



Kentucky Hospital Research & Education Foundation Emergency Preparedness Update for March 10, 2020

Gov. Beshear Confirms Two More COVID-19 Cases *Brings Kentucky Total to Eight*

(From Press Release) Governor Andy Beshear confirmed two more cases of coronavirus disease 2019 (COVID-19), both in Harrison County, Tuesday night, bringing the total in Kentucky to eight. All eight are in isolation.

“As we continue to prepare and respond, everybody should remain calm and know we are ready for this,” **Gov. Beshear** said. “Our local health departments are ready for this. The state is ready for this. We will get through this and we will get through this together. When we take a step that creates difficulty and disrupts our lives, understand that it is to protect our fellow citizens.”

In Kentucky, the state has received results for 54 cases with 46 of those being negative. Eighteen of the 20 results received Tuesday were negative.

As of 5 p.m. Tuesday, five people have tested positive from Harrison County, two from Fayette and one from Jefferson. There are connections between the five Harrison County cases.

Gov. Beshear and Eric Friedlander, acting secretary of the Cabinet for Health and Family Services, briefed Kentuckians at the Capitol on Tuesday night after receiving the latest test results. The Governor will brief Kentuckians at 9 a.m. Wednesday about the latest developments and the response of state and local government.

Of the eight cases:

- Harrison County: three females, 27, 54 and 67; two males, 60 and 68
- Fayette County: both males, ages 46 and 49
- Jefferson County: 69-year-old male

Earlier Tuesday, Gov. Beshear, Friedlander and Dr. Steven Stack, Commissioner for the Kentucky Department for Public Health (DPH), announced strong actions to [protect the state's most vulnerable populations](#) by **limiting visitation to senior care and long-term care facilities**. Gov. Beshear also signed an [executive order](#) to **allow pharmacies to refill prescriptions for up to 30 days** to ensure those vulnerable communities or those who need to self-isolate will have their needed prescriptions. His action will also allow, if necessary, pharmacies to operate at locations other than those designated on their permits to make sure people have access to necessary medication.

Nancy Galvagni of the Kentucky Hospital Association, Tim Veno of Leading Age Kentucky, Betsy Johnson, president of the Kentucky Association of Health Care Facilities, and Dr. Brent Wright, president of the Kentucky Medical Association, joined Gov. Beshear, Dr. Stack and Mr. Friedlander at the Capitol on Tuesday morning to talk about their preparedness, their response and how organizations are working together at all levels to better protect Kentuckians.

Full press release: <https://kentucky.gov/Pages/Activity-stream.aspx?n=GovernorBeshear&prId=84>

KDPH Guidance for Long-Term Care:

<https://chfs.ky.gov/agencies/dph/Documents/coronavirusCOVID19guidanceforlong-termcarefacilitiesLTCFregardingvisitation03102020.pdf>

Pharmacy Executive Order: https://governor.ky.gov/attachments/20200320_Executive-Order_2020-224.pdf

KY Public Health COVID-19 Website: <http://kycovid19.ky.gov>
COVID-19 Hotline (800) 722-5725

Healthcare providers, laboratories, and local public health professionals in KY, visit the [COVID-19 Healthcare Providers and Laboratory Services site](#) for the most current guidance.

Kentucky Hospital Association COVID-19 Resources

Site: <http://www.kyha.com/coronavirus>

Health System Compartment "Hardening" for COVID-19

(Adapted from the North Carolina Hospital Association)

<https://www.kyha.com/assets/docs/PreparednessDocs/COVIDCompartmentHardening.pdf>

**First US COVID-19 containment zone in NY
51 more cases in Massachusetts**

(From CIDRAP News Perspective) Today during a press conference in Albany, [New York Governor Andrew Cuomo](#) announced the country's first containment zone in New Rochelle, Westchester County, the epicenter of New York's COVID-19 outbreak.

Schools, churches, synagogues, and other spots that hold large gatherings will be closed or canceled for 14 days, and the National Guard will help disinfect the 1-mile zone and deliver meals to families inside. Cuomo said the move will help protect older Americans at risk for the most severe symptoms of the novel coronavirus.

