




Huddle December 2, 2020



COVID-19 Snapshot: UHB, NYC, NY State

NY State:

- 7 Day positivity rate: 3.7 % (up from 2.9%)

NYC:

- 7 Day Positivity Rate: 2.9% (up from 2.5%)
- Kings County positivity rate: 2.7% (up from 2.3%)

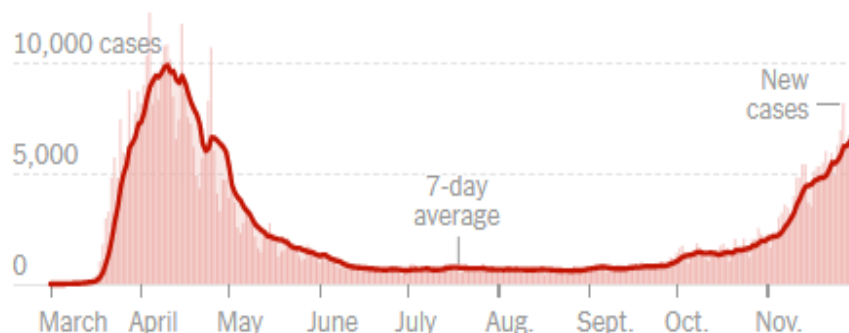
UHB:

- 7 Day Positivity Rate (from 11/18-11/24) : 2.4%
- Current Inpatient: 8 (1 in ICU)



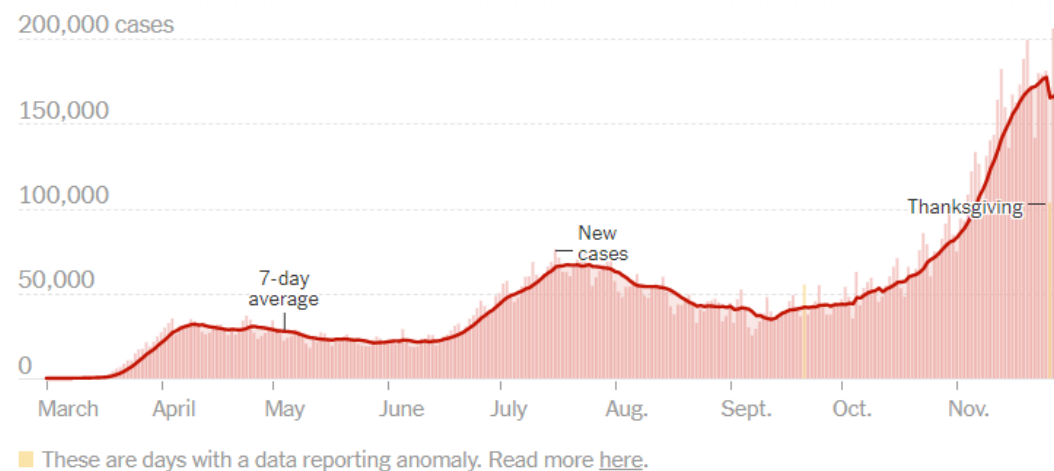
New York Coronavirus Map & Count

By The New York Times Updated December 1, 2020, 11:22 A.M.

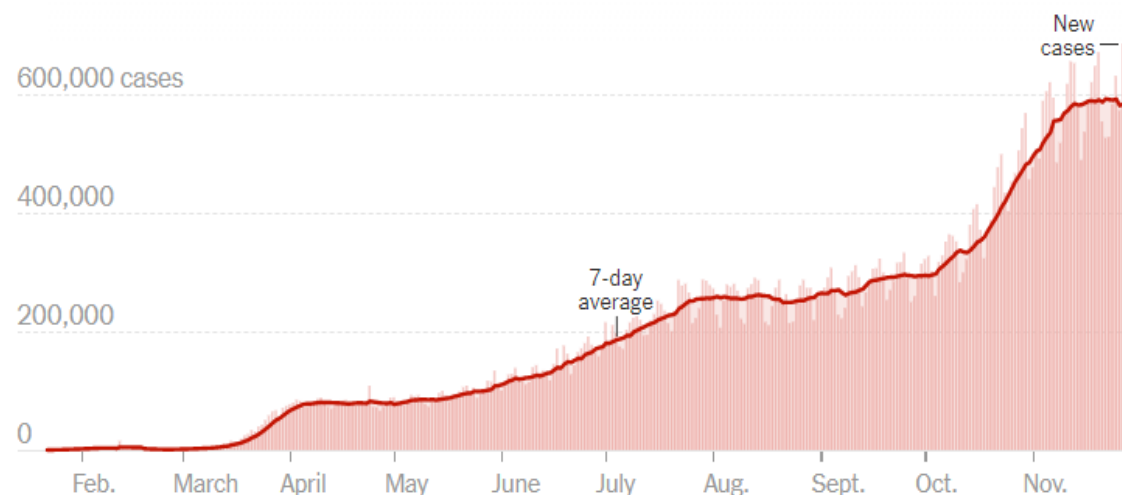


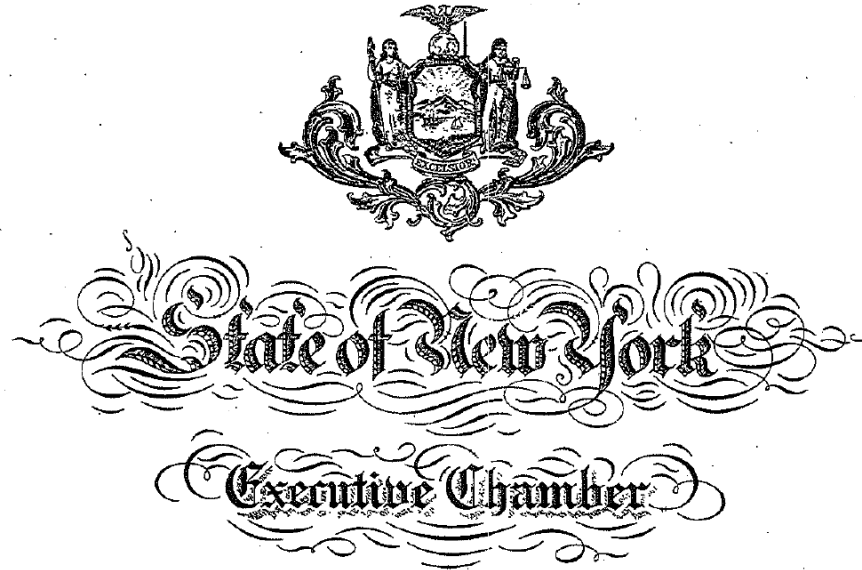
	TOTAL REPORTED	ON NOV. 30	14-DAY CHANGE
Cases	652,748	6,816	+46% →
Deaths	34,150	49	+76% →
Hospitalized		3,532	+82% →

