



Kentucky Hospital Research & Education Foundation Emergency Preparedness Update for March 27, 2020

Kentucky COVID-19 Update -302 Positive Cases; 8 deaths

(Governor's Office) As of 5 p.m. March 27, the Governor said that there are at least [302 positive cases](#) of COVID-19 in Kentucky, with 54 of those being newly confirmed. There have been eight deaths attributed to the virus. On Friday, Governor Beshear shared the tragic loss of three Kentuckians in one day including a 73-year-old female from Jefferson County (confirmed after the Friday briefing), a 75-year-old female from Fayette County and a 77-year-old male in Hopkins County.

Gov. Beshear today talked about the spread of COVID-19 related to Tennessee. Kentuckians can still go to Tennessee for work, to take care of a loved one or even buy groceries if it is closer, but the Governor asks that unnecessary travel to Tennessee end. He asked Kentuckians not to travel across the southern state-line to partake in activities that have been limited in Kentucky.

Full Press Release: <https://kentucky.gov/Pages/Activity-stream.aspx?n=GovernorBeshear&prId=106>

As US COVID-19 cases top 100,000, Trump clashes with governors

(CIDRAP) Today as confirmed US COVID-19 cases surpass 100,000—continuing a trend of about 20,000 newly reported infections per day—President Donald Trump clashed with governors over ventilator needs despite overwhelmed hospitals in several areas, and he focused again on getting businesses back in operation.

In a letter addressed to the nation's 50 governors, Trump late yesterday said the federal government in the coming weeks intends to classify counties by COVID-19 risk, as part of a plan to reopen businesses in certain parts of the country. According to [CNBC](#), there are 3,141 counties in the United States.

Trump said the plan will be based on surveillance testing, and counties would be designated low-, medium-, and high-risk levels, which would suggest social distancing should be decreased, maintained, or increased.

Full story: <http://www.cidrap.umn.edu/news-perspective/2020/03/us-covid-19-cases-top-100000-trump-clashes-governors> To read the full letter [click here](#)

Kentucky hospital to furlough 300 staff members amid coronavirus crisis

(WCHS) St. Claire HealthCare in Morehead, Ky., said that is furloughing 300 staff members who are not directly involved in the delivery of care or participating in the COVID-19 response. The furloughs, which affect about 25 percent of the existing workforce, are effective beginning Thursday, according to a news release from the health care system. Furloughed employees will keep their positions and will be recalled as needed to respond to a surge of COVID-19 patients, or as federal and state funding becomes available or recovery of normal operations can begin.

Full story: <http://wchstv.com/news/local/kentucky-hospital-to-lay-off-300-staff-members-amid-coronavirus-crisis>

Small hospitals worry about getting bailout money quickly

(Axios) Congress is about to provide \$100 billion for hospitals and other health care providers to cope with the fallout from the coronavirus, but small hospitals have no idea how to access those funds — and many need the money immediately.

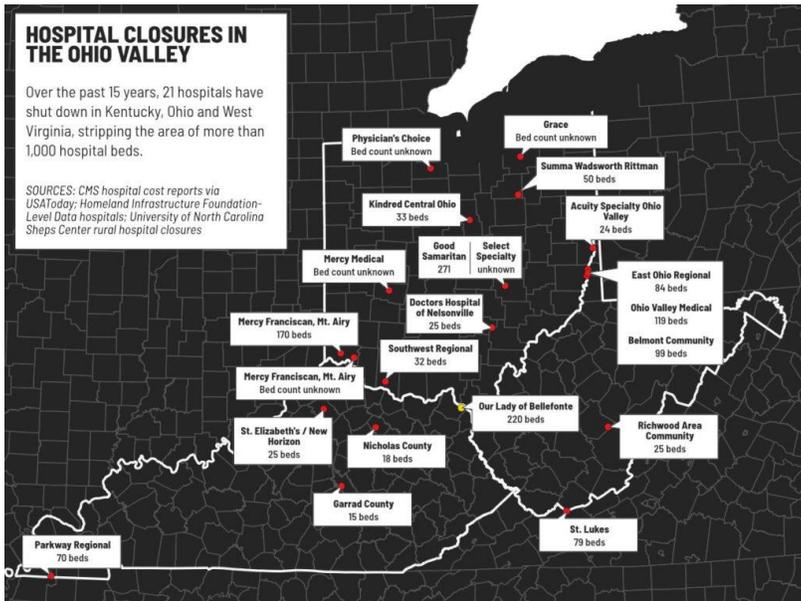
- HHS said in a statement that it "is working diligently to ensure needed aid and resources get to our health care providers on the frontlines as quickly as possible," but did not respond to questions about how that process would work.
- Rural and safety net hospitals, which treat disproportionate amounts of older and low-income patients, have a lot less wiggle room to call off elective procedures as they wait for a coronavirus surge.
- Many small hospitals can't get new loans from banks and [could miss payroll](#) as soon as next week.

