

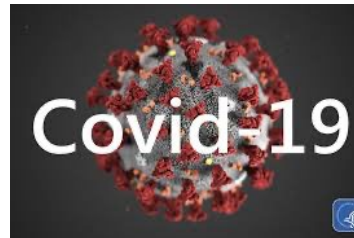


**2020 IDRIM
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HEALTHCARE CONTINUITY DURING COVID-19 PANDEMIC IN NEW YORK



Angeli Medina MPA, RN, CHPCP, CBCP, CEN

ABSTRACT

The Healthcare System in New York engages in planning for All Hazards, ranging from natural, technological, man made to emerging infectious diseases (Zika, Ebola, Flu, COVID-19 pandemic) that can significantly disrupt public health and hospital's ability to provide care. The Federal Emergency Management Agency, New York Department of Health and the Healthcare System collaborate with the Centers for Disease Control and Prevention (CDC) in preparing for and responding to COVID-19 pandemic. The rapid spread of COVID-19 from Ground Zero in Wuhan China to New York was enhanced by air travel. According to Statista, "in 2019, an estimated 4.54 billion airline passengers were boarded by the global airline industry," thus, intensifying the rapid spread of SARS-CoV-2 that cause the COVID-19 disease globally. The COVID-19 pandemic shocked the world as millions of people got rapidly infected with deaths by the thousands. This presentation will discuss New York's strategic preparedness and response, Healthcare System's best practices and Risk Reduction measures in strengthening the Healthcare Continuity during COVID-19 Pandemic.

Statista: Global air traffic -scheduled passengers 2004-2021, E. Mazareanu, June 10, 2020,
[https://www.statista.com/statistics/564717/airline-industry-passenger-traffic-globally./](https://www.statista.com/statistics/564717/airline-industry-passenger-traffic-globally/)

OBJECTIVES

- **Provide an overview of the global pandemic.**
- **Provide an overview of the epidemiology of COVID-19 caused by the coronavirus (SARS-CoV-2).**
- **Provide a comparison between 1918 FLU Pandemic and COVID-19 Pandemic.**
- **Discuss the U.S. Government Agencies, New York State government and Healthcare System strategic plans to prepare for the COVID-19 pandemic.**
- **Discuss the New York State Health and Hospitals' efforts and initiatives in supporting healthcare system resiliency.**
- **Provide Best Practices on Healthcare Continuity in the midst of COVID-19.**

INTRODUCTION

On January 30, 2020, the WHO Director-General declared SARS-CoV-2 (COVID-19 disease) that originated in Wuhan, China, a Public Health Emergency of International Concern (PHEIC). The Pan American Health Organization PAHO/WHO activated countries and regional incident management system teams to provide emergency response to Ministries of Health, for surveillance, health services, infection prevention, clinical management, laboratory capacity, and risk communication. According to Statista, an estimated 4.54 billion airline passengers in 2019 were boarded by the global airline industry intensifying the rapid spread of COVID-19 globally.[2] Due to the “alarming levels of COVID-19 spread and severity and levels of inaction,” the World Health Organization (WHO) Director General Dr. Tedros Adhanom Ghebreyesus announced on March 11, 2020, the COVID-19 outbreak a Pandemic.[3]

In response to the threat of a pandemic, President Donald Trump announced the formation of the White House Coronavirus Task Force, led by Vice President Mike Pence, in collaboration with government agencies, and State Governors in monitoring, containing and mitigating the spread of coronavirus while ensuring that the American people get accurate and up-to-date health and travel information.[4] On February 26, New York (NY) Governor Andrew Cuomo announced the State of New York’s strategic measures to support the State and New York City’s Healthcare Continuity.

