



Kentucky Hospital Research & Education Foundation Emergency Preparedness Update for March 30, 2020

KY COVID-19 Cases (5 PM): 480; Tested: 6,810; Deaths: 11
[US COVID-19 death toll nears 3,000, cases exceed 160,000](#)

Governor Bans Out of State Travel

(Governor's Office) Gov. Andy Beshear on Monday issued an order to limit Kentuckians' out-of-state travel and offered a 10-step plan to fight the spread of the novel coronavirus disease 2019 (COVID-19).

"Right now we have more cases in other states," the Governor said. "What it means is your likelihood of getting infected and potentially bringing back the coronavirus may be greater in other states than ours. You need to be home anyways." See the press release for the exceptions.

Gov. Beshear also signed Senate Bill 150, the coronavirus relief bill, into law. During the current state of emergency, SB 150 creates flexibility in our telehealth system, prohibits non-emergent procedures, allows for the delivery of alcohol and creates flexibility in deciding who is eligible for unemployment insurance.

As of 5 p.m. March 30, the Governor said there were at least [480 cases of COVID-19](#) in Kentucky, with 42 of those being newly confirmed. There were two new deaths reported Monday, raising the state's toll to 11 deaths related to the virus.

The Major Disaster Declaration issued by President Donald Trump broadens access to the Public Assistance Program statewide to pay for emergency protective services. The federal CARES Act provides a variety of assistance and hope to Kentuckians whose livelihoods have been harmed by the coronavirus outbreak and response. Full press release: <https://kentucky.gov/Pages/Activity-stream.aspx?n=GovernorBeshear&prld=110>

So Far, Feds Have Sent 83,000 N95 Masks To Kentucky — But It's Not Enough

(WFPL - March 27) As Kentucky competes with other public health departments for personal protective equipment from the federal government, state officials have shared details about how much the state has gotten to date.

Kentucky Department of Public Health officials [told KyCIR it has received distributions](#) from the cache of medical equipment maintained by the federal government, called the Strategic National Stockpile, totalling 83,488 N95 masks, 198,886 face and surgical masks and 37,872 face shields since the pandemic hit Kentucky. It's unclear how close that comes to what they've asked for, but Gov. Andy Beshear has said the federal government has not fully granted Kentucky's requests.

The governor also said the lack of supplies is contributing to the delay in testing for the coronavirus and creating danger for healthcare workers.

New documents obtained by KyCIR through an open records request shed light on how much state officials have requested from the national stockpile.

Kentucky has asked for at least two disbursements: the initial, unspecified allotment of supplies it got from the stockpile earlier this month and a second request for more. That [request](#) asks for 50,000 N95 masks, 100,000 COVID-19 collection kits and 100,000 test kits, among other supplies, by March 23.

"Our first SNS allocation has been distributed, but we expect our burn rate, even with [personal protective equipment] conservation strategies, to exhaust our supply soon," the request reads. "We need more."

Full story: <https://wfpl.org/so-far-feds-have-sent-83000-n95-masks-to-kentucky-but-its-not-enough/>

NETEC COVID-19 PPE WEBINAR

EXTENDED USE, REUSE, AND INNOVATIVE DECONTAMINATION STRATEGIES N95 Filtering Facepiece Respirators & Extended use PPE

(NETEC) Recording of webinar from Friday on *N95 Filtering Facepiece Respirators Ultraviolet Germicidal Irradiation (UVGI) Process for Decontamination and Reuse*; and the *Extended use, reuse, and innovative decontamination strategies for COVID-19 personal protective equipment*. Brought to you by NETEC, the National Emerging Special Pathogen Training and Education Center.

Link to webinar: <https://youtu.be/Md2Qb3cdyeM>

SLIDES: [NETEC COVID-19 Webinar Series - N95 PPE Strategies 2020.3.27 forweb.pdf](#)

CMS eases certain CLIA laboratory requirements during COVID-19 emergency

(*Rerun from March 27*) 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.

CMS link: <https://www.cms.gov/files/document/qso-20-21-clia.pdf-0>

Kentucky to Receive \$1.7 Billion from Federal Coronavirus Bill

(WFPL) Kentucky will receive about \$1.7 billion from from the federal government as part of the coronavirus relief bill signed into law on Friday, according to the [Center for Budget and Policy Priorities](#).

State government will receive about \$1.6 billion and Louisville will receive an additional \$134 million under a provision that gives extra funding to cities with populations over 500,000. It's the only city in the state big enough to qualify.

The money is intended to relieve immediate budget problems state and local governments face as they respond to the coronavirus pandemic. Kentucky had 394 confirmed coronavirus cases, and nine deaths associated with the disease, as of Saturday evening.

Full story: <https://wfpl.org/kentucky-to-receive-1-7-billion-from-federal-coronavirus-bill/>

Trump approves Kentucky's request for federal disaster declaration

(Lane Report) President Donald Trump has declared a disaster in Kentucky amid the coronavirus pandemic and has ordered federal assistance to aid in the state's response.

