

KHREF Emergency Preparedness Update for March 24, 2020

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Kentucky Hospital Research & Education Foundation Emergency Preparedness Update for March 24, 2020

Kentucky sees biggest one-day spike; 163 positive cases

(Governor's Office) The Governor said day-by-day cases are ticking up and Tuesday was the single biggest one-day increase in cases, 39 new. Kentucky had 163 confirmed cases of COVID-19 and remains at four deaths attributed to the virus, and four Kentuckians have fully recovered. [Click here](#) for the list with details.

Effective Thursday at 8 p.m. Kentucky is asking all non-life-sustaining businesses to close to in-person traffic. Gov. Beshear said the order will be out on Wednesday to give businesses more guidance. He said many businesses provide life-sustaining services and will be allowed to stay open, even though they must maintain social distancing.

The Governor said many businesses, including food and beverage industries, are making barrels of hand sanitizers for hospitals and first responders.

Full Press Release: <https://kentucky.gov/Pages/Activity-stream.aspx?n=GovernorBeshear&prId=103>

The Governor's brief is streamed online at his [Facebook](#) and [YouTube](#) pages.

New York notes dizzying COVID-19 numbers as Trump mulls lifting restrictions soon

(CIDRAP) Today New York Governor Andrew Cuomo said the COVID-19 pandemic case count is doubling every 3 days in his state, as the World Health Organization (WHO) [warned](#) that the United States could become the next epicenter of the novel coronavirus, given that the country accounted for 40% of new cases recorded globally over the past 24 hours.

As of this afternoon, according to the [New York Times](#) case tracker, the United States reported at least 52,215 cases, including 675 deaths. New York reported about half of those cases—[25,665](#), including almost 15,000 in New York City.

Full story: <http://www.cidrap.umn.edu/news-perspective/2020/03/new-york-notes-dizzying-covid-19-numbers-trump-mulls-lifting-restrictions>

Related: [World COVID-19 total surges past 400,000; more nations lock down](#)

University of Nebraska Sharing COVID-19 Resources

Nebraska Medicine and the University of Nebraska Medical Center have been a partner with NETEC, and one of the nation's designated Ebola Treatment Centers. They have helped lead in treatment, training and quarantine methods for highly infectious diseases since caring for patients during the 2014 Ebola outbreak. They have developed a website with some updates and guidance that facilities may find helpful.

Link: <https://www.nebraskamed.com/for-providers/covid19>

CDC Updates Guidance on Discharging Patients with COVID-19

On March 23, the Centers for Disease Control and Prevention (CDC) [clarified](#) that patients with COVID-19 can be discharged from a health care facility when clinically indicated. This information can be found under the blue heading, Disposition of Patients with COVID-19. For such patients, a discharge does not require that the patient meet CDC criteria for the discontinuation of COVID-19 [transmission-based precautions](#) (TBP). The discontinuation guidance also was updated yesterday and is posted on the [CDC's website](#) under the blue heading, Discontinuation of Transmission-based Precautions for Patients with COVID-19.

CDC's guidance specifies that the decision to discharge a COVID-19 patient to home should be made in consultation with the patient's clinical care team and local or state public health departments. In addition, the discharging facility should consider the home's suitability for and patient's ability to adhere to home isolation recommendations – isolation should be maintained at home if the patient returns home before discontinuation of TBP. The CDC also has issued related guidance on [implementing home care of persons who do not require hospitalization](#) and the [discontinuation of](#)

[home isolation for persons with COVID-19](#).

In addition to the updated discharge guidance, CDC issued COVID-19 guidance for LTC facilities and nursing homes, including updated visitor restriction guidelines: [Preparing for COVID-19: Long-term Care Facilities, Nursing Homes](#).

----- **Strategies to Inform Allocation of Stockpiled Ventilators**

Johns Hopkins - Center for Health Security - offered some features in [today's edition of their Health Security Headlines](#) to help guide our discussions and collective decisions as we shift towards a health care delivery model working closer to "[Crisis Standards of Care](#)", sometimes referred to "Altered Standards of Care." The information below is extracted from a larger discussion on the medical ethics surrounding how to guide decisions when critical materials are in short supply during situations like we are experiencing. The full article is linked below.

Ethical Principles to Inform Allocation of Vents

CDC has developed guidance on ethical principles for use of ventilators during a pandemic, which includes as a main principle the "duty to plan."¹³ These principles necessitate multiple preparedness efforts, including planning at state, local, and facility levels. A number of articles have been published describing recommended ethical and clinical principles for triaging and allocating ventilators to individual patients.^{10,13-16} In addition to surveillance and epidemiologic data, the same ethical principles relevant to allocating ventilators to individuals during times of scarcity can also inform decisions about how to allocate ventilators to facilities. In a pandemic, if resources are scarce, plans and protocols will need to shift from an individual patient care outcome perspective to a population-based focus and must be grounded in a principled allocation of resources that attempts to ensure equity and fairness.