[1] <https://www.cdc.gov/flu/pandemic-resources/1918-pandemic-h1n1.html>

[2] Statista: Global air traffic -scheduled passengers 2004-2021, E. Mazareanu, June 10, 2020, [https://www.statista.com/statistics/564717/airline-industry-passenger-traffic-globally./](https://www.statista.com/statistics/564717/airline-industry-passenger-traffic-globally/)

[3] <https://pubmed.ncbi.nlm.nih.gov/32191675/>

[4] <https://www.whitehouse.gov/briefings-statements/statement-press-secretary-regarding-presidents-coronavirus-task-force/>

PANDEMICS

- **Flu pandemic (1889 -1890)** – during the industrial age, the Flu that started in Russia spanned the globe killing an estimated 1 million people.
- **Spanish Flu (1918-1920)** – infected an estimated 500 million people with an estimated 50 million deaths and killed over 675,000 Americans during World War 1.
- **Asian Flu (1957-1958)** – the disease started in China and spread to Singapore, Hong Kong and the US in 1957 with an estimated 1.1 million deaths worldwide, with 116,000 deaths in the US.
- **AIDS (started in 1981)** – caused by Human Immunodeficiency Virus (HIV) claimed an estimated 35 million lives and became a pandemic in the late 20th century. 64% of the 40 million living with HIV live in the Saharan Africa.
- **H1N1 Swine Flu (2009-2010)** – originated in Mexico and infected an estimated 1.4 billion people globally and according to CDC, the flu killed between 151,700 and 575,400 people. [1]
- **COVID-19** – started as an epidemic in China and became a pandemic in a matter of months. As of September 22, 2020, there are 31,453,048 confirmed cases and 967,347 deaths globally; 6,768,997 cases and 199,299 deaths in the US; and 449,038 cases with 33,081 deaths in New York. [2]

[1] Ref: <https://www.livescience.com/worst-epidemics-and-pandemics-in-history.html>

[2] Ref: <http://coronavirus.jhu.edu/map.html>



WE REMEMBER. WE PREPARE.

[cdc.org](https://www.cdc.org)

Comparison of the 20th Century FLU Pandemic & 21st Century COVID-19 Pandemic

[mycanyonlake.com](https://www.mycanyonlake.com)

[news.un.org](https://www.news.un.org)

