



Kentucky Hospital Research & Education Foundation Emergency Preparedness Update for March 31, 2020

KY COVID-19 Update as of 5 PM: New cases: 114; 7 new deaths (Total 18)

(Governor's Office) Expressing condolences, Gov. Andy Beshear announced Tuesday that seven more Kentuckians died after becoming ill from the novel coronavirus disease 2019 (COVID-19) and urged Kentuckians to continue to take precautions and sacrifice to stop the spread.

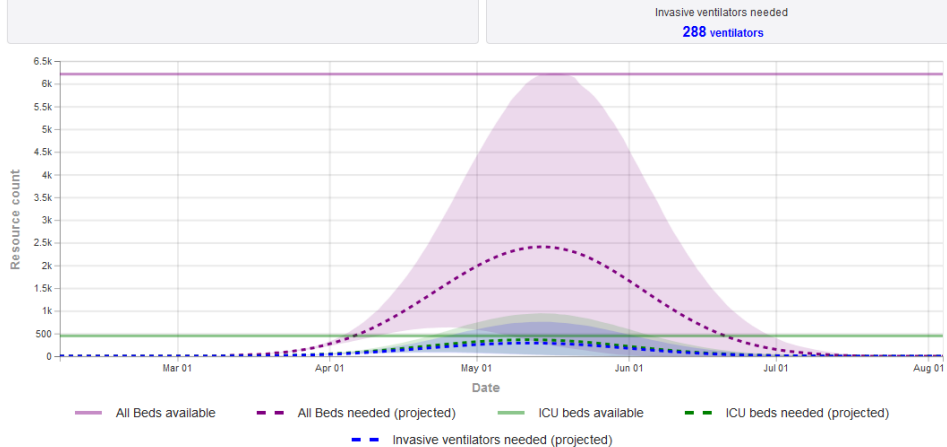
Gov. Beshear issued an order Monday restricting out-of-state travel by Kentuckians during the state of emergency. The decree allows for a range of exemptions, including travel to other states for work and groceries, to care for loved ones, to obtain health care and when required by a court order. Kentuckians arriving back in the commonwealth from out of state are required to self-quarantine for 14 days.

Full Press Release: <https://kentucky.gov/Pages/Activity-stream.aspx?n=GovernorBeshear&prld=111>

KY Crisis Standards of Care Released

(KHA Daily COVID-19 Update) Today, Dr. Steven Stack, Commissioner for the Kentucky Department for Public Health (KDPH), provided KHA with two important documents – Kentucky's [Crisis Standards of Care](#) and [Strategies for Scarce Resource Situations](#) – to help hospitals prepare for the rise in COVID-19 patients. These documents are at the links above..

The **Crisis Standards of Care** document discusses four distinct phases for decision-making to allocate scarce clinical resources during a major public health crisis. These include (1) preparedness and planning prior to a surge event; (2) initial response at the beginning of a crisis with focus on patient triage and establishment of a process to deploy resources effectively; (3) response through stabilization, which can include the use of alternative care sites and patient transportation to meet the crisis; and (4) recovery where response efforts wind down.



The document is based on assumptions which include that state and federal disaster declarations have been issued, resources as well as trained staff are limited, and there are disruptions to the health care supply chain.

The document also sets out the responsibilities of various agencies during each phase of the emergency including the KDPH, KBEMS, Kentucky Crisis Community Response Board, Kentucky Emergency Management, the Cabinet for Health and Family Services, County Emergency

Management Agencies, Regional Healthcare Coalitions and various support agencies including KHA. The plan also provides guidelines for health care providers for space, staff and supply surge strategies; addresses patient transport; and patient triage to address the provision of care when there are insufficient resources.

Hospitals should share and review these documents with your physician and nursing leaders as you prepare your response to COVID-19. It is also recommended that hospital leadership in each Hospital Preparedness Region discuss how your facilities can collaborate and communicate with each other, share bed capacity and work together to identify alternative care sites in your communities and how those sites would be staffed.

COVID-LTC Transfer Agreements Released

(KHA Daily COVID-19 Update) In order to assist hospitals with patient flow during the COVID-19 pandemic, KHA has developed guidance on [transfer of patients from the hospital to nursing facilities](#).. KHA engaged the Kentucky Association of Health Care Facilities, the Kentucky Center for Assisted Living (KAHCF/KCAL) and Leading Age Kentucky to review the guidelines and provide input on behalf of their members. Having the guidelines endorsed by KHA, KAHCF/KCAL and Leading Age will provide members of all the associations the guidance they need during these critical times. KHA shared this guidance with KDPH Commissioner Stack and with the Kentucky Office of the Inspector General.

