Kentucky Hospital Research & Education Foundation
Emergency Preparedness Update
for March 22, 2020

Kentucky up to 103 Positive COVID-19 Cases
Nonessential retailers to close tomorrow

(Governor's Office) Gov. Andy Beshear said Sunday that all nonessential retailers are being ordered to close within about 24 hours and that he is mandating all elective medical procedures end. The latest actions by the Governor are intended to help protect Kentuckians and halt the spread of the novel coronavirus (COVID-19).

Gov. Beshear announced 103 confirmed cases, and said Kentucky remains at three deaths related to COVID-19. The Governor said that more than 2,000 tests have now been performed and of those tests, the average age of someone who has gotten the virus is 53.3 – and that the intensive care rate is about 6 percent. Click here for the list with details.

The Governor also announced that all in-person retail businesses that are not life sustaining will close effective Monday, March 23, 2020, at 8 p.m. The order is to protect the people of Kentucky from COVID-19 and is necessary to overcome the virus and save lives. Life-sustaining retail businesses that will stay open include grocery stores, pharmacies, banks, hardware stores, gas stations and other businesses that provide staple goods. A full list of categories of life-sustaining, in-person retail businesses is attached to the order. Entertainment, sporting goods, clothing, shoe, jewelry and furniture stores, florists, bookstores and auto dealers are among those business that will close.

Gov. Beshear said he previously recommended that all elective medical procedures cease, but said tomorrow he would mandate they stop. He said the additional action was necessary since some groups have failed to follow the order and that more restrictive actions were needed to protect Kentuckians.

Read full press release: https://kentucky.gov/Pages/Activity-stream.aspx?n=GovernorBeshear&prId=101

FEMA Coronavirus (COVID-19) Pandemic

Eligible Emergency Protective Measures (Issued March 19)

Consistent with the President's national emergency declaration for the coronavirus (COVID-19) pandemic on March 13, 2020, FEMA urges officials to, without delay, take appropriate actions that are necessary to protect public health and safety pursuant to public health guidance and conditions and capabilities in their jurisdictions. FEMA provides the following guidance on the types of emergency protective measures that may be eligible under FEMA's Public Assistance Program in accordance with the COVID-19 Emergency Declaration in order to ensure that resource constraints do not inhibit efforts to respond to this unprecedented disaster.

FEMA Public Assistance Program

In accordance with section 502 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121-5207 (the "Stafford Act"), eligible emergency protective measures taken to respond to the COVID-19 emergency at the direction or guidance of public health officials may be reimbursed under Category B of FEMA's Public Assistance program. FEMA will not duplicate assistance provided by the U.S. Department of Health and Human Services (HHS), to include the Centers for Disease Control and Prevention (CDC), or other federal agencies.

State, territorial, tribal, and local government entities and certain private non-profit organizations are eligible to apply for Public Assistance. ***FEMA assistance will be provided at a 75 percent federal cost share.***

Eligible Assistance

Under the COVID-19 Emergency Declaration described above, FEMA may provide assistance for emergency protective measures including, but not limited to, the following, if not funded by the HHS/CDC or other federal agency. While some activities listed may be eligible for funding through HHS/CDC, final reimbursement determinations will be coordinated by HHS and FEMA. FEMA will not duplicate any assistance provided by HHS/CDC):

- Management, control and reduction of immediate threats to public health and safety:
  - Emergency Operation Center costs
  - Training specific to the declared event
  - Disinfection of eligible public facilities

    - Technical assistance to state, tribal, territorial or local governments on emergency management and control of immediate threats to public health and safety
- Emergency medical care:
    - Non-deferrable medical treatment of infected persons in a shelter or temporary medical facility
    - Related medical facility services and supplies
    - Temporary medical facilities and/or enhanced medical/hospital capacity (for treatment when existing facilities are reasonably forecasted to become overloaded in the near term and cannot accommodate the patient load or to quarantine potentially infected persons)
    - Use of specialized medical equipment
    - Medical waste disposal
    - Emergency medical transport
- Medical sheltering (e.g. when existing facilities are reasonably forecasted to become overloaded in the near future and cannot accommodate needs)
    - All sheltering must be conducted in accordance with standards and/or guidance approved by HHS/CDC and must be implemented in a manner that incorporates social distancing measures
    - Non-congregate medical sheltering is subject to prior approval by FEMA and is limited to that which is reasonable and necessary to address the public health needs of the event, is pursuant to the direction of appropriate public health officials and does not extend beyond the duration of the Public Health Emergency
- ♣Household pet sheltering and containment actions related to household pets in accordance with CDC guidelines
- ♣ Purchase and distribution of food, water, ice, medicine, and other consumable supplies, to include personal protective equipment and hazardous material suits Movement of supplies and persons
- ♣ Security and law enforcement
- ♣ Communications of general health and safety information to the public
- ♣ Search and rescue to locate and recover members of the population requiring assistance
- ♣ Reimbursement for state, tribe, territory and/or local government force account overtime costs

