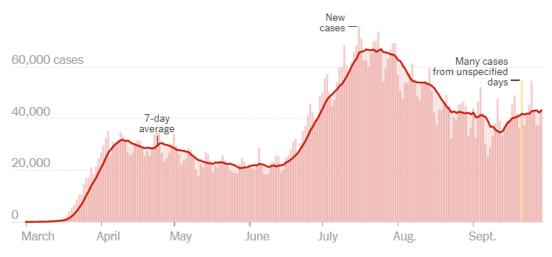


COVID-19 Snapshot: Global and National Cases

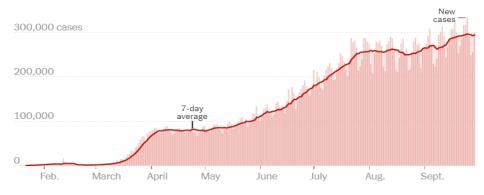
New reported cases by day in the United States



These are days with a data reporting anomaly. Read more here.

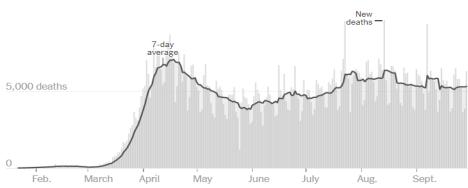
Note: The seven-day average is the average of a day and the previous six days of data.

New reported cases by day across the world



Note: The seven-day average is the average of a day and the previous six days of data.

New reported deaths by day across the world



Note: Scale for deaths chart is adjusted from cases chart to display trend.

COVID-19 Snapshot: UHB, NYC, NY State

NY State:

• 7 Day positivity rate: 1.1%

NYC:

- 24 hours New Cases: 523
- 7 Day Positivity Rate: 1.9%
 - 8 (out of 146) zip codes with positivity rate >3%

<u>UHB</u>:

- Current Inpatient: 3 positive; 0 PUI
- Total number of COVID-19 admissions since 03/12/20: 844
- Mortality: total number of COVID-19 related mortality as of 09/28/20: 298
 - 3 new admissions in the last week: 1 symptomatic, non-ICU, requiring O2 through nasal canula
 - 2 don't have symptoms related to COVID-19

Cuomo highlighted several zip codes considered areas of concern:

Rockland County

- 10977 30% tested positive
- 10952 25% positive

Orange County

• 10950 — 22% positive

Brooklyn

- 11219 17% positive
- 11210 11% positive
- 11204 9% positive
- 11230 9% positive

Queens

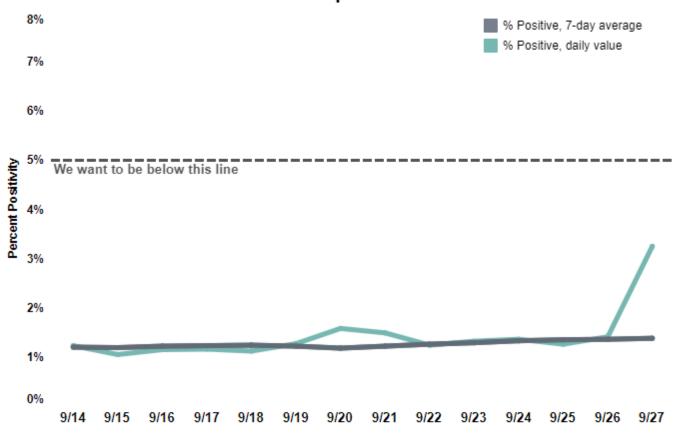
• 11367 — 6% positive

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.