**CBS Coronavirus updates:
COVID-19 cases top 75,000 in NYC
1,550 people dead in New York**

The number of coronavirus deaths in the United States surpassed China's reported death toll Tuesday, according to [Johns Hopkins University](#). Over 3,400 people have died in the United States. About 3,300 have died in China, where the outbreak originated.

Americans have seen their country hurtle into a war-like response that few could have envisioned: Hospital tents in Central Park and Navy hospital ships docked in New York and Los Angeles.

President Trump has extended social distancing guidelines until April 30 and more than 25 states have issued stay-at-home orders for residents.

Dr. Anthony Fauci, the nation's leading expert on infectious diseases and director of the National Institute of Allergy and Infectious Diseases, told CNN that social distancing measures instituted nationwide appear to be having an effect on the number of new coronavirus cases.

Fauci told CNN the [White House coronavirus task force](#) is also considering the widespread use of masks once frontline workers have the personal protective equipment they need and said the topic will be discussed at its meeting Tuesday.

"Once we get in a situation where we have enough masks, I believe there will be some very serious consideration about more broadening this recommendation of using masks," he said. "We're not there yet, but I think we're coming to some determination."

Other COVID-19 news updates in the CBS summary:

- [First-hand accounts from health workers on the front lines](#)
- [Dire times for restaurant owners and employees](#)
- [Rural-state governors tell Trump they need supplies](#)
- *Detailed [information from the CDC on coronavirus](#) treatment and prevention.*

Full CBS Corona Update: <https://www.cbsnews.com/live-updates/coronavirus-disease-covid-19-latest-news-2020-03-31/>

Because of age, third of US doctors prone to worse COVID-19

(CIDRAP) Nearly one in three licensed doctors in the United States is older than 60 years, an age-group particularly vulnerable to adverse outcomes from COVID-19, according to a [study](#) published today on the preprint server medRxiv. And New York and California, two hard-hit states, have the most older physicians.

"The physician workforce is not only at risk of losing time spent in clinical care due to these exposures, but at a personal risk from severe disease that requires hospitalization and is associated with high morbidity and mortality," the authors said, noting that 80% of deaths in China were in people 60 and older and that, in the United States, nearly half of hospitalizations and intensive care admissions and up to 80% of deaths have been in that age-group.

Because excluding doctors older than 60 from patient care would severely strain the medical workforce, the authors suggest limiting their direct patient care and expanding their telehealth capabilities.

CIDRAP: <http://www.cidrap.umn.edu/news-perspective/2020/03/because-age-third-us-doctors-prone-worse-covid-19>

HHS accelerates clinical trials, prepares for manufacturing of COVID-19 vaccines

(ASPR Media Release) The U.S. Department of Health and Human Services took steps today to speed the development and manufacturing of vaccines to prevent [COVID-19](#), working with New Jersey-based Janssen Research & Development, part of Johnson & Johnson, and Moderna of Cambridge, Massachusetts.

The Biomedical Advanced Research and Development Authority (BARDA), part of the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR), will support non-clinical studies and a Phase 1 clinical trial of Janssen's COVID-19 investigational vaccine, Ad26 SARS-CoV-2. This clinical trial will examine the vaccine's safety in healthy adult volunteers and its ability to induce an immune response in the recipients.

These later clinical trials require enrolling hundreds, and potentially thousands of people to determine the investigational vaccine's safety and effectiveness. BARDA support includes expertise and funding to expand manufacturing in order to produce thousands of doses of the investigational vaccine for these studies.

The Moderna vaccine becomes the latest emergency medical product to transition from the [NIAID](#) to BARDA for late-stage development with the ultimate goal of U.S. Food and Drug Administration ([FDA](#)) licensure.

There are currently no FDA-approved vaccines or treatments for COVID-19. FDA has provided emergency use authorization for 20 diagnostic tests. However, in addition to taking steps to speed vaccine development, last week BARDA also awarded contracts to New York University for obtaining specimens to support medical countermeasure development and to Cue Inc., Luminex, and Vela Diagnostics USA, Inc. to support development of additional COVID-19 diagnostic tests.

HHS continues to seek partners for COVID-19 medical countermeasures, and offers [multiple ways](#) to submit proposals for potential new products or technologies.

Full Press Release: <https://www.hhs.gov/about/news/2020/03/30/hhs-accelerates-clinical-trials-prepares-manufacturing-covid-19-vaccines.html>

CMS Issues Additional Blanket Waivers

Yesterday, CMS announced additional federal temporary blanket waivers to provide additional flexibility to hospitals and health care providers to respond to the emergency.

