



Kentucky Hospital Research & Education Foundation Emergency Preparedness Update - 1 for February 11, 2020

Big Cuts to CDC, NIH in White House Budget Proposal

(MedPage Today) The Trump administration proposed Monday a fiscal year 2021 budget that includes some long- and short-term cuts to several healthcare agencies, including the National Institutes of Health, the CDC, Medicare, and Medicaid.

Robert Greenstein, president of the Center on Budget and Policy Priorities... said in a statement. "It calls for cuts of more than \$180 billion over 10 years in basic food assistance for hard-pressed families by slashing SNAP (formerly known as food stamps). It also shrinks assistance for people with disabilities, entirely eliminates a raft of low-income housing programs ... and even calls for large cuts in the [NIH]."

The proposed budget also cut the CDC's discretionary budget authority by \$1.3 billion in fiscal 2021 compared with fiscal 2020 (a 19% cut) including \$25 million from public health preparedness and response outlays.



Other discretionary programs to see cuts under the proposal:

- Health Resources and Services Administration: -\$742 million
- Substance Abuse and Mental Health Services Administration: -\$139 million
- Administration for Children and Families: -\$4.25 billion
- Office for Civil Rights: -\$9 million
- Office of the National Coordinator (Health IT): -\$10 million
- Public Health and Social Services Emergency Fund: -\$96 million

Public Health and Social Services Emergency Fund

	dollars in millions			2021 +/- 2020
	2019 /1	2020 /5	2021	
Assistant Secretary for Preparedness and Response				
Preparedness and Emergency Operations	25	25	27	+3
National Disaster Medical System	73	57	88	+31
Hospital Preparedness Program	265	276	258	-18
Medical Reserve Corps	6	6	4	-2
Preparedness and Response Innovation	--	--	15	+15
Biomedical Advanced Research and Development Authority	562	562	562	--
Project BioShield /2	735	735	535	-200
Strategic National Stockpile /3	604	705	705	--
Policy and Planning	15	15	20	+5
Operations	31	31	31	--
Subtotal, Assistant Secretary for Preparedness and Response	2,315	2,411	2,245	-167
Other Office of the Secretary				
Office of National Security /4	9	9	9	--
Cybersecurity /4	58	58	67	+9
Office of the Assistant Secretary for Health	--	--	11	+11
Subtotal, Other Office of the Secretary	66	66	87	+21
Pandemic Influenza				
No-Year Funding	225	225	275	+50
Annual Funding	35	35	35	--
Subtotal, Pandemic Influenza	260	260	310	+50
Total Discretionary Budget Authority	2,625	2,737	2,641	-96
Total Program Level	2,641	2,737	2,641	-96
Full-Time Equivalents	958	1,012	1,039	+27

1/ Reflects the FY 2019 Enacted Level, post required and permissive transfers and rescissions.
 2/ In addition to BioShield funds, a total of \$200 million from emergency supplemental Ebola funding appropriated in FY 2020 will be available to procure medical countermeasures in FY 2021.
 3/ Transferred administratively from the Centers for Disease Control and Prevention (CDC) to the Assistant Secretary for Preparedness and Response in FY 2019. Reflects a FY 2019 Secretarial transfer of \$6.1 million to CDC for transition costs.
 4/ FY 2019 total reflects a realignment of \$1.04 million from Cybersecurity to the Office of National Security to support cyber threat activities. FY 2020 total is comparably adjusted.
 5/ FY 2020 total does not include supplemental appropriations for procurement of Ebola vaccines, therapeutics, and diagnostics (\$535 million).

The Public Health and Social Services Emergency Fund's mission is to directly support the nation's ability to prepare for, respond to, and recover from, the health consequences of naturally occurring and man-made threats.

The "[Budget in Brief](#)" comments briefly on ASPR, and says on page 177, "The FY 2021 Budget provides ASPR \$2.6 billion to promote nationwide healthcare system readiness and response; deploy emergency resources and medical personnel; and develop and manufacture vaccines, drugs, diagnostics, and technologies to protect Americans from the impact of natural disasters, bioterrorism, and emerging infectious diseases including pandemic influenza."

It goes on to discuss HPP and NDMS on pages 179-180: "The Hospital Preparedness Program (HPP) supports hospitals and healthcare coalitions to prepare for emergency response. HPP improves patient outcomes, minimizes

the need for supplemental state and federal resources during emergencies, and enables rapid recovery. ASPR supports Healthcare Coalitions to coordinate preparedness, response, and recovery activities among healthcare organizations and other local stakeholders. Over 44,000 member organizations, including over 5,000 acute care hospitals, participate in 357 healthcare coalitions nationwide. The Budget provides \$258million to fund 62 awardees, including all 50 states, eight United States territories and freely associated states, and four localities. ASPR will continue to prioritize efficiency and effectiveness by better incorporating risk into the funding formula."