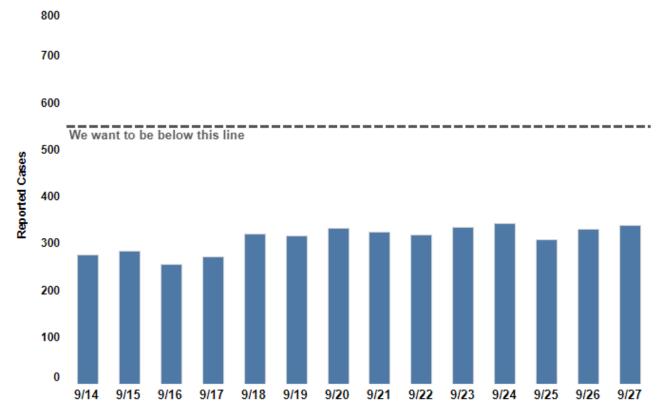
• He has issued Executive Order No. 202.60: Continuing Temporary Suspension and Modification of Laws Relating to the Disaster Emergency which states that Executive Order 202 shall remain in effect until October 4, 2020.

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



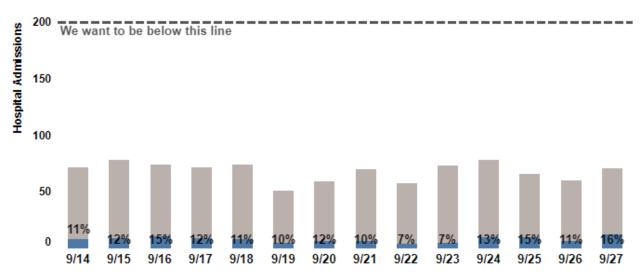
Milestone: This chart shows the seven-day average of newly reported COVID-19 cases each day. Due to delays in reporting, which can take as long as two weeks, recent data by diagnosis date are incomplete. New reported cases include some cases in which a specimen was collected on previous days and are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



250



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
9/15/20	233,972	57,437	19,131	4,627
9/22/20	236,253	57,618	19,153	4,627
9/29/20	238,733	58,339	19,183	4,631

Brooklyn COVID-19	ŀ	HERDS Data - 9/27/2	20 View Snapshot	(9/20/20 data in	red)
Acute Care Hospitals	CoVID-19	CoVID-19 - ICU	CoVID-19 - Intubated	Available: Staffed	Available: ICU
Maimonides Medical Center (53)	27 <mark>(17)</mark>	8 (14)	8(14)	154 (145)	25 (16)
Mount Sinai Brooklyn (93)	6 <mark>(0)</mark>	2 (0)	0 (0)	67 <mark>(73)</mark>	4 (6)
New York Community Hospital (92)	1 (2)	0 (0)	0 (0)	36 (44)	0 (5)
NYC H+H - Coney Island (42)	3 (4)	0 (0)	0 (0)	67 <mark>(85)</mark>	15 <mark>(2)</mark>
NYC H+H - Kings County (48)	<mark>3 (3)</mark>	<mark>2 (2)</mark>	<mark>0 (0)</mark>	<mark>73 (149)</mark>	<mark>7 (8)</mark>
NYC H+H - Woodhull (45)	2 (0)	0 (0)	0 (0)	108(119)	27 (23)
NYP - Brooklyn Methodist Hospital (54)	12 <mark>(10)</mark>	4 (1)	1(0)	93 (122)	27 <mark>(2)</mark>
NYU Langone - Brooklyn (51)	8 <mark>(9)</mark>	2 (2)	2 (1)	115(108)	20(17)
One Brooklyn - Brookdale Hospital (41)	3 (3)	2 (1)	1 (0)	41 (46)	9 (6)
One Brooklyn - Interfaith M.C. (55)	1 (1)	0 (0)	0 (0)	96 (87)	1 (0)
One Brooklyn - Kingsbrook (47)	2 (2)	0 (0)	0 (0)	65 <mark>(56)</mark>	2 (3)
SUNY Downstate Medical Center (44)	3 (1)	0 (0)	0 (0)	186 (204)	<mark>16 (15)</mark>
The Brooklyn Hospital Center (95)	1 (0)	0 (0)	0 (0)	76 (<mark>91</mark>)	22 (20)
Wyckoff Heights Medical Center (58)	1 (3)	0 (0)	0 (0)	15 <mark>(26)</mark>	4 (7)
Summary (9/20/20 data in red)	71 (55)	20 (20)	12 (17)	1192 (1350)	158(745)