Full story: <https://www.axios.com/small-hospitals-worry-coronavirus-bailout-money-475b3cca-4fec-4c1c-aaed-25f7ff822ba2.html>

Ohio Valley Facing Pandemic with a Health System Hollowed Out By Hospital Closures

(WFPL) As new cases of coronavirus mount in the Ohio Valley, health officials are bracing for an onslaught of patients and what could be unprecedented demand for beds, medical staff and specialized equipment.

Kentucky, Ohio and West Virginia have disproportionately high rates of people vulnerable to serious illness from COVID-19. But the region's capacity to treat them has been sharply reduced by the closure of some 21 hospitals over the past 15 years. Still more hospitals in the region are being closed now, even as the pandemic unfolds.



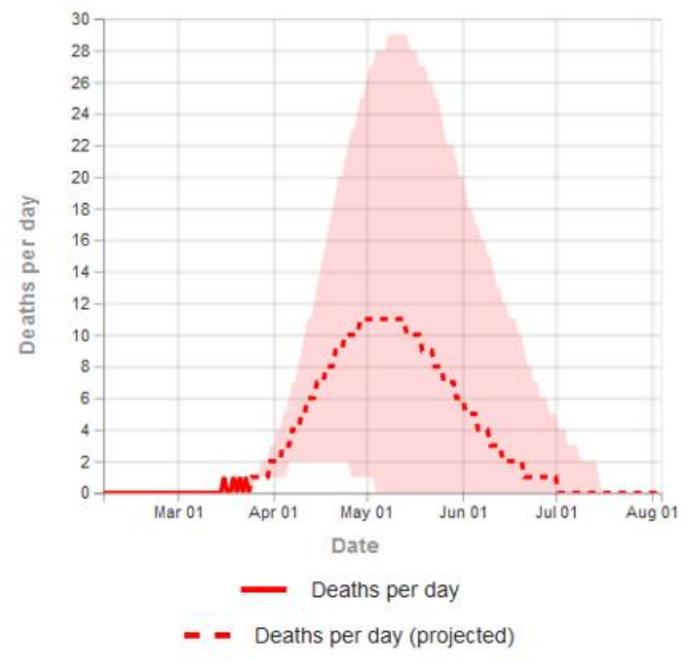
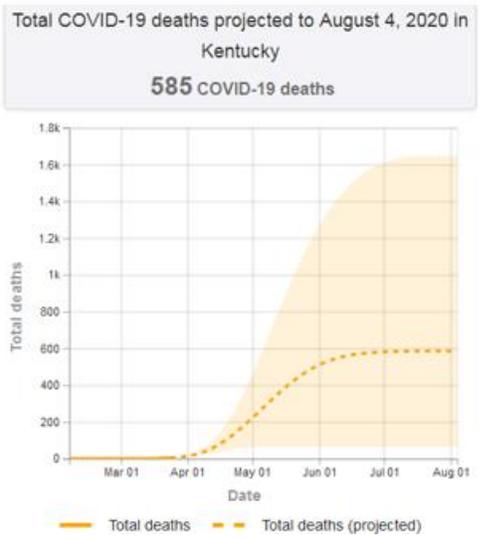
Our Lady of Bellefonte anymore. The 220-bed hospital with more than 1,000 employees — started by a congregation of Catholic sisters in 1953 with the blessing of the pope via telegram — [will close its doors](#). That would leave 35,000 people in Greenup County without a hospital, forcing those who need intensive medical care to drive to King's Daughters Hospital in Ashland. In a statement, a spokesperson for King's Daughters Hospital said they were working daily with Our Lady of Bellefonte to potentially expand the capacity of King's Daughters if patient needs surge due to coronavirus.

