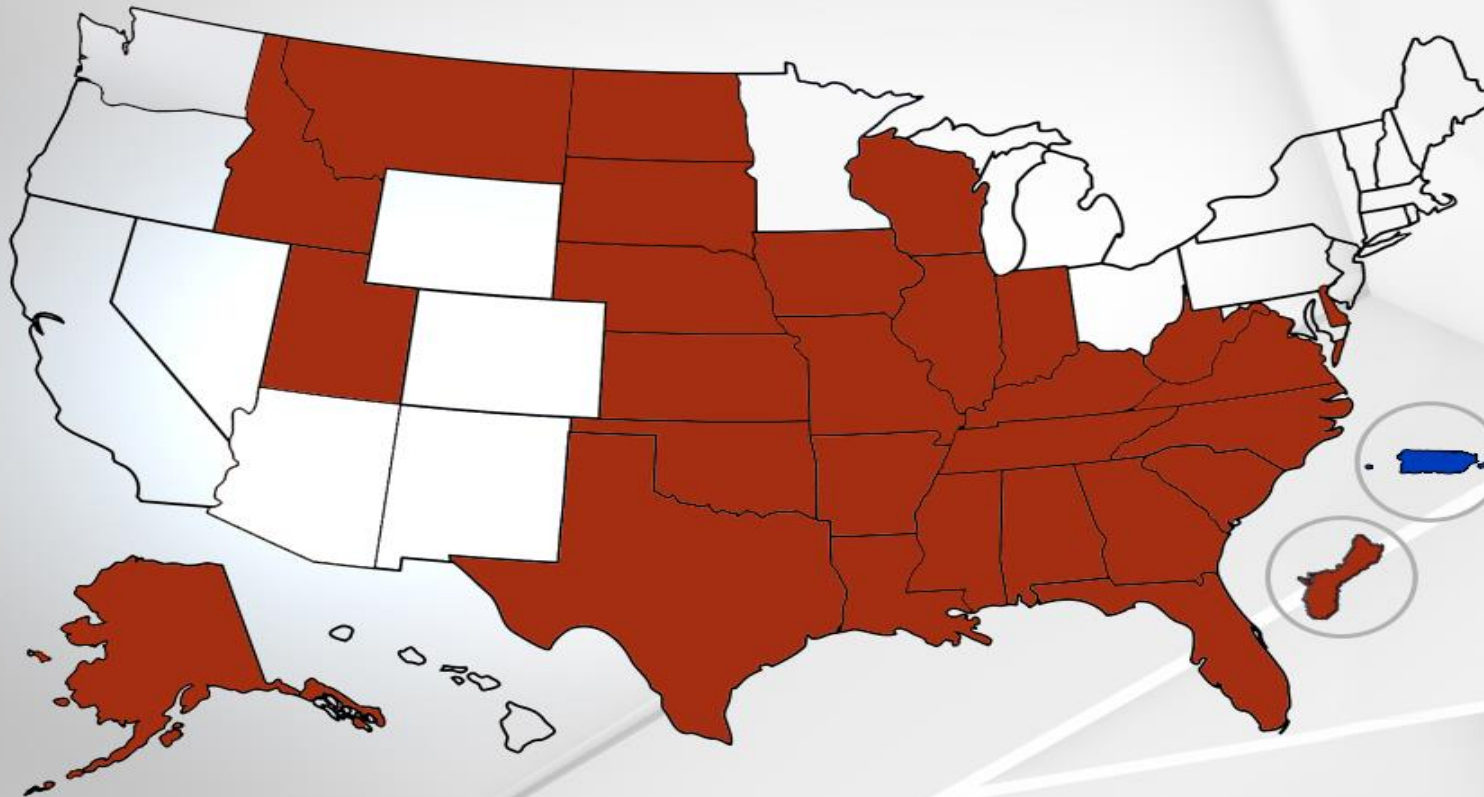
**Race and Ethnicity of Cases**

Race	Percent of Cases
White	21%
Black	31%
Other	19%
Asian	3%
Unknown	25%

9/15/2020 COVID-19 –**Tri-state travel advisory**, 29 states/ territories must quarantine.