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National Guard activated for 3 states as US COVID-19 cases pass 33,000

(CIDRAP) President Trump today announced he has activated the National Guard for three hard-hit states, and Ohio and Louisiana today became the latest states to issue mandatory shelter-in-place orders, as the number of COVID-19 infections in the United States soared past 33,000. The third most COVID-19 cases in the world, behind China and Italy.

The National Guard will be deployed to New York, California, and Washington state to help with their response to the pandemic coronavirus, adding that the action will be funded by the Federal Emergency Management Agency (FEMA).

He also said supplies, including gloves, beds, N95 respirators, and gowns will be delivered from the federal stockpile within the next 48 hours. According to an ABC News report, Trump said the National Guard in the three states will be under local control, with federal funding.

Trump also said FEMA will provide four 1,000-bed medical stations to New York, eight 2,000-bed medical stations to California, and three 1,000-bed medical stations for Washington, CNN reported.

Ohio Governor Mike DeWine today issued a stay-at-home order that goes into effect tomorrow and lasts until Apr 6. It allows essential businesses to remain open, but exempts religious organizations, though the order warns that gathering in groups is dangerous. The state also set temporary rules for childcare centers, such as maintaining a 1:6 teacher-child ratio. So far, Ohio—with a population of about 11.7 million—has reported 351 cases, 3 of them fatal.

KY's Rand Paul among lawmakers infected or exposed

Kentucky Senator Rand Paul today on Twitter announced that he has tested positive for COVID-19 after testing under an abundance of caution because of extensive travel and events. He said he is asymptomatic and in quarantine.

In a related development, Utah Senator Mitt Romney's office announced a statement that since he sat next to Rand for extended periods during recent days, Romney will self-quarantine and not vote on the Senate floor. He has no symptoms and is undergoing testing.

Last week, two US House members tested positive for the virus.

Full story: http://www.cidrap.umn.edu/news-perspective/2020/03/national-guard-activated-3-states-us-covid-19-cases-pass-33000

FDA Issues Letter on Ventilator Supply Mitigation Strategies

(March 22) The U.S. Food and Drug Administration (FDA) recognizes that the need for ventilators, ventilator accessories, and other respiratory devices may outpace the supply available to health care facilities during the Coronavirus Disease 2019 (COVID-19) outbreak. So, on March 22, 2020, the FDA issued an immediately in effect guidance outlining a policy intended to help increase availability of ventilators and their accessories as well as other respiratory devices during the COVID-19 pandemic. For details, see Enforcement Policy for Ventilators and Accessories and Other Respiratory Devices During the Coronavirus Disease-2019 (COVID-19) Public Health Emergency. The policy fosters the continued availability of certain safe and effective medical devices while being flexible regarding manufacturer modifications made to ventilators, anesthesia gas machines and other respiratory devices, and their accessories, in response to the COVID-19 public health emergency.

In addition, the FDA recommends health care providers and facilities, wherever possible:

- **Use FDA-cleared conventional/standard full-featured ventilators when available to support patients with respiratory failure.**
- **Under the policy, manufacturers may make certain modifications to FDA-cleared indications, claims, or functionality of these devices, without prior submission of a premarket notification where the modification will not create an undue risk in light of the public health emergency. In such circumstances, FDA recommends that the manufacturer provide clear instructions delineating FDA-cleared indications and claims from those that are not FDA-cleared, in addition to a general statement about changes that have not been cleared by FDA.**
- **If the number of ventilators in your facility is running low, consider alternative devices capable of delivering breaths or pressure support to satisfy medically necessary treatment practices for patients requiring such ventilatory support.** Health care providers should use their judgment based on the condition of the patient and the circumstances in the facility to choose the best option. Examples of alternative uses of respiratory devices used to address shortages might include the following, which the FDA believes may help increase availability:
    - For any patient needing ventilatory support, continuous ventilators labeled for home use may be used in a medical facility setting depending on the features of the ventilator and provided there is appropriate monitoring (as available) of the patient's condition.
    - For stable patients, emergency transport ventilators may be used for prolonged ventilation in a medical facility setting.
    - For any patient needing ventilatory support, anesthesia gas machines capable of providing controlled ventilation or assisted ventilation may be used outside of the traditional use for anesthetic indication. Because of significant differences between the anesthesia gas machine and traditional critical care ventilators, use or supervision by an anesthesia provider is recommended. Refer to the manufacturers' websites for specific instructions on safe use of anesthesia gas machines for this indication.
    - Noninvasive Ventilation (NIV) Patient Interfaces capable of prescribed breath may be used for patients requiring such ventilatory support, including NIV Patient Interfaces labeled for sleep apnea.
    - Continuous Positive Airway Pressure (CPAP), auto-CPAP, and bilevel positive airway pressure (BiPAP or BPAP) machines typically used for treatment of sleep apnea (either in the home or facility setting) may be used to support patients with respiratory insufficiency provided appropriate monitoring (as available) and patient condition.
- **Take appropriate precautions with environmental control (for example, negative pressure) or additional filtration where feasible:** Ventilating patients with communicable diseases using devices that are single limb or noninvasive without a filtered seal from atmosphere may contaminate the room air and increase risk of transmission. This risk may be exacerbated by high-flow nasal cannula systems or CPAP machines.
- **Contact the device manufacturer or review the manufacturer website for guidance on updated labeling:** If using a ventilator, gas machine, or other device outside of its labeled indications, FDA recommends contacting the device manufacturer for information on the features and limitations of the device in an emergency use situation.
- **Contact the appropriate professional societies for up-to-date information:** For recently issued useful information relevant to this issue. Examples include:
    - Anesthesia Patient Safety Foundation (APSF): FAQ on Anesthesia Machine Use, Protection, and Decontamination During the COVID-19 PandemicExternal Link Disclaimer

- American Society of Anesthesiologists: COVID-19 Information for Health Care ProfessionalsExternal Link Disclaimer

- **Conserve the use of accessories used with ventilators:**
  - Given the potential for extensive use of ventilators and anesthesia gas machines in response to the COVID-19 pandemic, and to avoid depletion of breathing circuit supplies, health care facilities may consider extending the shelf life and duration of use of these products for treating individual patients, depending on the availability of resources.
  - Consider extending the duration of use of passive humidifiers (heat-moisture exchangers) for up to one week depending on patient condition and available resources.
- **Please note if using ventilators from other regulatory jurisdictions:** Where possible, health care facilities should use FDA-cleared conventional/standard full-featured ventilators to treat patients who develop respiratory failure or respiratory insufficiency. However, FDA is taking steps to help make available ventilatory support devices that are not currently legally marketed in the U.S. to support the wider availability of devices for patients in need of ventilatory support in the United States for the duration of the public health emergency, as described in the Enforcement Policy for Ventilators guidance.

READ FULL LETTER: https://www.fda.gov/medical-devices/letters-health-care-providers/ventilator-supply-mitigation-strategies-letter-health-care-providers

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Lexington Brewing & Distilling is producing hand sanitizer, providing free to organizations in need

(KyForward News) The impact of COVID-19 is being felt around the world, including Central Kentucky. As the local community works to combat the spread of coronavirus, hand sanitizer remains in high demand. In an effort to help supplement the shortage, Lexington Brewing & Distilling Co. is using its own alcohol supply to produce hand sanitizer and provide it free of charge.

The first batch of 200 bottles will be delivered to city hall in Lexington on Friday. Additional batches are being prepared for delivery early next week. The hand sanitizer comprises 80% alcohol, aloe vera gel and a small amount of hydrogen peroxide, along with natural ingredients added for scent. The bottles are made with recyclable glass.

Lexington Brewing & Distilling Co. will continue to produce and distribute the hand sanitizer on a regular basis. They are working with city officials to identify organizations in need.