Our Lady of Bellefonte will join at least 21 other hospital closures in the Ohio Valley within the past 15 years. The Ohio Valley Resource estimates those 21 closures represented more than 1,000 hospital beds in

total.

Read more: <https://wfpl.org/ohio-valley-facing-pandemic-with-a-health-system-hollowed-out-by-hospital-closures/>

Modeling from University of Washington for Kentucky



<https://covid19.healthdata.org/projections>

[Note: This tool is from the Institute for Health Metrics and Evaluation (IHME) at the University of Washington. When you go in to the tool you can pick your state of interest. The tool uses an extensive range of data sources, including data from the American Hospital

Association on ICU beds and hospital capacity. As they get updated numbers on a state's capacity, particularly ventilator capacity or adjustments to bed capacity, they can update the model.]

What's News with COVID-19?

Priorities for Testing Patients with Suspected COV-19 Infection (Graphic attached)

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/priority-testing-patients.pdf>

Downloadable CDC Videos Thursday, March 26, 2020

<https://www.cdc.gov/coronavirus/2019-ncov/community/downloadable-videos/downloadable-videos.html>

Other items:

- [Print Resources](#) Thursday, March 26, 2020
- [Communication Resources for Travelers](#) Friday, March 27, 2020
- [Strategies for Optimizing the Supply of PPE](#) Friday, March 27, 2020
- [Testing in the U.S.](#) Friday, March 27, 2020
- [Frequently Asked Questions and Answers](#) Friday, March 27, 2020
- [COVID-19 Travel Recommendations by Country](#) Friday, March 27, 2020
- [Global case numbers are reported by the World Health Organization \(WHO\)](#) Friday, March 27, 2020
- [Information for Pediatric Healthcare Providers](#) Thursday, March 26, 2020
- [People Who are at Higher Risk](#) Thursday, March 26, 2020

FDA - Coronavirus (COVID-19) Update: FDA takes action to help increase U.S. supply of ventilators and respirators for protection of health care workers, patients: (March 27)

<https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-takes-action-help-increase-us-supply-ventilators-and-respirators>

FDA Emergency Use Authorizations: (March 27) <https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations>

Experts say COVID-19 will likely lead to US drug shortages

(CIDRAP) Researchers at the University of Minnesota say the COVID-19 pandemic stands a good chance of leading to shortages of critically needed medications in the United States, given the nation's heavy dependence on drugs made in other countries, especially India and China.

That concern is among the preliminary findings of a study of the US medication supply chain, revealed this week by the university's Center for Infectious Disease Research and Policy (CIDRAP), publisher of CIDRAP News. The effort, called the Resilient Medical Drug Supply Project, aims to provide a detailed map of the entire supply chain for important drugs used in the United States.

Full story: <http://www.cidrap.umn.edu/news-perspective/2020/03/experts-say-covid-19-will-likely-lead-us-drug-shortages>

CMS eases certain CLIA laboratory requirements during COVID-19 emergency.

([AHA Today](#)) To meet the urgent need to expand laboratory capacity, the Centers for Medicare & Medicaid Services yesterday [announced](#) a relaxed enforcement policy under the Clinical Laboratory Improvement Amendments during the COVID-19 public health emergency with respect to review of pathology slides, proficiency testing, alternate collection devices, and requirements for a CLIA certificate. Among other flexibilities, CMS said the policy will enable:

- Pathologists to review pathology slides remotely if certain defined conditions are met;
- U.S. laboratories performing COVID-19 testing that apply for CLIA certification to begin testing as quickly as possible; and
- Laboratories within a hospital/university hospital campus to hold a single CLIA certificate for the laboratory sites within the same physical location or street address.

Department of Veterans Affairs releases COVID-19 response plan.