- California, Hawaii, Maryland, Minnesota, Nevada, and Ohio were removed from the list
- Puerto Rico is back on the list

## STATES IMPACTED BY TRI-STATE TRAVEL ADVISORY



ALABAMA	MONTANA
ALASKA	NEBRASKA
ARKANSAS	NORTH CAROLINA
FLORIDA	NORTH DAKOTA
DELAWARE	OKLAHOMA
GEORGIA	<b>PUERTO RICO</b>
GUAM	SOUTH CAROLINA
IOWA	SOUTH DAKOTA
IDAHO	TENNESSEE
ILLINOIS	TEXAS
INDIANA	UTAH
KANSAS	VIRGINIA
KENTUCKY	WEST VIRGINIA
LOUISIANA	WISCONSIN
MISSISSIPPI	
MISSOURI	

Returning to NYS after travel from the affected states **must quarantine for 14 days**

Essential staff must get tested **within 24-hours** of return to NY and have a Negative result **BEFORE** they are allowed to return to Work

**\*Rapid COVID-19 tests are NOT available to staff due to limited supplies**

### **"Exemptions for Essential Workers**

Exceptions to the travel advisory are permitted for essential workers and are **limited** based on the duration of time in designated states, as well as the intended duration of time in New York. The Commissioner of Health may additionally grant an exemption to the travel advisory based upon extraordinary circumstances, which do not warrant quarantine, but may be subject to the terms and conditions applied to essential workers or terms and conditions otherwise imposed by the Commissioner in the interest of public health.

- Essential workers should seek **diagnostic testing for COVID-19 as soon as possible upon arrival (within 24 hours)** to ensure they are not positive.
- Essential workers should monitor temperature and signs of symptoms, wear a face covering when in public, maintain social distancing, clean and disinfect workspaces for a minimum of 14 days.
- Essential workers, to the extent possible, are required to avoid extended periods in public, contact with strangers, and large congregate settings for a period of, at least, 14 days."

UHB Health Care Workers/Employees returning to New York from the listed states must:

a) Quarantine for 14 days in NYC OR

b) Have a Negative COVID test (within 24 hours after return to New York State)

PRIOR to returning to WORK

Staff must plan accordingly, give themselves enough time to get tested.

If you miss work because you did not plan the state mandate says you use your PTO days!

NYS Travel Form must be filled out if you are travel back from restricted state, by any means of transportation) or \$2,000 fine and may also be subject to charges.

- <https://forms.ny.gov/s3/Welcome-to-New-York-State-Traveler-Health-Form> -



# UHB UPDATES



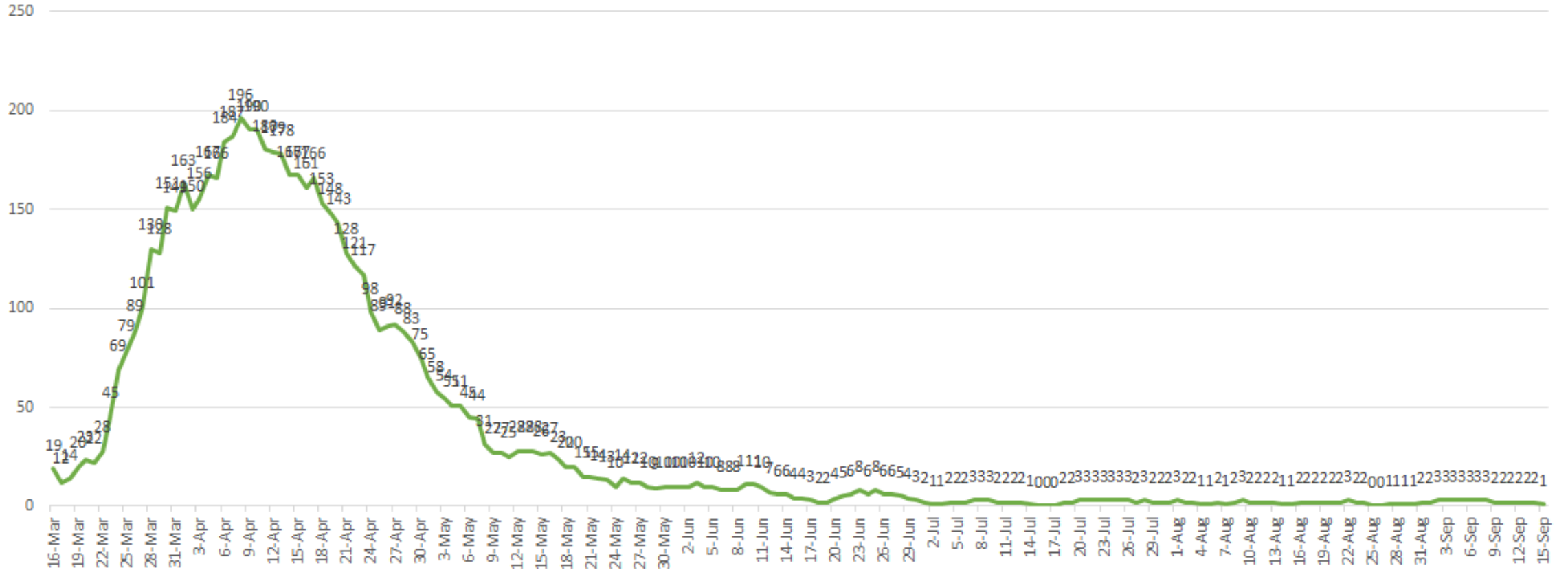
A dark blue, watercolor-style splash or blotch is centered on a white background. The splash has irregular, feathered edges and contains several smaller, lighter blue spots and streaks. The text is centered within the dark blue area.