Specific ethical principles can inform a jurisdiction's plans for allocation of ventilators.¹⁵ These include:

- **Duty to plan:** As previously mentioned, public health officials have a duty to prepare for allocating stockpiled ventilators in the face of scarcity. However, it may not be possible to develop a plan that will meet all patients' needs in future scenarios.¹³
- **Transparency:** State and local planners should share planning guidelines with hospitals and other facilities, partners, and stakeholders and seek public comment and incorporate public values into planning efforts.¹⁷ Public health officials should prepare to explain to the public the rationale and purpose of ventilator allocation decisions.
- **Distributive justice:** During an emergency when there are insufficient services and/or equipment to meet the needs of all, efforts should be focused on allocation to facilities that can save the greatest number of lives. Balancing distributive fairness and efficiency is extremely difficult even with advance planning.^{10,14,18}
- **Duty to care:** Once a provider-patient relationship is formed, providers have the obligation to care for their patients, and the care they provide should be aligned with what a "reasonable physician" would provide under the circumstances during an emergency.¹⁵ If ventilators are insufficient to meet the needs of all those who would benefit from them, then plans should include other means of providing curative and palliative care for these patients.¹⁴
- **Duty to steward resources:** Allocation consideration should include sending limited resources, like ventilators, to facilities that can make the best use of the equipment.⁶
- **Equity:** To achieve fairness, the same allocation framework should be used to allocate stockpiled ventilators to all facilities in a jurisdiction, taking into consideration facilities' needs and available supply. The concepts of equity and consideration for vulnerable populations should be included in ventilator allocation plans.

Full article: <https://www.liebertpub.com/doi/10.1089/hs.2020.0028>

----- **Other items from [Johns Hopkins Health Security Headlines](#) today**

[How to Reduce COVID-19 Spread in Long-Term Care Facilities: Challenges and Recommendations](#) Long-term care facilities (LTCFs), including nursing homes, skilled nursing facilities, and assisted living facilities, take care of some of the most vulnerable populations, including elderly people and those with chronic medical conditions. This, coupled with the proximity in which the residents live, staffing shortages, and often poor infection control measures, makes them highly susceptible to infectious disease spread, including the current outbreak of coronavirus disease 2019 (COVID-19).

[Life, or death? Experts guide pandemic medical equipment decisions](#) (CIDRAP) As healthcare systems all over the world face rationing of medical supplies and personal protective equipment (PPE) amid the COVID-19 pandemic, experts are offering recommendations to enable ethical allocation.

[When might experimental drugs to treat Covid-19 be ready? A forecast](#) (STAT) There is a desperate need for new medicines to treat Covid-19, the disease caused by the novel coronavirus that has shut down much of the world. A

vaccine to prevent infection entirely would be even better.

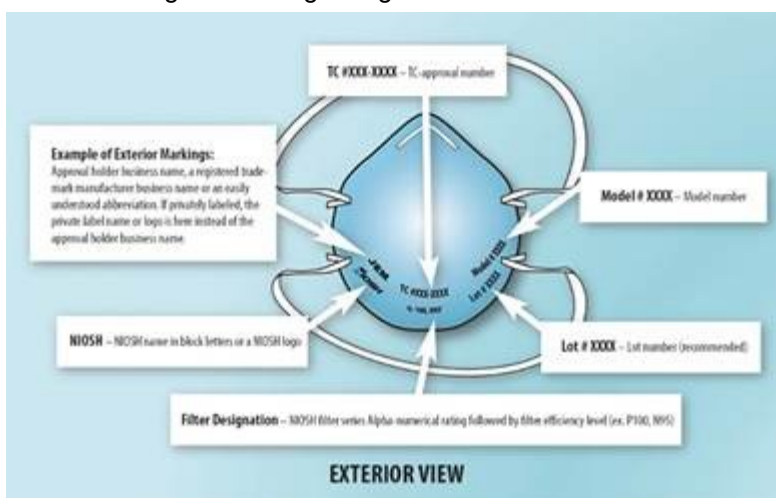
[Social distancing strategies for curbing the COVID-19 epidemic](#) (*medRxiv*) The SARS-CoV-2 pandemic is straining healthcare resources worldwide, prompting social distancing measures to reduce transmission intensity. The amount of social distancing needed to curb the SARS-CoV-2 epidemic in the context of seasonally varying transmission remains unclear.

