



Kentucky Hospital Research & Education Foundation Emergency Preparedness Update for February 28, 2020

KY Governor Talks COVID-19

(WFPL) Kentucky health officials have monitored more than 100 people for signs and symptoms of COVID-19, but have not yet encountered any sign of the virus.

As of Thursday, Kentucky has only tested one individual and that test came back negative, according to Gov. Andy Beshear. Beshear said the immediate threat is low. He downplayed fears the virus would spread in the Commonwealth.

All of the people who have agreed to self-monitor for signs of the virus in Kentucky have traveled from mainland China, he said. The state is not currently taking similar steps for 40 other countries where the virus is spreading including South Korea, Italy, Japan and France.

Kentucky does not currently have the ability to test for COVID-19 on its own and is sending tests to the CDC. A state health official said the CDC has committed to a 24-hour turnaround time.

The Beshear administration has setup a [website](#) that promises regular updates on the virus' status in Kentucky. Beshear reiterated the state is working closely with local health departments to relay information and coordinate action.

The governor stressed that people must take personal responsibility to prevent transmission through hand washing, covering coughs and taking time away from work and school if feeling sick.

Read full story: <https://wfpl.org/gov-beshear-updates-kentucky-on-coronavirus/>

Governor's Press Release: <https://kentucky.gov/Pages/Activity-stream.aspx?n=GovernorBeshear&prId=65>

KY Hospital Association Corona Quick Resources link:

<http://www.kyha.com/toolbox-and-bookshelf>

----- CBS Updates:

Coronavirus risk upgraded to "very high" by World Health Organization as death toll mounts

(CBS) The World Health Organization on Friday upgraded the global risk from the new [coronavirus](#) to "very high" as the virus continued to spread, disrupting plans for everything from major sports tournaments and concerts to planned U.S. military exercises. The global death toll was over 2,800 and the disease made its first worrying appearance in sub-Saharan Africa.

More than 83,000 cases of the COVID-19 disease have now been confirmed in more than 50 countries. While about 36,000 of those people have recovered, fast-growing outbreaks in South Korea, Italy and Iran — along with the first case confirmed in Nigeria — show the battle to contain the virus is still in its early stages. Officials have worried the disease could spread widely in countries with weaker public health systems, specifically in Africa and Latin America.

In the U.S., at least 60 people were being treated for COVID-19 as of Thursday, most of them evacuated from Asia. The origin of one case, a woman in California, has been impossible for doctors to trace, leading the CDC to warn the U.S. has likely seen its first case of "community spread."

Here are some of the other updates in this link:

- California monitoring 8,400 for virus as they try to track origin of mystery case
- U.S. schools brace for coronavirus
- WHO upgrades global risk of virus spread to "very high"
- Coronavirus quarantines in U.S. appear inevitable, doctor says
- Pelosi says bipartisan agreement close on coronavirus response bill
- Bloodbath on Wall Street as stocks continue to sink
- Hong Kong virus patients' ***pets to be quarantined after dog tests "weak positive" <<< NEW TWIST!***
- Iran warns "tough week ahead" as it grapples with growing virus outbreak
- U.K. passenger from virus-stricken cruise ship dies in Japan
- Mexico reports first cases of virus

Link to full CBS Update: <https://www.cbsnews.com/live-updates/coronavirus-outbreak-death-toll-infections-latest-news-updates-2020-02-28/>

Coronavirus - Japan to close all schools to halt spread: <https://www.bbc.com/news/world-asia-51663182>

Slightly "Unwell" Pope working from home: <https://www.catholicnewsagency.com/news/pope-francis-works-from-home-for-second-day-55238>

CNN: **HHS whistleblower claims US workers received coronavirus evacuees without proper precautions**
<https://www.cnn.com/2020/02/27/politics/hhs-whistleblower-coronavirus/index.html>

NPR: **CDC Resolves Coronavirus Test Problem, Meaning Wider And Quicker Testing**
<https://www.npr.org/2020/02/27/810095393/cdc-resolves-coronavirus-test-problem-meaning-wider-and-quicker-testing>

**Reuters exclusive: U.S. mulls using sweeping powers
to ramp up production of coronavirus protective gear**

(Reuters) President Donald Trump's administration is considering invoking special powers through a law called the Defense Production Act to rapidly expand domestic manufacturing of protective masks and clothing to combat the coronavirus in the United States, two U.S. officials told Reuters. The use of the law, passed by Congress in 1950 at the outset of the Korean War, would mark an escalation of the administration's response to the outbreak. The virus first surfaced in China and has since spread to other countries including the United States.