# UHB COVID CASES SUMMARY

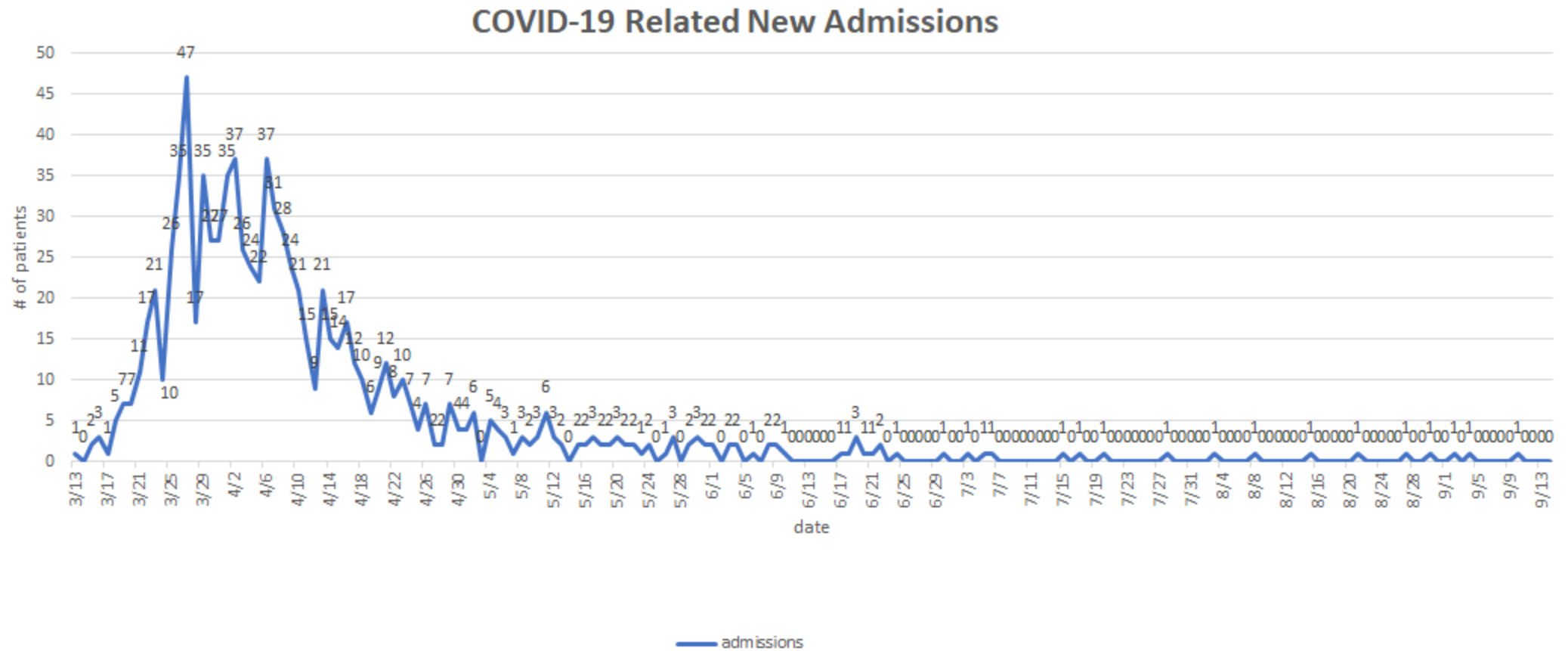
# UHB COVID-19 update 09/15/20

- Current Inpatient:
  - positive: 1
  - PUI: 0
- Total number of COVID-19 admissions since 03/12/20: 841
- Mortality: total number of COVID-19 related mortality as of 09/07/20: 298
- COVID Positivity of Outpatient and Inpatient Testing: Range from 0-2 %