New reported cases by day in the United States



New reported cases by day across the world





No. 168.43

EXECUTIVE ORDER

**CONTINUING THE DECLARATION OF A DISASTER EMERGENCY IN THE FIVE
BOROUGHES OF NEW YORK CITY AND THE COUNTIES OF DUTCHESS, NASSAU,
ORANGE, PUTNAM, ROCKLAND, SUFFOLK AND WESTCHESTER THAT INCORPORATE
THE MTA REGION IN THE STATE OF NEW YORK**

WHEREAS, pursuant to Executive Order No. 168, a disaster has heretofore been declared in the five boroughs of New York City and the Counties of Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk and Westchester that incorporate the Metropolitan Transportation Authority (MTA) Region in the State of New York due to increasingly constant and continuing failures of the tracks, signals, switches and other transportation infrastructure throughout the system including at Pennsylvania Station located in the County of New York (Penn Station), that have resulted in various subway derailments, extensive track outages, and substantial service disruptions impacting the health and safety of hundreds of thousands of riders;

WHEREAS, the ongoing failures of the tracks, signals, switches and other transportation

Executive order till
December 30, 2020



Initiate Emergency Hospital Procedures:

TRIGGER:

- 1** Staff shortage: Identify retired nurses and doctors **NOW**
- 2** Stop elective surgery – Erie County
- 3** Individual hospital network load balancing mandated (i.e. Northwell, Montefiore, ECMC, UPMC, Kaleida, H+H) **NOW**
- 4** Prepare emergency field hospitals plan
- 5** Hospitals plan to add 50% bed capacity
- 6** Prepare to implement statewide "surge and flex"
- 7** Prepare to staff emergency field hospitals
- 8** Confirm PPE stockpile



How NYC healthcare leaders can help us stop the spread now:

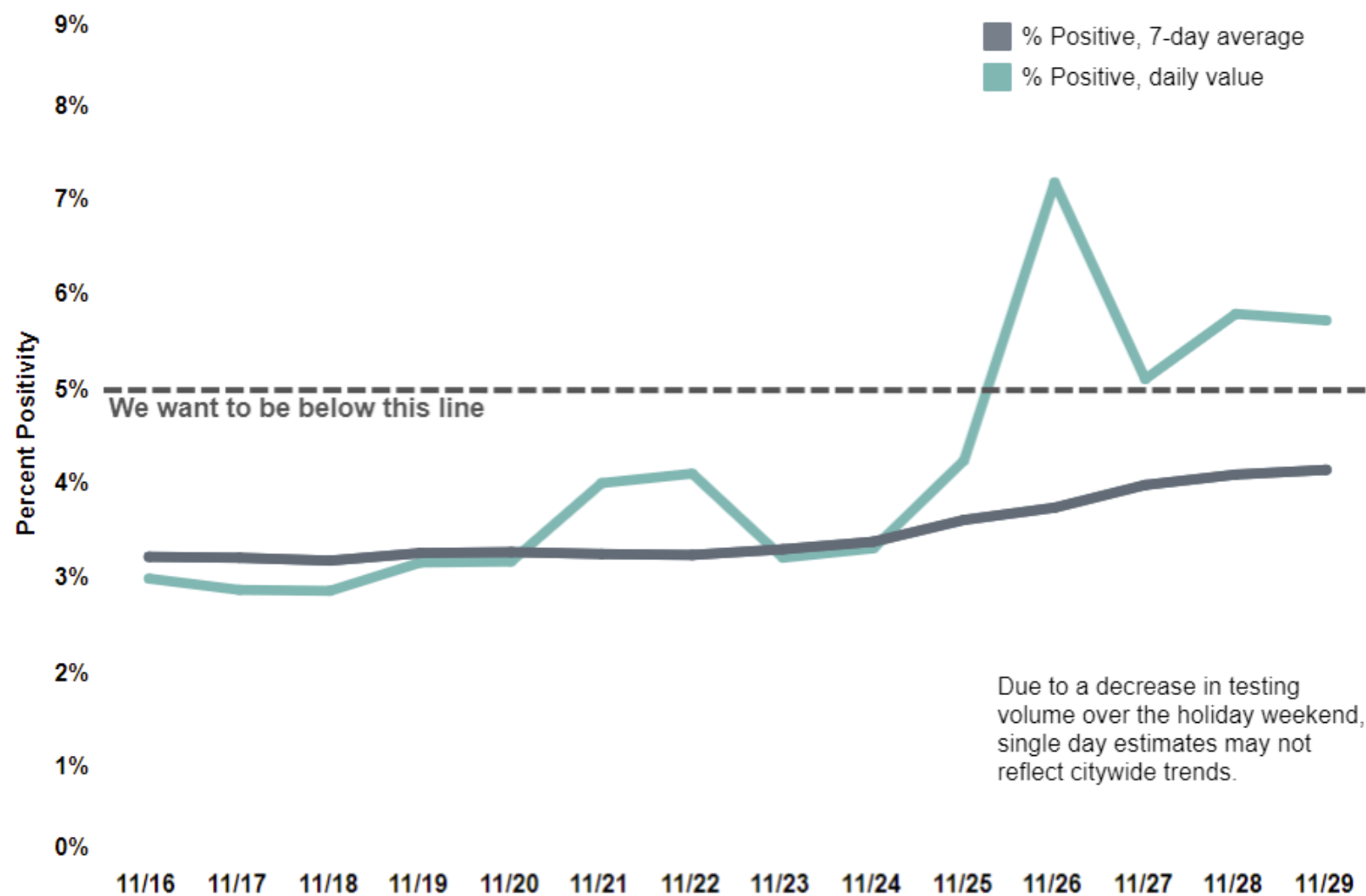
- **Next 24-48 hours:**
 - Email blast/other communication to all staff and networks to help us raise the alarm
 - Limited travel and no non-household gatherings for the holidays. **Avoid indoor exposure.**
 - Encourage testing, whether or not people feel sick – nyc.gov/covidtest
 - **Let us know if you want help coordinating testing.**
 - Staff can call COVID hotline for connection to Take Care services like hotels: **212-COVID19**
 - Wear masks – indoors and outdoors
- **Between now and the holidays:**
 - Do not host or allow holiday staff gatherings
 - Have staff wear masks indoors at all times
 - Encourage use of paid sick leave, and staying home if sick (even mild illness)
 - Encourage flu vaccination – nyc.gov/health/flu
- **Continue to follow all New York State requirements for reopening, including reporting cases to the Health Department: 866-692-3641**
 - Ensure staff are safely separating if they have COVID or are a close contact

