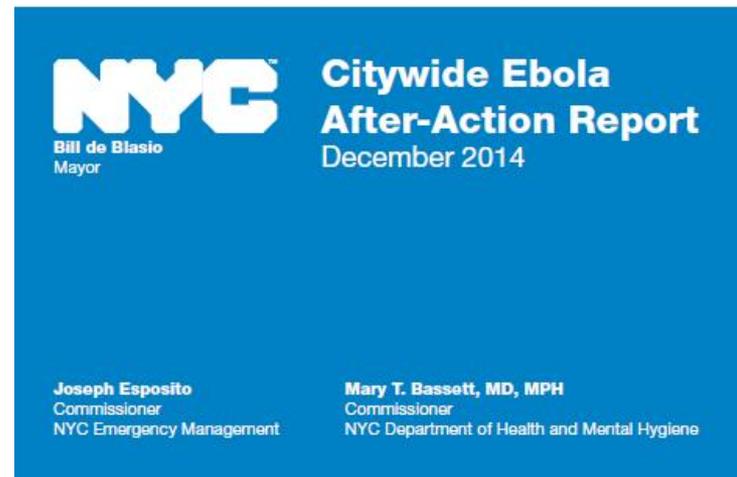


Ebola 2014

Citywide and DOHMH After Action Review Summary

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Ebola Virus Disease (EVD) Evaluation Process

Phase 1 (November 2014): 12 DOHMH-focused Hotwashes

Identified potential problems that needed rapid problem solving and implementation (i.e., before a next Ebola case).

Phase 2 (early December 2014): 6 NYCEM/External Hotwashes

Explored interagency coordination in the areas of HC system readiness, quarantine and active monitoring, waste management and environmental remediation, worker health and safety, and command element and executive decision making.

Phase 3 (mid-January 2015): 10 DOHMH-focused Hotwashes

Hotwashed additional and new groups that weren't hotwashed in Phase 1 as well as a "functional" hotwash about the staffing and resource requests.

Phase 4 (end January/early February 2015): 5 External Hotwashes and Key Informant Interviews

Covered ESF-8, Regional/Collar counties, City, State and Federal leaders, and designated and non-designated healthcare facilities. Key informant interviews were held with Jamaica Hospital, NYU and Primary Care Emergency Preparedness Network (PCEPN).

3 Ebola Virus Disease (EVD) Products

1. NYCEM-Citywide Ebola After-Action Report (AAR)
produced in conjunction with DOHMH (December 2014)

Reports currently in review process:

2. NYCDOHMH & NYCEM-Ebola Virus Disease Citywide AAR
3. NYCDOHMH-Agency Response to Ebola Virus Disease AAR and Improvement Plan

What do they cover?

- Command Element and Executive Decision Making
- Healthcare System Readiness
- Worker Health and Safety
- Case Investigation
- Quarantine and Active Monitoring (including policy, facilities, and support services)
- Public Outreach and Messaging
- Waste Management and Environmental Remediation
- Regional and Jurisdictional Collaboration

The internal DOHMH report covers the Agency's internal functions - including things like surveillance, staffing and resource requests.

Many, many positive elements..

- The entire public sector collaborated well.
- Early planning throughout New York City's health sector helped the response.
- A Unified Command Element with key executives from DOHMH, Fire Department of New York (FDNY), New York Police Department (NYPD), and OEM participated in joint decision-making for major issues.
- Joint preparedness and response efforts included strong engagement from a range of stakeholders, including City agencies, the public health community, elected officials, and labor unions.
- Mayor Bill de Blasio, DOHMH Commissioner Mary T. Bassett, and other City officials provided unified and accurate communication to the public.
- Direct and personal community engagement in affected neighborhoods helped to mitigate EVD concerns.

We're going to talk about a few lessons...

City Decision-Making

- Make sure we establish an appropriate Citywide Incident Management System (CIMS) structure with a clear Incident Command Post.
- Have a daily/weekly schedule for all decision-making calls and meetings to ensure a clear planning process.
- Make sure City leadership is briefed on and understands the appropriate scientific and medical issues.

Jurisdictional Collaboration

- More coordinated early planning between city, state and federal executives.
- Make sure a senior level liaison from NYSDOH is part of the Command Element during planning and response.
- Create a rapid guidance feedback process between levels of government.
- Develop a playbook of protocols for biological incidents that can be used at all levels of government. Hold joint exercises to test this playbook.

Healthcare Sector Coordination

- Plan exercises to leverage the capacity achieved to care for EVD patients and facilitate a continuous state of readiness for future public health outbreaks.
- Activate ESF-8 earlier in an emerging public health threat for planning purposes and ensure it is used broadly to share information prior to, during, and following a response.
- Determine and finalize the ESF-8 role in planning and response activities to ensure that they are used effectively in future responses.

Within the Healthcare System

- Develop a strategy to increase the capacity for the City's healthcare system to respond to biological incidents.
- Find strategies to mitigate surge staffing issues within and between facilities.
- Work with NYSDOH to increase capacity to recognize pediatric/obstetric cases and prioritize their treatment.
- Provide ED staff with training/exercises on how to prepare for and identify a "no-notice" suspected EVD patient arrival as well as other relevant biological incidents.

Questions?



Thank you!

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