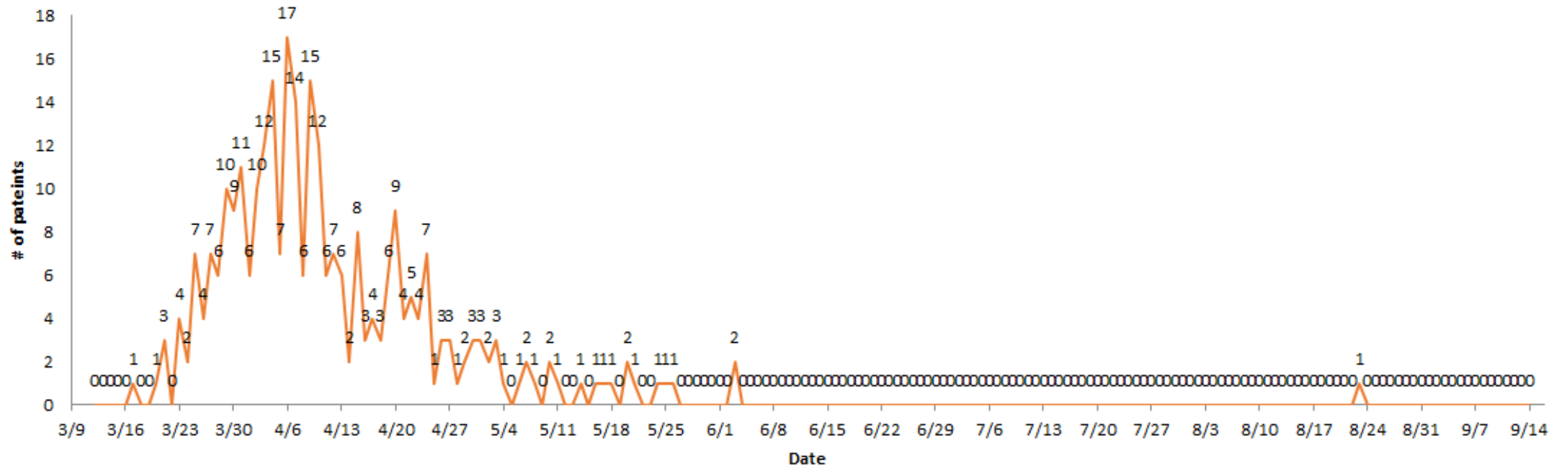
## Total Inpatient (COVID Positives and PUIs)



Click to add text



## COVID-19 Related New Death





UHB COVID  
PROCESSES UPDATES

# Uhb --Up-dates in house

- **COVID Tests:**
  - New MANDATE to test for COVID/Flu on ALL deaths– IN ED please order on all deaths
  - Initiated the mandated 7 questions
  - New mandate to add a question: "name of school" for students/teachers
- **Staff Temperature Screening** continues
- **Non-clinical space utilization** at 50% survey is in the process
- **ED Entrance Doors to be replaced:** Date TBD
- **Flu planning group:** Continues to meet and plan for immunization



# UHB Peds guidelines for MIS-C

- For rule out pathway: If 3 days of fever (changed from 1 day)
  - the initial labs should be CBC/Comp/CRP/ESR (Other testing as clinically indicated to identify cause of fever, based on clinical features).
- If abnormal:
  - send additional blood work noted in the MIS-C pathway.

**\*One caveat** - in children <5 years of age the sensitivity of these screening labs individually for MIS-C are lower than in older children so some clinical judgment would be needed in that age group to consider additional tests, repeat testing in 24 hours or observation in the hospital.

## Laboratory

- Need to have school name for kids and teachers as part of test reporting (working on add to Eagle vs test order)
- We experienced severe shortage of test supplies in last week due to credit hold. Now resolved but we are now going to need to be very careful about rapid test supply for next 7 days.
- New Microbiology / Virology Lab Director – Dr. Anna Plourde, MD MPH. Please join me in welcoming her
- Respiratory Panel in use is now the BioFire Respiratory panel 2.1 as of 9/9. Includes respiratory viruses and SARS-CoV-2 in one test. This should be test order for patients with respiratory symptoms compatible with COVID or flu. Please note that the RP2.1 panel includes four common human coronaviruses corona virus 229E, NL63, OC43 in addition to SARS-CoV-2. **DO NOT ORDER BOTH RESPIRATORY PANEL AND SARS-CoV-2**
- Viral Transport Media in Central Stores ran out two weeks ago and no date of arrival provided. We are distributing tubes with saline which is clear fluid as well as some standard pink media. Tubes available for pick-up from Blood Bank or in Virology (day).
- Roche Cobas 6800 delivered 8/17/20, training began 9/8/20. Expect for it to be launched in one week. IT pending for interface.
- BAY RIDGE – Tests continue to be transported to UHB for processing. Unable to process at Bay Ridge due to licensure.
- **EXPECT FOR MOST SARS-CoV-2 TESTS TO HAVE A 6- 30 h TURNAROUND TIME. However, Friday afternoon tests are not result until Monday afternoon unless have stat sticker or brought to lab and asked to run stat. If in lab by 11 AM Monday - Friday, then should have result by 5 PM same day for routine test. After 11 am, tests processed next weekday with result by 5 PM. This means that a test submitted on Friday afternoon will be result on Monday afternoon.**
- ED using "stat" stickers for Rapid Test .
- STAT – ED for admissions and symptomatic I&D, emergent surgery, stroke, transplant to use rapid test