COVID Hotspot, COLOR Zone Metrics

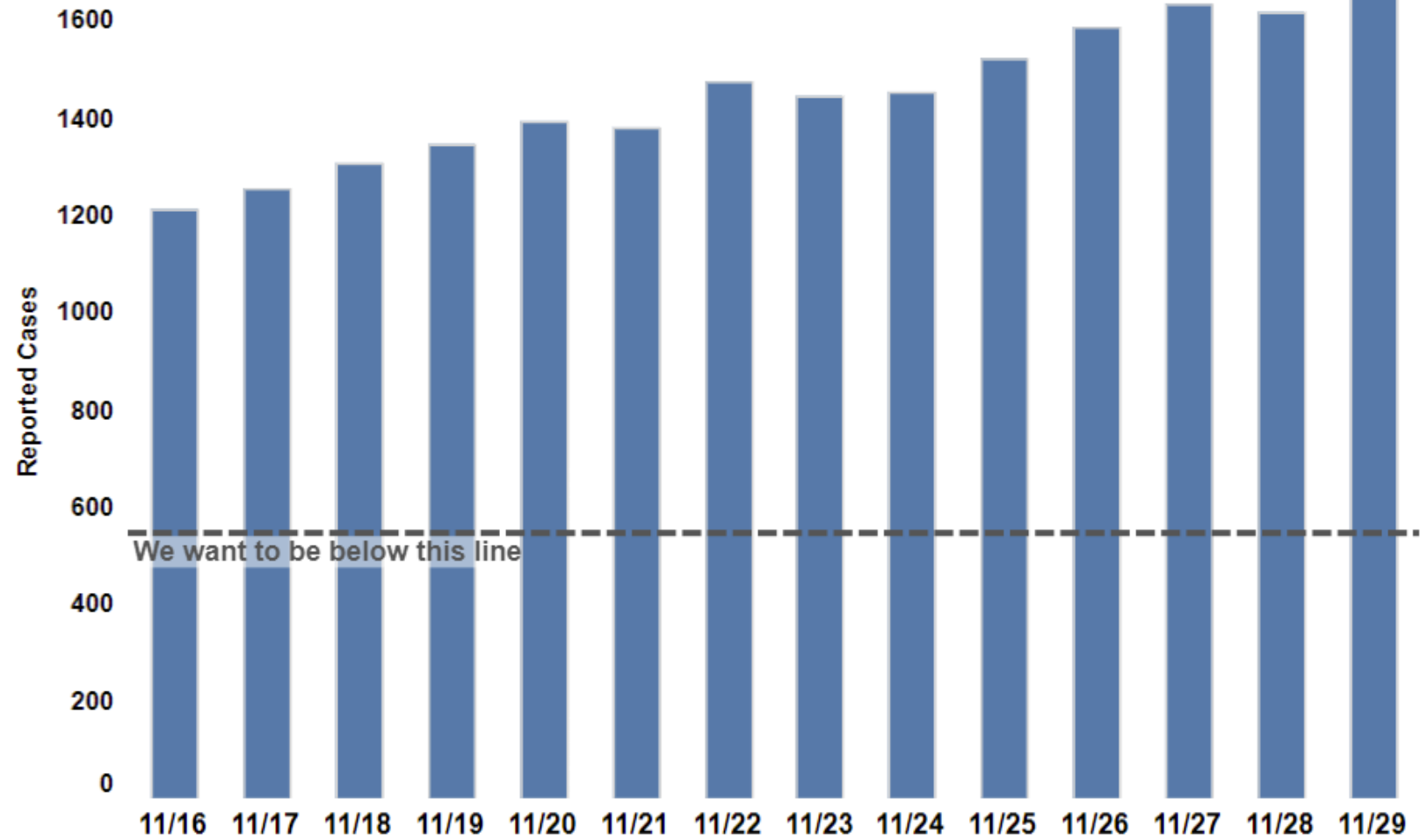
TARGET METRIC FOR ENTERING YELLOW PRECAUTIONARY ZONE	TARGET METRIC FOR ENTERING ORANGE WARNING ZONE	TARGET METRIC FOR ENTERING RED ZONE	TARGET METRIC FOR ANY ZONE TO LEAVE ANY ZONE AREA	TARGET METRIC TO LEAVE ORANGE WARNING ZONE	TARGET METRIC TO LEAVE RED “MICRO-CLUSTER” ZONE
Geographic area has 7-day rolling average positivity above 2.5% for 10 days <u>AND</u> Geographic area has 10 or more new daily cases per 100,000 residents on 7-day average	Geographic area has 7-day rolling average positivity above 3% for 10 days <u>AND</u> Geographic area has 10 or more new daily cases per 100,000 residents on 7-day average	Geographic area has 7-day rolling average positivity above 4% for 10 days <u>AND</u> Geographic area has 10 or more new daily cases per 100,000 residents on 7-day average	Geographic area demonstrates decline in positivity (daily 7-day rolling average) over 10-day period AND has positivity below 1.5% (7-day rolling average) for at least 3 consecutive days at end of 10-day period.	Geographic area demonstrates decline in positivity (daily 7-day rolling average) over 10-day period AND has positivity below 2% (7-day rolling average) for at least 3 consecutive days at end of 10-day period.	Geographic area demonstrates decline in positivity (daily 7-day rolling average) over 10-day period AND has positivity below 3% (7-day rolling average) for at least 3 consecutive days at end of 10-day period.

Type of Activity	RED	ORANGE (BUFFER & WARNING)	YELLOW (BUFFER & PRECAUTIONARY)
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/delivery only	Outdoor dining only, 4 person maximum per table	Indoor and outdoor dining, 4 person maximum per table
Schools	CLOSED Remote-only		Open Mandatory 20% weekly testing of students and teachers/staff for in-person settings.

