



NEW YORK CITY COVID-19 PANDEMIC CARDIAC ARREST

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NEW YORK CITY DEMOGRAPHICS

- 5 BOROUGHS – 320 SQUARE MILES
 - MANHATTAN
 - BROOKLYN
 - QUEENS
 - THE BRONX
 - STATEN ISLAND
- 8.4 MILLION RESIDENTS (SWELLS TO 13 MILLION DURING BUSINESS HOURS)

NEW YORK CITY EMS STATISTICS

- 4,200 DAILY CALLS FOR EMS
- EQUATES TO 1.5 MILLION CALLS ANNUALLY
- APPROXIMATELY 1.1 MILLION PATIENTS TRANSPORTED
- 60 911-RECEIVING EMERGENCY DEPARTMENTS
 - 4 BURN CENTERS
 - 17 TRAUMA CENTERS (8 PEDIATRIC TRAUMA CENTERS)
 - 45 STROKE CENTERS
 - OTHER SPECIALTY CENTERS (CATH LAB, LVO, REPLANT, VENOM, HYPERBARIC)

FIRE DEPARTMENT OF NEW YORK (FDNY) PERSONNEL

- THREE-TIERED 911 SYSTEM
 - CFRS (CERTIFIED FIRST RESPONDERS) – FFS (7,000 OF 11,500 FFS)
 - 2,800 EMTS – BASIC LIFE SUPPORT
 - 1,100 PARAMEDICS – ADVANCED LIFE SUPPORT
- HIGH PRIORITY CALL SUCH AS CARDIAC ARREST WILL GET ALL THREE LEVELS OF RESPONSE WITH ADDITIONALLY AN EMS SUPERVISOR

NEW YORK CITY COVID PEAK

- MARCH 20 – APRIL 12, 2020 (FIRST CONFIRMED NYC COVID CASE WAS 3/1/20)
- NORMALLY 4,200 CALLS PER DAY – DURING THE PEAK 6,700 CALLS PER DAY
- CARDIAC ARREST CALLS – YEARLY 25,000 CALLS WHICH ULTIMATELY RESULTS IN
APPROXIMATELY 8,000 CONFIRMED CARDIAC ARREST CALLS
- NORMALLY APPROXIMATELY 20 TO 25 CONFIRMED CARDIAC ARREST CASES PER DAY
- DURING THE PEAK – WENT UP TO 200 CASES PER DAY

NORMAL NON-COVID PEAK CARDIAC ARREST PROTOCOL

- IF NO SIGNS OF OBVIOUS DEATH, BEGIN RESUSCITATION EFFORTS
- CONTACT OLMC (ON LINE MEDICAL CONTROL) PHYSICIAN FOR ADDITIONAL MEDICAL CONTROL ORDERS
- OLMC PHYSICIAN WILL DECIDE TERMINATION IN THE FIELD VS TRANSPORT TO THE ED

COVID PEAK CARDIAC ARREST PROTOCOLS

- OVERWHELMING VOLUME OF CARDIAC ARREST CALLS
- OLMC NOT ABLE TO PROVIDE REAL-TIME ORDERS IN A TIMELY FASHION
- EMERGENCY DEPARTMENTS ADVISED THAT DUE TO BEING OVERWHELMED THEMSELVES, ANY EMS PATIENT TRANSPORTED TO THEM WITHOUT A PULSE WOULD NOT HAVE CONTINUED RESUSCITATION EFFORTS
- COVID PROTOCOL CHANGE
 - ALL CARDIAC ARREST PATIENTS NOT MEETING OBVIOUS DEATH CRITERIA TO RECEIVE 20 MINUTES OF FULL RESUSCITATION
 - IF NO SHOCK INDICATED OR NO ROSC DURING THAT 20 MINUTE TIME FRAME OF RESUSCITATION, THEN TERMINATION WITHOUT OLMC CONTACT
- ACCURATE AND COMPLETE DOCUMENTATION

STILL EVALUATING CARDIAC ARREST SURVIVAL RATES DURING PEAKS

- COMPARING ROSC RATES 2019 TO COVID 2020 (34.7% VS 18.2%)
- COMPARING SUSTAINED ROSC RATES 2019 TO COVID 2020 (25.2% VS 10.6%)

GENERAL COVID ISSUES

- WHAT PPE (PERSONAL PROTECTIVE EQUIPMENT) LEVEL
- HOW TO IDENTIFY A POTENTIAL CALL PRE-ARRIVAL – FC (FEVER COUGH) IMPLEMENTATION
- MINIMIZING AEROSOLIZING PROCEDURES (DEPLOYMENT OF BAN NEBULIZERS)
- LIMIT CONTACT WITH ELECTRONIC PATIENT CARE RECORD DEVICES PATIENT AND HOSPITAL
- ENHANCED DECONTAMINATION PROCEDURES
- INCREASED AVAILABILITY OF CRISIS INTERVENTION SERVICES FOR ALL MEMBERS

PREPARING FOR A POTENTIAL SECOND WAVE

- MONITORING NYC AND NY STATE COVID CASES – NEW CASES AND DEATHS
- MONITORING THE REST OF THE UNITED STATES (PARTICULARLY THE SOUTH AND WEST)
- WILL ANTIBODIES OFFER SOME IMMUNITY – MAY DECREASE CASES IN PREVIOUSLY HIGH AREAS
- MONITORING INFLUENZA
- MONITORING SWINE FLU IN CHINA
- MONITORING PLAGUE IN MONGOLIA
- COMMUNICABLE DISEASES ARE ONLY AN AIRPLANE RIDE AWAY
- REVIEWING WHAT WORKED AND WHAT MAY NEED TO BE TWEAKED FROM OUR FIRST WAVE

The background is a solid dark red color. In the four corners, there are decorative elements consisting of thin, light red lines that resemble circuit traces or a stylized tree structure, with small circles at the end of the lines.

QUESTIONS?

THANK YOU

PLEASE STAY SAFE!