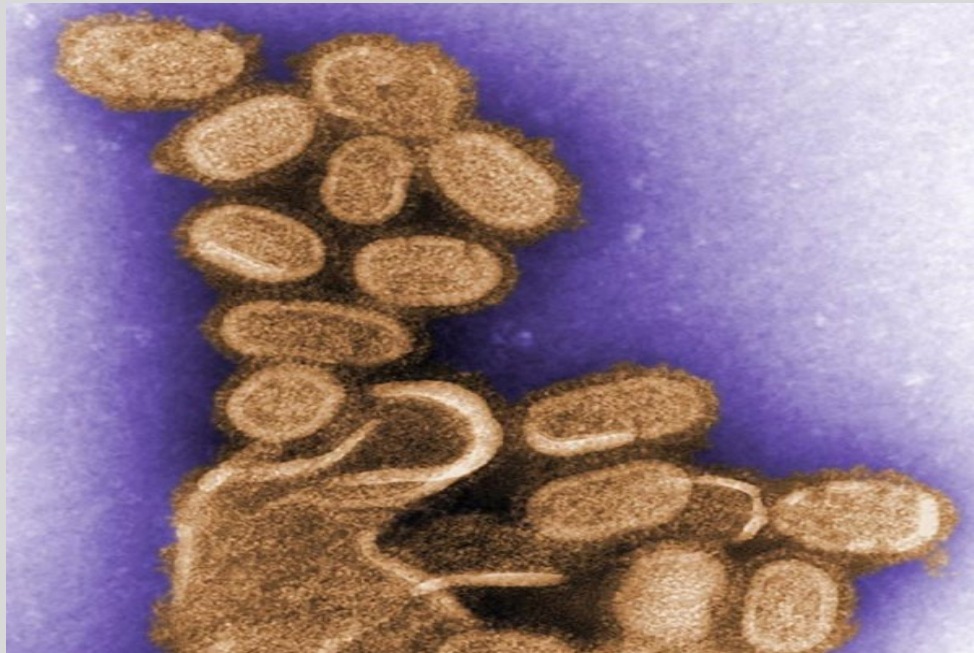


Covid-19



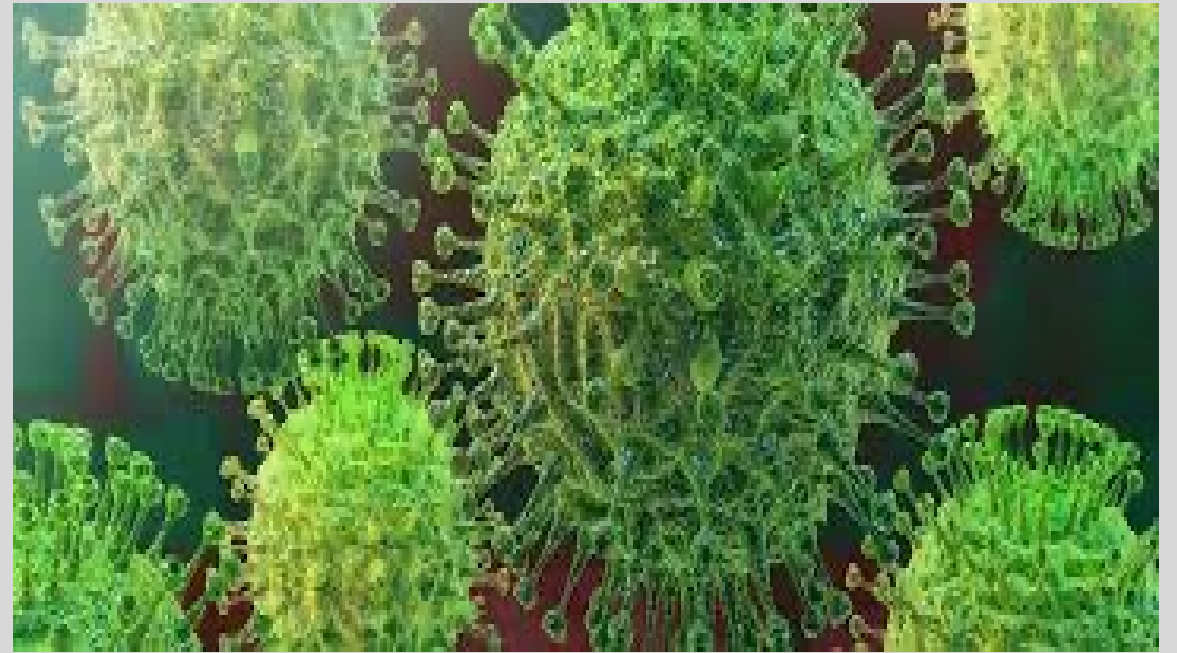
1918 FLU VIRUS

1918 virus taken by: C. Goldsmith
Public Health Image Library #11098
[resize icon](#)



SARS-CoV-2

SARS-CoV-2 (COVID-19 Coronavirus)
[hopkinsmedicine.org](https://www.hopkinsmedicine.org) image



1918 SPANISH FLU PANDEMIC

1918 FLU PANDEMIC

- **FLU virus claimed the lives of an estimated 50 million people worldwide. The mortality rate was high in people <5 years of age, 20 to 40 years old and =>65years old. [1]**
- **There was no FLU vaccine in 1918.**
 - **Vaccines were developed but scientists targeted the wrong Flu strain.**
 - **Newark Evening News reported in November 1918 that 39,000 doses of Dr. Timothy Leary (Tufts University School of Medicine) and Dr. William Park's (New York City Health Department) Flu vaccine had been prepared and some were use. However, neurotic and rheumatic patients appeared to be sensitive to the vaccine while children took it with less problem that the adults. [2]**
 - **Thomas Francis Jr. and Jonas Salk were instrumental in developing the Flu vaccine.**
 - **The 1st approved vaccine was administered to soldiers in 1945 during World War II (27 years later). [3]**
- **There was no antibiotic to treat the secondary bacterial infection.**
- **Infection control measures were focused on isolation, quarantine, social distancing, personal hygiene & use of disinfectants worldwide.**
- **The Red Cross volunteers assembled gauze influenza masks.**
- **According to CDC, there is an estimated 24,000 -62,000 Flu deaths for 2019-2020 Flu Season. [4]**