In a Saturday news release, White House officials say federal funding will be available to the state and eligible local governments, certain private nonprofit organizations for emergency protective measures including direct federal assistance to all areas affected by COVID-19 dating back to Jan. 20

Full story: <https://www.lanereport.com/123519/2020/03/trump-approves-kentuckys-request-for-federal-disaster-declaration/>

Why the U.S. doesn't have enough hospital beds to deal with the coronavirus

(Axios) The shortage of hospital beds in the U.S. didn't happen by accident. It's a result of both market pressures and public policy.

Why it matters: The bed shortage is one of many factors complicating America's response to the new coronavirus. But if we want to have more beds and critical equipment on hand for the next pandemic, the government will need to make it happen — and pay for it.

By the numbers: The U.S. has [2.8 hospital beds per 1,000 people](#), far fewer than other developed countries.

How it happened: Health care resources, including hospital beds, are allocated mainly by market dynamics, not public-health blueprints.

Government also worked to directly cut the number of U.S. hospital beds, believing in a rule called Roemer's Law, which said that "a hospital bed built would be a hospital bed filled," driving up costs.

The bottom line: If we want to have surge capacity of hospital beds and equipment in place for the next crisis, and if we don't want to push health care costs higher, hospitals will need to acquire extra beds and then leave that surge capacity largely unused until the next crisis.

Full story: <https://www.axios.com/coronavirus-hospital-beds-shortage-63d0e1c3-de4b-4199-834c-477403cfaf06.html>

COVID-19: Alarming Levels of Anxiety, Depression, Insomnia in Healthcare Workers

(Medicine Net) A significant proportion of healthcare workers treating patients exposed to [COVID-19](#) have symptoms of [depression](#), [anxiety](#), and [insomnia](#), new research shows.

In a survey of more than 1200 healthcare workers in China, about 50% reported at least mild [depression](#); 14% of physicians and nearly 16% of nurses reported moderate or severe depressive symptoms and about 34% reported [insomnia](#).

Those at greatest risk for depressive and [anxiety](#) symptoms included women, those with intermediate seniority roles (compared with those with junior roles), and those at the center of the epidemic in Wuhan.

Among survey respondents, 61% were nurses, 39% were physicians, 61% worked in hospitals in Wuhan and 42% were frontline healthcare workers engaged in direct diagnosis, treatment, and care of patients with [COVID-](#)

19. Half of respondents reported symptoms of [depression](#), 45% reported symptoms of [anxiety](#), 34% reported symptoms of [insomnia](#), and about 72% reported psychological distress.

Full story: <https://www.medicinenet.com/script/main/art.asp?articlekey=229563>

Next Possible Epicenter for Virus: America's Prisons

<http://newser.com/s288792>

**Trump Administration Engages America's Hospitals in Unprecedented Data Sharing
*Hospital Data to be Shared with State, Federal Health Agencies***

Sunday, the Centers for Medicare & Medicaid Services (CMS) sent a communication to the nation's hospitals on behalf of Vice President Pence requesting they report data in connection with their efforts to fight the 2019 Novel Coronavirus (COVID-19). Specifically, the Trump Administration is requesting that hospitals report COVID-19 testing data to the U.S. Department of Health and Human Services (HHS), in addition to daily reporting regarding bed capacity and supplies to the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) COVID-19 Patient Impact and Hospital Capacity Module. CMS, the federal agency with oversight of America's Medicare-participating health care providers – including hospitals – is helping the Trump Administration obtain this critical information to help identify supply and bed capacity needs, as well as enhance COVID-19 surveillance efforts. Hospitals will report data without personal identifying information to ensure patient privacy.

"The nation's nearly 4,700 hospitals have access to testing data that's updated daily. This data will help us better support hospitals to address their supply and capacity needs, as well as strengthen our surveillance efforts across the country," said CMS Administrator Seema Verma. "America's hospitals are demonstrating incredible resilience in this unprecedented situation and we look forward to partnering further with them going forward."

The White House Coronavirus Task Force is already collecting data from public health labs and private laboratory companies, but does not have data from hospital labs that conduct laboratory testing in their hospital. This hospital data is needed at the federal level to support the Federal Emergency Management Agency (FEMA) and CDC in their efforts to support states and localities in addressing and responding to the virus.

Academic, University and Hospital "in-house" labs are performing thousands of COVID-19 tests each day, but unlike private laboratories, the full results are not shared with government agencies working to track and analyze the virus. By sharing this critical data, hospitals can help Federal and state government mitigate the effects of COVID-19 and direct needed resources from Federal Emergency Management Agency (FEMA) and the U.S. Government during this unprecedented crisis.