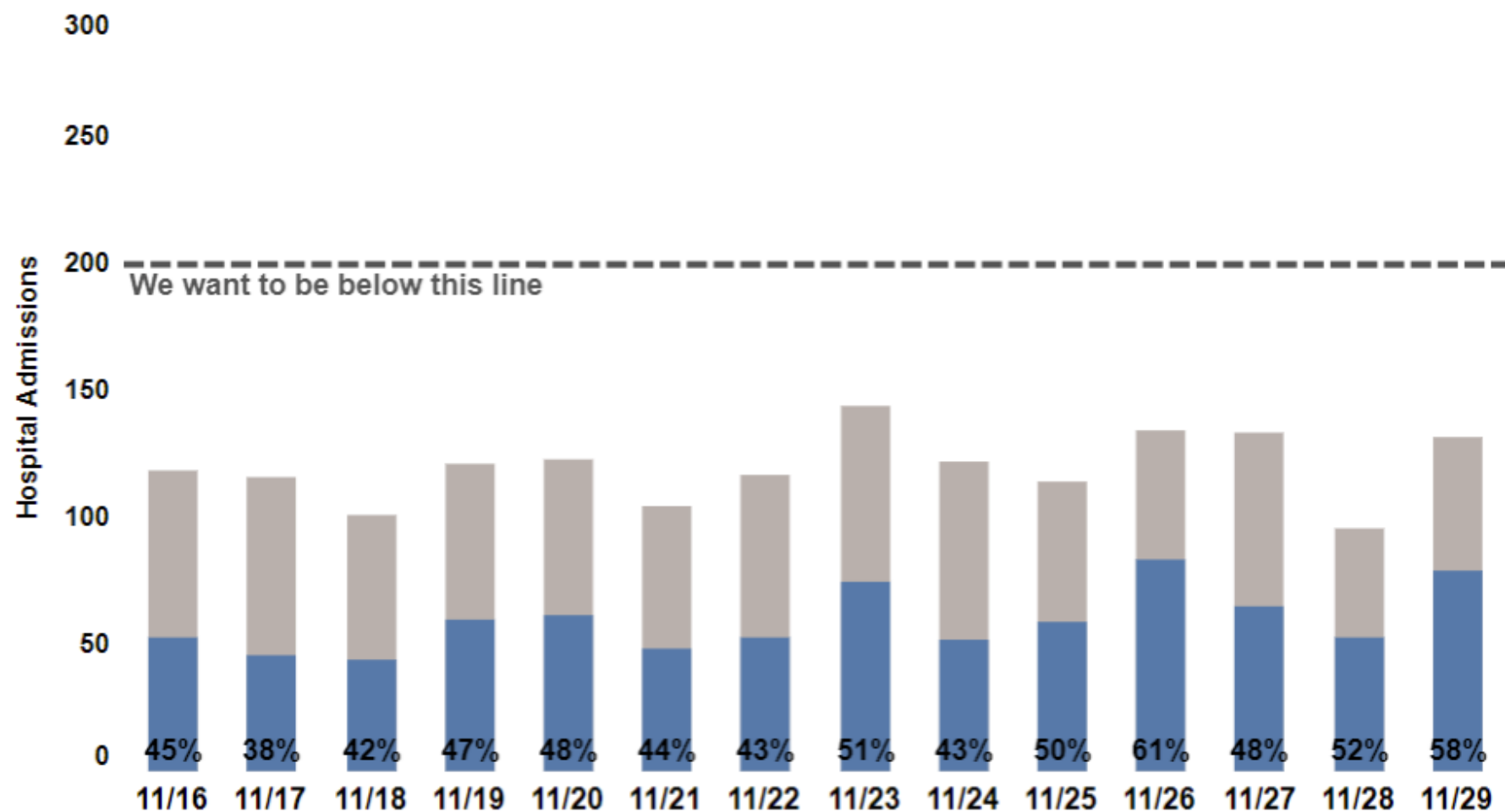
Percent of NYC residents tested who test positive



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



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
















Summary

The table below compares the most recent week of key data to the weekly averages for the last four weeks.

Measure	Last 7 days	Weekly average (last 4 weeks)	Trend	Total
Percent of People Tested Who Tested Positive	See Milestones	3.24%		
Cases	10,061	9,073	Increasing	294,613
Hospitalizations	782	606	Increasing	61,754
Confirmed Deaths <i>Deaths with a positive virus test</i>	59	65	Decreasing	19,595
Updated: December 1, at 1 p.m.				

Due to delays in reporting deaths, the number provided above for the last seven days may be lower than the final confirmed count.
[About the data for this chart.](#)

	Acute Care Hospitals		Hospital Surge Indicator (HSI) - 10am	Hospital Surge Indicator (HSI) - 4pm	Use of Surge Beds	Staff Redeployment	Patient Transfers - Last 24hrs	Patient Transfers - Next 24hrs	HERDS - Confirmed CoVID-19	HERDS - Confirmed CoVID-19 - ICU	HERDS - Confirmed CoVID-19 - Intubated	HERDS - Available: Staffed	HERDS - Available: ICU
	Maimonides Medical Center (53) 		Normal	--	Not Surging	No	No	No	51	10	10	162	30
	Mount Sinai Brooklyn (93) 		--	--	--	--	--	--	18	3	0	96	2
	New York Community Hospital (92) 		Normal	--	Not Surging	No	No	No	9	3	1	46	1
	NYC H+H - Coney Island (42)		--	--	--	--	--	--	25	7	4	56	4
	NYC H+H - Kings County (48)		--	--	--	--	--	--	23	2	0	71	6
	NYC H+H - Woodhull (45)		--	--	--	--	--	--	5	1	0	117	26
	NYP - Brooklyn Methodist Hospital (54) 		Elevated Surge	--	Not Surging	No	No	No	43	6	6	138	9
	NYU Langone - Brooklyn (51) 		Normal	--	Not Surging	No	No	No	23	3	1	115	20
	One Brooklyn - Brookdale Hospital (41) 		Significant Surge	--	Not Surging	No	No	No	16	4	2	56	9
	One Brooklyn - Interfaith M.C. (55) 		Elevated Surge	Elevated Surge	Not Surging	No	No	No	9	3	2	82	2
	One Brooklyn - Kingsbrook (47) 		Significant Surge	--	Not Surging	No	No	No	7	1	0	30	0
	SUNY Downstate Medical Center (44) 		Normal	Normal	Not Surging	No	No	No	4	2	1	230	20
	The Brooklyn Hospital Center (95) 		Normal	--	Not Surging	No	Normal Transfers	--	4	0	0	75	19
	Wyckoff Heights Medical Center (58) 		Elevated Surge	Elevated Surge	Not Surging	No	Normal Transfers	Normal Transfers	13	3	3	25	7
	Summary		N/A	N/A	N/A	N/A	N/A	N/A	250	48	30	1,299	155
	Status Type Summary		Total										
	HERDS - Available: ICU		155										
	HERDS - Available: Staffed		1,299										
	HERDS - Confirmed CoVID-19		250										
	HERDS - Confirmed CoVID-19 - ICU		48										
	HERDS - Confirmed CoVID-19 - Intubated		30										