Full story: https://www.kyforward.com/lexington-brewing-distilling-is-producing-hand-sanitizer-providing-free-to-organizations-in-need/

Missouri Hospital Association COVID19 Alternate Specimen Collection Site Playbook

The Mercy Health System in Missouri provided MHA with a COVID19 Alternate Specimen Collection Site Playbook. With their permission, we provided this document in a Word format to allow our hospital partners the opportunity to update/revise these documents to meet their needs. Please feel free to share this with your organizations.

Please click on the "Operational and Clinical" tab in the link below to access the playbook.
https://web.mhanet.com/coronavirus-disease.aspx

Coronavirus (COVID-19) Update - March 21: FDA Issues first Emergency Use Authorization for Point of Care Diagnostic

The U.S. Food and Drug Administration issued the first emergency use authorization for a point-of-care COVID-19 diagnostic for the Cepheid Xpert Xpress SARS-CoV-2 test for use in high- and moderate-complexity CLIA-certified laboratories as well as in certain patient care settings. The company intends to roll-out availability of its point-of-care testing by March 30.

"The test we're authorizing today will be able to provide Americans with results within hours, rather than days like the existing tests, and the company plans to roll it out by March 30, which is an incredibly rapid timeline for such an effort. With new tools like point-of-care diagnostics, we are moving into a new phase of testing, where tests will be much more easily accessible to Americans who need them," said HHS Secretary Alex Azar. "With the development of point of care diagnostics, Americans who need tests will be able to get results faster than ever before. More and more options for reliable, convenient testing are becoming available at an incredibly rapid pace, thanks to the hard work of our FDA team and the ingenuity of American industry."

FDA statement: https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-issues-first-emergency-use-authorization-point-care-diagnostic

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CDC - What's New?

Information for Clinicians on Therapeutic Options for COVID-19 Patients

(March 21) The purpose of this document is to provide information on two of the approved drugs (chloroquine and hydroxychloroquine) and one of the investigational agents (remdesivir) currently in use in the United States.
CDC link: https://www.cdc.gov/coronavirus/2019-ncov/hcp/therapeutic-options.html

MORE:

- Healthcare Professionals: Frequently Asked Questions and Answers Sunday, March 22, 2020
- People Who are at Higher Risk Sunday, March 22, 2020
- People Experiencing Unsheltered Homelessness Interim Guidance Sunday, March 22, 2020
- Information for Laboratories Sunday, March 22, 2020
- Information for Health Departments on Reporting Cases of COVID-19 Sunday, March 22, 2020
- Situation Summary Sunday, March 22, 2020
- Older Adults Sunday, March 22, 2020
- Preparing for COVID-19: Long-term Care Facilities, Nursing Homes Sunday, March 22, 2020
- Print Resources Sunday, March 22, 2020
- Information for Healthcare Professionals: COVID-19 and Underlying Conditions Sunday, March 22, 2020
- Information for Clinicians on Therapeutic Options for COVID-19 Patients Saturday, March 21, 2020
- Children and Coronavirus Disease 2019 (COVID-19): Tips to keep children healthy while school's out Saturday, March 21, 2020
- Disinfecting Your Facility if Someone is Sick Saturday, March 21, 2020
- Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings Saturday, March 21, 2020
- Testing in the U.S. Saturday, March 21, 2020
- Retirement Communities and Independent Living (March 20)

CDC Clinicians Call
Underlying Medical Conditions and People at Higher Risk
for Coronavirus Disease 2019 (COVID-19)
Date: Tuesday, March 24, 2020
Time: 2:00pm–3:00pm (ET)
Details: https://emergency.cdc.gov/coca/calls/2020/callinfo_032420.asp?deliveryName=USCDC_1052%20DM23538

KY LTC guidance to prevent sick workers from exposing residents

This updated guidance from the Department for Public Health and Office of Inspector General related to monitoring all employees for temperature and any signs and symptoms of illness. We need to prevent any sick workers from exposing our long term care residents. At the end of the notice is a monitoring form you can use if you choose.
Link: https://chfs.ky.gov/agencies/dph/covid19/guidancefortongtermcarefacilitiescv19.pdf

KY COVID-19 Hotline (800) 722-5725
Website: KYCOVID19.ky.gov

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.