In Vice President Pence's [letter](#) to America's hospitals, he asks all hospitals to report data on COVID-19 testing performed in their "in-house" laboratories, which are hospitals' onsite laboratories. To monitor the rapid emergence of COVID-19 and the impact on the healthcare system, the White House Coronavirus Task Force is requesting hospitals to report testing data to HHS each day and to the **CDC's NHSN**. This new data request by the Trump Administration will help monitor the spread of severe COVID-19 illness and death as well as the impact to our nation's hospitals. Because private and commercial laboratories already report, this letter is not applicable to them.

This action, and earlier CMS actions in response to COVID-19, are part of the ongoing White House Coronavirus Task Force efforts. To keep up with the important work the Task Force is doing in response to COVID-19, visit www.coronavirus.gov. For a complete and updated list of CMS actions, and other information specific to CMS, please visit the [Current Emergencies Website](#).

Johns Hopkins: Health Security Headlines - Extracts from [March 30, 2020](#)

[Manufacturers Seek U.S. Help in Deciding Where to Ship Scarce Medical Goods](#) (*Wall Street Journal*)

Producers and distributors of medical supplies across the country are raising red flags about what they say is a lack of guidance from the federal government about where to send their products, as hospitals compete for desperately needed masks and ventilators to combat the spread of the novel coronavirus.

[How 3M Plans to Make More Than a Billion Masks By End of Year](#) (*Bloomberg*) Andrew Rehder, manager of 3M Co.'s respirator mask factory in Aberdeen, S.D., got the call from headquarters on Tuesday, Jan. 21. He gathered about 20 managers and supervisors into a conference room, where they sat, unworried, less than 6 feet apart. Rehder told them that a new virus was spreading rapidly in China and that 3M was expecting demand for protective gear to jump

[Coronavirus rattles America's national security priesthood](#) (*Politico*) If the U.S. foreign policy establishment were a high school cafeteria, the popular kids would be the terrorism and nuclear weapons analysts. And the global health specialists would be eating tater tots in the corner with the band geeks. The coronavirus outbreak

is upending that social hierarchy as it ravages economies and societies around the world – making an irrefutable case for a cause that once struggled to get a hearing in the clubby national security priesthood.

Estimates Show Wuhan Death Toll Far Higher Than Official Figure (RFA) As authorities lifted a two-month coronavirus lockdown in the central Chinese city of Wuhan, residents said they were growing increasingly skeptical that the figure of some 2,500 deaths in the city to date was accurate.

FDA issues emergency authorization of anti-malaria drug for coronavirus care (Politico) The Food and Drug Administration on Sunday issued an emergency use authorization for hydroxychloroquine and chloroquine, decades-old malaria drugs championed by President Donald Trump for coronavirus treatment despite scant evidence.

McCormick Place set to be converted into Illinois' first field hospital for 3,000 coronavirus patients by April 24 (Chicago Tribune) McCormick Place will be converted into Illinois' first field hospital to handle 3,000 coronavirus patients as the state braces for a possible surge in cases in the coming weeks, officials said.

N.Y.C.'s 911 System Is Overwhelmed. 'I'm Terrified,' a Paramedic Says. (The New York Times) The first of many calls that night involved a 24-year-old man who had a fever, body aches and a cough that sounded like a cement mixer.

The U.S. Tried to Build a New Fleet of Ventilators. The Mission Failed. (The New York Times) Thirteen years ago, a group of U.S. public health officials came up with a plan to address what they regarded as one of the medical system's crucial vulnerabilities: a shortage of ventilators.

Clinicians Call on Clinical Management of Critically Ill Adults with COVID-19

Thursday, April 2 @ 2-3:30 PM EDT

Get ZOOM, Facebook Live or Call info: https://emergency.cdc.gov/coca/calls/2020/callinfo_040220.asp

From the COVID-19 Grassroots Advocacy Forum:

Over the weekend, the FDA provided us the following information regarding some of the companies promoting potentially fraudulent materials related to COVID-19 testing, including marketing FDA certification. The FDA is still in the process of reviewing many of these authorizations and have shared with us a few key points to help discern whether a company is legitimate.

1. The FDA list of all current authorized tests, updated daily: www.fda.gov/medical-devices/...
2. FDA webpage that addresses available diagnostic and therapeutic medical devices in response to COVID-19:
 - [Coronavirus Disease 2019 \(COVID-19\) Emergency Use Authorizations for Medical Devices](#)
 - [Personal Protective Equipment EUA](#)
 - [In Vitro Diagnostic EUAs](#)
3. Here is a list of Laboratories and Manufacturers that are Offering Tests for COVID-19: www.fda.gov/medical-devices/...
4. Additional diagnostic questions should be submitted to: COVID19DX@fda.hhs.gov
5. As a reminder, any concerns regarding fraudulent products, including tests, should be sent to: FDA-COVID-19-Fraudulent-Products@fda.hhs.gov

Source: RADM(ret) Pamela Schweitzer, Pharm.D.
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**Trauma Family - Pikeville Medical Center is still planning
an RTTDC course for September 18th, 2020**

For more information: olivia.akers@pikevillehospital.org

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.