COVID-19 HUDDLE October 14, 2020

COVID-19 Snapshot: UHB, NYC, NY State

NY State:

- 7 Day positivity rate: 1.2%
- Red zone positivity rate: 3.7% (down from 6% last week)

NYC:

- 7 Day Positivity Rate: 1.2%
- Brooklyn 3 day positivity rate: 1.2%

UHB:

- 7 Day Positivity Rate: 1%
- Current Inpatient: 2 (one in the ICU but not on mechanical ventilation)
- 2 new admissions in the last week and no mortality related to COVID-19
- Total COVID-19 admissions: 850
- Total COVID-19 related mortality: 298



Federal Declarations and Flexibilities Supporting Medicaid and CHIP COVID-19 Response Efforts Effective and Expiration Dates

To help states regord to the organic conservior (COVE-2) junctions, the White Stoce, the U.S. Department of health and futures forcing shoft, and the Contest for Medicine and Medical Annex (Modella of Medical and Medical Annex (Modella of Medical and Medical Annex (Modella of Medical of Me

Declaration/Flexibility	Effective Date	Expiration Timeline	Current End Date (as of the date of publication)	Citations
	Feder	al Emergency/Disaster Declaration		
The HHS Public Health Emergency (PHE) Declaration	January 27, 2020 (issued January 3.1) Last renewed: October 23, 2020 (issued October 2)	Expires after 90 days unless renewed by HHS	January 20, 2021	Public Health Service Act § 319(a) [42 USC § 247d(o)]
The President's National Emergency Declaration under the National Emergencies Act (NEA)	March 1, 2020 (issued March 13)	Expires after one year unless renewed by the President; may be terminated at any time by the President or by joint resolution of Congress ¹	March 1, 2021	NEA § 202(a) [50 U.S.C. §§ 1622(a) & (d)]
The President's Stafford Act Declarations	Nationwide emergency declaration issued March 13, 2020 (no effective date specified) State "major disaster" declarations are generally effective January 20, 2020	The Federal Emergency Management Agency (FEMA) determines the start and end dates of the "incident period"	None specified in either the nationwide or state- by-state declarations	Stafford Act §§ 401 (major disaster) & 501 (emergency) [42 USC §§ 5170 & 5191] 44 CFR § 206.32(f)





HHS Renews the COVID-19 Public Health Emergency Through January 20, 2021

COVID-19 Update

October 07, 2020

HHS also Extends Disaster Declaration until January 2021

https://www.manatt.com/insights/newsletters/covid-19-update/hhs-renews-the-covid-19-public-health-emergency

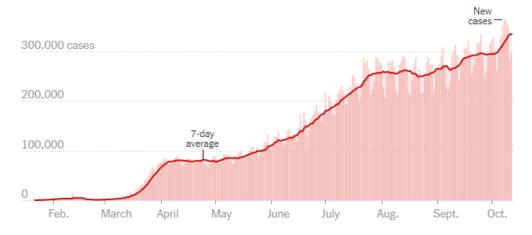
https://www.shvs.org/wpcontent/uploads/2020/07/COVID-19-Emergency-Flexibility-Timelines-Product-10.05.2020.pdf

NY STATE AND NYC:

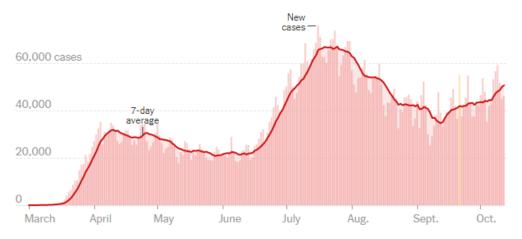
STATE OF EMERGENCY EXTENDED 30 DAYS (UNTIL NOVEMBER 3RD)

https://www.governor.ny.gov/news/no-20267-continuing-temporarysuspension-and-modification-lawsrelating-disaster-emergency

