



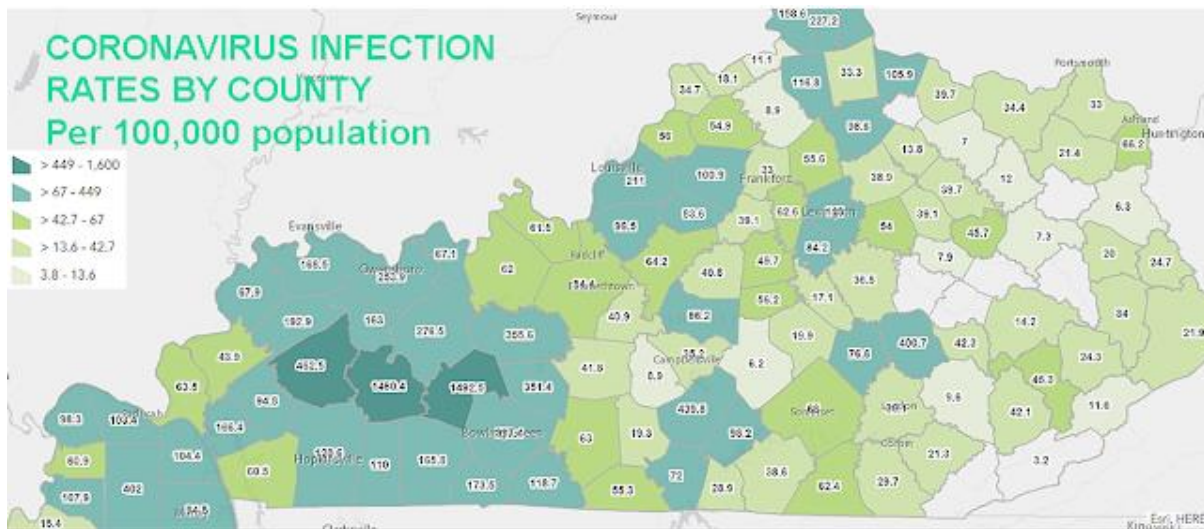
Kentucky Hospital Research & Education Foundation Emergency Preparedness Update for May 11, 2020 National Hospital Week

[COVID-19 Data Updates](#)

[Kentucky](#) - 6,677 cases; 311 deaths | [Indiana](#) - 24,627 cases; 1,411 deaths

Map shows counties' infection rates; Coronavirus expert says more inmates will surely become infected and die at Green River Correctional

(KY Health News) The most commonly seen map of coronavirus cases in Kentucky shows the number confirmed in each county, but the more instructive map is the one that shows the rate: the number of cases per 100,000 population. That map shows the top counties are Butler, which has had a major outbreak in its nursing home; Muhlenberg, site of a state prison where all inmates and employees were tested after an outbreak; and Hopkins, the county that had the first major outbreak.



Every county bordering the three also has an elevated infection rate. High rates are also found in Adair and Jackson counties, sites of outbreaks in nursing homes, and bordering counties. Long-term-care facilities have accounted for 58 percent of covid-19 deaths in Kentucky. The Adair County facility has had both of the employee deaths.

A coronavirus expert told a Louisville judge Thursday that more inmates at the **Green River Correctional Complex** in Central City will surely become infected with it and die. The chances of that not happening are "near zero," said Dr. Frank LoVecchio, a public-health and emergency medicine specialist who is advising the state of Arizona on the virus. "I would put this as very critical." Three inmates have died.

Full story: <http://kyhealthnews.blogspot.com/2020/05/virus-expert-says-more-inmates-will.html>

Thousands volunteer to be infected with coronavirus

(NBC) Imagine being told to inhale a nasal spray full of the coronavirus. More than 14,000 people in the U.S. and elsewhere are putting their names forward to do so. They are volunteering for what's called a "human challenge trial," an ethically controversial way [to test vaccines](#) that would deliberately infect people with a virus that has [killed over 270,000 people worldwide](#) and has no cure.

The problem is that vaccines take time to develop and test — often upward of a decade. The [final phase of vaccine testing](#) usually requires tracking up to tens of thousands of people to see who becomes infected in their daily lives, sometimes over several years. But leading [epidemiologists](#), [philosophers](#) and [vaccinologists](#) have recently advocated human challenge studies to accelerate the process. Eyal and his co-authors predict that with careful design and informed consent, it could [bring a vaccine months earlier and save thousands of lives](#).