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

Sept 27, 2020 (last update)- Confirmed MIS-C = 257

(254 from 9/22 total deaths = 5

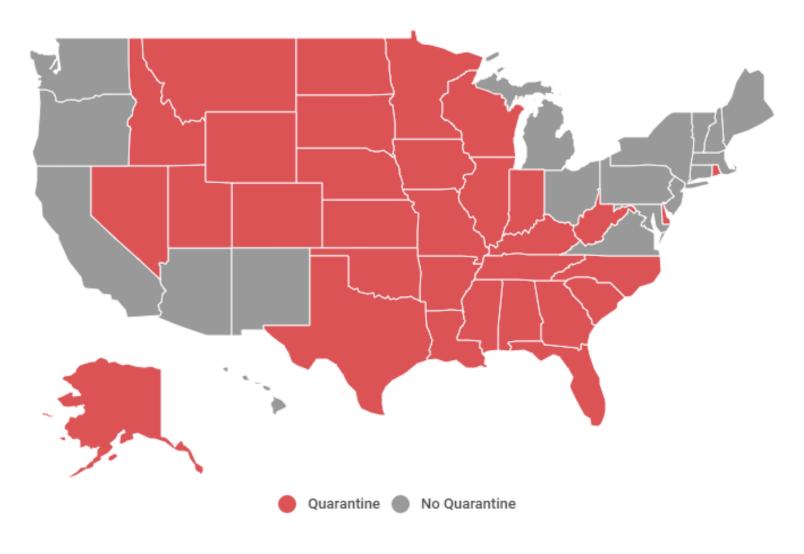
96 % COVID-19 + (by diagnostic, antibody or both)

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%



Source: NJ Dept. of Health, current as of Sept. 29, 2020.

- 33 states as of Sept. 29, 2020:
- 1.Alabama
- 2.Alaska
- 3.Arkansas
- 4.Colorado
- 5.Delaware
- 6.Florida
- 7.Georgia
- 8.Guam
- 9.Idaho
- 10.Illinois
- 11.Indiana
- 12.Iowa
- 13.Kansas
- 14.Kentucky
- 15.Louisiana
- 16.Minnesota
- 17.Missouri
- 18.Mississippi
- 19.Montana
- 20.North Carolina
- 21.North Dakota
- 22.Nebraska
- 23.Nevada
- 24.Oklahoma
- 25. Puerto Rico
- 26.Rhode Island
- 27. South Carolina
- 28.South Dakota
- 29.Tennessee
- 30.Texas
- 31.Utah
- 32.Wisconsin
- 33.West Virginia

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

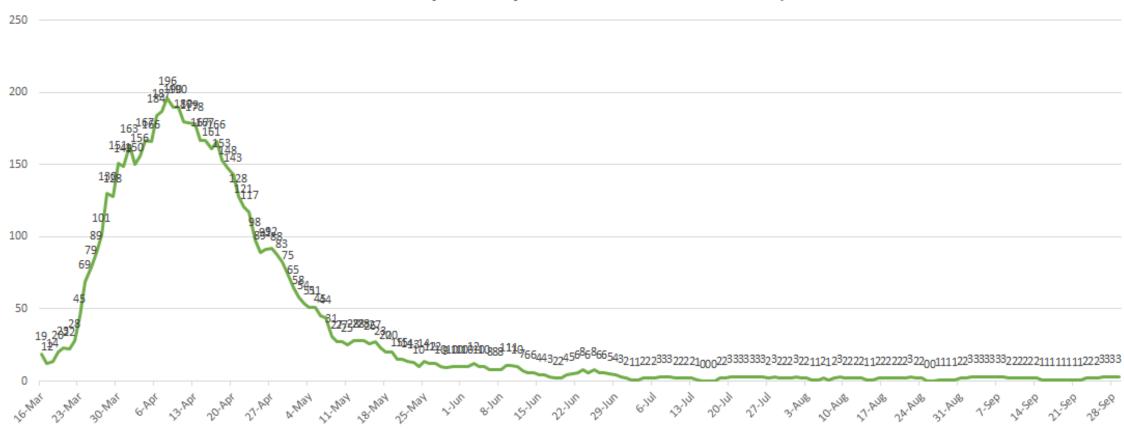
Staff must plan accordingly, give themselves enough time to get tested.