New reported cases by day across the world



New reported cases by day in the United States







Type of Activity	RED	ORANGE	YELLOW
Worship	25% capacity 10 people maximum	33% capacity 25 people maximum	50% capacity
Mass Gathering	Prohibited	10 people maximum, indoor and outdoor	25 people maximum, indoors and outdoors
Businesses	Only essential businesses open	Closing high-risk non- essential business (gyms, personal care, etc.)	Open
Dining	Takeout only	Outdoor dining only, 4 person maximum per table	Indoor and outdoor dining, 4 person maximum per table
Schools	100	OSED ote-only	Open Mandatory weekly testing of students and teachers/staff for in-person settings. DOH will set percent by Friday.

WEAR A MASK.





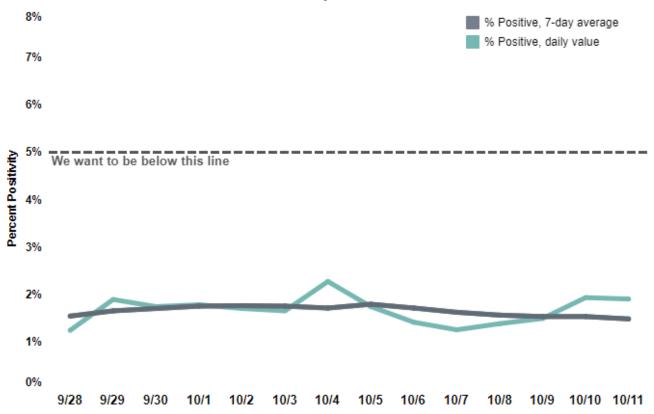
New York State COVID-19 Update 10/13/20

FOCUS ZONE	Week of 9/27-10/3 % Positive	Past Week (10/4-10/10)	Yesterday (10/11) % Positive
Brooklyn red-zone focus area % positive	6.69%	5.86%	4.54%
Queens % red-zone focus area % positive	2.97%	3.36%	1.63%
Rockland % red-zone focus area % positive	12.29%	9.77%	12.90%
Orange red-zone focus area % positive	24.64%	12.41%	3.51%
All red-zone focus area % positive	6.91%	6.13%	3.70%
Statewide % positive with red-zone focus areas included	1.25%	1.18%	1.12%
Statewide % positive without red-zone focus areas included	1.02%	1.01%	1.05%

Today's data is summarized briefly below:

- Patient Hospitalization 878 (+58)
- Patients Newly Admitted 122
- Hospital Counties 39
- Number ICU 185 (-1)
- Number ICU with Intubation 86 (+2)
- Total Discharges 77,691 (+60)
- Deaths 12
- Total Deaths 25,587

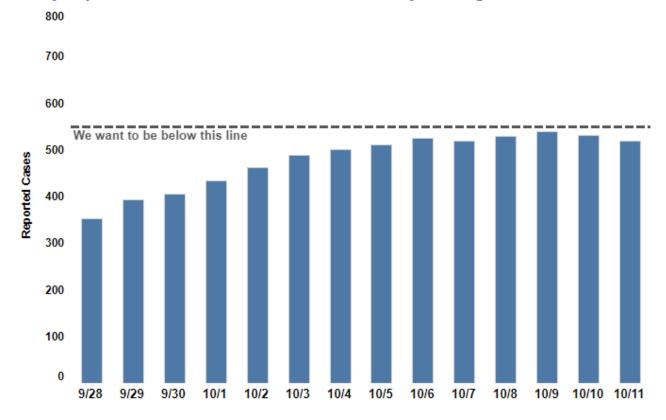
Percent of NYC residents who test positive