[1] www.cdc.gov

[2] <https://www.historyofvaccines.org/content/blog/vaccine-development-spanish-flu>

[3] Mary Parker, October 23, 2018, <https://eureka.criver.com/great-pandemic>

[4] <https://www.contagionlive.com/news/how-deadly-was-the-2019-2020-flu-season>

SARS-CoV-2 (COVID-19) PANDEMIC

- **As of September 20, 2020, there is an estimated 30,828,767 confirmed cases of COVID-19 with 957,959 total deaths in 188 countries/region. [JHU] [1]**
- **There is no available vaccine yet for COVID-19.**
- **Number of vaccine on trials: Phase 1= 25; Phase 2=14 expanded safety trial; Phase 3=9 large scale efficacy test; Limited =3 approved for early or limited use; Approved=0 (6 months from the time WHO declared the pandemic. [2]**
 - **Russian's vaccine Sputnik V Phase 1/2 trial with 40 volunteers with approval on August 26 to run Phase 3; China's CanSinoBio is on Phase 1/2 trial with 382 participants; University of HongKong on Phase 1; Sanofi on Phase 1; Sinovac for limited use; Moderna; Johnson & Johnson; Pfizer; Novavax**
 - **AstraZeneca's Phase 3 COVID-19 vaccine clinical trial was halted after a participant in United Kingdom developed neurological symptoms. [3]**
- **The CDC infection prevention and control guidelines focus on social distancing, use of face masks/shield, hand washing, quarantine measures and travel restrictions. (Similar to the measures done during the 1918 Flu Pandemic).**
- **N95, surgical masks and other cloth masks are used to protect from COVID-19.**

[1] Johns Hopkins Coronavirus Resource Center, <https://coronavirus.jhu.edu/>

[2] Coronavirus Vaccine Tracker, <https://www.nytimes.com/interactive/2020/science/coronavirus-vaccine-tracker.html>

[3] Reference: By Katherine Wu, September 10, 2020, Safety Review Underway of AstraZeneca's Vaccine Trial, <https://www.nytimes.com/2020/09/10/health/covid-astrazeneca-vaccine-trans.html>

EPIDEMIOLOGY OF COVID-19 IN GROUND ZERO

- **On December 31, 2019, the World Health Organization (WHO) China Office was informed of 44 cases of Pneumonia of Unknown Etiology (PUE) detected in Wuhan City, Hubei Province and on January 11, 2020, the China National Health Commission stated “the coronavirus outbreak was associated with the Wuhan City seafood market” and closed the Huanan Seafood Market. [1]**
- **Epidemiologist went to Wuhan to conduct surveys, collected nose and throat specimens for lab analysis and did contact tracing. The scientists identified the source of the outbreak, monitored and tracked the SARS-CoV-2, and used surveillance data to learn more about the COVID-19. [2]**
- **On January 12, China shared the genetic sequence of the novel coronavirus termed Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) for countries to use in developing specific diagnostic kits.**
- **Dr. Li Lanjuan, an epidemiologist and the Members of the National Health Commission advised the Chinese Leaders in Beijing to raise the infectious diseases alarm from Category B to Category A, the highest level used for plague and cholera. Dr. Li also suggested that Wuhan should be placed under lockdown.**

[1] WHO Situation Report, https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200121-sitrep-1-2019-ncov.pdf?sfvrsn=20a99c10_4

[2] <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/about-epidemiology/index.html>