Story link: <https://www.nbcnews.com/health/health-news/why-have-14-000-people-volunteered-be-infected-coronavirus-n1203931>

FDA grants emergency use authorization for Abbott coronavirus antibody test

Why it matters: The tests can indicate whether a person had the virus in the past, including those who were asymptomatic.

<https://www.axios.com/coronavirus-antibody-test-abbott-fda-eua-3827c6e6-1475-4626-9800-846d80d68f8d.html>

OSHA's "[Ten Steps All Workplaces Can Take to Reduce Risk of Exposure to Coronavirus](#)" poster
Available in 13 languages.

A nurse without an N95 mask raced in to treat a "code blue" patient. She died 14 days later.

<https://www.latimes.com/california/story/2020-05-10/nurse-death-n95-covid-19-patients-coronavirus-hollywood-presbyterian>

Most Kentucky hospitals get a 'C' on a twice-a-year safety report card, Jewish got a rare 'F' on the last report

(Kentucky Health News) For the fourth grading period in a row, a nonprofit group that rates patient safety in hospitals has given Cs to most of the 49 Kentucky hospitals it rated.

The Leapfrog Group, based in Washington, D.C., rates more than 2,600 hospitals. Most of Kentucky's 126 hospitals were not rated, since rural hospitals with "critical access" status don't have to report quality measures to the federal government.

Leapfrog **gave** As to 12 Kentucky hospitals, or about 24 percent of those graded. It gave Bs to 10, Cs to 24, and Ds to 3. Most of the changes from the last report, in November, came from hospitals in the two lowest grades moving into the C category, with only a few swaps in the upper grades.

The only hospital to get a failing grade last fall, **Jewish Hospital** in Louisville, jumped to a C grade in this one, after having received a string of Ds since the spring of 2016 before getting a failing grade in the last report. The **University of Louisville** acquired Jewish Hospital and other facilities from **KentuckyOne Health** last fall.

Read full story: <http://kyhealthnews.blogspot.com/2020/05/most-kentucky-hospitals-get-c-on-twice.html>

FDA Pulls Approval for Dozens of Mask Makers in China

As a follow up to the information KHA shared last week in case you missed it, here is a link to the FDA letter regarding the N-95 respirators that have been removed from the EUA list. Tests have shown many imported masks perform far short of N95 filtration standards.

Also, again sharing the link to the appendix with the list and a link to the webinar that has a detailed explanation of the process and how to ascertain whether a mask is up to standards for safe use.

- Link for new Letter: <https://www.fda.gov/media/136664/download>
- Link for new Appendix A: <https://www.fda.gov/media/136663/download>
- Link to the recorded webinar: <https://www.cdc.gov/niosh/npptl/webinars/Webinar-Factors-To-Consider.html>

Also, more information is available at [HTTPS://WWW.FDA.GOV/MEDIA/136663/DOWNLOAD](https://www.fda.gov/media/136663/download)

Mass Shootings in US Plunge During Pandemic

(**IACP News**) **Bloomberg** (5/8, Dolmetsch) reported, "Forcing people in the U.S. to shelter at home during the coronavirus outbreak may have resulted in less death from COVID-19 infections but also fewer victims of mass shootings." Bloomberg added, "The number of mass shootings in the U.S. plunged 24% in April from a year earlier as churches, malls, restaurants, schools and parks were shuttered and most businesses closed, according to a Bloomberg News analysis of data from an organization that tracks information about firearm-related violence. The decline occurred despite a spike in gun sales that month." According to Bloomberg, "The number of mass shooting incidents, killings and firearm injuries all dropped as states and cities took aggressive measures to contain the virus. There were 25 mass shootings in April this year, with 22 dead and 89 wounded. In the same month last year, there were 33 shootings, 25 deaths and 130 injuries. The number of deaths in April was the lowest for the month since 2015, according to Gun Violence Archive, which began keeping track of such incidents in 2013. The organization defines mass shootings as incidents where four or more people are shot during a single event, not including the shooter."

BUT - in a related story....