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

Dec 1, 2020 (last update)- **Confirmed MIS-C =276**

(266 from 11/6) total deaths =5

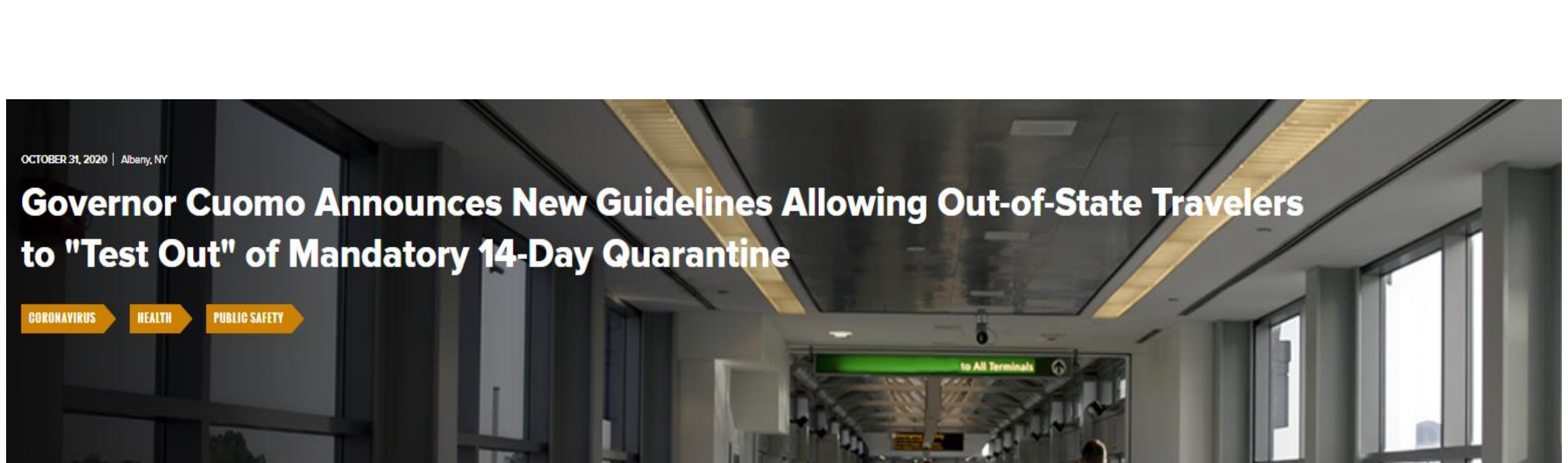
96 % COVID-19 + (by diagnostic, antibody or both)

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%



OCTOBER 31, 2020 | Albany, NY

Governor Cuomo Announces New Guidelines Allowing Out-of-State Travelers to "Test Out" of Mandatory 14-Day Quarantine

CORONAVIRUS

HEALTH

PUBLIC SAFETY

Travelers Must Get Tested Within Three Days Prior to Landing in New York, Quarantine for at Least Three Days Upon Arrival, and Get a Test on Day Four of Arrival

If Travelers Receive a Negative Test On Day Four of Quarantine They May Exit Quarantine When They Receive Negative Result

States that are Contiguous with New York Continue to Be Exempted from Quarantine Protocol — Essential Workers Also Continue to be Exempted

Travelers Who Were Only Out of State for Less Than 24 Hours Do Not Need to Quarantine but Must Get a Test on Day Four of Arrival Back in NY

All Travelers Covered by The Advisory Must Continue to Fill Out Traveler Health Form Upon Arrival Into New York State

UHB Health Care Workers/Employees returning to New York

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

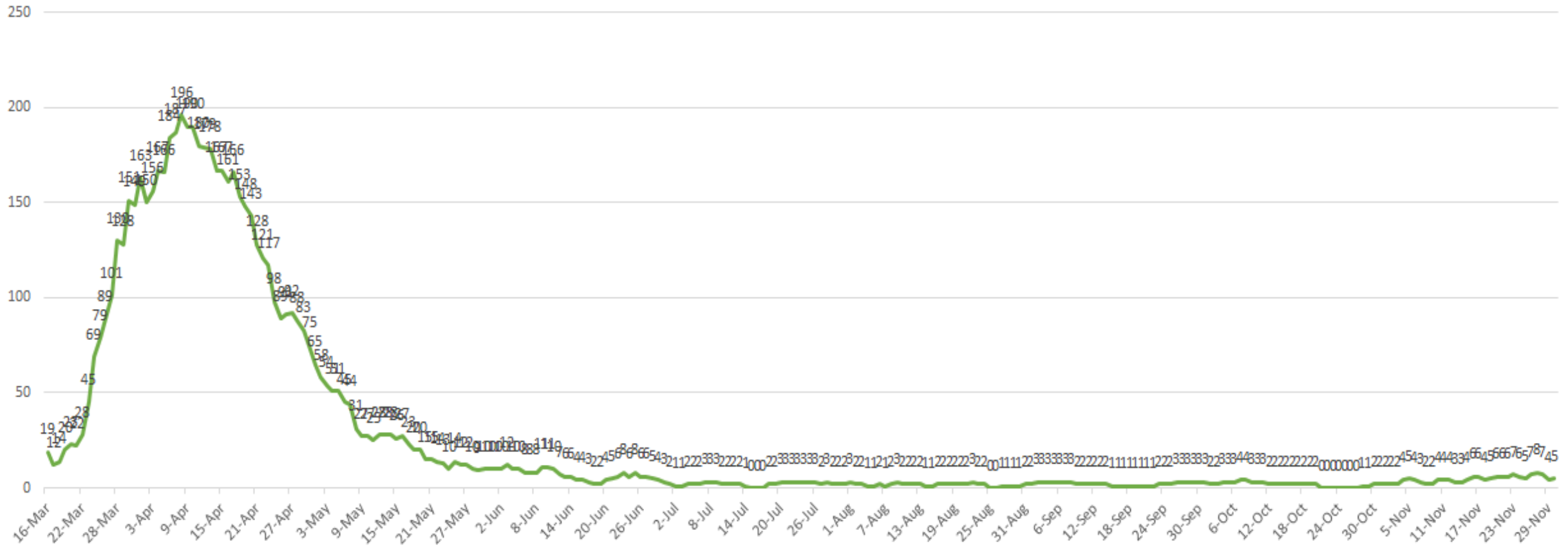
- <https://forms.ny.gov/s3/Welcome-to-New-York-State-Traveler-Health-Form> -