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



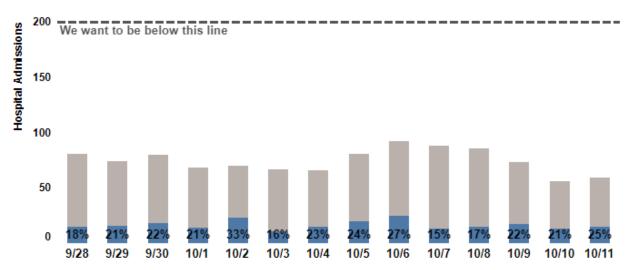
Milestone: This chart shows the seven-day average of newly reported COVID-19 cases each day. Due to delays in reporting, which can take as long as two weeks, recent data by diagnosis date are incomplete. New reported cases include some cases in which a specimen was collected on previous days and are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

300



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
9/29/2020	238,733	58,339	19,183	4,631
10/6/2020	242,315	57,594	19,220	4646
10/13/2020	245,896	57,859	19,251	4,644

Brooklyn COVID-19 HERDS Data 10/11 View Snapshot									
Acute Care Hospitals	Hospitalized CoVID-19	CoVID-19 - ICU	CoVID-19 - Intubated	Available: Staffed	Available: ICU				
Maimonides Medical Center (53)	<mark>62</mark> (35)	11	11	166	28				
Mount Sinai Brooklyn (93)	<mark>18</mark> (10)	3	0	58	3				
New York Community Hospital (92)	5	2	0	39	5				
NYC H+H - Bellevue (02)	9	3	1	75	9				
NYC H+H - Coney Island (42)	10 (3)	2	0	75	8				
NYC H+H - Kings County (48)	2	0	0	101	12				
NYC H+H - Woodhull (45)	2	0	0	104	21				
NYP - Brooklyn Methodist Hospital (54)	16 (9)	2	1	95	11				
NYU Langone - Brooklyn (51)	14 (9)	4	2	102	21				
One Brooklyn - Brookdale Hospital (41)	4	0	0	34	6				
One Brooklyn - Interfaith M.C. (55)	0	0	0	70	1				
One Brooklyn - Kingsbrook (47)	1	0	0	48	3				
SUNY Downstate Medical Center (44)	3	1	0	175	18				
The Brooklyn Hospital Center (95)	3	0	0	75	18				
Wyckoff Heights Medical Center (58)	1	0	0	46	10				
Summary (10-7-2020)	150 (78)	28	15	1263	174				

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

Oct 13, 2020 (last update)- Confirmed MIS-C = 266

(260 from 10/6) 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%

Quarantine List

based upon a seven day rolling average, of positive tests in excess of 10%, or number of positive cases exceeding 10 per 100,000 residents; *Updated October 13, 2020*

- Alabama
- Alaska
- Arkansas
- Colorado
- Delaware
- Florida
- Georgia
- Guam
- •Idaho
- Illinois
- Indiana
- •lowa
- Kansas
- Kentucky
- Louisiana
- Michigan
- Minnesota
- Mississippi
- Missouri

- Montana
- Nebraska
- Nevada
- New Mexico
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Puerto Rico
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Virginia
- West Virginia
- Wisconsin
- Wyoming