With regards to our Pediatric emergency preparedness programs, it says, "In June 2019, ASPR introduced the Pediatric Disaster Care Centers of Excellence pilot program to focus on children who represent 25 percent of the United States population and require specialized medical care due to their unique developmental and physiologic characteristics. The pilot helps identify gaps in pediatric care, develop best practices, and demonstrate the potential effectiveness and viability of a pediatric-focused approach. In FY 2021, ASPR will continue the pilot utilizing data from prior years to identify best practices and better focus activities to expand

local and statewide capabilities to treat pediatric patients in disasters and public health emergencies, including supporting the National Disaster Pediatric Network, funding the Centers of Excellence, and procuring two mobile temporary shelters –one NDMS shelter and one SNS shelter."

Full story: <https://www.medpagetoday.com/publichealthpolicy/healthpolicy/84813>

Link to the "Budget in Brief": <https://www.hhs.gov/sites/default/files/fy-2021-budget-in-brief.pdf>

Compendium of CDC Guidance on 2019-nCoV

[R. Bartlett notes.] There was a CDC webinar today (Tuesday) talking about optimizing the use of respirators and N-95s. A lot of the guidance goes back to previous preparations we have done for pandemics, SARS and Ebola. There was also some discussion about the potential for "extended use" of N-95s if we get into short supply situations, and the CDC team said that they would work on interim guidance for this contingency if the situation gets to that point.

There were a number of references and documents presented. I thought I would put together links to some of these, and related 2019-nCoV guidance, on one page for the reader's convenience. We will also explore putting this on our website for future reference.

- About 2019 Novel Coronavirus (2019-nCoV)
<https://www.cdc.gov/coronavirus/2019-ncov/about/index.html>
- How 2019-nCoV Spreads
<https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html>
- NIOSH offered this "*Considerations for Respirator Selection in Healthcare*" chart.
Direct link: https://www.cdc.gov/niosh/npptl/pdfs/FY17_N95chartConsiderations-508.pdf
- Strategies for Optimizing the Supply of N95 Respirators
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-supply-strategies.html>
- Healthcare Supply of Personal Protective Equipment
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/healthcare-supply-ppe.html>
- OSHA's "Hospital Respiratory Protection Program Toolkit" (OSHA publication 3767)
<https://www.osha.gov/Publications/OSHA3767.pdf>
- Preventing 2019-nCoV from Spreading to Others
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>
- Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential 2019 Novel Coronavirus (2019-nCoV) Exposure in Travel-associated or Community Settings
<https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>
- Information for Healthcare Professionals: 2019-nCoV
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html>
- What Healthcare Personnel Should Know about Caring for Patients with Confirmed or Possible 2019-nCoV Infection
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/caring-for-patients.html>
- Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with 2019 Novel Coronavirus (2019-nCoV)
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>
- Interim Guidance for Emergency Medical Services (EMS) Systems and 911 Public Safety Answering Points (PSAPs) for 2019-nCoV in the US
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>
[NOTE: They made a comment that law enforcement personnel should consider *this* EMS guidance, or the guidance below for businesses.]
- Interim Guidance for Businesses and Employers to Plan and Respond to 2019 Novel Coronavirus (2019-nCoV), February 2020
<https://www.cdc.gov/coronavirus/2019-ncov/guidance-business-response.html>
- Interim Guidance: Home Care for 2019-nCoV
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html>

**Pension bill could force some Kentucky counties to raise taxes
in order to receive state assistance**

Full story: <https://www.kyforward.com/pension-bill-could-force-some-kentucky-counties-to-raise-taxes-in-order-to-receive-state-assistance/>

Kentucky Pediatric Emergency Care Coalition Conference

March 4, 2020; 8 AM to 4:40 PM

KCTCS System Office

300 North Main Street

Versailles, KY 40383

(check in for coffee and breakfast at 730am)

[CLICK HERE TO REGISTER!](#)

No registration fee!

Breakfast and Lunch provided.

Nursing and EMS continuing education.

Registration is at 80% and could close early

Address questions to: Morgan Scaggs (Morgan.scaggs@kctcs.edu)
859-256-3573

ECMO Comes to the Field

Lookout for the term Prehospital ECMO (PECMO) in the future

(EMS World) For an adult suffering from a medical cardiac arrest, the chance of a neurologically intact outcome after 20 minutes of resuscitation is essentially zero. As a result, some hospitals have begun to incorporate extracorporeal membrane oxygenation (ECMO) into cardiac arrest resuscitation, which is then known as *ECPR*. ECPR carries a Level IIb recommendation from the AHA. Patients who are considered ECPR candidates are generally placed on ECMO after 20 minutes of failed conventional resuscitation but before 60 minutes of total downtime (presuming they had good CPR that entire time) in order to have a reasonable chance of neurologically intact survival.