Health and Human Services (HHS) Secretary Alex Azar told lawmakers this week that the United States needs a stockpile of about 300 million N95 face masks - respiratory protective devices - for medical workers to combat the spread of the virus. The United States currently has only a fraction of that number available for immediate use, Azar testified.

During an interagency call on Wednesday, officials from HHS and the Department of Homeland Security (DHS) discussed the possibility of invoking the Defense Production Act for the manufacture of "personal protective equipment" that can be worn to prevent infection, according to a DHS official. Such equipment can include masks, gloves and body suits.

China controls "a lot of the raw materials as well as the manufacturing capacity" related to face masks. "Very little of this stuff is apparently made in the (United) States, so if we're down to domestic capability to produce, it could get tough," the DHS official told Reuters.

Full Reuters story: <https://www.reuters.com/article/us-china-health-usa-production-exclusive/exclusive-u-s-mulls-using-sweeping-powers-to-ramp-up-production-of-coronavirus-protective-gear-idUSKCN20L2S0>

FDA: [Coronavirus \(COVID-19\) Supply Chain Update](#)

(Extract from an FDA Press Release - Feb 27) "A manufacturer has alerted us to a shortage of a human drug that was recently added to the drug shortages list. The manufacturer just notified us that this shortage is related to a site affected by coronavirus. The shortage is due to an issue with manufacturing of an active pharmaceutical ingredient used in the drug. It is important to note that there are other alternatives that can be used by patients. We are working with the manufacturer as well as other manufacturers to mitigate the shortage. We will do everything possible to mitigate the shortage."

Further into the story it says that the FDA is "...aware of 63 manufacturers which represent 72 facilities in China that produce essential medical devices; we have contacted all of them. Essential devices are those that may be prone to potential shortage if there is a supply disruption. We are aware that several of these facilities in China are adversely affected by COVID-19, citing workforce challenges, including the necessary quarantine of workers. While the FDA continues to assess whether manufacturing disruptions will affect overall market availability of these products, there are currently no reported shortages for these types of medical devices within the U.S. market."

Read the full FDA release: <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-supply-chain-update>

Johns Hopkins Center for Health Security

What US Hospitals Should Do Now to Prepare for a COVID-19 Pandemic

The purpose of this article is to offer to American hospital administrators and clinicians specific judgment on what hospitals should do to prepare for a COVID-19 pandemic. This is an update of a similar perspective related to pandemic influenza, [published in 2006](#). *This commentary pertains to hospitals, but long-term care facilities, outpatient clinics, medical offices, and other healthcare facilities must also urgently prepare.*

In recent years, there has been a reduction in the overall number of hospitals, hospital beds, and emergency rooms. During an epidemic, the healthcare workforce would be greatly reduced. Healthcare workers would face a high risk of infection because of contact with infected patients; many would need to stay home to care for sick relatives, and, in the absence of vaccine, others might fear coming to work lest they bring a lethal infection home to their families. The provision of medical services to both COVID-19 and non-COVID-19 patients may be adversely affected in most communities.

Detailed modeling projections for COVID-19 have not yet been released by the US government or WHO; however, the US Department of Health and Human Services (HHS) released official [planning assumptions for pandemic influenza](#), ranging from a moderate pandemic like 1968 or 1957, to one based on a very severe pandemic like 1918. These may be the best tools we have at the moment. They differ by more than 10-fold in

the number expected to need hospitalization, intensive care, and mechanical ventilation. In a moderate scenario (1968-like), they forecast 38-million will need medical care, resulting in 1-million hospitalizations, and 200,000 needing ICU care. In a very severe scenario (1918-like), they predict 38-million will need medical care, resulting in 9.6-million hospitalizations, and 2.9-million needing ICU care.