These waivers include:

1. CMS will expand its “Hospital without Walls” program, allowing a hospital to increase its capacity through the use of alternative care sites by allowing hospitals to transfer patients to outside facilities (ASCs, rehab hospitals, hotels) while still receiving hospital payments under Medicare.
2. ASCs can contract with local health care systems to provide hospital services, or they can enroll and bill as hospitals during the emergency as long as they are not inconsistent with their state’s emergency preparedness plan.
3. Ambulances can transport patients to a wider range of locations when other transportation is not medically appropriate, including to community mental health centers, FQHCs, physician offices, urgent care facilities, ASCs and dialysis facilities.
4. Hospitals can set up testing and screening sites exclusively for the purpose of identifying COVID-19 positive patients and the guidance describes the circumstances in which hospital EDs can test and screen patients for COVID-19 at drive through and off campus test sites.
5. Hospitals are able to provide benefits and support to their medical staffs, such as daily meals, laundry service for personal clothing or child care while staff are providing care.
6. Medical residents will have more flexibility to provide services under the direction of the teaching physician and teaching physicians can also provide supervision virtually.
7. CMS will permit wider use of verbal orders by physicians
8. CMS is waiving the requirements for a nurse to conduct an onsite visit every two weeks for home health and hospice.
9. Telehealth will be expanded by providing Medicare reimbursement for additional services, including ED visits, initial nursing facility and discharge visits, and home visits. Providers will be able to use and be paid for evaluating patients who have audio phones only. CMS is also allowing telehealth to fulfill many face-to-face visit requirements for clinicians to see their patients in inpatient rehabilitation facilities, hospice, and home health. Providers will be able to provide telehealth services to both established and new patients.
10. Medicare will cover respiratory related devices and equipment for any medical reason determined by clinicians – previously, Medicare covered them under certain circumstances
11. Hospitals will not be required to have written policies on processes and visitation of patients who are in COVID-19 isolation and will also have more time to provide patients a copy of their medical record.

CMS also provided an overview graphic of the flexibilities, available at:

<https://kyha.memberclicks.net/assets/docs/COVID19/FlexibilitiesOverviewGraphicFINAL.pdf>.

[CMS announced additional federal temporary blanket waivers to provide additional flexibility to hospitals and health care providers to respond to the emergency. The CMS declaration can be found at <https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf>.]

Helipad Safety for Hospitals Erecting Temporary Structures

KHA was contacted by the Department of Aviation regarding temporary structures at hospitals. All temporary structures, including tents for COVID-19 testing, should be placed at safe distance from the hospital's helipad. The recommended distance is at least 1,000 feet if possible to avoid damage from rotor wash.

--- *Extracts from AHA Today for [March 31, 2020](#)* ----

President authorizes Reserve, National Guard to assist in COVID-19 response. President Trump has [authorized](#) the Secretaries of Defense and Homeland Security to order up to 1 million Ready Reserve members to active duty for up to two years at a time to assist with the COVID-19 national emergency. The authorization could impact the hospital and health system workforce, as many reservists are employed in health care when not on active duty. He also authorized 100% federal cost-sharing for the governors of [Connecticut](#), [Illinois](#), [Michigan](#), [Florida](#), [Louisiana](#), [Maryland](#),

[Massachusetts, New Jersey, Guam, and Puerto Rico](#) to use the National Guard to support COVID-19 state and local emergency assistance efforts for 30 days.

CDC report estimates underlying condition prevalence in U.S. COVID-19 patients. Preliminary U.S. data suggests that Americans with health conditions such as diabetes, lung disease and cardiovascular disease are at higher risk for severe COVID-19, the Centers for Disease Control and Prevention [reported](#) today. The study found that the percentage of COVID-19 positive patients needing hospitalization or intensive care unit admission was higher for those with at least one underlying health condition or risk factor compared with those without underlying conditions.

CISA advisory updates essential personnel guidance. The Cybersecurity and Infrastructure Security Agency on Saturday issued an [updated version of its guidance](#) on the essential critical infrastructure workforce during the COVID-19 crisis. "While this advisory list is meant to help public officials and employers identify essential work functions, it allows for the reality that some workers engaged in activity determined to be essential may be unable to perform those functions because of health-related concerns," the agency said.

Federal and State Data Requirements for COVID-19

On Sunday, the Centers for Medicare & Medicaid Services (CMS) sent a letter to the nation's hospitals on behalf of Vice President **Mike 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.