# In-house Testing data

<i>Reported data is from midnight to midnight as required by AHA</i>	4/4	5/1	6/1	7/1	8/1	9/1	9/2	9/3	9/4	9/5	9/6	9/7	9/8	9/9	9/10	9/11	9/12	9/13	9/14	9/15
<b>a. New Diagnostic COVID-19 Test Ordered/Received</b>	81	33	43	107	19	68	62	50	76	33	50	35	90	101	59	92	21	34	52	102
<b>b. Cumulative Diagnostic COVID-19 Tests Ordered/Received</b>	81	902	1941	3248	5044	6961	7023	7073	7149	7182	7232	7267	7357	7458	7517	7609	7630	7664	7716	7818
<b>c. New COVID-19 Tests Resulted</b>	81	33	43	107	19	68	62	50	76	33	50	35	90	101	59	92	21	34	52	102
<b>d. Cumulative Specimens Rejected*</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>e. Cumulative COVID-19 Tests Performed</b>	81	902	1941	3248	5044	6961	7023	7073	7149	7182	7232	7267	7357	7458	7517	7609	7630	7664	7716	7818
<b>f. New Positive COVID-19 Tests</b>	60	6	6	7	0	1	1	0	2	0	0	0	0	1	2	1	0	0	0	1
<b>g. Cumulative Positive COVID-19 Tests</b>	60	491	649	712	734	757	758	758	760	760	760	760	760	761	763	764	764	764	764	765
<b>h. New Negative COVID-19 Tests</b>	21	27	37	100	19	67	61	50	74	33	50	35	90	100	57	91	21	34	52	101
<b>i. Cumulative Negative COVID-19 Tests</b>	21	411	1292	2527	4301	6195	6256	6306	6380	6413	6463	6498	6588	6688	6745	6836	6857	6891	6943	7044
<b>j. Percent Positive among Newly Resulted COVID-19 Tests</b>	74.1%	18.2%	14.0%	6.5%	0.0%	1.5%	1.6%	0.0%	2.6%	0.0%	0.0%	0.0%	0.0%	1.0%	3.4%	1.1%	0.0%	0.0%	0.0%	1.0%
<b>k. Cumulative Percent Positive among Resulted COVID-19 Tests</b>	74.1%	54.4%	33.4%	21.9%	14.6%	10.9%	10.8%	10.7%	10.6%	10.6%	10.5%	10.5%	10.3%	10.2%	10.2%	10.0%	10.0%	10.0%	9.9%	9.8%
<b>l. Employee Positive Tests, NEW</b>		2	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>m. Employee Positive Tests, CUMULATIVE</b>		90	100	106	109	111	111	111	111	111	111	111	111	111	111	111	111	111	111	111
<b>n. Number of new SARS-CoV-2 IgG antibody tests sent to NYSDOH</b>		61																		
<b>o. Cumulative Number of SARS-CoV-2 IgG antibody tests sent to NYSDOH</b>		1135																		
<b>p. # new SARS-CoV-2 IgG antibody tests in house</b>			14	22	1	3	57	9	32	0	1	1	25	23	24	30	1	0	21	18
<b>q. Cumulative # SARS-CoV-2 IgG antibody tests in house</b>			417	1126	1875	2462	2519	2528	2560	2560	2561	2562	2587	2610	2634	2664	2665	2665	2686	2704
<b>r. New Positive SARS-CoV-2 IgG antibody Tests</b>			6	7	0	1	12	3	7	0	0	0	6	8	8	3	0	0	2	6
<b>s. Cumulative Positive SARS-CoV-2 IgG antibody tests in house</b>			148	372	574	736	748	751	758	758	758	758	764	772	780	783	783	783	785	791
<b>t. % Positive SARS-CoV-2 IgG antibody tests in house</b>			43%	32%	0%	33%	21%	33%	22%	#DIV/0!	0%	0%	24%	35%	33%	10%	0%	#DIV/0!	10%	33%
<b>u. Cumulative % Positive SARS-CoV-2 IgG antibody tests in house</b>			36%	33%	31%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	29%	29%	29%	29%	29%
<b>* rejects are only for incorrect samples, not duplicates</b>	4/4	5/1	6/1	7/1	8/1	9/1	9/2	9/3	9/4	9/5	9/6	9/7	9/8	9/9	9/10	9/11	9/12	9/13	9/14	9/15