TRACKING COVID-19 IN THE US

- **A 35 years old man arrived in Washington State from Wuhan on January 15, presented to an urgent care clinic in Snohomish County, Washington with a history of fever and cough for 4 day, and tested positive for COVID-19 on January 20. A CDC team was deployed for contact tracing.[1]**
- **On February 29, 2020, officials from Washington State reported the death of a male patient, aged in his fifth decade. A second individual died, aged in his seventh decade. Both cases were patients at a long-term nursing home facility in the Seattle area.[2]**
- **On March 1, 2020, New York Governor Andrew Cuomo confirmed the first case of Coronavirus (COVID-19) infection in New York City. A 39 years old female, healthcare worker who traveled from Iran presented to a hospital in New York where she was tested for SARS-CoV-2. [3]**
- **In late March 2020, New York accounted for about 5% of the world's COVID-19 cases and became the epicenter of the COVID-19 pandemic. [3]**

[1] <https://www.nejm.org/doi/full/10.1056/NEJMoa2001191>

[2] <https://www.infectiousdiseaseadvisor.com/home/topics/respiratory/first-case-of-covid-19-in-nyc-first-death-reported-in-washington-state/>

[3] <https://www.nytimes.com/2020/03/22/nyregion/Coronavirus-new-York-epicenter.html>

[4] <https://on.ny.gov/2x1J1aS>

U.S. NATIONAL & STATE RESPONSE TO COVID-19

- **In the U.S. the National Response Framework (NRF) provides a foundational management guide to how the Nation responds to all types of disasters and emergencies. The Federal Emergency Management Agency monitors the evolving coronavirus (COVID-19) to protect the nation.**
- **The Department of Homeland Security Science and Technology Directorate (DHS S&T) developed a Master Question List (MQL) that summarizes what is known about coronavirus, what additional information is needed and who may be working to address the fundamental questions. [1]**
- **In response to COVID-19 outbreak globally and the first COVID-19 confirmed case in U.S., President Donald Trump announced on January 29 the formation of the President's Coronavirus Task Force and appointed Vice President Mike Pence to lead the Task Force.[2]**
- **New York State Governor Andrew Cuomo announced measures to prepare for the COVID-19 wave of patients, including setting up temporary hospitals in 3 New York City suburbs and erecting a massive medical camp in the Jacob Javits Center on Manhattan's West Side. The Governor pleaded with federal officials to nationalize the manufacturing of medical supplies and announced strategic measures to prepare for the wave of COVID-19 patients.]**
- **On August 30, the Governor deployed a SWAT team to a State University (SUNY Oneonta) with 71 contact tracers & 8 case investigators to contain a cluster of COVID-19.**

[1] <https://www.dhs.gov/publication/st-master-question-list-covid-19>

[2] <https://www.whitehouse.gov/briefings-statements/statement-press-secretary-regarding-presidents-coronavirus-task-force/>

[3] Jesse McKinley March 22, 2020, <https://www.nytimes.com/2020/03/22/nyregion/Coronavirus-new-York-epicenter.html>

STATE GOVERNORS

- **Governors of States with evidence of community transmission and near areas of community transmission, even if those areas are in neighboring states were instructed to close schools in affected and surrounding areas.**
- **State and localities that close schools need to address childcare needs of critical responders as well as nutritional needs of children.**
- **All States should follow Federal guidance and halt social visits to nursing homes and retirement and long-term care facilities.**
- **In States with evidence of community transmission, bars restaurants, food courts, gyms, and other indoor and outdoor venues where groups of people congregate should be closed. This includes churches, synagogues and other places of worship.[1]**
- **On March 18, New York Gov. Andrew Cuomo, New Jersey Gov. Phil Murphy, Connecticut Gov. Ned Lamont and Pennsylvania Gov. Tom Wolf joined the coalition to implement a regional approach to combatting COVID-19.[1]**
 - **Limited crowd capacity for social gatherings to 50 people.**
 - **Restaurants and bars premise service were closed and moved to delivery service only.**
 - **Movie theaters, gyms and casinos were closed to reduce the density and contain the spread of the virus.**
 - **Hospitals screened staff, patients and visitors at the hospital entrance for fever and COVID-19 symptoms.**

[1] <https://www.whitehouse.gov/briefings-statements/statement-press-secretary-regarding-presidents-coronavirus-task-force/>