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.

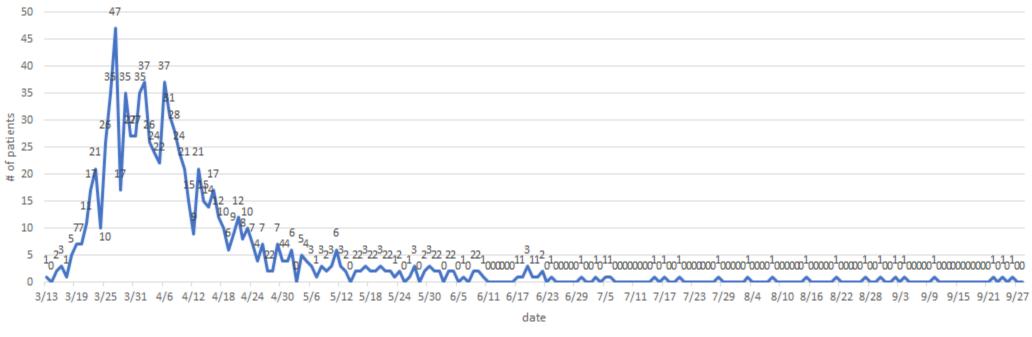
https://forms.ny.gov/s3/Welcome-to-New-York-State-Traveler-Health-Form -

Total Inpatient (COVID Positives and PUIs)

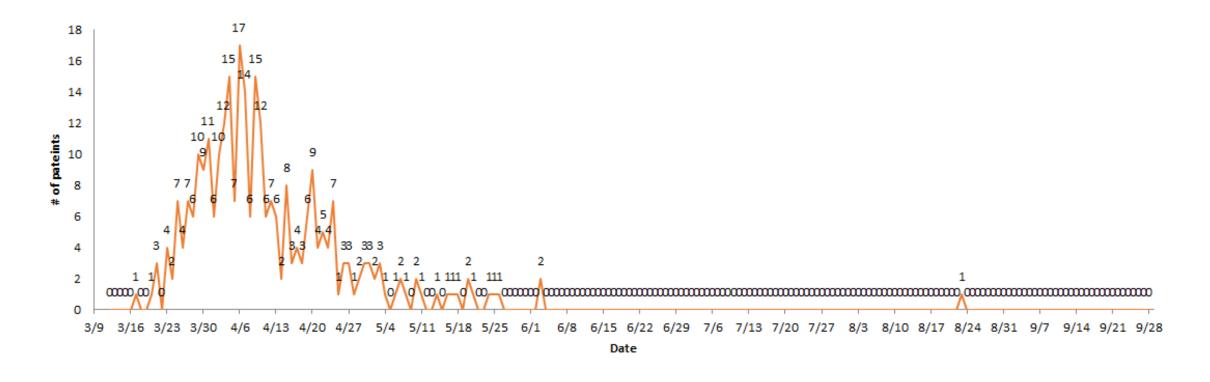


Click to add text

COVID-19 Related New Admissions



COVID-19 Related New Death



Bed Management/Staft	fing 9-30-2020 as of 8:00 AM Hospit	tal Census 161
ED CENSUS	14	
Admitted Patients	4	waiting Covid-19 result/ 1 SD respiratory isolation
Admitted Patients with Beds	0	
Transfers	0	
Staffing	8RNs,3Techs, 2NA	
CRITICAL CARE	CENSUS	STAFFING
PIRR/23	0	
NS 24	0	
NS 26	4	4 RNs, 1 NA
NS 33	7	5 RNs,1NA
MATERNAL CHILD HEALTH		
NS 31	3	6RNs, 2 Surgical Tech,1 EKG Tech, 1 NA
NS32/34	4+4	3 RNs,1NA
NS35	14	8RNs, 1 NA
NS42	4 (1 PD)	3RNs
NS 43	5	2 RNs
MEDICAL SURGICAL	CENSUS	STAFFING
NS 61	24	5RNs, 2Tech, 3 NA
NS 62	0	
NS 71/NS 73	18	3RNs,1 RN Orientee,1 LPN, 3 NA
NS 72	13 (2 off site chemo)	3RNs,1 RN Orientee,2NA
NS 74	7	1 RN,1 RN Orientee 3 NA
Stroke/Neuro	4+3	3 RNs, 1 Tech
NS 81	27	8RNs,2 Tech,4 NAs
NS 82	15	4RNs,(1 RN till 4:00PM),1 Tech, 1 NA
	115RNs,(1 ADN)1 Tech,1 LPN,2 NAs, 2 Clerks	