Up-dates in house

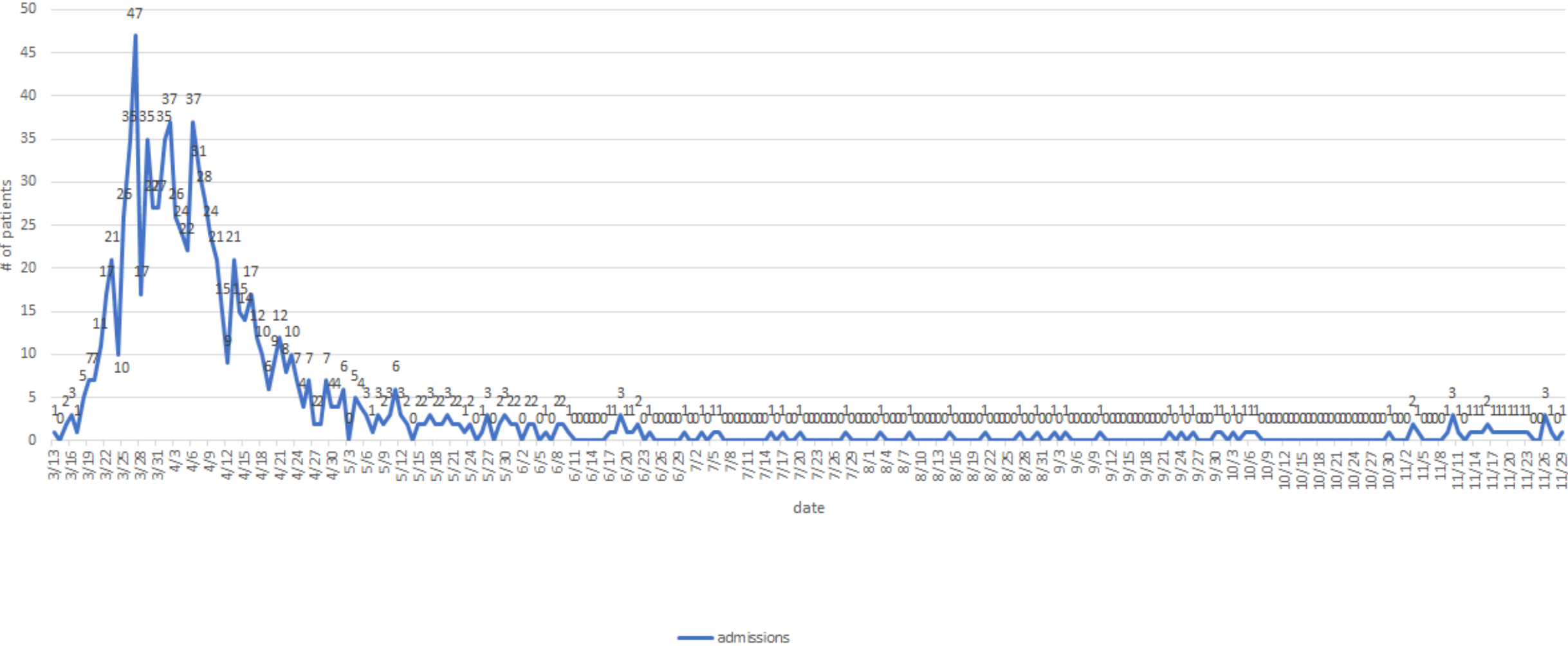
- **Patient Visitors:** Family can wait in Sodexo Family Area
- **COVID Vaccine Plan:** Administration, Pharmacy submitted a plan for SUNY's distribution of a COVID vaccine once available Subgroup Dr Augenbraun
 - Once approval to distribute, we will outline the process of vaccinating staff
- **REMDESIVIR:** Available at UHB with ID Approval
- **COVID Tests:**
 - Only use STAT Stickered tests for ED Admitted Patients & Emergency Surgical Patients
- **EHS Fast Track COVID –19 testing :**
 - Tue-Fri from 8am-10am **CAN BE TESTED ON MONDAY!**
- **Inpatient Plan** for COVID-19 Surge: ID units to cohort critical vs. noncritical

Bed Management/Staffing 12-02-2020 as of 8:00 AM Hospital Census 122		
ED CENSUS	12	
Admitted Patients	0	
Admitted Patients with Beds	0	
Transfers	0	
Staffing	5RNs,3Techs, 2NA	
CRITICAL CARE	CENSUS	STAFFING
PIRR/23	0	
NS 24	0	
NS 26	7- (1 Post Transplant Surgery Patient)	4 RNs (1 RN for the Post Transplant Patient) 1 NA
NS 33	4	2RNs, 1NA
MATERNAL CHILD HEALTH		
NS 31	4 + 1 induction	5RNs, 1 Surgical Tech, 1 EKG tech
NS32/34	1+2	2 RNs
NS35	10(5/4, 1 Isolation, 1 RN 1:1)	7RNs,1 NA
NS42	2 + 1 Chemo	2RNs + (1 RN 8H)
NS 43	2 + 2 Conscious Sedation	2 RNs
MEDICAL SURGICAL	CENSUS	STAFFING
NS 61	17 (2-1:1)	4RNs, 1RN Charge, 1Tech, 2NA, +2 NA-1:1
NS 62	0	
NS 71/NS 73	6+6 - EMU=0 , 1-1:1	3RNs,2NA + 1NA - 1:1
NS 72	11 (4 Post-op)	2RNs,1NA
NS 74	9, 1-1:1, 1- 2:1	2 RN, 1 NA+ 1NA -1:1, 1NA-2:1
Stroke/Neuro	4+0	2RNs,
NS 81	29(14/9, SD-6)2-1:1	7RNs, 1 tech, 1 LPN, 3 NA, 2NA-1:1
NS 82	7	2RNs, 1 NA
	1310RNs, 1Tech, 1 Clerk, 1 NA	

