



Kentucky Hospital Research & Education Foundation Emergency Preparedness Update for January 6, 2020

Cyber Vigilance is Encouraged

Yesterday, DHS issued a statement (see KHREF EP Update from Jan 5) encouraging all critical infrastructure operators to [familiarize themselves with Iranian Threat Group Tactics, Techniques and Procedures \(TTPs\)](#). In light of this situation, we strongly encourage the owners and operators of Health and Public Health critical infrastructure to exercise heightened state of vigilance of their environment for potential increase of cyber threats and be vigilant on both physical and cyber security:

Physical: Connect with law enforcement to ensure local threat information-sharing, review and communicate business continuity and response plans, refresh training and reporting procedures, and report any concerns: [if you see something, say something](#).

Cyber: Review the cyber security fundamentals of your environment, check offline back-up and recovery procedures, and review continuity of operations plans (including those of the 3rd party service providers).

Additionally, critical infrastructure owners and operators are encouraged to review [DHS's tips and best practices on securing their online presence](#).

Anyone who has relevant information or suspects a compromise should immediately contact NCCICCUSTOMERSERVICE@hq.dhs.gov with copies of correspondence to HC3@hhs.gov and CIP@hhs.gov.

HHS has received questions about medical device vulnerabilities and patient safety. Again, there is currently no specific, credible threat against medical devices. Patients concerned about their devices can find resources and tips on the [Food and Drug Administration's Medical Device Cybersecurity website](#).

ASPR will continue to monitor the situation and provide further information as necessary. Additionally, we encourage everyone to [subscribe to the weekly Healthcare and Public Health Sector Highlights, Cybersecurity Edition](#) to receive the latest Cyber-related updates and information.

FDA finalizes enforcement of unauthorized flavored cartridge-based e-cigarettes that appeal to children

(KyForward News) Amid the epidemic levels of youth use of e-cigarettes and the popularity of certain products among children, the U.S. Food and Drug Administration Thursday [issued a policy prioritizing enforcement](#) against certain unauthorized flavored e-cigarette products that appeal to kids, including fruit and mint flavors. Under this policy, companies that do not cease manufacture, distribution and sale of unauthorized flavored cartridge-based e-cigarettes (other than tobacco or menthol) within 30 days risk FDA enforcement actions.

The final guidance outlining the agency's enforcement priorities for electronic nicotine delivery systems (ENDS), such as e-cigarettes and e-liquids, comes as the [2019 National Youth Tobacco Survey \(NYTS\) results](#) on e-cigarette use show that more than 5 million U.S. middle and high school students are current e-cigarette users (having used within the last 30 days) – with a majority reporting cartridge-based products as their usual brand.

Read more: <https://www.kyforward.com/fda-finalizes-enforcement-of-unauthorized-flavored-cartridge-based-e-cigarettes-that-appeal-to-children/>

People using illicit opioids face higher risk of death from these causes, study finds

(CNN) People using illicit opioids are not only at an increased risk of a drug-related death, but a new study finds they have an elevated risk of dying from non-communicable diseases, infectious diseases, suicide and unintentional injuries. Among people who used opioids outside of a prescription, suicide deaths occurred at almost eight times the expected rate and unintentional injuries at seven times the expected rate, according to the study, published Thursday in the medical journal [JAMA Psychiatry](#). Death from interpersonal violence was relatively infrequent but occurred at more than nine times the expected rate, according to the study.

Full report: <https://www.cnn.com/2019/12/26/health/illicit-opioid-use-death-risk-study/index.html>

Mental health declining among older U.S. adults, poor hardest hit

(Reuters) Many older Americans have experienced more days of poor mental health in recent years, particularly individuals with limited income and education, a U.S. study suggests. Researchers examined data on 2.4 million people aged 60 and older who participated in annual surveys between 2003 and 2017, answering questions about their general health and the number of days they experienced poor physical or mental health.

Overall, 41% had household income of no more than \$35,000 a year and 10% lacked a high school education.

During the study, the average number of days each month when people aged 60 to 64 experienced poor mental health rose from 2.9 to 3.6. That number climbed from 2.3 to 3.0 days for individuals 65 to 69 and from 2.2 to 2.4 days among those 70 to 74 years old.

Declines in mental health were similar for men and women, but greater for people with lower income and education, researchers report in JAMA Network Open.