[2] [1] <https://on.ny.gov/3d6Trga>

30 DAYS TO SLOW THE SPREAD OF CORONAVIRUS

- **Listen and follow the directions of State and Local Authorities.**
- **If you feel sick, stay home. Do not go to work. Contact your medical provider.**
- **If your children are sick, keep them at home. Do not send them to school. Contact your medical provider.**
- **If someone in your household has tested positive for the coronavirus, keep the entire household at home. Do not go to work. Do not go to school. Contact your medical provider.**
- **If you are an older person, stay home and away from other people.**
- **If you are a person with serious underlying health condition that can put you at increased risk e.g. a condition that impairs your lungs or heart function or weakens your immune system, stay home and away from people. [1]**

[1] <https://www.whitehouse.gov/briefings-statements/statement-press-secretary-regarding-presidents-coronavirus-task-force/>

NEW YORK STATE PREPAREDNESS & RESPONSE

On February 26, New York (NY) Governor Andrew Cuomo announced the following measures to support Healthcare Continuity:[1]

- **\$40 million appropriation for NY State Department of Health to hire additional staff, procure equipment needed to respond to covid-19 pandemic.**
- **Department of Health (DOH) instructed Health + Hospitals to review protocols and best practices to ensure preparedness in combating the spread of the coronavirus.**
- **The Governor called on the federal government to authorize Wadsworth Center and NYC Public Health Laboratory to test for SARS-CoV-2.**
- **The DOH worked with MTA, Port Authority, Airport authorities to ensure employees have access to protective equipment and supplies needed to operate mass transit system.**

[1] <https://on.ny.gov/2PtqP03>

NEW YORK PREPAREDNESS & RESPONSE BEST PRACTICES

On March 2, 2020 Gov. Cuomo assured New Yorkers that New York was fully prepared and fully coordinated to deal with the coronavirus situation and further announced:[1]

- **The Wadsworth Center (WC) Public Health Laboratory (1ST non-CDC test) was given approval by the Food and Drug Administration (FDA) to test for SARS-CoV-2. The first confirmed case in New York was done by the WC facility.**
- **Schools and public transportation system protocols were implemented to control the spread of coronavirus.**
- **The subway system was closed from 1:00am to 5:00am to allow for time to clean the subway cars and stations.**
- **CDC and DOH expanded its testing criteria to include travels from Italy, Iran and South Korea.**
- **City & State University of New York's study abroad programs in China, Italy, Japan, Iran and South Korea have been suspended due to concerns over COVID-19. In an abundance of caution, students were asked to go back to SUNY and CUNY. Chartered flights from Japan, South Korea and Italy were directed to New York Stewart International Airport and students were taken to campus dormitories for a 14- day quarantine.[2]**
- **Imposed use of face masks and social distancing.**

[1] <https://on.ny.gov/2PHIGSI>

[2] <https://on.ny.gov/2wqTY5q>

PATIENT BED SURGE CAPACITY

- **On March 16, New York organized the National Guard, Building Unions and Private Developers to retrofit buildings and convert them to medical facilities for creating 9,000 additional beds for COVID-19 patients. [1]**
- **Initial hospital supplies were delivered to the Jacob K. Javits Center where FEMA started to build a 1,000 bed temporary hospital to treat COVID-19 patients, in addition to four other sites chosen by the Army Corps of Engineers who created a 4000 bed capacity temporary hospitals in downstate New York.**
- **NYC Health + Hospitals expanded ICU capacity at Elmhurst, Lincoln, Bellevue and aimed to have 3,000 additional ICU beds by May 1, tripling the base ICU capacity of its 11 hospitals.[2]**
- **On March 30, the Pentagon deployed the USNS Comfort, military floating ship to help with the surging COVID-19 cases. The USNS Comfort was adjusted to have 1,000 bed capacity and deployed to New York City. The ship was equipped with 12 operating rooms, lab, blood bank, pharmacy, CT scanner, 15 patient wards, 80 ICU and 10 elevators to transfer patients between decks.[3]**