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 -

Updated process for EHS COVID-19 Walk-in Testing

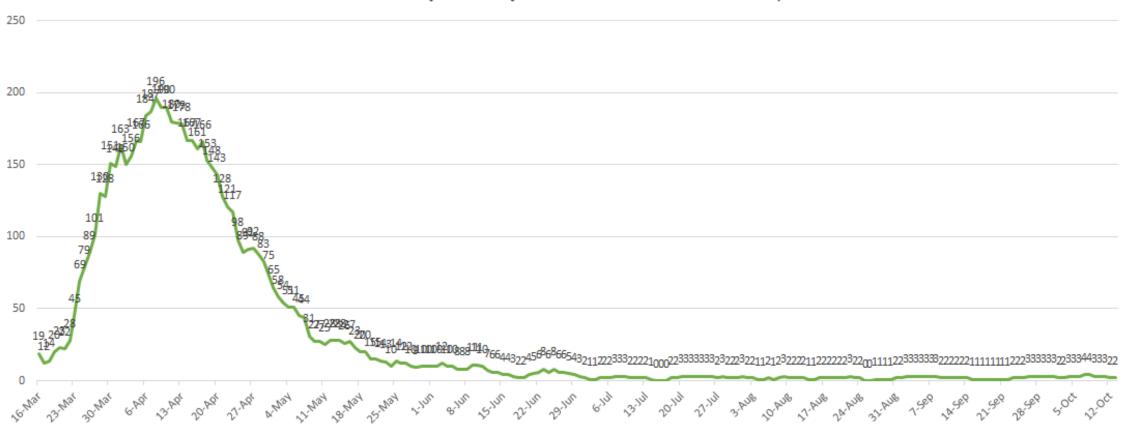
Starting Tuesday, October 13th

Walk-In COVID-19 Testing will be available for staff at EHS

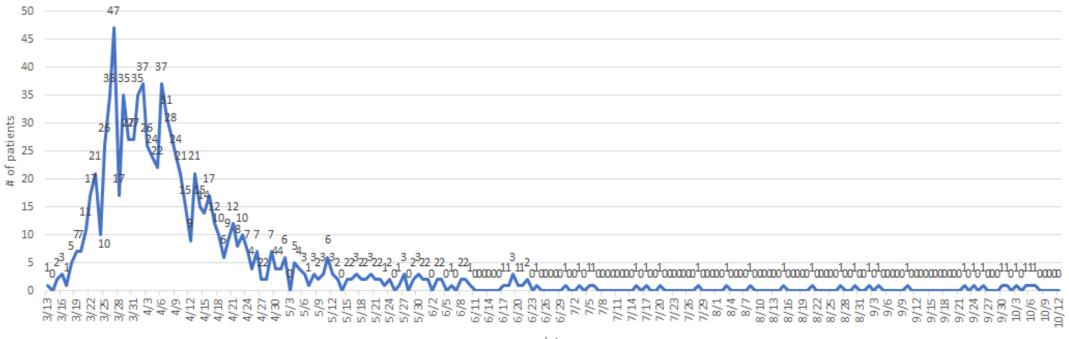
Tuesday-Friday

Between the hours of 8am-10am

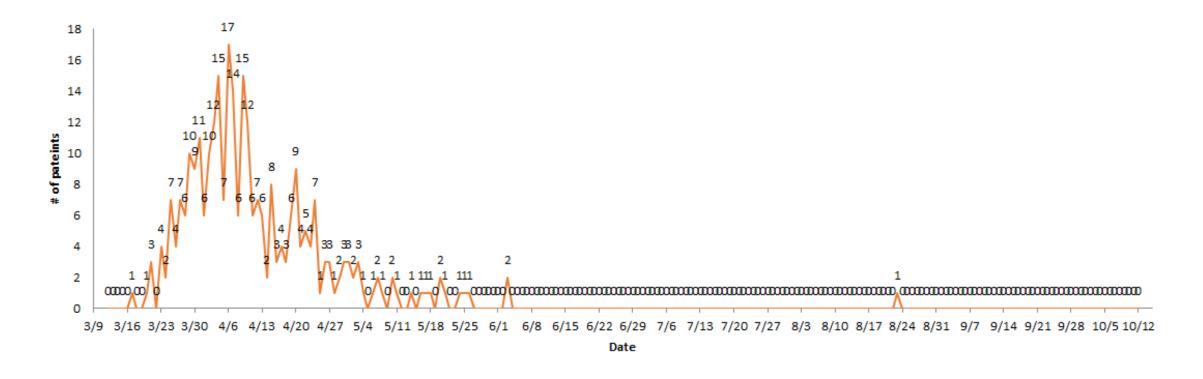
Total Inpatient (COVID Positives and PUIs)