As of today, Cuomo said New York State had 173 confirmed cases, up 31 since yesterday. Westchester County has 108 cases, many linked to a lawyer diagnosed 2 weeks ago who infected several community members.

Today [health officials in Massachusetts](#) announced 51 new presumptive positive cases in that state, bringing the state total to 92. Of the 92 cases, 70 have been linked to the Biogen conference.

Universities move to online instruction: Today [The Ohio State University](#)—despite having no confirmed cases on campus—said it would move to online instruction until at least March 30. [Harvard University](#) also told students today to not return to campus after spring break and said that online instruction will begin by Mar 23. According to the [Washington Post](#), The Ohio State University and Harvard join Amherst College, Princeton University, Stanford University, New York University, and the University of Washington, as well as several colleges in New York in moving to online instruction in an effort to prevent COVID-19 cases on campus.

WDRB Breaking: [Berea College cancels semester and asks all students to move out in response to COVID-19 outbreak](#)

CDC advises high-risk people: Yesterday the [Centers for Disease Control and Prevention](#) (CDC) published new guidance for people at high risk for complication from the coronavirus, including older adults and those with serious chronic health conditions. The CDC recommends avoiding crowds, cruises, and non-essential air travel. High-risk individuals living in an area that has seen community spread should stay home.

[Link to CDC Guidance](#)

People at High Risk for Serious Illness from COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html?deliveryName=USCDC_2067-DM21539 - (March 10, 2020)

Preventing COVID-19 Spread in Communities: <https://www.cdc.gov/coronavirus/2019-ncov/community/index.html> - (March 10, 2020)

Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html> (Updated March 10, 2020)

[Environmental Cleaning and Disinfection Recommendations](#) - (MARCH 8, 2020)

[Resources for Institutes of Higher Education](#) - (MARCH 8, 2020)

[Communication Resources for Travelers](#) - (MARCH 8, 2020)

**The following is extracted from new CDC Guidance on
[Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#)**

4. Take Precautions When Performing Aerosol-Generating Procedures (AGPs)

- Some procedures performed on patient with known or suspected COVID-19 could generate infectious aerosols. In particular, procedures that are likely to induce coughing (e.g., sputum induction, open suctioning of airways) should be performed cautiously and avoided if possible.
- If performed, the following should occur:
 - HCP in the room should wear an N95 or higher-level respirator, eye protection, gloves, and a gown.
 - The number of HCP present during the procedure should be limited to only those essential for patient care and procedure support. Visitors should not be present for the procedure.
 - AGPs should ideally take place in an AIIR.
 - Clean and disinfect procedure room surfaces promptly as described in the section on environmental infection control below.

5. Collection of Diagnostic Respiratory Specimens

- When collecting diagnostic respiratory specimens (e.g., nasopharyngeal swab) from a possible COVID-19 patient, the following should occur:
 - HCP in the room should wear an N-95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and a gown.
 - The number of HCP present during the procedure should be limited to only those essential for patient care and procedure support. Visitors should not be present for specimen collection.
 - Specimen collection should be performed in a normal examination room with the door closed.
 - Clean and disinfect procedure room surfaces promptly as described in the section on environmental infection control below.

Source: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

CDC head says COVID-19 public test-tracking system imminent

(From AHA Today) Centers for Disease Control and Prevention Director Robert Redfield today said the agency is in the process of setting up a public tracker for novel coronavirus (COVID-19) tests, and it could be available this week.

Redfield told the House Committee on Appropriations that he hopes the system will be "comprehensive," with the capacity to track "how much testing is being done and what percentage of those [tests] are positive, when and where."