KHA initially tried to coordinate sharing the data hospitals are already reporting in the WebEOC system with the federal government; however, the data requested by the federal government is different than the state WebEOC data.

Please remember to update your WebEOC data by 9:00 a.m. (ET) every morning to ensure you are meeting the state's requirements.

The full CMS press release is available at <https://www.cms.gov/newsroom/press-releases/trump-administration-engages-america-hospitals-unprecedented-data-sharing>.

HHS ASPR has developed two new COVID-19 tabletop exercises

Fatality Management Tabletop Exercise and Situation Manual

HHS ASPR developed a COVID-19 fatality management tabletop exercise for use by government, private sector, and nonprofit organizations. The toolkit includes a [Situational Manual](#) and [PowerPoint](#). The Situation Manual provides exercise participants with a hypothetical scenario that depicts numbers of confirmed COVID-19 cases and deaths at the state, regional, and national levels over a period of 40 days. It also includes discussion questions regarding the following topics: coordination of fatality management operations; information collection and reporting; legal and regulatory considerations; supply chains and resource management; infection control; continuity of operations; mental and behavioral health services; and public messaging and risk communications. The accompanying slide deck can be customized and provides an overview of the scenario to set the stage for discussion.

ASPR Pandemic Contagion Private Sector Tabletop Exercise Materials

HHS ASPR developed a COVID-19 tabletop exercise for the private sector, including owners/operators, company legal counsel, communication teams, Human Resources, and other key company leadership. [This document](#) includes links to all the materials needed to carry out this exercise. Exercise materials include: Private Sector Exercise in a Box Instructions, Player Handbook, Facilitator Guide, PowerPoint Presentation, Draft Summary Report Template, and Participant Feedback Form.

Please visit the [ASPR TRACIE Novel Coronavirus Resource page](#) for to view additional COVID-19 Healthcare Planning Resources and select COVID-19 Technical Assistance Responses.

ARH furloughs 500 workers amid financial strain

<https://www.whas11.com/article/news/kentucky/hospital-system-furloughs-500-workers-amid-financial-strain/417-84099527-041e-4f74-becc-dbf07337a1f1>

VA Health System Swamped by Coronavirus Patients

(HealthDay News) -- Coronavirus patients are swamping Department of Veterans Affairs health facilities across the United States. The nation's largest health care system had nearly 500 cases as of Thursday, a 60% increase since Tuesday, *CBS News* reported. The average VA patient is older than 60, and many have underlying health problems that put them at high risk for respiratory complications from the coronavirus.

Full story: <https://www.medicinenet.com/script/main/art.asp?articlekey=229495>

Relief package billions can't buy hospitals out of shortages

(AP) he billions of [tax dollars](#) headed for hospitals and states as part of the \$2.2 trillion [coronavirus response bill](#) won't fix the problem facing doctors and nurses: a critical shortage of protective gowns, [gloves](#) and [masks](#).

The problem isn't a lack of money, experts say. It's that there's not enough of those supplies available to buy. What's more, the [crisis](#) has revealed a fragmented procurement system now descending into chaos just as demand soars, The Associated Press has found. Hospitals, state governments and the Federal Emergency Management Agency are left bidding against each other and driving up prices.

Even if someone took some of this money and built the equipment to make masks, gowns and gloves, it would not solve the problem because none of the materials are made in the United States. That includes latex and rubber, largely from Southeast Asia, as well as textiles used in surgical gowns that can repel fluids but are easily disposable.

"The suppliers that provide the raw materials needed to make such items have to increase their capacity in order to deliver more materials to manufacturers, which could take time and may not be feasible if the suppliers are located in other parts of the world that are currently crippled by the coronavirus," said Kaitlin Wowak, an assistant professor at University of Notre Dame business school who specializes in analytics and operations.

The AP reported last week that [imports of critical medical supplies](#) were plummeting due to factory closures in China, where manufacturers had been required to sell all or part of their goods internally rather than export to other countries. Shipments of medical gloves are down 23% so far this month compared with 2019, and medical gown imports are down 64% for the same period, according to trade data compiled by Panjiva and ImportGenius, services that track imports and exports. No medical-grade N95 masks, made almost entirely in China, have arrived at U.S. ports so far this month.

Full AP story: <https://apnews.com/cea0967cea2593bbe9fb62d8d462424d>

One Way to Help Strapped Hospitals? Print PPE Using 3D Printers

<https://www.npr.org/2020/03/28/822911643/one-way-to-help-strapped-hospitals-print-ppe-using-3d-printers>

Good boy staying safe and taking pawcautions... 😊



<<<< Now you know where the PPE is going!
Bet you smiled 😊

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.