# New State Testing Requirement

- Section 405.11 of 10 NYCRR is amended by adding a new subdivision (h) to read as follows:
- (h) COVID-19 and Influenza Confirmatory Testing.
- (1) Any patient who is known to have been exposed to COVID-19 or influenza or has symptoms consistent with COVID-19 or influenza shall be tested for **both** such diseases.
- (2) Whenever a person expires while in the hospital, or while en route to the hospital, and in the professional judgment of the attending clinician there is a clinical suspicion that COVID-19 or influenza was a cause of death, but no such tests were performed in the 14 days before death, the **hospital shall** administer **both** a COVID-19 and influenza test within 48 hours after death, in accordance with guidance published by the Department.

# SUNY Downstate Health Sciences University Office of Communications & Marketing

comms@downstate.edu

The following e-mail is being sent on behalf of Information Services;  
please contact [Help@Downstate.edu](mailto:Help@Downstate.edu) for more information.

To: All Clinicians, Nurses, Allied Health Professionals and Staff  
From: Department of Pathology and Laboratory Services  
Date: August 18, 2020  
Subject: Mandatory Data Inputs for SARS-CoV-2 RNA Test Orders

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Please be advised that beginning immediately all **SARS-CoV-2 RNA** laboratory test orders will **require the answering of several questions** at the time of order entry when using the Healthbridge, T-System and Cerner LIS systems.

#### **What information is needed?**

Users will be prompted to answer the following questions:

1. Is this the first SARS-CoV-2 RNA order?
2. Is the patient employed in healthcare?
3. Is the patient symptomatic? and if so, what is the date of symptom onset?
4. Is the patient hospitalized?
5. Does the patient require the ICU?
6. Does the patient live in a congregate care setting?
7. Is the patient pregnant?

**ALL questions must be answered to effectively submit an order for a SARS-CoV-2 RNA test. Incomplete responses to these questions will delay the processing and testing of samples.**

#### **Why is this information needed?**

The collection and reporting of the requested information are mandated by the federal Coronavirus Aid, Relief and Economic Security (CARES) Act and is required by all facilities performing Coronavirus testing.

# IT Update

- We have selected and will be implementing a new solution called Well Screen, to screen: Students, Visitors, Patients and Employees coming to campus so that we can monitor and reduce the spread of COVID.
- We recently launched Care Manager which is an in-patient platform that allows the transition of Downstate patients to the next level of care with increased focus on efficiency. It is a system that will enable care management with real-time analytics, improve care coordination and decrease length of stay for our acute and post-acute patients.
- We continue to support a contact tracing initiative led by the School of Public Health
- We are also in the final stages of integrating our ED operations and systems under the same EHR system (HealthBridge) which will improve our patient journey and facilitate discharge
- On-boarded employees and 300+ residents with virtual orientation.
- We actively monitor and proactively protect our data and systems from an increased level of cyberthreats and hacking attempts
- We continue upgrading our infrastructure capabilities to support the new demand and environment:
  - Upgraded network and wireless infrastructure campus wide
  - Increased bandwidth capabilities for satellite clinics/location (Bayridge, Lefferts, 711, 710 & 760 Parkside)
  - Upgrading resident hall WiFi network to support multiple student devices and easy access
  - Implementing Digital Antenna solution to improve cell coverage campus wide, which will facilitate mobile technology adoption.
- DOXY.ME Telemedicine Solution rolled out to 35+ departments, including the ED for non-urgent visits



# Reopening New York

## Higher Education Guidelines



NEW YORK STATE

This guidance is intended to address all types of in-person higher education institutions, including but not limited to community and junior colleges, universities, graduate and professional schools, medical schools, and technical schools. Higher education institutions must develop and submit a plan for reopening and operating for the duration of the COVID-19 public health emergency. See "Interim COVID-19 Guidance for Higher Education" and "Checklist for Higher Education Institutions Reopening Plans" for more information.

During the COVID-19 public health emergency, all operators of higher education institutions are accountable for staying current with any updates to local, state, and federal requirements related to higher education and auxiliary activities and incorporating those changes into their operations. This guidance is not intended to replace any existing applicable local, state, and federal laws, regulations, and standards.