As a comparison, there are about 46,500 medical ICU beds in the United States and perhaps an equal number of other ICU beds that could be used in a crisis. Even spread out over several months, the mismatch between demand and resources is clear.

Learn more from full article: <http://www.centerforhealthsecurity.org/cbn/2020/cbnreport-02272020.html>

CDC Plan flu plan - 2017: <https://www.cdc.gov/flu/pandemic-resources/pdf/pan-flu-report-2017v2.pdf>

Track the Coronavirus Outbreak on Johns Hopkins Live Dashboard
Realtime infection and death data from five sources

Link <https://www.medpagetoday.com/infectiousdisease/publichealth/84698>

More from Johns Hopkins Health Security Headlines
Extracts from **February 28, 2020**

Secondary attack rate and superspreading events for SARS-CoV-2 (*Lancet*) A basic reproduction number, R_0 , of about 2 was estimated for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in Wuhan, China, early in the outbreak.^{1, 2} However, this value only captures the average dynamics of transmission; a crucial question for control is whether specific situations and settings might be driving the outbreak. The secondary attack rate (SAR), defined as the probability that an infection occurs among susceptible people within a specific group (ie, household or close contacts), can provide an indication of how social interactions relate to transmission risk.

Telehealth can help fight the novel coronavirus, but U.S. challenges could limit its potential (*STAT*) As the world braces for the spread of disease caused by the new coronavirus, public health officials are calling on clinicians and health systems to embrace a set of tools that are technically already within reach: smartphones.

U.S. Health Workers Responding to Coronavirus Lacked Training and Protective Gear, Whistle-Blower Says (*The New York Times*) Federal health employees interacted with Americans quarantined for possible exposure to the coronavirus without proper medical training or protective gear, then scattered into the general population, according to a government whistle-blower who lawmakers say faced retaliation for reporting concerns.

Feds to allow state public health labs to test for COVID-19 (*CIDRAP*) As many as 40 state public health labs could begin testing for the COVID-19 virus using parts of the test developed by the Centers for Disease Control and Prevention (CDC) as early as this week, according to the Association of Public Health Laboratories (APHL).

NETEC Videos on CORONAVIRUS PPE and Using PPE for Infectious Patients:

<https://www.youtube.com/watch?v=bG6zISnenPg>

[THERE IS MORE THAN VIDEO BEHIND THIS LINK!]

Some of this would be great "JUST IN TIME" refresher for personnel.]

Recent posting from the CDC on **Optimizing the Supply of N95**

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-supply-strategies.html>

NETEC and ASPR Webinar

Highly Pathogenic Infectious Disease Training and Exercise Resources

March 5, 1:30 - 3 PM ET

Register today!

The **National Ebola Training and Education Center (NETEC)** and ASPR's Technical Resources, Assistance Center, and Information Exchange (**ASPR TRACIE**) are partnering on a series of joint webinars featuring



NETEC's suite of free, fully customizable, Homeland Security Exercise and Evaluation Program (HSEEP) - compliant exercise materials, trainings, and other resources. ASPR TRACIE and NETEC have partnered on six previous webinars. In this webinar, speakers will highlight the following:

- The new online NETEC course **Elements of Discussion-Based and Operations-Based Exercises Related to Ebola or Other Special Pathogens**, which focuses on exercises specific to the care of a patient with Ebola or other special pathogen. The course also provides an overview of HSEEP and different types of compliant exercises. The course also outlines how to develop, conduct, and evaluate discussion and operation-based exercises, and the after action reporting and improvement plan

processes.

- Two new NETEC exercise templates for Regional Ebola & Other Special Pathogen Treatment Centers and Regional Partners:
- [Ebola Drill, Functional & Full Scale Exercise Template for a surge of 2 Ebola Patients](#)
- [Respiratory Pathogen Tabletop Exercise Template on 10 Patient Airborne Transmissible Pathogen](#)

Other ASPR TRACIE and NETEC resources will also be highlighted.