[1] <https://on.ny.gov/2xlGhFe>

[2] <https://canarsiecourier.com/nyc-health-hospitals-to-triple-icu-capacity-expand-personnel-p5007-255.htm>

[3] <https://on.ny.gov/2x9S8pL>

HEALTH STAFF SURGE FORCE

- **40,000 healthcare workers, retirees and students signed up to volunteer to work. [1]**
- **6,000 mental health professionals signed up to provide free online mental health services.**
- **Four Seasons Hotel was the 1st of several hotels in Manhattan to provide housing for nurses, doctors, during the COVID-19 crisis.**
- **NYC Health + Hospitals an estimated added 515 doctors, nurse practitioners and physician assistants.**
- **An estimated 2,000 Registered Nurses were deployed.**
- **Deployed more than 750 clinicians to provide telephonic clinical guidance to more than 4,000 New Yorkers who called 311 to redirect people from going to the ER.**
- **Scheduled an estimated 29,000 telehealth visits in a week to keep patients safely at home and reduce the spread of coronavirus.**
- **Clinical Staff were given training on how to properly don and doff PPEs for their protection.**

[1] <https://on.ny.gov/39iEkH5>

TESTING CAPABILITY & SUPPLY CHAIN

- **On March 13, 2020, President Trump declared an emergency under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act), that warranted a nationwide emergency. [1]**
- **Gov. Cuomo collaborated with President Trump to double the rate of testing people for coronavirus from 20,000 to 40,000 per day.**
- **In late April, testing became the central focus for government officials and business owners who were eager to re-open the state. Health officials warned that COVID-19 testing needed to expand before social distancing measures could be relaxed.**
- **President Trump invoked the Defense Production Act of 1950 to increase test swab production by at least 20 million additional swabs per month that fed the 211 New York State Labs and to acquire medical resources to respond to COVID-19.**

[1] <https://www.natlawreview.com/article/impact-recent-stafford-act-and-defense-production-act-declarations-covid-19>]

PERSONAL PROTECTIVE EQUIPMENT (PPE)

The rapid spread of COVID-19 created critical challenges to healthcare facilities due to severe shortages of personal protective equipment (PPE) needed to protect healthcare personnel.

- **On May 22, the FDA issued an emergency use authorization to give healthcare workers greater access to PPE in response to PPE shortages, e.g. masks, gowns, shoe covers, surgical helmets, face shields and other apparels.**
- **Healthcare facilities worked together to develop strategies to provide PPE when needed. Some U.S. stockpiles included N95 Respirator masks manufactured between 2003 and 2013 that exceeded manufacturer shelf life were tested based on NIOSH performance standards for filtration efficiency and inhalation/exhalation resistance. Based on a study done, CDC/NIOSH reported that many models have continued to perform in accordance with NIOSH performance standards, alleviating the respirator masks shortage for healthcare continuity.[1]**
- **FEMA deployed 339,760 N-95 masks, 861,700 surgical masks 145,122 gowns, 353,300 gloves and 197,085 face shields to New York State.[2]**

[1] Release of Stockpiled N95 Filtering Facepiece Respirators Beyond Manufacturer-Designated Shelf Life <https://www.cdc.gov/coronavirus/2019-ncov/hcp/release-stockpiled-N95.html>]

[2] <https://on.ny.gov/2xlGhFe>

COVID-19 TREATMENT

- **The National Institutes of Health (NIH) COVID-19 Treatment Guidelines Panel recommended the use of dexamethasone 6 mg daily for up to 10 days in patients with COVID-19 who are on mechanical ventilation or patients who require supplemental oxygen but are not on mechanical ventilation. The Panel recommends against using dexamethasone to treat patients with COVID-19 who do not require supplemental oxygen.[1]**
- **The U.S. President’s Operation Warp aims to deliver substantial quantities of a safe and effective vaccine by January 2021. The NIAID Director, Dr. Anthony S. Fauci stated that “centralizing our clinical research efforts into a single trials network will expand the resources and expertise needed to efficiently identify safe and effective vaccines and other prevention strategies against COVID-19.”[3]**
- **Respiratory failure and acute kidney injury (AKI) are two significant complications of COVID-19. Renal specialists recommend the use of kidney replacement therapy for critical COVID-19 patients.[3]**
- **No U.S. Food and Drug Administration (FDA)-approved drugs have demonstrated safety and efficacy in randomized controlled trials when used to *treat* patients with COVID-19, although FDA has granted an Emergency Use Authorization for the use of remdesivir to treat severe cases. [4]**