([AHA Today](#)) The Department of Veterans Affairs has released a comprehensive plan to respond to COVID-19. "The primary goal of the operations plan is to protect Veterans and staff from acquiring COVID-19 infection by leveraging technology, communications as well as using dedicated staff and space to care for COVID-19 patients," the report said. VA said it will create a safe environment by implementing a system where one VA facility operates as two separate "zones" (Standard and COVID-19) for inpatient care. VA will provide most outpatient care for veterans through telehealth services as appropriate. "This approach minimizes the risk of

infection, supports expansion to meet an increasing need for COVID-19 services, and provides Veterans in routine VA care consistent access to VA care," according to the report. The plan also includes strategies to address a large number of COVID-19 cases to include alternative sites of care for veterans with COVID-19. See the [full report](#) and the latest [VA COVID-19 updates](#).

CMS Issues Blanket 1135 Waivers in Response to State Hospital Associations

(KHA COVID-19 Update) Yesterday, CMS announced a standard set of blanket 1135 waivers for providers in response to those from each state's hospital association. The waiver list from CMS and a slightly condensed summary of those applicable to hospitals and SNFs is attached. The waivers are very helpful and include waiving EMTALA enforcement for screening patients at offsite locations, and requirements related to verbal orders, patient rights, medical staff and discharge planning. The waivers address many, but not all, items requested by KHA, but reflect what has been approved in other states.

KHA expects additional waivers will be made available in the future, and CMS has mentioned that additional waiver requests will be considered for unique circumstances. (Kentucky and a few other states have not yet received their CMS letter, but CMS made clear that all states will receive the same waivers.) It is extremely important for hospitals to consistently report bed, ventilator and PPE data to the WebEOC system [see article below] since having current data can help substantiate the need for additional CMS waivers for Kentucky hospitals in the future.

Reporting on WebEOC Imperative during Pandemic

(KHA COVID-19 Update) KHA is aware of the increased data burden the COVID-19 pandemic has placed on member hospitals. Association staff is working directly with the state to reduce that burden by combining the surveys you are asked to complete into the WebEOC system, which your team is already using. KHA is asking the state to expand the data fields available in the system to collect any additional data needed to track the spread of the disease, the availability of beds and the amount of supplies (e.g., PPE) you need.

It is imperative that every hospital use the WebEOC system during this pandemic. It is the best way to ensure useful data is collected to monitor the spread of the disease, react to your supply needs and prevent the necessity for multiple additional surveys.

Please make sure you have multiple staff members trained and ready to use the Web EOC system. At some point during this emergency, you may be asked to enter data multiple times daily if there is a significant surge in patients.

CPAP Machines Were Seen As Ventilator Alternatives, But Could Spread COVID-19

Doctors say the machine that helps some people with sleep apnea keep their airway open at night won't be enough to help an ill COVID-19 patient breathe, and could spread the coronavirus to bystanders.

Read NPR story: <https://www.npr.org/sections/health-shots/2020/03/27/822211604/cpap-machines-were-seen-as-ventilator-alternatives-but-could-spread-covid-19>

ER staff in tears after man holds up 'beautiful' sign thanking them for saving wife's life

(USA Today) Nurses, doctors and staff at Morristown Medical Center were left in tears as a mystery man held up [a sign to the hospital window thanking them for saving his wife's life](#).

As staff tended to a busy emergency room, the unknown man stood outside the back window of the emergency department, placed his hand over his heart and held the poster sign that read: "Thank you all in emergency for saving my wife's life I love you all."

Health care staff across the world are working long hours to treat patients affected by the coronavirus global pandemic.

<https://www.usatoday.com/story/news/nation/2020/03/27/coronavirus-new-jersey-mans-beautiful-sign-leaves-doctors-tears/2923917001/>



U.S. government has 1.5 million expired N95 masks sitting in an Indiana warehouse

(Washington Post) Nearly 1.5 million N95 respirator masks are sitting in a U.S. government warehouse in Indiana and authorities have not shipped them because they are past their expiration date, despite Centers for Disease Control guidelines that have been issued for their safe use during the coronavirus outbreak, according to five people with knowledge of the stockpile.