Spike In Deadly Unintentional Shootings By Kids Seen During Lockdowns

CBS News (5/8, Donaghue) reported, "Deadly unintentional shootings by children increased 43 percent in March and April compared to average gun deaths during the same two months over the last three years, according to data analyzed by advocacy group Everytown for Gun Safety. The 'alarming uptick' coincided with

the time span that gun sales were surging during coronavirus lockdowns.” Gun safety advocates “have feared that with schools closed and children experiencing boredom and isolation in quarantine, kids would be at an increased risk of finding unsecured guns in their homes. Those concerns have only increased with historically high gun sales in March and April. Now, they say, the data suggests that their fears are becoming a grim reality. ‘We know that there are risks to having guns in the home, and with the surge in gun sales in the last two months, it could create more opportunity for kids to gain access to guns and unintentionally hurt themselves or someone else,’ said Shannon Watts, founder of Everytown’s anti-gun violence volunteer network Moms Demand Action. ‘The numbers show there’s been an increase in these horrible shooting tragedies during the time the pandemic was at its peak.’”

HHS announces shipments of donated *Remdesivir* - *BUT now, there is some confusion*

(Based on an HHS Press Release May 9, updated May 11) The U.S. Department of Health and Human Services’ Office of the Assistant Secretary for Preparedness and Response (ASPR) [announced last week](#) an allocation plan for the drug *Remdesivir*. The allocation is from a donation by Gilead Sciences, Inc. to the United States which was finalized on May 3, 2020. The donated doses of the treatment, which received an Emergency Use Authorization (EUA) from the U.S. Food and Drug Administration, are intended for treatment of hospitalized COVID-19 patients in areas of the country hardest hit by the pandemic.

Beginning on the evening of May 7, 2020, the process was initiated to deliver cases of the drug to the following states: Connecticut (30 cases), Illinois (140 cases), Iowa (10 cases), Maryland (30 cases), Michigan (40 cases) and New Jersey (110 cases). Then an additional allocation was sent to the following seven states: Indiana (38 cases), Massachusetts (117 cases), New Jersey (94 cases), New York (565 cases), Rhode Island (30 cases), Tennessee (7 cases) and Virginia (33 cases). Each case contains 40 vials of the donated drug. ASPR expects cases to be delivered to all 50 states, as well as territories and the Veterans Health Administration and the Indian Health Service for distribution within those health systems.

The HHS press release indicates candidates for the donated doses must be patients on ventilators, on extracorporeal membrane oxygenation, or who require supplemental oxygen due to room-air blood oxygen levels at or below 94 percent. The document says, *“Healthcare providers interested in administering the donated experimental drug should contact their state health department.”*

*But the situation has become a little more complicated today. In an email all hospitals reportedly received [this morning](#) through the HHS Tele Tracking system, there is a [new request](#) for information from all hospitals due in by 8 PM ET on Tuesday, May 12th. Facilities are now being asked to provide (as of May 10th) the number of currently hospitalized coronavirus patients, and of those admissions the number of currently hospitalized patients requiring placement in an intensive care unit. The HHS communique goes on to say that, *“We will ask your institution to provide this information on a weekly basis so that the government can adjust to the changing national need for Remdesivir. You will receive an additional communication regarding future submissions later this week.”**

State health departments are to distribute the limited doses they are receiving to appropriate hospitals. In a conversation with KHA President, Nancy Galvagni, Dr. Steven Stack, Kentucky’s Commissioner for Public Health, said that he understands from a briefing with HHS over the weekend that the state is currently slated to receive only about 50 doses. Given the limited doses being provided to the state, Dr. Stack is currently contemplating how to handle this process.

Johns Hopkins: Health Security Headlines Extracts from [May 11, 2020](#)

[Inside the NIH’s Controversial Decision to Stop its Big Remdesivir Study](#) (STAT News) The drug maker Gilead Sciences released a bombshell two weeks ago: A study conducted by a U.S. government agency had found that the company’s experimental drug, remdesivir, was the first treatment shown to have even a small effect against Covid-19. Behind that ray of hope, though, was one of the toughest quandaries in medicine: how to balance the need to rigorously test a new medicine for safety and effectiveness with the moral imperative to get patients a treatment that works as quickly as possible.

[Effects of the COVID-19 Pandemic on Routine Pediatric Vaccine Ordering and Administration - United States, 2020](#) (CDC MMWR) The ongoing COVID-19 pandemic is a reminder of the importance of vaccination. The identified declines in routine pediatric vaccine ordering and doses administered might indicate that U.S. children and their communities face increased risks for outbreaks of vaccine-preventable diseases.