	Mandatory	Recommended Best Practices
Physical Distancing	<ul style="list-style-type: none"> <li>✓ Any time individuals come within 6 ft. of another person who does not reside in the same residence (i.e., roommate), acceptable face coverings must be worn. This provision should not be construed to require physical distancing among roommates or to require face coverings to be worn while inside an individual's residence.</li> <li>✓ In consultation with the local health department, identify where students who are exposed to, or infected with, COVID-19 will be residing and how daily needs (e.g. food, medication) will be met if it becomes necessary to have a period of quarantine or isolation.</li> <li>✓ Reference relevant industry-specific guidelines provided by the Department of Health – and available on the <a href="#">New York Forward</a> website – for operations of dining halls, research, office workspaces, gyms, transportation, retail stores, and other activities, as applicable.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Ensure that a distance of at least 6 ft. is maintained among individuals while on campus, inclusive of employees and students, to the extent possible and when seated in a classroom setting or meeting, unless safety or the core activity (e.g. moving equipment) requires a shorter distance or individuals are of the same residence.</li> <li>✓ Modify or reconfigure spaces and/or restrict the use of classrooms and other places where students and employees congregate, so that individuals are at least 6 ft. apart in all directions (e.g. side-to-side and when facing one another) and are not sharing workstations without cleaning and disinfection between use.</li> <li>✓ Consider a mix of traditional in-person and remote classes depending on student needs (e.g. vulnerable populations), technological capabilities, and/or immediately following historically high-travel periods (e.g. limiting in-person classes during holiday travel periods), among other measures to reduce in-person congregation.</li> <li>✓ When COVID-19 cases develop, consider restricting social contact and mobility across campus, particularly in affected areas .</li> <li>✓ Reduce bi-directional foot traffic using tape or signs with arrows in hallways or spaces throughout campus. Mark 6 ft. distance circles around desks, workstations, and common areas where gathering is likely to occur (e.g. libraries, study centers, lawns).</li> <li>✓ Determine which on-campus facilities (e.g. libraries, study lounges, recreational facilities) will be closed to the general public (i.e., not students and employees) or offer limited, specific hours to members of the general public.</li> <li>✓ Limit visitors to "invited guests" only, who are expected to abide by all building/campus protocols, and require student/institutional IDs to enter on-campus buildings.</li> </ul>

Phase 4 Maximum Capacity for Higher Education Recommendations can be found at this website:

[https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/Higher Education Summary Guidelines.pdf](https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/Higher_Education_Summary_Guidelines.pdf)

NON education is still at 25 even though the data on the website shows 50 NYC no indoor dining no gatherings greater than 25 people with masks and social distancing

A large, dark blue ink splatter or blotch is centered on a white background. The splatter has irregular, feathered edges and contains several smaller, lighter blue spots and streaks. The text 'UHB PPE UPDATES' is centered within the dark blue area.

# UHB PPE UPDATES





# PPE Supplies and Equipment Dashboard

Inventory On-Hand, Burn Rate, & Remaining Supply Days  
as of 09/16/2020

**N95 Masks**  
59,920

Daily Burn Rate  
Current: 350

Days Remaining  
Current: 171.2

Low: 225	High: 550
Low: 266.3	High: 108.9

**Isolation Gowns**  
248,218

Daily Burn Rate  
Current: 1,500

Days Remaining  
Current: 165.5

Low: 900	High: 2,400
Low: 275.8	High: 103.4

**Face Shields**  
98,698

Daily Burn Rate  
Current: 400

Days Remaining  
Current: 246.7

Low: 80	High: 550
Low: 1,233.7	High: 179.5

\*2,448 ponchos are on-hand.

\*Additional 2,800 additional face shields on-hand that require assembly.

**Blue Earloop Mask**  
438,000

Daily Burn Rate  
Current: 3,000

Days Remaining  
Current: 146.0

Low: 2,500	High: 3,500
Low: 175.2	High: 125.1

**KN95 Mask**  
18,900

Daily Burn Rate  
Current: 75

Days Remaining  
Current: 252.0

Low: 75	High: 75
Low: 252.0	High: 252.0

**Goggles**  
6,880

Daily Burn Rate  
Current: 40

Days Remaining  
Current: 172.0

Low: 10	High: 70
Low: 688.0	High: 98.3

\*KN95 masks on-hand that can be used as a surgical mask.

**Bouffant Caps**  
221,500

Daily Burn Rate  
Current: 200

Days Remaining  
Current: 1,107.5

Low: 100	High: 400
Low: 2,215.0	High: 553.8

**Shoe Covers**  
105,500

Daily Burn Rate  
Current: 300

Days Remaining  
Current: 351.7

Low: 50	High: 400
Low: 2,110.0	High: 263.8

**Gloves**  
1,192,000

Daily Burn Rate  
Current: 3,700

Days Remaining  
Current: 322.2

Low: 2,000	High: 5,500
Low: 596.0	High: 216.7

\*Not Required PPE based on CDC and hospital guidelines.

\*Not Required PPE based on CDC and hospital guidelines.

\*Boxes of gloves. General use. All sizes.