COVID-19 Related New Admissions



COVID-19 Related New Death



ED CENSUS	10	
Admitted Patients	1	
Admitted Patients with Beds	1	
Transfers	1	Pt transferred to Mount Sinai
Staffing	10RNs,4Techs, 1NA	
CRITICAL CARE	CENSUS	STAFFING
PIRR/23	0	
NS 24	0	
NS 26	5	3 RNs, 1NA
NS 33	4	4 RNs,1NA
MATERNAL CHILD HEALTH		
NS 31	3 - 2 CS,	7RNs, 1 RN NST, 2 RN Orientees, 2 Surgical Techs,1 EKG Tech,
NS32/34	6+3	2 RNs,,1NA
NS35	19	9RNs, 1 NA
NS42	3	2RNs,1 NA
NS 43	3	2 RNs
MEDICAL SURGICAL	CENSUS	STAFFING
NS 61	24	5RNs, 2Techs, 4NAs
NS 62	0	
NS 71/NS 73	18	4RNs, 1 LPN,2 Nas
NS 72	13	3RNs,2NA
NS 74	8	1 RN, 2 NA
Stroke/Neuro	4+4	3 RNs, 1 Tech ,1NA
NS 81	24	7RNs,2 Techs, 4NAs
NS 82	15	3RNs,1 Tech, 1 NA
	72RNs 4NAs 1EKG,	

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

• Flu planning group:

- FLU Fair in SODEXO this month
- Outpatient started a flu vaccine clinic on 10/6/2020. Vaccines are offered to our patients who are in-between appointments.
- EHS extends COVID –19 testing
- Inpatient Plan for COVID-19 Surge:
 - Plan is under development
- ED Entrance Doors to be replaced: Date TBD
 - The custom rated assembly is still being manufactured.
 - There is a 6-8 week lead time on materials, due to material shortages/high demand/back orders.
 - The vendor should be ready to install the new custom rated assembly, by 31 OCT. This is tentative until the vendor provides a firm schedule.
 - We are pressing the vendor for a firm schedule. Barrier Access will contact us today.

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 - 10/13/20

Laboratory

- SEVERE SHORTAGE OF RAPID TESTS Please no duplicate orders. Respiratory panel includes SARS-CoV-2. Please no calls to Pathology lab to "speed up" Employee Health results or stat swabbing in ED for mild employees. Next step is to require approval for all SARS-CoV-2 tests.
- 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 <u>four common human coronaviruses corona virus</u> 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
- No viral transport media in Central Stores. Virology Lab distributing saline tubes. Tubes available for pick-up from Blood Bank (24/7). Call Virology x1837 if more supplies needed. Swabs available in Central Stores. Swabs are Puritan PurFlock Ultra.
- Roche Cobas 6800 delivered 8/17/20. Build and testing of reporting of results progressing.
- 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. Tests with stat sticker are run typically in <4 h.
- STAT ED for admissions and symptomatic, L&D, emergent surgery, stroke, transplant to use rapid test. STAT Stickers provided to ED
- Three test platforms now in use with an order set of SARS-CoV-2 RNA (lab makes decision which test).
- Remember to put label on media tube and date and initials.
- Close tube tightly so does not leak. Leaking tubes will be rejected.
- Please deliver nasopharyngeal swabs to Accessioning rather than use pneumatic tube.
- Employee / Student Health available for SARS-CoV-2 testing of employees and students 6- 30 h TAT (if rcvd by 11 AM, result by 5 PM same day, except Friday resulted Monday afternoon)
- Antibody testing (IgG qualitative) available for employees and patients using Abbott Architect.