See Also: [Routine vaccinations for U.S children have plummeted during the COVID-9 pandemic](#) (STAT) Routine vaccination of children in the United States appeared to have declined dramatically in March and April, in the weeks after Covid-19 was declared a pandemic and the United States government declared a national emergency, a new study published Friday shows.

CMS issues new COVID-19 FAQs on Medicaid and CHIP

(AHA Today) The Centers for Medicare & Medicaid Services recently issued new [Frequently Asked Questions](#) to aid the Medicaid program and Children's Health Insurance Program in their response to the COVID-19 pandemic. The new FAQs cover a variety of Medicaid and CHIP topics, including provider payment, eligibility and enrollment flexibilities, many of which were advocated by the AHA. Of particular interest to hospitals are a series of FAQs that address Upper Payment Limit requirements and methodologies, provider payment increases related to COVID-19, and added flexibility for hospital presumptive eligibility.

Guidance for First Responder Interactions with COVID-19 Patients

(EMR-ISAC InfoGram) The Federal Health Resilience Task Force just released [Guidance for First Responder Interactions with Suspected/Confirmed COVID-19 Patients](#). The guidance includes a two-page EMS Patient Contact Algorithm, a flowchart detailing recommended best practices starting with first arrival at the scene. Guidance stresses the importance of exposure management regardless of the type of incident.

HHS/ASPR COVID-19 Clinical Rounds

Tuesday, May 12, at 12:00-1:00 PM ET [Click here for registration](#)

Critical Care: Lifesaving Treatment and Clinical Operations

This resource webinar is intended for consultant physicians involved in critical care practice, fellows, residents, pharmacists, nursing staff, nurse practitioners, physician assistants, respiratory therapists, & allied health staff.

Upcoming Thursdays, 12:00-1:00 pm ET

Topic Focus: ***Emergency Department: Patient Care and Clinical Operations***

National Emerging Special Pathogens Training and Education Center (NETEC)

NETEC Webinar: PPE! You've Got Questions. We've Got Answers.

Wednesday, May 13, at 12:00 pm ET [Click here for registration](#)

In this NETEC town hall forum, NETEC subject matter experts will be on hand to answer frequently asked questions surrounding the use of Personal Protective Equipment in the care of COVID-19 patients.

NETEC Webinar: Rapid Ambulatory COVID Testing: From A to PPE

Friday, May 15, 1 PM ET/12 Noon CT

This webinar will review the strategies and guidance available to help communities stand up rapid COVID-19 testing in a safe and effective way. [REGISTER HERE](#)

ESF-14 Cross-Sector Business and Infrastructure Series on COVID-19

Tuesday, May 12, at 3:00 pm ET Dial-in: 1-800-593-7177, Pin: 7963614

Join the Cybersecurity and Infrastructure Security Agency (CISA) for updates on ESF-14 activities in the COVID-19 response.

Thursday, May 14, at 3:00 pm ET Dial-in: 1-800-593-7177, Pin: 7963614

Join the Cybersecurity and Infrastructure Security Agency (CISA) for updates on ESF-14 activities in the COVID-19 response.

ASHE - Short and Long Term and ITM Needs

Wednesday, May 13, at 12:00 pm ET [Click here for registration](#)

The COVID-19 pandemic is impacting the health care physical environment in ways we never imagined. This webinar series will address specific health care facility measures based on immediate, short- and long-term needs regarding preplanning, inspection, testing and maintenance, sustainability and the "new normal." Building off of the first webinar's discussion of preplanning for recovery and tackling immediate needs, this webinar will focus on short- and long-term needs and addresses inspection, testing and maintenance (ITM) concerns as well. Attendees will have the opportunity to ask questions live.

CDC COVID-19 Prevention Messages:

Mini Webinar Series for Long-Term Care Staff

Trainings for nursing home and long-term care facility staff to protect residents from COVID-19

CDC has launched a new mini webinar training series for frontline long-term care and nursing home staff. This series of 5 short webinars reviews basic infection prevention steps including: proper use of personal protective equipment (PPE) and facemasks, how and when to perform hand hygiene, how and when to clean surfaces, and the need to check residents and staff daily for symptoms of COVID-19. Learn more about your role in protecting residents and keeping COVID-19 out of your facility.