Read more or listen to a podcast on this: <https://www.emsworld.com/article/1223660/ecmo-comes-field>

Extracts from [MedPage Today](#)

The number of [American soldiers suffering concussions](#) from last month's Iranian missile strike tops 100. (*Reuters*)

A mother in Florida claims her 6-year-old daughter, who has neurodevelopmental and mood disorders, was [shackled and brought to a mental health facility](#) under the Baker Act law after a "temper tantrum." (*Florida Times-Union*)

Effects of an Unwell EMS Workforce

(EMS World) EMS providers are critical to the nation's healthcare and public health infrastructure, but their jobs are enormously difficult. Working daily under stressful situations, they often neglect their own health and welfare for reasons such as fatigue, lack of access to services, and lack of knowledge about how to care for themselves.

- Overweight and obese EMS providers (80.3%)
- 65.1% of them had elevated BP measurements
- Heavy drinking (22.2%) and binge drinking (28.8%) were reported at much higher rates than national estimates
- 21.5% currently smoked

Learn more: <https://www.emsworld.com/article/1223776/effects-unwell-workforce>

Related - Wellness Testing for First Responders: <https://www.emsworld.com/article/1223684/wellness-testing-first-responders>

The KHREF 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 added or deleted, 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 KHREF are supported by US DHHS ASPR HPP funds through a contract with Kentucky Public Health.

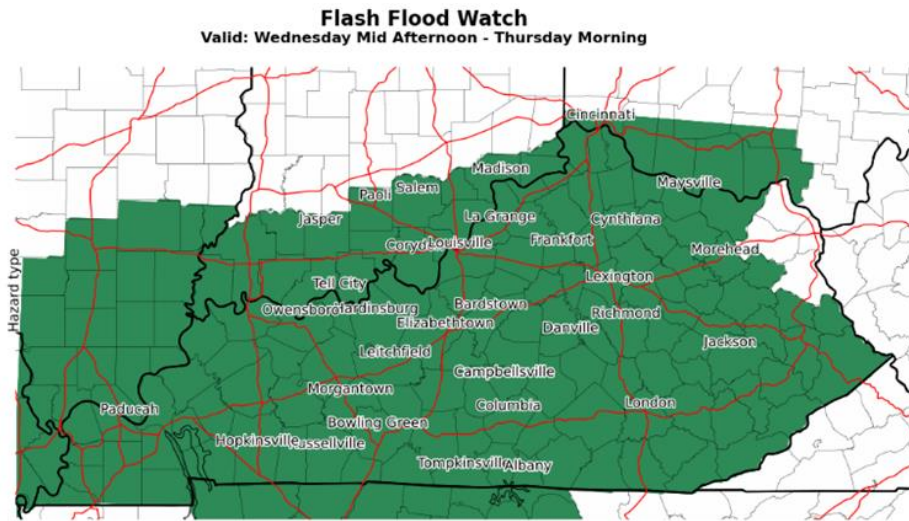
Flooding and Severe Weather Potential

[R. Bartlett call notes.] The Louisville office of the National Weather Service held a briefing at 2 PM today on what is anticipated for Wednesday, Wednesday evening, and into Thursday morning. The briefing slides: https://www.weather.gov/media/lmk/briefing/Flood_Feb11_200pm.pdf

A system is coming out of the west and will merge with another system to create a lot of rain and winds Wednesday and Wednesday evening. The heaviest rain will probably be in the evening hours to about midnight (some models faster/slower than others). "Prime Time" was mentioned as probably 5-9 PM.

Rainfall amounts in the 1.5 to 2 inch range will be heaviest in central and southcentral KY; 1 to 1.5 inches in the west and northeast/east. Since the ground is already saturated, there is potential for flash flooding, and minor to moderate river flooding. There is still some uncertainty, but right now it appears that the greatest flood threat will be across Central Kentucky.

The Storms Prediction Center currently has ALL of Kentucky in the "Slight Risk" of excessive rainfall category, but this may be updated as more data comes in. See <https://water.weather.gov/ahps/> for the latest water forecasts.



Virtually ALL of Kentucky is under a Flash Flood Watch from mid-afternoon Wednesday, to Thursday morning.

Winds will be the 20-25 MPH range, gusting potentially higher with a line of strong storms Wednesday evening. Isolated thunder and lightning is possible, primarily in southern and south central KY. There is a lot of wind energy in the upper atmosphere, and so this line may be rather fast moving. The line of strong storms could also create some thunder and lightning. It is possible that they may need to issue additional warnings as this situation unfolds.



National Weather Service
Louisville Kentucky
02/11/2020 12:23 PM EST

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Recommend you bookmark these sites:

NWS Watches, Warnings and Advisories for Kentucky: <https://alerts.weather.gov/cap/ky.php?x=1>

NWS Watches, Warnings and Advisories by COUNTY: <https://alerts.weather.gov/cap/ky.php?x=3>

Turn Around Don't Drown PSA: <https://www.youtube.com/watch?v=eI6mIIHKrVY>