Up-dates in house

COVID Tests:

- WE ARE VERY LOW ON RAPID COVID TESTS -->Only use STAT Stickered tests for ED Admitted Patients & Emergency Surgical Patients
- Issues with delayed covid tests: email Dr. Anna Plourde
- 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

Upcoming FM&D Projects

FM&D Projected Date	FM&D UHB Project	Areas Impacted
August 29-30, 2020 (4pm-4am)	Legionella remediation	OPD/Low zone
September 3, 2020 (1pm-2pm)	electrical generator test	All
October 8, 2020 (2pm-3pm)	electrical generator test	All
October 10, 2020 (UHB 3pm-4am)	Steam Plant shut down	All
November 5, 2020 ((8am-9am)	electrical generator test	All
December 5, 2020 (10am-11am)	electrical generator test	All

- -

Current Update - 9/30/20

Laboratory

- SHORTAGE OF RAPID TESTS We get approx 180 per week. Requests for 250+ per week.
- School names needed for kids and teachers as part of test reporting (not resolved please ask question at registration and include under employment- needs to go from EMR to ECLRS)
- Microbiology / Virology Lab Director Dr. Anna Plourde, MD MPH.
- Respiratory Panel in use is now the BioFire Respiratory panel 2.1 which includes SARS-CoV-2, flu, RSV, and four common human coronaviruses corona virus 229E, NL63, OC43.
- For patients with respiratory symptoms compatible with COVID vs. Flu: Order Respiratory Panel 2.1
- For screening patients for COVID-19: Order SARS-CoV-2 RNA
- Viral Transport Media in Central Stores ran out. Virology Lab is distributing tubes with saline which is clear fluid as well as some standard pink media. Tubes available for pick-up from Blood Bank (24/7). Call x1837 if more supplies needed.
- Roche Cobas 6800 delivered 8/17/20. Pending reporting mechanism to launch.
- BAY RIDGE Tests continue to be transported to UHB for processing.
- EXPECT FOR MOST SARS-CoV-2 TESTS TO HAVE A 6- 30 h TURNAROUND TIME. **However**, Friday afternoon routine tests are not resulted until Monday afternoon. 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 resulted on Monday afternoon. Tests with stat sticker are run typically in <4 h. Working to have routine testing 7 days per week.
- ED using "stat" stickers for Rapid Test.
- STAT ED for admissions and symptomatic, L&D, emergent surgery, stroke, transplant to use rapid test.
- Three test platforms now in use with an order set of SARS-CoV-2 RNA (lab makes decision which test).
- Swabs available in Central Stores. Swabs are Puritan PurFlock Ultra.