[REGISTER HERE](#) for this free webinar; it will also be recorded and archived on the ASPR TRACIE website. Please note that registration is limited to the first 1,000 participants.

CDC Clinicians Outreach Call on
["Coronavirus Disease 2019 \(COVID-19\) Update](#)
[What Clinicians Need to Know to Prepare for COVID-19 in the United States"](#)

Date: Thursday, March 5, 2020

Time: 2:00pm–3:00pm (ET)

Please click the link below to join: <https://zoom.us/j/695903771>

Or iPhone one-tap: US: +16468769923,,695903771# or +16699006833,,695903771#

Or Telephone: US: +1 646 876 9923 or +1 669 900 6833

Webinar ID: 695 903 771

International numbers available: <https://zoom.us/u/anixAVgIV>

If you are unable to attend this live COCA Call, it will be available to view [on-demand](#) a few hours after the call.

COVID-19 webinar now available to train EMS and 911 personnel
{This information may also be useful for fire and police personnel}

(From The InfoGram - Feb 27) EMS.gov developed an hour-long [training webinar designed as a Coronavirus 2019 \(COVID-19\) primer for EMS and 911 workers](#). The multi-agency panel covers the basics of COVID-19, the latest guidance for 911 and EMS, and recommendations for transporting and treating people possibly infected. Accompanying [webinar slides are also available \(PDF, 6.5 MB\)](#).

Details about COVID-19 are changing rapidly and it's easy to get information overload, but first responders need to be prepared to encounter possible cases. The immediate risk to the United States is still considered low; however, the potential public health threat globally and to this country is high.

The webinar recommends initial assessment by 911 telecommunicators. [911 should determine the need for heightened EMS response by screening potential COVID-19 cases for risk factors](#). If 911 does not provide an initial assessment, EMS is encouraged to conduct the initial assessment at least 6 feet away from the patient. Use proper PPE consistently when evaluating patients. How COVID-19 is spread is still the topic of investigation. It is presumed to spread the same way other coronaviruses are spread: through person-to-person contact, through droplets from sneezing or coughing, and possibly by touching an object that has the virus on it. For more information on COVID-19 response and recent developments, see the [Centers for Disease Control and Prevention website](#).

Nearly 8 in 10 Kentucky adults believe
schools should help students access health services

Full story: <https://www.kyforward.com/khip-nearly-8-in-10-kentucky-adults-believe-schools-should-help-students-access-health-services/>

Webinar for EMS: Tactical EMS program considerations
Wednesday, March 4, 2020, from 1-2:15 p.m. ET
[Registration required](#)

During shooting incidents, experience shows lives are saved if medical teams can access victims as soon as possible. Allowing tactical paramedics to make entry with SWAT and law enforcement tactical units is becoming increasingly more popular around the world, resulting in the creation of Tactical EMS (TEMS) teams.

Join the webinar "[TEMS Scope of Practice and Policy Considerations Panel](#)" to learn more about creating a TEMS program in your jurisdiction. During this webinar, attendees will hear from TEMS practitioner, subject matter experts from the International Public Safety Association's TEMS Committee.

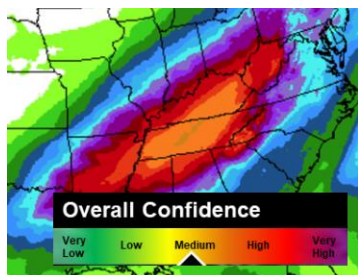
TEMS teams are trained to accept more risk and learn how to mitigate certain risks by adjusting the type of care provided (e.g., assess whether to provide rapid hemorrhage control and then move a patient, or whether to move the patient from the crisis point before providing medical care). The dynamic environment, threat and form of care is not new to the TEMS provider.