**Temp-A-Dots**  
0

Daily Burn Rate  
Current: 2,000

Days Remaining  
Current: 0.0

Low: 2,000	High: 4,000
Low: 0.0	High: 0.0

**Alcohol Pads**  
114,000

Daily Burn Rate  
Current: 1,500

Days Remaining  
Current: 76.0

Low: 600	High: 1,500
Low: 190.0	High: 76.0

**Sani-Cloth Wipe Containers**  
0

Daily Burn Rate  
Current: 30

Days Remaining  
Current: 0.0

Low: 30	High: 80
Low: 0.0	High: 0.0

\*\*No Touch" thermometers currently being used for screening.

\*Issued in boxes of 100

\*On-back order with suppliers.

**Disposable Stethoscopes**  
3,200

Daily Burn Rate  
Current: 1

Days Remaining  
Current: 3,200.0

Low: 1	High: 150
Low: 3,200.0	High: 21.3

**Coveralls**  
21,888

Daily Burn Rate  
Current: 30

Days Remaining  
Current: 729.6

Low: 30	High: 150
Low: 729.6	High: 145.9

**Body Bags**  
172

Daily Burn Rate  
Current: 1

Days Remaining  
Current: 172.0

Low: 1	High: 15
Low: 172.0	High: 11.5

\*Not Required. Traditional stethoscopes are used.

\*Not Required PPE based on CDC and hospital guidelines.

\*Reflects the heavy-duty body bags. Additional 400 light

## UHB-Personal Protective Equipment

- Masks with valves are NOT PERMITTED to be worn by anyone in the facility
- Booties or caps/bonnets MAY NOT BE WORN as part of PPE garb outside of OR/procedural areas<sup>1</sup>
- Staff with facial hair or who are unable to wear an N95 respirator, will be issued a PAPR mask, per hospital policy
- Hand washing practices should be rigorously adhered to before and after every clinical encounter

UHB HEALTH CARE PERSONNEL IN CLINICAL AREAS (Inpatient or Outpatient)		
Not engaged in direct patient care activities (i.e. passing through units, meeting with colleagues, charting or reviewing EMR, making phone calls etc.)		<ul style="list-style-type: none"> <li>● Ear loop mask</li> </ul>
DIRECT PATIENT CONTACT WITH PATIENTS <u>NOT</u> SUSPECTED OF COVID-19 <sup>1</sup>		<ul style="list-style-type: none"> <li>● Ear loop mask + Eye protection (i.e., face shield or goggles)</li> </ul>
<u>ALL AEROSOL-GENERATING PROCEDURES</u> (i.e., intubation, nebulizer tx, tracheal suctioning, obtaining nasopharyngeal specimens) use Transmission-Based Precautions. No exceptions.		<ul style="list-style-type: none"> <li>● N95 + Eye Protection + Gown + Gloves</li> </ul>
DIRECT PATIENT CONTACT <sup>1 and 1a</sup> WITH COVID-19+/PUI (Persons Under Investigation)	Engaged in hands-on activity or activity that requires sustained close proximity ( $\leq 6'$ for $\geq 10$ minutes) with COVID-19 + patients / PUIs AND potential for exposure to body fluids/secretions <sup>3</sup>	<ul style="list-style-type: none"> <li>● N95 + Eye Protection + Gown + Gloves</li> </ul>
ED/NS24/NS33/Stepdowns <sup>2</sup>	All times Direct COVID-19 +/PUI care	<ul style="list-style-type: none"> <li>● N95 + Eye Protection</li> <li>● N95 or equivalent + Eye Protection+ Gown+ Gloves</li> </ul>
OTHER SERVICES		
Environmental Services	In patient rooms with COVID-19+ or PUIs ENHANCED PRECAUTIONS	<ul style="list-style-type: none"> <li>● Ear loop mask + Eye Protection + Gown</li> </ul>
Vendors/Contractors	In patient rooms with COVID-19+/PUI	<ul style="list-style-type: none"> <li>● Ear loop mask + Eye Protection + Gloves</li> </ul>
ALL PERSONNEL		
Simulated Clinical Activities	With other personnel in close proximity ( $\leq 6'$ for $\geq 10$ minutes) whose status is unknown	<ul style="list-style-type: none"> <li>● Ear loop mask + Eye Protection + Gloves</li> </ul>
OFFICES/CORRIDORS/CONGREGATE SETTINGS	With interactions with other employees or public, all parties must wear a mask at all times	<ul style="list-style-type: none"> <li>● Ear loop mask</li> </ul>
NON-UHB PERSONNEL		
All Activities	All times, in all public and congregate spaces	<ul style="list-style-type: none"> <li>● Ear loop mask</li> </ul>