[A Frontline Guide for Local Decision-Makers](#) (*Covidlocal.org*) The COVID-19 pandemic is causing significant disruptions to cities and local communities globally. We developed this guide to provide a decision framework for local leaders to think through what will need to be done to help reduce the impact of the outbreak, both by reducing spread and decreasing the number of cases, but also in responding and supporting communities effectively.

Criminals Exploiting COVID-19 Outbreak for Financial Gain through Procurement and Consumer Fraud

(FBI) Recent reporting from multiple sources indicates an increase in financial fraud schemes, as scammers have seized upon the ever-growing demand for Personal Protective Equipment (PPE) to target healthcare providers and the general public. Many of the schemes attempt to capitalize on high demand, low supply PPE such as N95 National Institute for Occupational Safety and Health (NIOSH)-approved respirator masks, which are among the required PPE for healthcare personnel responding to COVID-19.

The FBI has identified the following proactive measures for consumers and procurement personnel to help mitigate financial loss or the purchase of potentially harmful counterfeit N95 masks. These recommendations are not meant to be an exhaustive list of guidance regarding COVID-19:



- When ordering PPE from online retailers, always verify the Uniform Resource Locator (URL) and confirm “https” in the web address, as a lack of a security certification (“https”) may be an indicator that the site is insecure or compromised
- Consult the U.S. Centers for Disease Control and Prevention (CDC) NIOSH website to view a list of all NIOSH approved manufacturers of N95 respirator masks and validate [approval and certification numbers](#)
- Confirm N95 respirator mask approval

status and certification numbers using the NIOSH flyer (Figure 1), the NIOSH website, or the CDC website, which includes examples of [identified counterfeit or unapproved N95 respirator masks](#)

- If procuring other categories of PPE such as gowns, gloves, goggles, and face shields, consult the manufacturer to verify authenticity and availability
- Be wary of unprompted solicitations to purchase large quantities of PPE and do not provide usernames, passwords, personal identifying information (PII) such as social security number and date of birth, or financial information in response to an email or robocall

If you believe your organization has purchased counterfeit PPE or COVID-19 testing kits, or were the victim of a fraud or scam, please contact your local FBI Field Office and report details regarding this incident to the Internet Crimes Complaints Center at [IC3.gov](#) and/or the National Intellectual Property Rights Coordination Center at [IPRCenter.gov](#). Due to global shortages and prioritization of healthcare institutions, the CDC advises only healthcare personnel, infected individuals, and those caring for infected individuals obtain N95 respirator masks. The best source for accurate, up-to-date information is the U.S. CDC at <https://www.cdc.gov/> and <https://www.coronavirus.gov/>.

Direct any requests and questions to your FBI Private Sector Coordinator at your local FBI Field Office www.fbi.gov/contactus/field-offices.

#[Personal Protective Equipment is defined by the Occupational Safety and Health Administration (OSHA) as, “specialized clothing or equipment, worn by an employee for protection against infectious materials.” The CDC has identified gowns, gloves, goggles or full-face shields, and N95 respirator masks as required PPE for COVID-19.]

Re-running CDC Guidance on Optimizing N-95

Release of Stockpiled N95 Filtering Facepiece Respirators Beyond the Manufacturer-Designated Shelf Life: Considerations for the COVID-19 Response: <https://www.cdc.gov/coronavirus/2019-ncov/release-stockpiled-N95.html>

CDC on N-95 strategies: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/checklist-n95-strategy.html>

CDC on Optimizing the Supply of N95: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/crisis-alternate-strategies.html>

Coronavirus (COVID-19) Update:**FDA Alerts Consumers About Unauthorized Fraudulent COVID-19 Test Kits**

<https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-alerts-consumers-about-unauthorized-fraudulent-covid-19-test-kits>

FDA: FAQs on Diagnostic Testing for SARS-CoV-2 (March 23)

<https://www.fda.gov/medical-devices/emergency-situations-medical-devices/faqs-diagnostic-testing-sars-cov-2>

**FDA Policy for Diagnostic Tests for Coronavirus Disease-2019
during the Public Health Emergency (March 16)**

FDA link: <https://www.fda.gov/media/135659/download>

CDC What's New on COVID-19

- [Evaluating and Reporting Persons Under Investigation \(PUI\)](#) Tuesday, March 24, 2020
- [Coronavirus disease 2019 \(COVID-19\) Checklist: Older Persons](#) Monday, March 23, 2020
- [Children and Coronavirus Disease 2019 \(COVID-19\): Tips to keep children healthy while school's out](#) Monday, March 23, 2020
- [Children and Coronavirus Disease 2019 \(COVID-19\): Tips to keep children healthy while school's out](#) Monday, March 23, 2020
- [People Who are at Higher Risk](#) Monday, March 23, 2020

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.

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