[1] <https://www.covid19treatmentguidelines.nih.gov/dexamethasone/>

[2] <https://www.nih.gov/news-events/news-releases/nih-launches-clinical-trials-network-test-covid-19-vaccines-other-prevention-tools>

[3] <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7276956/>

[4] www.cdc.gov > [clinical-guidance-management-patients](#)

STRATEGIC HEALTHCARE CONTINUITY PLANS

- Hospitals provided cross training to nursing staff from the OR, Out-Patient Units to function in COVID-19 units in preparation for the 2nd wave to increase staff surge capacity.
- Hospitals at the Veterans Affairs provided training on Kidney Replacement Therapy by training MICU, SICU and medical unit staff to do hemodialysis using GAMBRO & TABLO and peritoneal dialysis using Ultra-Bag & Cyclers as a treatment for critical COVID-19 patients in addition to use of respiratory devices, such as ventilators and other supplemental oxygen therapy.
- Hospitals screened clinicians, employees, visitors and out-patients for COVID-19 with the aid of computerized temperature device that takes the person's temperature and picture with date and time stamped on the stickers.
- Hospital staff observe strict social distancing as evidenced by holding meeting in large conference rooms or in the hallway.
- Hospital staff wear mask and other personal protective equipment.

Impending Shortages of Kidney Replacement Therapy for COVID-19 by Dr. David Goldfarb & Associates *CJASN ePress*. Published on April 28, 2020 as doi: 10.2215/CJN.05180420

Photo of Dr. David Goldfarb, Dr. Clay Block & Dr. Harald Sauthoff, Heads of Hemo Units & MICU at VA Hospitals in New York & Dartmouth



MEASURES TO REDUCE RISKS OF COVID-19

- **Follow the Centers for Disease Control and Prevention Guidelines on social distancing, face coverings, hand washing and other preventive measures to slow the spread of SARS-CoV-2 coronavirus that causes the coronavirus disease 2019 COVID-19.**

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

- **Follow the Occupational Safety and Health Administration (OSHA) Guidelines for employers and employees during the COVID-19 pandemic.**

https://www.cdc.gov/niosh/emres/2019_ncov_default.html

- **Comply with the Food and Drug Administrations (FDA) guidelines on safe medications administration for the treatment of COVID-19, best practices for food safety, re-opening of retail food establishments and temporary policies on food labeling and packaging.**

<https://www.fda.gov/food/food-safety-during-emergencies/food-safety-and-coronavirus-disease-2019-covid-19>

- **Follow the Federal Emergency Management Agency (FEMA) guidelines and best practices on community innovations, mass care/emergency assistance, and sheltering during the pandemic.**

<https://www.fema.gov/disasters/coronavirus/best-practices>

- **Follow the State Governor's directives for Health & Hospital Healthcare Continuity measures.**

◦ <https://coronavirus.health.ny.gov/home>

CONCLUSION

New York used to be the epicenter of COVID-19 and ranked #1 in the U.S. but now ranks # 4 with the most cases in the US. According to New York State Governor Cuomo, “ our numbers continue to remain low, thanks to the hard work of New Yorkers who rose to the occasion and ultimately flattened the curve.” New York has been calibrating its re-opening initiatives based on real time data and science and has kept the daily infectivity rate to less than 1%. Also in the words of Governor Andrew Cuomo, “New York is the anomaly, we re-opened and our rates continue to come down, with an infection rate down to 0.87, only because we continue to remain smart and vigilant in this fight against COVID-19.”

<https://www.governor.ny.gov/keywords/coronavirus>