The Centers for Medicare & Medicaid Services on Monday issued a [memo](#) to State Survey Agency directors with information in response to inquiries from hospitals and critical access hospitals concerning implications of COVID-19 for their compliance with Emergency Medical Treatment and Labor Act requirements. The document reinforces hospitals existing obligation for screening, stabilization and transfer, as well as their available latitude for setting up screening sites away from the emergency department. It also provides a question and answer document specific to EMTALA obligations and COVID-19, which emphasizes the importance of reliance on CDC guidance regarding isolation and infection control measures. The document also includes a fact sheet for addressing increased surges in the numbers of patients presenting to the ED.

In other news, the Department of Health and Human Services yesterday [announced funding](#) to develop a COVID-19 diagnostic test that could deliver results to clinicians in less than three hours.

Due to the COVID-19 outbreak and growing shortages of N95 respirators, the Food and Drug Administration has issued an [emergency use authorization](#) permitting health care facilities to use disposable filtering facepiece respirators approved by the National Institute for Occupational Safety and Health, including [respirators](#) that have passed the manufacturers' recommended shelf-life.

AABB is [urging](#) hospital leaders at its accredited facilities to take the following, proactive steps to manage their blood inventory:

- Use your communication channels to highlight the importance of continued blood donation and ask your blood supplier how you can support their ongoing education and outreach efforts.
- Prioritize working with your blood bank and transfusion service to continuously assess your blood inventory in light of your hospital's utilization needs.
- Develop a hospital plan with strategies that address potential blood shortages.
- Engage in transparent communications with your blood supplier by sharing changes in your blood supply needs.

CIDRAP: *Old age, sepsis tied to poor COVID-19 outcomes, death*

Story link: <http://www.cidrap.umn.edu/news-perspective/2020/03/old-age-sepsis-tied-poor-covid-19-outcomes-death>

Washington state asked the U.S. stockpile for coronavirus masks

(Washington Post) Washington state authorities sent an urgent request for 233,000 respirators and 200,000 surgical masks to be released from the federal government's Strategic National Stockpile. The stockpile is a repository of drugs and supplies for deployment in major public health emergencies, such as an infectious disease outbreak. Within 24 hours, Washington state's liaison to the federal government, Casey Katims, was told his state would get assistance. But it would be less than half the amount they requested — 93,600 [N95 respirators](#) and 100,200 surgical masks.

After lawmakers criticized the shortages in recent days, the official at the Department of Health and Human Services in charge of coordinating materials for the stockpile announced (last) Thursday that Washington state would receive more masks.

"A second shipment is arriving today," Robert Kadlec, the assistant secretary of health for preparedness and response, told the Senate Homeland Security and Government Affairs Committee.

Read full story: <https://www.washingtonpost.com/health/2020/03/05/washington-state-asked-us-stockpile-coronavirus-masks-response-raises-concerns/>

Full CIDRAP News Perspective: <http://www.cidrap.umn.edu/news-perspective/2020/03/first-us-covid-19-containment-zone-ny-51-more-cases-massachusetts>

**CDC COVID-19 Clinician's Call
Information for Clinicians Caring for Children and Pregnant Women**

March 12, 2 - 3 PM ET

More info: https://emergency.cdc.gov/coca/calls/2020/callinfo_031220.asp?deliveryName=USCDC_1052%20DM22033

----- FROM ASPR TRACIE -----

ASPR TRACIE recently released its [10th issue of *The Exchange*](#) which focused on Preparing for and Responding to Wildfires and Planned Outages. Here are some featured articles:

Beyond the Response Article: Applying Lessons Learned to Hospital Evacuation

ASPR TRACIE interviewed Drs. Susan Fitzgerald and Joshua Weil (both from Kaiser Permanente) who discussed how they applied lessons learned during the 2017 wildfires to their plans and response to the 2019 Kincade Fire. Access [this article](#) and the rest of the [Exchange Issue 10: Preparing for and Responding to Wildfires and Planned Outages](#) today!

Highly Pathogenic Infectious Disease Training and Exercise Resources Webinar Recording

The [presentation](#) and [recording](#) are available from the March 5 webinar co-hosted by ASPR TRACIE and the National Ebola Training and Education Center (NETEC). You will need to enter your name and email address to access the recording.

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