In-house Testing data

Reported data is from midnight to midnight as required by AHA	4/4	5/1	6/1	7/1	8/1	9/1	9/16	9/17	9/18	9/19	9/20	9/21	9/22	9/23	9/24	9/25	9/26	9/27	9/28
a. New Diagnostic COVID-19 Test Ordered/Received	81	33	43	107	19	68	72	65	89	20	24	71	108	87	71	66	24	30	68
b. Cumulative Diagnostic COVID-19 Tests Ordered/Received	81	902	1941	3248	5044	6961	7890	7955	8044	8064	8088	8159	8267	8354	8425	8491	8515	8545	8613
c. New COVID-19 Tests Resulted	81	33	43	107	19	68	102	102	102	102	102	102	102	102	102	102	102	102	102
d. Cumulative Specimens Rejected*	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(
e. Cumulative COVID-19 Tests Performed	81	902	1941	3248	5044	6961	7920	8022	8124	8226	8328	8430	8532	8634	8736	8838	8940	9042	9144
f. New Positive COVID-19 Tests	60	6	6	7	0	1	0	2	0	0	0	0	3	0	1	0	1	0	(
g. Cumulative Positive COVID-19 Tests	60	491	649	712	734	757	765	767	767	767	767	767	770	770	771	771	772	772	772
h.New Negative COVID-19 Tests	21	27	37	100	19	67	102	100	102	102	102	102	99	102	101	102	101	102	102
i. Cumulative Negative COVID-19 Tests	21	411	1292	2527	4301	6195	7146	7246	7348	7450	7552	7654	7753	7855	7956	8058	8159	8261	836
j. Percent Positive among Newly Resulted COVID-19 Tests			14.0%	6.5%	0.0%		_	_	_	_	_	_	_	_	-		1.0%	_	-
k. Cumulative Percent Positive among Resulted COVID-19 Tests	74.1%	54.4%	33.4%	21.9%	14.6%	10.9%	9.7%	9.6%	9.4%	9.3%	9.2%	9.1%	9.0%	8.9%	8.8%	8.7%	8.6%	8.5%	8.49
l1. Employee Positive Tests, NEW		2	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	- 1
12. Student Positive Tests, NEW		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(
m1. Employee Positive Tests, CUMULATIVE		90	100	106	108	109	109	109	109	109	109	109	109	109	109	109	109	109	109
m2. Student Positive Tests, CUMULATIVE		0	0	0	1	2	2	2	2	2	2	2	2	2	2	2	2	2	1
n. Number of new SARS-CoV-2 IgG antibody tests sent to NYSDOH		61																	
o. Cumulative Number of SARS-CoV-2 IgG antibody tests sent to NYSDOH		1135																\square	
p. Number of new SARS-CoV-2 IgG antibody tests performed in house			14	22	1	3	17	18	36	1	1	21	21	32	13	25	0	2	16
q. Cumulative Number of SARS-CoV-2 IgG antibody tests performed in house			417	1126	1875	2462	2721	2739	2775	2776	2777	2798	2819	2851	2864	2889	2889	2891	2907
r. New Positive SARS-CoV-2 IgG antibody Tests			6	7	0	1	2	4	8	0	0	8	8	8	2	8	0		
s.Cumulative Positive among SARS-CoV-2 IgG antibody tests performed in house			148	372	574	736	793	797	805	805	805	813	821	829	831	839	839	0	- 1
t. Percent Positive among new SARS-CoV-2 IgG antibody tests performed in house			43%	32%	0%	33%		-			0%		38%	25%	-	-	####	0%	-
u.Cumulative Percent Positive among SARS-CoV-2 IgG antibody tests performed in house			36%	33%	31%	30%		29%	-				_	29%			_	0%	_
	4/4	5/1	6/1	7/1	8/1	0/1	0/16	0/17	0/10	0/10	0/20	0/21	0/22	9/23	0/24	0/2E	0/25	0/27	0/29

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.

IT Update

- We started implementation of 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. Currently we are configuring and testing the system and developing the interfaces to our systems. *Target Go-Live: End of October*
- COVID-19 Dashboard is built. Modifications are in progress. After validation by Dr. Nakeshbandi and Dr. Rahman the dashboard will be ready for review and use.
- 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 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

>90 Days of Supplies Days of Supplies

Days of Supplies Days of Supplies

High

98.3

PPE Supplies and Equipment Dashboard

Inventory On-Hand, Burn Rate, & Remaining Supply Days as of 09/23/2020



Isolation Gowns 247,662 Daily Burn Rate Low High 900 2,400 1,500 Days Remaining Low High 275.2 103.2 165.1

Face Shields 98,698 Daily Burn Rate High Low 80 400 Days Remaining Low High 1,233.7 179.5 246.7 * Additional 2,800 additional face shields on-hand that

require assembly.