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	10/1	10/2	10/3	10/4	10/5	10/6	10/7	10/8	10/9	10/10	10/11	10/12
a. New Diagnostic COVID-19 Test Ordered/Received	81	33	43	107	19	68	78	77	35	30	103	107	74	73	92	28	21	30
b. Cumulative Diagnostic COVID-19 Tests Ordered/Received	81	902	1941	3248	5044	6961	8902	8979	9014	9044	9147	9254	9328	9401	9493	9521	9542	9572
c. New COVID-19 Tests Resulted	81	33	43	107	19	68	78	77	35	30	103	107	74	66	92	28	21	30
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	8902	8979	9014	9044	9147	9254	9328	9394	9486	9514	9535	9565
f. New Positive COVID-19 Tests	60	6	6	7	0	1	1	5	0	1	4	3	1	1	0	1	0	0
g. Cumulative Positive COVID-19 Tests	60	491	649	712	734	757	779	784	784	785	789	792	793	794	794	795	795	795
h.New Negative COVID-19 Tests	21	27	37	100	19	67	77	72	35	29	99	104	73	65	92	27	21	30
i. Cumulative Negative COVID-19 Tests	21	411	1292	2527	4301	6195	8114	8186	8221	8250	8349	8453	8526	8591	8683	8710	8731	8761
j. Percent Positive among Newly Resulted COVID-19 Tests	74.1%	18.2%	14.0%	6.5%	0.0%	1.5%	1.3%	6.5%	0.0%	3.3%	3.9%	2.8%	1.4%	1.5%	0.0%	3.6%	0.0%	0.0%
k. Cumulative Percent Positive among Resulted COVID-19 Tests	74.1%	54.4%	33.4%	21.9%	14.6%	10.9%	8.8%	8.7%	8.7%	8.7%	8.6%	8.6%	8.5%	8.5%	8.4%	8.4%	8.3%	8.3%
l1. Employee Positive Tests, NEW		2	1	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0
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	110	110	110	110	110	110	110	110
m2. Student Positive Tests, CUMULATIVE		0	0	0	1	2	2	2	2	2	2	2	2	2	2	2	2	2
Number of new SARS-CoV-2 IgG antibody tests sent to NYSDOH		61		I						ĵ								
ative Number of SARS-CoV-2 IgG antibody tests sent to NYSDOH		1135							3									
mber of new SARS-CoV-2 IgG antibody tests performed in house			14	22	1	3	20	22	0	0	20	19	15	11	12	1	0	1
ve Number of SARS-CoV-2 IgG antibody tests performed in house			417	1126	1875	2462	2975	2997	2997	2997	3017	3036	3051	3062	3074	3075	3075	3076
r. New Positive SARS-CoV-2 IgG antibody Tests			6	7	0	1	6	5	0	0	4	2	3	4	4	0	0	1
sitive among SARS-CoV-2 IgG antibody tests performed in house			148	372	574	736	859	864	864	864	868	870	873	877	881	881	881	882
ive among new SARS-CoV-2 IgG antibody tests performed in hous	e		43%	32%	0%	33%	30%	23%	#DIV/0!	*******	20%	11%	20%	36%	33%	0%	*****	100%
sitive among SARS-CoV-2 IgG antibody tests performed in house			36%	33%	31%	30%	29%	29%	29%	29%	29%	29%	29%	29%	29%	29%	29%	29%
* rejects are only for incorrect samples, not duplicates	4/4	5/1	6/1	7/1	8/1	9/1	10/1	10/2	10/3	10/4	10/5	10/6	10/7	10/8	10/9	10/10	10/11	10/12
						22										-		2

IT Update

- We started the 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. Kiosks were installed in the 450 Clarkson entrance for internal demonstration and reviews. 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. Training is in progress. Target Go-Live:
 November
- 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

Days of Supplie:

< 90 Days of Supplies < 30

Days of Supplies Days of Supplies

Supplies and Equipment Dashboard

Inventory On-Hand, Burn Rate, & Remaining Supply Days as of 10/07/2020





	Face Shields 98,698	
	Daily Burn Rate	
Low		High
80	400	550
	Days Remaining	
Low		High
1,233.7	246.7	179.5

*2,448 ponchos are on-hand.