Department of Homeland Security officials had a conference call Wednesday to figure out what to do with the masks, which are part of the U.S. Customs and Border Protection's emergency supplies. DHS officials decided

to offer the respirators to the Transportation Security Administration, whose workforce has been clamoring for protective equipment, according to three of the people who described the plans on condition of anonymity because they were not authorized to discuss it publicly.

Full story: <https://www.inquirer.com/health/coronavirus/coronavirus-maks-n95-expired-indiana-warehouse-20200326.html>

**Bodies could start to stack up from the coronavirus.
Coroners and funeral homes say they're ready.**

(USA Today) America's long history of violent death — from car crashes and hurricanes to terror attacks and mass shootings — has left its coroners and funeral directors well-prepared for handling bodies that could stack up from the [coronavirus outbreak](#), they say.

Unlike other disasters that strike within hours or days, the coronavirus outbreak is unfolding more slowly, allowing coroners and funeral homes across the country to prepare for a large number of deaths. Many experts have been [watching in horror](#) at the stories of how bodies have been handled in Italy, which has seen more than 7,500 deaths from the outbreak, starting in early March with a handful a day, but rising rapidly to more than 750 a day by early this week.

Story link: <https://www.usatoday.com/story/news/nation/2020/03/27/coronavirus-deaths-coroners-funeral-homes-prepare-outbreak-grows/2907512001/>

**COMMONWEALTH SEVERE WEATHER ANALYSIS - SLIGHT RISK
Friday - Sunday, March 27 - 29, 2020**

Commonwealth Synopsis from KyEM

Rain and severe thunderstorms will return to the Commonwealth. There is a "Slight Risk" for severe storms across Kentucky, beginning Saturday afternoon and continue into the early hours Sunday morning. The primary hazard is damaging winds, with the potential for large hail, flooding, and isolated tornadoes.



NWS Paducah, KY: There is a "Slight Risk" for severe thunderstorms for Saturday between 3 p.m. and 10 p.m. The primary hazard is damaging wind, with the possibility of hail, flooding, and a few tornadoes.

NWS Louisville, KY: There is a potential for severe storms for Saturday evening into the early hours of Sunday morning. Some of the storms could produce large hail, damaging winds, as well as isolated tornadoes.

NWS Jackson, KY: There is a slight chance of thunderstorms today into this evening for portions of eastern Kentucky. The threat of thunderstorms continues to be possible for Saturday night. These thunderstorms could produce strong to potentially localized damaging wind gusts and hail.

NWS Charleston, WV: For eastern Kentucky, there is a slight risk of excessive rainfall, which could lead to minor flooding issues due to already saturated ground. There is the potential for severe storms on Saturday.

NWS Wilmington, OH: Thunderstorms are expected in northern Kentucky Saturday night. Some of these storms may be severe, with a primary threat of damaging winds. Wind gusts of 40 to 50 mph are possible on Sunday.

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



COVID-19 Symptoms: Fever, Cough, and Shortness of Breath

PRIORITY 1

Ensures optimal care options for all hospitalized patients, lessen the risk of healthcare-associated infections, and maintain the integrity of the U.S. healthcare system

- Hospitalized patients
- Healthcare facility workers with symptoms

1

2

PRIORITY 2

Ensures those at highest risk of complication of infection are rapidly identified and appropriately triaged

- Patients in long-term care facilities with symptoms
- Patients 65 years of age and older with symptoms
- Patients with underlying conditions with symptoms
- First responders with symptoms

PRIORITY 3

As resources allow, test individuals in the surrounding community of rapidly increasing hospital cases to decrease community spread, and ensure health of essential workers

- Critical infrastructure workers with symptoms
- Individuals who do not meet any of the above categories with symptoms
- Healthcare facility workers and first responders
- Individuals with mild symptoms in communities experiencing high numbers of COVID-19 hospitalizations

3

**NON-
PRIORITY**

NON-PRIORITY

- Individuals without symptoms

For more information visit: [coronavirus.gov](https://www.cdc.gov/coronavirus/2019-ncov/downloads/priority-testing-patients.pdf)

Source link: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/priority-testing-patients.pdf>