This webinar is scheduled for Wednesday, March 4, 2020, from 1-2:15 p.m. Eastern. Registration is required, connection information will be sent to registrants. (Source: [IPSA](#))

**KY Severe Weather Awareness Proclamation Issued by Governor
March 1-7 as Severe Weather Awareness Week in Kentucky.
A Statewide Tornado Safety Drill March 4 at approximately 10:07 am EST (9:07 am CST)**

KY Emergency Management

Potential for Statewide March 2020 Flooding



(**From KyEM Warning Order 20200947 issued 3:30 PM Feb 27**) Rain will spread across the Commonwealth starting Sunday night and continue through Wednesday with rainfall accumulations up to **4 inches**, mainly in western, central and southern Kentucky. Given the saturated ground conditions that we have experienced during the late winter, some of this rainfall will quickly runoff and fill small creeks, streams, and ditches. Flooding of low-lying and poorly drained areas is possible. For those living in or near river systems, this rainfall may slow the fall of water levels or cause additional rises later next week. Although there may be changes in the location and duration of the heaviest rainfall between now and next week, the signal for a prolonged rainfall event remains consistent

for early next week. **Threats include: flooding, flash flooding and mudslides.**

NWS Louisville: A couple of disturbances will impact our weather today and tonight. The first will bring some light snows mainly east of the I-65 corridor this morning. The best chance for a few tenths of an inch of accumulation will be in the Lake Cumberland vicinity. Late this afternoon and evening, the second system will bring scattered snow showers, mainly along and north of a line running from Huntingburg, IN, to Elizabethtown, KY and to Campbellsville, KY. A few locations could see up to an inch of snow. **Widespread rainfall is expected Monday through Wednesday, with heavy rain and thunderstorms possible as a frontal boundary stalls out in the vicinity of the Ohio Valley. Flooding issues may arise by midweek.** Weather story: <https://www.weather.gov/lmk/weatherstory>

NWS Jackson: A period of light snow is expected across southern and southeast Kentucky through this morning. A light coating of snow will be possible in some areas. Another period of snow is expected late this evening into the overnight hours tonight, with strong snow showers possible. The timing for this round of snow will be between 8 pm and 3 am tonight. The snow showers may contain gusty winds up to 40 mph, rapid drops in visibilities, and snowfall rates up to an inch per hour. **Locally heavy rainfall will be possible at times from Monday night through Wednesday. Significant rises on streams, creeks, and area rivers are possible by Wednesday.**

NWS Paducah: An isolated thunderstorm or two is forecast across part of southeast Missouri into the Purchase area of west Kentucky late this afternoon. Any storms that develop are not expected to be severe. River flood warnings remain in effect on the Lower Ohio River at Paducah, Olmsted, and Cairo, and on the Mississippi River at New Madrid.

Saturday through Thursday, **there is the potential for heavy rainfall Sunday night through Wednesday. Isolated thunderstorms may occur, enhancing the heavy rainfall potential. Some flooding impacts are possible.** Please refer the latest flood statements for additional details.

NWS Wilmington: Scattered heavy snow showers will develop later this afternoon and continue into the evening. Rapid reductions in visibility, scattered slippery spots and accumulations up to an inch are possible in the heaviest bursts of snow, particularly after sunset across northern Kentucky. Saturday through Thursday, the probability for widespread hazardous weather is low.

SAVE and check these links for *Watches, Warnings or Advisories* for the latest in your area:

KENTUCKY: <https://alerts.weather.gov/cap/ky.php?x=1>

ILLINOIS: <https://alerts.weather.gov/cap/il.php?x=1>

INDIANA: <https://alerts.weather.gov/cap/in.php?x=1>

OHIO: <https://alerts.weather.gov/cap/oh.php?x=1>

MISSOURI: <https://alerts.weather.gov/cap/mo.php?x=1>

TENNESSEE: <https://alerts.weather.gov/cap/tn.php?x=1>

VIRGINIA: <https://alerts.weather.gov/cap/va.php?x=1>

WEST VIRGINIA: <https://alerts.weather.gov/cap/wv.php?x=1>

The KHRF 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 KHRF are supported by US DHHS ASPR HPP funds through a contract with Kentucky Public Health.