	Blue Earloop Mask 603,000	
	Daily Burn Rate	
Low	Current	High
2,500	3.000	3,500
	Days Remaining	
Low	Current	High
241.2	201.0	172.3

KN95 Mask

18,900

Daily Burn Rate 75

Days Remaining

252.0







	Gloves	
	1,591,000	
	Daily Burn Rate	
Low		High
2,000	3,700	5,500
	Days Remaining	
Low		High
795.5	430.0	289.3

*Not Required PPE based on CDC and hospital guidelines.

	Temp-A-Dots	
	U	
	Dail y Burn Rate	
Low	Current	High
2,000	2,000	4,000
	Days Remaining	
Low	Current	High
0.0	0.0	0.0

*Not Required PPE based on CDC and hospital guidelines.

	Alcohol Pads 136,000	
	Daily Burn Rate	
Low		High
600	1,500	2,500
	Days Remaining	
Low		High
226.7	90.7	90.7

Coveralls 46,773 Daily Burn Rate

30 Days Remaining



*Issued in baxes of 100

Low

1.559.1

Disposable Stethoscopes 3,600					
	Daily Burn Rate				
Low		High			
2	1	150			
	Days Remaining				

3.600.0

screening.

1.559.1 311.8 "Not Required PPE has ed on CDC and hos pital guidelines.

	Body Bags 172	
	Daily Burn Rate	
Low		High
2	1	25
	Days Remaining	
Low		High
172.0	172.0	22.5

High

High

UHB-Personal Protective Equipment

- o 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 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 active through units, meeting with colleague reviewing EMR, making phone calls of DIRECT PATIENT CONTACT WITH PATOF 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 (\leq 6' for \geq 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

Next Huddle:

Wednesday, 10/21/20

OR Prioritization Committee Metrics

Metrics are reviewed from these slides

https://www.cdc.gov/media/releases/2020/s10 05-how-spread-covd.html

CDC continues to believe, based on current science, that people are more likely to become infected the longer and closer they are to a person with COVID-19.

Today's update acknowledges the existence of some published reports showing limited, uncommon circumstances where people with COVID-19 infected others who were more than 6 feet away or shortly after the COVID-19-positive person left an area. 0

In these instances, transmission occurred in poorly ventilated and enclosed spaces that often involved activities that caused heavier breathing, like singing or exercise. Such environments and activities may contribute to the buildup of virus-carrying particles.

CDC's recommendations remain the same based on existing science and after a thorough technical review of the guidance.

People can protect themselves from the virus that causes COVID-19 by staying at least 6 feet away from others, wearing a mask that covers their nose and mouth, washing their hands frequently, cleaning touched surfaces often and staying home when sick.

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.

DOT Parking Passes

Extended to December 31, 2020





Reopening New York

Higher Education Guidelines



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

Physical Distancing

Recommended Best Practices

- Any time individuals come within 6 ft. of another person who does not reside in the same residence (i.e., er onommate), acceptable face coverings must be worn.

 This provision should not be construed to require physical distancing among roommates or to require face coverings be worn while inside an individual's should not be construed to require face.
- 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.
- Reference relevant industry-specific guidelines provided by the Department of Health – and available on the New York Forward website – for operations of dining halls, research, office workspaces, gyms, transportation, retail stores, and other activities, as applicable.

- 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.
- 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.
- 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.
- When COVID-19 cases develop, consider restricting social contact and mobility across campus, particularly in affected areas
- 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).
- 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.
- 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.

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

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

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 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

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.

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.

Recovery Plan- Phases Overview * Subject to State Guidance

Phase	General Description	Inpatient COVID + Census Metric
1	Full COVID Response High NYC Case/Capita, Mortality Rates	>50% Census COVID +
2	Partial COVID Response Decreasing NYC case/capita x 14 days Goal to maintain ability to EASILY re-enter Phase 1	10-50% Census COVID+
3	Low COVID Response Consistently low NYC case/capita	<10% Census COVID +
4	No COVID Response Vaccine developed Minimal NYC case/capita; High NYC Immunity	<1% Census COVID + *or relative to community baseline case/capita