Learn more: <https://www.reuters.com/article/us-health-elderly-mental/mental-health-declining-among-older-u-s-adults-poor-hardest-hit-idUSKBN1Z21YD>

Greyhound gives free tickets to runaways

(KDKA/CNN) For over a decade, [Greyhound Lines has partnered with the National Runaway Safeline](#) — an organization that seeks to keep runaway and homeless youth safe — to reunite young people with their families and guardians.

To get a free ticket home, a person between the ages of 12 and 21 must call the NRS helpline (1-800-RUNAWAY). They also must be named on a runaway report and be willing to return to their family. The family or guardian also needs to agree to receive them at home. If the individual hoping to return home is under the age of 15, Home Free also provides a free ticket for the child's parent or guardian. A person can only get a ticket home through the program twice.

Read full story: <https://pittsburgh.cbslocal.com/2019/12/31/greyhound-gives-free-tickets-to-runaways/>

New test could diagnose a UTI in just 25 minutes using a phone camera

Scientists have developed a new test that could diagnose [urinary tract infections \(UTIs\)](#) in 25 minutes by using a [smartphone](#) camera.

Biological engineers at the University of Bath developed technology that identifies the presence of E.coli bacteria in bacterial UTIs. When harmful [E.coli](#) bacteria is found in bacterial UTIs, which occurs in approximately 80 per cent of cases, patients are typically treated with a course of [antibiotics](#).

Read more: <https://www.independent.co.uk/life-style/health-and-families/uti-test-urinary-tract-infection-diagnose-ecoli-bacteria-camera-a9271821.html>

**Astronaut Aboard ISS Diagnosed With Blood Clot
In First Telemedicine Treatment Of Its Kind**

Having a medical issue while hurtling 320 kilometers (200 miles) above Earth aboard the International Space Station (ISS) is not ideal. To boot, the astronaut in question was diagnosed with a rather serious condition: deep vein thrombosis, a blood clot in the internal jugular vein of their neck. While on Earth the treatment is rather straightforward, aboard the ISS some long-distance telemedicine was in order.

An [ultrasound examination](#) revealed a left internal jugular venous thrombosis. The astronaut experienced no headache or facial plethora (red face) symptoms prior to diagnosis. To make treatment more tenuous, there are limited medical supplies aboard the ISS. A team of NASA doctors decided on the blood thinner Enoxaparin (Lovenox®) while a new shipment of drugs was sent to the station. Treatment started with a daily injection of 1.5 milligrams per kilogram of body weight, which was reduced to 1 milligram after 33 days to extend therapy until oral apixaban could be delivered via a supply spacecraft. The clot was monitored with self-performed ultrasounds on the neck. At 7- to 21-day intervals, the blood clot showed progressive reduction.

Learn more: <https://www.iflscience.com/space/astronaut-aboard-iss-diagnosed-with-blood-clot-in-first-telemedicine-treatment-of-its-kind/>

Someone released bedbugs in a Pennsylvania Walmart - police involved

<https://www.cnn.com/2020/01/05/us/walmart-bed-bugs-released-trnd/index.html>

Johns Hopkins: Health Security Headlines - Extracts from [January 6, 2020](#)

[Balancing sensitivity and specificity of Zika case definitions](#) (*Lancet: Infectious Diseases*) In a study published in The Lancet Infectious Diseases, Raquel Burger-Calderon and colleagues characterize the clinical profile of Zika virus infection and assess the performance of WHO and Pan American Health Organization case definitions in a large pediatric cohort from Nicaragua. They show that Zika disease primarily manifests with undifferentiated fever or afebrile rash, and that the occurrence of symptoms increases with age. As a result, Zika in children is likely to be missed by recommended case definitions more frequently than in adults.

[10 Disasters That Changed the World](#) Looking back at a decade in which superstorms, wildfires, disease outbreaks, and monster earthquakes have taken unimaginable tolls all over the planet, it's easy to be overwhelmed by the scope of the problem. But learning the lessons of every disaster, every time, is important.