Webinar Series - (Click to watch):

- [Sparkling Surfaces](#)
- [Clean Hands](#)
- [Closely Monitor Residents](#)
- [Keep COVID-19 Out!](#)
- [PPE Lessons](#)

Additional resources:

- ✓ **Key Strategies to Prepare for COVID-19 in Long-term Care Facilities (LTCFs)**: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html>
- ✓ **Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings**: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>
- ✓ **Additional Guidance for Nursing Homes and Long-Term Care Settings**: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>
- ✓ **Key Strategies to Prepare for COVID-19 in Long-term Care Facilities (LTCFs)**: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html>
- ✓ **Preparedness Checklist for Nursing Homes and Other Long-Term Care Settings**: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-checklist.html>

State of 911 Webinar: GIS data and COVID-19, translating text-to-911

The next [State of 911 Webinar](#) is scheduled for Tuesday, May 12, 2020, from 12-1 p.m. Eastern. It will cover lessons learned in two key topic areas: using GIS data in the era of COVID-19 and approaches for translating non-English requests for help through Text-to-911. Registration is required. <Click the link below to see more and register.>

As the 911 industry works to improve GIS data for the transition to NG911, other benefits include accurate COVID-19-related data. Join the Maryland Department of Information Technology Geographic Information Office, the Maryland Emergency Management Agency and the Maryland Department of Health to learn how they strive to maintain and improve access to accurate and timely data related to COVID-19 in Maryland.

The second topic addresses challenges individuals with limited English proficiency may experience in emergency situations when communicating with public safety officials. As Text-to-911 becomes common across the nation, public safety telecommunicators will receive more non-English texts, resulting in increased needs for translation services.

After you register, you will be sent the connection information. All past webinar recordings are available on the [911.gov website](#).

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 add or delete, 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.

Procurement of Gowns and Coveralls

Due to the coronavirus (COVID-19) pandemic response and associated shortages of personal protective equipment (PPE), procurement staff may need to ensure a continued availability of protective isolation gowns for health care workers. These gowns help to minimize or avoid exposure to bodily fluids when performing patient care. Coveralls, such as full-body apparel, can be difficult to put on (don) and remove (doff) correctly without exposing the worker. Therefore, PPE procurement staff should prioritize purchase of gowns for workers in healthcare facilities.

Gowns

Department of Health and Human Services Centers for Disease Control and Prevention (CDC) published strategies for [Optimizing the Supply of Isolation Gowns](#). Gowns are the most appropriate protective clothing for HCWs when caring for COVID-19 patients in healthcare facilities. Gowns mainly cover the front of an HCW, with strings to tie around the back.

Procurement staff should buy one of three types of gowns:

- Disposable gowns intended to protect the HCW from bodily fluids and not permitted for reuse or laundering;
- Reusable gowns, similar to disposable gowns (though typically cloth), but can be safely laundered for reuse; and/or
- Surgical gowns with reinforced layers to increase liquid resistance; these can be disposable or reusable, are used in surgical settings or other sterile procedures, and are regulated by the Food and Drug Administration.

Coveralls

Coveralls (e.g., Tyvek®, Viroguard®, Provent® Plus, and Tychem®) typically provide 360-degree protection designed to cover the whole body, including the back and lower legs, and sometimes the head and feet. Most coveralls are intended for single use. Coveralls are not recommended for most healthcare workers in healthcare facilities as a conventional strategy, for the following reasons:

- To serve their purpose for infection prevention and control, coveralls need to be removed and replaced after each patient interaction. In contrast to gowns, which can be changed safely and quickly, coveralls are cumbersome to remove and require more time and designated places to doff safely.
- Many HCWs are unfamiliar with using coveralls and are not adequately practiced in their use.
- HCWs may have increased exposure risk when doffing (removing) coveralls.
- The potential for thermal (heat) stress during wear of the coverall exists.



FEMA



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- Certain groups of health care workers including first responders may be more familiar and comfortable with using coveralls for PPE. If adequately trained and practiced on using coveralls, first responder agencies may consider procuring these as an alternative to gowns.

If coveralls have already been procured, coverall use may be more appropriate for (1) first responders or EMS providers, (2) environmental services workers cleaning COVID-19 patient rooms, or (3) workers staffing drive-thru diagnostic testing sites. Decisions to implement coverall use should be made by local health and safety staff. These workers should be trained on the proper procedures to put on and take off coveralls.

More information about the differences between gowns and coveralls can be found at these sites:

- www.cdc.gov/niosh/npptl/topics/protectiveclothing/
- www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-use-faq.html#Gowns

Point of Contact

Questions can be directed to the [Preservation Working Group](#) within the Healthcare Resilience Task Force.