Current Updates (Date) Metrics

Current SUNY COVID-19 Status	Current Phase (days in Phase)	ED Volume 24	•	% COVID cases inpatient	New COVID Cases in last 24 hours	% COVID tests are positive (inpt and outpt)
State designated COVID Only	• Phase 1 (59)					

Current Updates (Date)

COVID-19 Clinic	Telemedicine & Remote Services	Current Operations	Expected/Upcoming Dates
• Start 5/11/20	• ED Clinics	 MICU, Acute care, Emergency Surgeries, ED, Primary Clinics 	• Move to Phase 2:

Phase 1: Full COVID Response, High NYC Case/Capita, Mortality Rates

Metrics to Monitor, Triggers to Enter Phase (ANY 2 of the BELOW)	Operational Services Overflow Areas	Redeployment/ Increase Staffing	Decreased COVID Transmission	Activities to Prepare for Phase 2
 ED Volume 24 Hours Above Capacity (>200) Inpatient Census Above Capacity (>230) >50% COVID cases inpatient > 15 New COVID Cases daily >25% COVID tests are positive (inpt and outpt) 	All NS Pediatrics/PICU Surgical Services (Tier 3	 Faculty (other services as needed) Resident/Fellow (other services as needed) Students (NO clinical services) RN/Tech etc. Recruited staff (volunteer, retired, agency staff, locum staff, MRC) 	 Work From Home if possible Telemedicine Social Distancing Masks Policy Enforced for Staff and Visitors Increase PPE allocated to units/departments Increase Environmental Services No Visitors Decrease entrance access to facility Screening at entrances Cafeteria Carry-out only No large gatherings Tele-conferences 	Develop process for opening up closed services while maintaining Social Distancing Increase Hours of operation Clinic appointment times Direct to Room triage Visitor Policies Telemedicine Start making appointments for anticipated open dates

Phase 2: Partial COVID Response, Decreasing NYC case/capita x 14 days, Goal to maintain ability to EASILY re-enter Phase 1

Metrics to Monitor, Triggers to Enter Phase (ANY 2 of the BELOW)	Operational Services= Phase 1 PLUS:	Redeployment/ Staffing	Decreased COVID Transmission	Activities to Prepare for Phase 3
20-50% COVID cases inpatient 2-4 New COVID Cases daily	 Specialty Inpatient Services Full Primary Care Specialty Clinics as determined safe/feasible Tier 2a, 2b Surgical Services 	 Faculty/Resident/Fellow (minimal, as needed) Students (clinical services as per SUNY central) Maintain easily expandable staff rations, pool 	 Telemedicine Social Distancing Masks Policy Enforced for Staff and Visitors Increase Environmental Services Adjust Visitor Policy Screening at entrances Clinic appointment times Direct to Room triage 	 Develop process for opening up closed services while maintaining Social Distancing Start making appointments for anticipated open dates for closed services

Phase 4: No COVID Response, Vaccine developed, Minimal NYC case/capita; High NYC Immunity



Phase 3: Low COVID Response, Consistently low NYC case/capita

Metrics to Monitor, Triggers to Enter Phase (ANY 2 of the BELOW)	Operational Services= Phase 1-2 PLUS:	Redeployment/ Staffing	Decreased COVID Transmission	Activities to Prepare for Phase 4
 ED Volume 24 Hours Below baseline (140) Inpatient Census Below Baseline (170) COVID cases inpatient Minimal New COVID Cases daily COVID tests are positive (in and outpt) 	Services All Clinics Tier 1a, 1b Surgical Services	 Faculty/Resident/Fellow Database updated monthly, but not deployed 	 Telemedicine Social Distancing Updated Mask Policy PPE allocated as needed Maintain Environmental Services Adjust Visitor Policy Consider Screening at entrances Clinic appointment times Direct to Room triage 	 Develop process for opening up closed services while maintaining Social Distancing Start making appointments for anticipated open dates for closed services