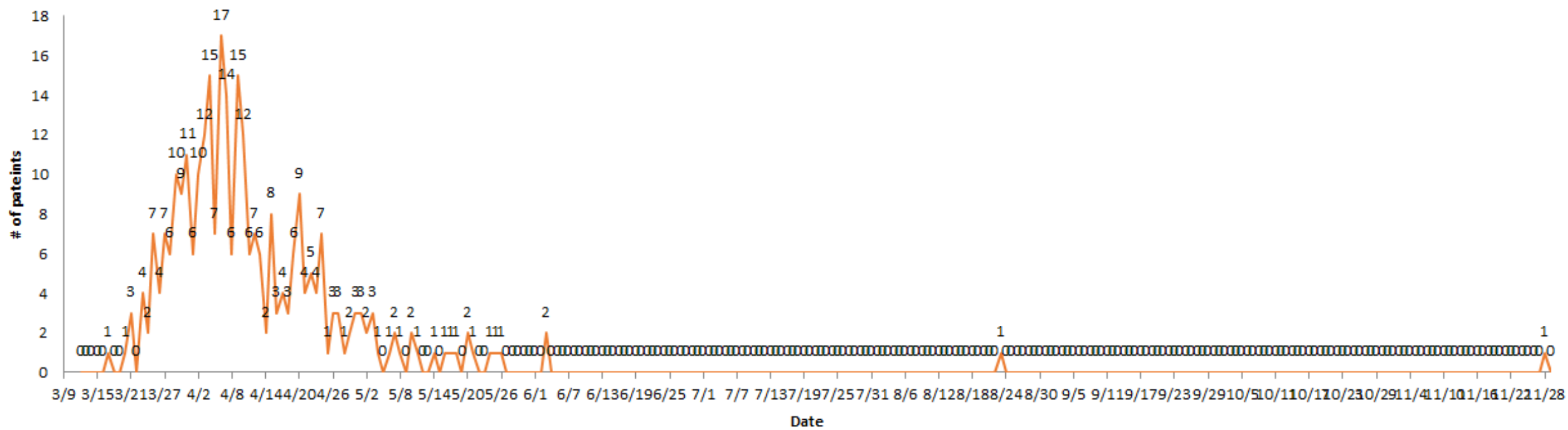
Total Inpatient (COVID Positives and PUIs)



COVID-19 Related New Admissions



COVID-19 Related New Death



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

Laboratory

- Microbiology / Virology Lab Director – Dr. Anna Plourde, MD MPH, x 8295
- **Must answer all 7 questions for COVID test orders. Will not see results unless 7 questions answered.**
- New tests launched or about to launch this month –
 - 1) Roche COBAS 6800 launched 11/5 and running on most Sundays, however this is not guaranteed due to staffing issues.
 - 2) Antigen tests validated, under discussion for best use and pending order and reporting completion
 - 3) SARS-CoV-2/Flu - expansion of test types – validated, pending test order and reporting build completion

- **12/02/20**

- Still 2 order choices:

- 1) Respiratory Panel 2.1 - this is the BioFire Respiratory panel 2.1 which includes SARS-CoV-2, flu, RSV, and four common human coronaviruses corona virus 229E, NL63, OC43. USE FOR SYMPTOMATIC PATIENTS.

- 2) SARS-CoV-2 RNA – for screening of patients for admission and preadmission testing, COVID exposures, travel.

- 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 are available in Central Stores. Swabs are Puritan PurFlock Ultra.
- For Routine tests, batch testing performed. If in by 11 AM Mon – Friday, result out by 6 PM (we did not meet this yesterday or today due to staffing problem). If after 11 AM, then should be next day by 6 PM. Aim is for results within 48h
- STAT - ED for admissions and symptomatic, L&D, emergent surgery, stroke, transplant to use rapid test. STAT Stickers provided to ED – 4 h TAT.

Laboratory

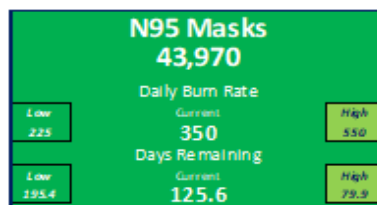
In-house Testing data

IT Update

- On **Monday 11/16/20** the Health Bridge EMR System was implemented in the Emergency Department (ED). All patient care documentation and ordering is currently completed in the HealthBridge Application. The conversion will improve patient care outcomes by streamlining clinical documentation and ordering using one enterprise wide EMR. Providers will also have greater access to patient records (inpatient, clinic).
- We completed 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. Last week the solution captured 2,694 individuals on campus for 11/16.
- Fuji Synapse PACs System was upgraded successfully on Tuesday 10/20/20. After training, the physicians will transition to the newly upgraded system. New features include flexibility of using a URL to view images, no installation required and faster launching of images with a unique user-friendly layout.
- We extended the Allscripts Mobility solution to all clinicians to view results, clinical documentation, and orders. Limited ordering will be available during the initial phases, Physicians can provide care to their patients using their mobile Apple or Android devices, irrespective of location, on or off campus.
- Digital Antenna System to improve cell signal and data: Fiber Installation 100% completed for HSEB, BSB, PHAB and UHB . UHB antenna install on hold until dust mitigation are finalized (change order to the contract) . On target to go live in the first quarter of 2021 .
- 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.
- DOXY.ME Telemedicine Solution rolled out to 35+ departments, including the ED for non-urgent visits

PPE Supplies and Equipment Dashboard

Inventory On-Hand, Burn Rate, & Remaining Supply Days
as of 11/25/2020



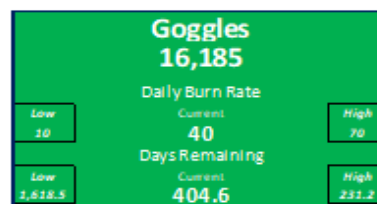
*2,448 ponchos are on-hand.



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



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



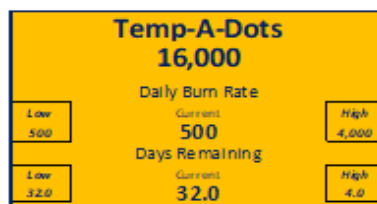
*Not Required PPE based on CDC and hospital guidelines.



*Not Required PPE based on CDC and hospital guidelines.



*Boxes of gloves. General use. All sizes.