**Pre-hospital and Hospital ED staff:
When a Child Dies: The Parents' Perspective**

| BEREAVED PARENTS' RECOMMENDATIONS FOR END-OF-LIFE AND BEREAVEMENT CARE | | |
|--|---|---|
| DURING HOSPITALIZATION | DURING THE DYING PHASE | DURING BEREAVEMENT |
| Information and communication <ul style="list-style-type: none"> Clear early discussions of potential/likelihood of death; Tacit permission to withdraw life support; Provide verbal and written/pictorial information, including pictures and diagrams. | Before death <ul style="list-style-type: none"> Provide a private room, demedicalized as much as possible; Allocate familiar clinicians; Offer professional photographs of the child. | Follow-up care <ul style="list-style-type: none"> Staff should attend funeral; Pay particular attention to anniversaries, holidays, special days, etc. |
| Providing resources <ul style="list-style-type: none"> Provide a parent room with bathroom, snacks, internet, phone charging, etc.; Organize/assist with meals; Improve parking; consider waiving or reducing cost. | After death <ul style="list-style-type: none"> Provide information on morgue visitation; Walk parents from the PICU to their car; Assist with transport home. | Information <ul style="list-style-type: none"> Provide a list of local funeral directors, counselors, and grief-support groups; Provide a "what happens next" guideline. |
| Environment <ul style="list-style-type: none"> Orient parent to hospital and local community services; Make PICU entrance processes simpler; Explain when asking parents to wait outside. | | Connection <ul style="list-style-type: none"> Organize a support group for bereaved parents; Develop a "buddy system" for parents before a child dies. |
| Support <ul style="list-style-type: none"> Connect parents to external support services as early as possible; Provide a support worker for siblings. | | |

—Adapted from Butler AE, Copnell B, Hall H. When a Child Dies in the PICU: Practice Recommendations From a Qualitative Study of Bereaved Parents. *Pediatr Crit Care Med*, 2019 Sep; 20(9): e447–e451.

(EMS World) Ask a paramedic, nurse, or doctor about their experiences with the death of a child, and you will see a clear and unmistakable change in comfort level and body language. No one wants to think about it, let alone talk about it—by distancing themselves from the emotions, they hope to be protected from the emotional trauma. Even though the before, during, and after phases of the event provide ample time for healthcare professionals to reach out and help bring the family closer, the choice is counterintuitive for most. A newly published qualitative study in *Pediatric Critical Care Medicine* sheds an important light on this complex topic and brings great clarity to what parents truly need when their child is dying.¹ While the study

related to children who died in a pediatric intensive care unit (PICU), the results are applicable across the healthcare continuum and inclusive of all specialties that care for children, including EMS.

The paper describes three key time periods related to pediatric death. Using direct interview questions, it elicits what parents want during this difficult process.

Read more: <https://www.emsworld.com/article/1223673/when-child-dies-parents-perspective>

SAVE THE DATE - April 21-22, 2020
MGT-318 Public Information in an All-Hazards Incident
 Berry Hill Mansion, 700 Louisville Road, Frankfort, KY

(TEEX) This course examines the role of public information in all-hazards incident management and provides practical training in crisis communication techniques. In a major incident, it is imperative that community leaders, incident managers, and Public Information Officers (PIOs) are prepared to communicate with the public through traditional and social media. The training is free of charge and a free working lunch will also be provided for the training. Registration will be handled through the KY TRAIN system, and will be available for sign-up in a few weeks. Target audience would include PIO's, department heads, managers and supervisors.

The course consists of three modules (16 hours over two days):

- The first module reviews the topics of terrorism, Weapons of Mass Destruction (WMDs), national response structures, incident management, and government and agency roles.
- The second module covers issues unique to interacting with members of the media.
- The third module introduces the crisis communication life cycle and crisis communication planning.

Address questions to: Barbara Fox, PIO, CHFS Barbara.J.Fox@ky.gov

See *Executive Summary*: https://content.govdelivery.com/attachments/KYCHFS/2020/01/06/file_attachments/1352722/MGT-318%20PIO%20Executive%20Summary%202017.pdf

The KHEREF Emergency Preparedness Update is assembled several times a week. When events make it necessary, the Update may be sent out several times a day to keep our hospital and the healthcare community advised on preparedness news and information. Most of this information is compiled from open sources, and where possible reference links will be provided. There is an archive of [Emergency Preparedness Updates available here](#). If you would like to add or delete, or have something you would like to contribute to a future edition of the Emergency Preparedness Update, please contact rbartlett@kyha.com (include your current email address). The preparedness program for the Kentucky Hospital Association (KHA) and KHEREF are supported by US DHHS ASPR HPP funds through a contract with Kentucky Public Health.