Goggles

6,880

*2,448 ponchos are on-hand.

Low

Low

252.0



KN95 Mask 18,900 Daily Burn Rate High

> 75 Days Remaining 252.0

Daily Burn Rate Low High 40 Days Remaining

Low 688.0 172.0

Bouffant Caps 217,500 Daily Burn Rate Low High 200 Days Remaining High Low 2,175.0 1.087.5 543.8

Not Required PPE based on CDC and hospital guidelines.

	Shoe Covers 95,500				
	Daily Burn Rate				
Low		High			
50	300	400			
	Days Remaining				
Low		High			
1,910.0	318.3	238.8			
*Not Required PPE based on CDC and hospital guidelines.					

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

Gloves 1,222,000 Daily Burn Rate Low High 2,000 3.700 Days Remaining Low High 330.3 611.0 222.2

Baxes of gloves. General use. All sizes.

	Temp-A-Dots 0	
	Daily Burn Rate	
Low	Current	High
2,000	2.000	4,000
	Days Remaining	
Low	Current	High
0.0	0.0	0.0

"No Touch" thermometers currently being used for screening.

	Alcohol Pads 136,000	
	Daily Burn Rate	
ow	Current	High
500	1.500	High 1,500
	Days Remaining	
ow	Current	High
26.7	90.7	90.7

*Issued in boxes of 100



*On-back order with suppliers.

Di	sposable Stethosco 3,600	pes				
	Daily Burn Rate					
Low	Current	High				
1	1	150				
Days Remaining						
Low	Current	High				
3,600.0	3.600.0	24.0				

*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

- o Masks with valves are NOT PERMITTED to be worn by anyone in the facility
- o Booties or caps/bonnets MAY NOT BE WORN as part of PPE garb outside of OR/procedural areas1
- o Staff with facial hair or who are unable to wear an N95 respirator, will be issued a PAPR mask, per hospital policy
- o Hand washing practices should be rigorously adhered to before and after every clinical encounter

UHB HEALTH CAR	E PERSONNEL IN CLINICAL AREAS (Inpatient or (Outpatient)
Not engaged in direct patient care ac through units, meeting with colleagu reviewing EMR, making phone calls of DIRECT PATIENT CONTACT WITH PAT OF COVID-19 ¹ ALL AEROSOL-GENERATING PROCED	etc.) TIENTS NOT SUSPECTED • Ear loop masshield or go	ask + Eye protection (i.e., face
nebulizer tx, tracheal suctioning, obt specimens) use Transmission-Based exceptions.	aining nasopharyngeal	Protection + Gown + Gloves
DIRECT PATIENT CONTACT ^{1 and 1a} WITH COVID-19+/PUI (Persons Under Investigation)	Engaged in hands-on activity or activity that requires sustained close proximity (≤ 6' for ≥ 10 minutes) with COVID-19 + patients / PUIs AND potential for exposure to body fluids/secretions ³	N95 + Eye Protection + Gown + Gloves
ED/NS24/NS33/Stepdowns ²	All times Direct COVID-19 +/PUI care	 N95 + Eye Protection N95 or equivalent + Eye Protection+ Gown+ Gloves
	OTHER SERVICES	
Environmental Services	In patient rooms with COVID-19+ or PUIs ENHANCED PRECAUTIONS	Ear loop mask + Eye Protection + Gown
Vendors/Contractors	In patient rooms with COVID-19+/PUI	 Ear loop mask + Eye Protection + Gloves
	ALL PERSONNEL	
Simulated Clinical Activities	With other personnel in close proximity (≤ 6' for ≥ 10 minutes) whose status is unknown	 Ear loop mask + Eye Protection + Gloves
OFFICES/CORRIDORS/CONGREGAT E SETTINGS	With interactions with other employees or public, all parties must wear a mask at all times	Ear loop mask
	NON-UHB PERSONNEL	
All Activities	All times, in all public and congregate spaces	Ear loop mask