**No Touch and digital oral thermometers are available.



*Is used in boxes of 300



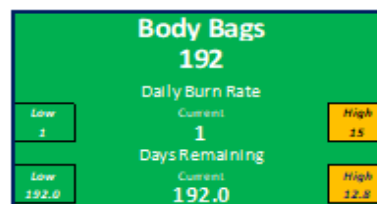
*On-back order with suppliers.



*Not Required. Traditional stethoscopes are used.



*Not Required PPE based on CDC and hospital guidelines.



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

[11:15 AM] Jennie Sutcliffe -NYCDOH stockpile info

Notes on gloves -

- There is a shortage of nitrile gloves in the global supply chain that is likely to persist for the ongoing future.
- Due the expected continuation of the shortage of nitrile gloves we encourage all providers to preserve the use of nitrile gloves for times when latex or vinyl gloves cannot be used.
- Nitrile gloves should be prioritized for use with individuals with latex allergies or when the health care personnel is expecting significant exposure to blood/body fluids.
- If latex gloves are used, non-powdered gloves are less likely to induce allergies and there should be clearly visible allergy warning for staff.
- Vinyl gloves are another alternative but should be reserved for routine exams and other activities where there is not significant exposure to blood/body fluids.
- Both latex and vinyl gloves are readily available on the market, for a list of medical suppliers please visit: <https://www1.nyc.gov/assets/doh/downloads/pdf/im/covid-19-ppe-suppliers.pdf>

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 areas¹
- 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"> • Ear loop mask
DIRECT PATIENT CONTACT WITH PATIENTS <u>NOT</u> SUSPECTED OF COVID-19 ¹		<ul style="list-style-type: none"> • Ear loop mask + Eye protection (i.e., face shield or goggles)
ALL AEROSOL-GENERATING PROCEDURES (i.e., intubation, nebulizer tx, tracheal suctioning, obtaining nasopharyngeal specimens) use Transmission-Based Precautions. No exceptions.		<ul style="list-style-type: none"> • N95 + Eye 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 ($\leq 6'$ for ≥ 10 minutes) with COVID-19 + patients / PUIs AND potential for exposure to body fluids/secretions ³	<ul style="list-style-type: none"> • N95 + Eye Protection + Gown + Gloves
ED/NS24/NS33/Stepdowns ²	All times Direct COVID-19 +/PUI care	<ul style="list-style-type: none"> • N95 + Eye Protection • N95 or equivalent + Eye Protection+ Gown+ Gloves
OTHER SERVICES		
Environmental Services	In patient rooms with COVID-19+ or PUIs ENHANCED PRECAUTIONS	<ul style="list-style-type: none"> • Ear loop mask + Eye Protection + Gown
Vendors/Contractors	In patient rooms with COVID-19+/PUI	<ul style="list-style-type: none"> • Ear loop mask + Eye Protection + Gloves
ALL PERSONNEL		
Simulated Clinical Activities	With other personnel in close proximity ($\leq 6'$ for ≥ 10 minutes) whose status is unknown	<ul style="list-style-type: none"> • Ear loop mask + Eye Protection + Gloves
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"> • Ear loop mask
NON-UHB PERSONNEL		
All Activities	All times, in all public and congregate spaces	<ul style="list-style-type: none"> • Ear loop mask



ANDREW M. CUOMO
Governor

Department
of Health

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

DATE: November 24, 2020
TO: All Healthcare Settings, including but not limited to Hospitals, Nursing Homes, Adult Care Facilities (ACFs), End Stage Renal Disease (ESRD) Facilities, Emergency Medical Services (EMS), Home Care, Outpatient Clinics, and Private Practices
FROM: New York State Department of Health (NYSDOH)

Health Advisory: Universal Use of Eye Protection

Please distribute immediately to:
 Administrators, Infection Preventionists, Hospital Epidemiologists, Medical Directors, Nursing Directors, Risk Managers, and Public Affairs.

NYSDOH strongly recommends universal use of eye protection by healthcare personnel for all patient interactions, in addition to face masks, throughout New York State. Wearing both face masks and eye protection provides better protection for healthcare personnel who might unknowingly encounter asymptomatic, pre-symptomatic, or symptomatic but undiagnosed patients or residents with COVID-19. The use of eye protection, in addition to face masks, might prevent some exposures that would otherwise require healthcare worker furlough (i.e. when a healthcare worker is in contact with a person with COVID-19 who was not wearing a face mask, see <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>). Face shields or goggles should be used. Standard eyeglasses are not personal

Pharmacy department updates 11/25/20.

- The pharmacy developed a list of drugs that are being used to treat COVID patients
- The list comprises of 31 drugs. That includes first line agents as well as alternative agents that could be used in the event of a backorder.
- The pharmacy has maintained approximately a 4 week supply of all drugs with exception to Propofol. Large volume vials (50, 100mL) of propofol continue to have supply issues with manufacturers expecting supply within the next week.
- If supplies on any medication fall below a 4 week supply, notification will be sent out to all providers as well as reported in the huddle.
- The pharmacy is making arrangements for the storage of vaccines. We have obtained an ultra-low temperature freezer from the pharmacology department in the event we get the Pfizer vaccine. Electrical work is being done in the pharmacy to accommodate the freezer and is expected to be completed by early next week.
- Vaccines manufactured by Moderna and Regeneron do not have special storage requirements.
- The pharmacy is pursuing a contract with Amerisource Bergen (wholesaler) who is the sole distributor of remdesivir through December 31, 2020.



Next Huddle:

Wednesday, 12/9/20

HIGH FLOW CAPABLE UNITS/ROOMS (Ventilator and Bi-PAP)

ADULT CRITICAL CARE

CCU	All Beds
CT ICU	All Beds
MICU	All Beds

ADULT MED-SURG

NS 61

601	613
609	618
611	619
612	A6-493 (Dialysis)

NS 62	All Beds
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NS 71/73

703	708
704	715
707	A7-365

NS 81

801	813
806	814
807	815
808	818

NS 82	All Beds
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PEDIATRIC CRITICAL CARE

PICU	All Beds
411 (Temp PICU)	All Beds
Stepdown B	All Beds

PEDIATRICS

NS 42

415	420
418	421 (right side)
419	

LOW FLOW UNITS/ROOMS (Nasal cannula ONLY)

L&D

NS 32	All Beds
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ORTHO/REHAB

NS 72/74	All Beds
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NO-FLOW/LIMITED FLOW

(The wall oxygen should NOT be used for ANY oxygen delivery)

410

732

733

OR Prioritization Committee Metrics

- Metrics are reviewed from these slides