



Kentucky Hospital Research & Education Foundation Emergency Preparedness Update for June 23, 2020

COVID-19 Updates for 4 PM June 22nd

90 new cases; Total 13,839

0 new deaths; Total 526

3534 recovered to date

[Global COVID-19 total quickly tops 9 million](#)

(CIDRAP) Fueled by surges in countries with large populations such as Brazil, the United States, and India, the global COVID-19 total jumped to 9 million cases today, as the world registered its highest 1-day total of 183,000 cases. It only took 6 days for the pandemic total to rise from 8 million to 9 million cases, 2 days less than it took for the number to rise from 7 million to 8 million. The total now stands at 9,015,582, and 469,378 people have died from their infections, according to the Johns Hopkins [online dashboard](#).

Florida officials alarmed as virus rages **“Government itself can’t solve this problem”**

(Politico) The heightened urgency comes as the state saw its largest daily increase in new infections yet over the weekend. Florida on Monday confirmed it had recorded 100,000 positive test results for Covid-19 since the pandemic began. Read more: <https://www.politico.com/news/2020/06/22/florida-politicians-coronavirus-surge-333611?cid=apn>

Related - 6,000-plus: California shatters its single-day record for most new coronavirus cases

Learn more: <https://www.sfchronicle.com/bayarea/article/6-000-plus-California-shatters-its-single-day-15358857.php>

Kentucky students will be expected to wear masks in schools at times

(WDRB) Gov. Andy Beshear will present public health guidance on reopening schools during a news conference Wednesday.

Students will be expected to wear masks or face coverings at times when they return to school for the start of the 2020-21 school year, education and health officials told a group of Kentucky superintendents Monday.

School leaders throughout Kentucky have begun planning for the resumption of in-person instruction after COVID-19 prompted Gov. Andy Beshear to recommend closing schools in mid-March to limit its spread.

Story source: https://www.wdrb.com/in-depth/kentucky-students-will-be-expected-to-wear-masks-in-schools-at-times-state-officials-say/article_ce1757ce-b4ad-11ea-accc-777b32f8b942.html

So Far, So Good: No COVID-19 Spread From Protests...Yet

Public health experts will breathe a sigh of relief if no increases by end of June

(MedPage Today) It's been more than 3 weeks since George Floyd's death [sparked an ongoing wave of national protests](#), and some cities are cautiously optimistic that these large outdoor gatherings didn't speed the spread of COVID-19.

Loud talking, inconsistent masking, and lack of social distancing at demonstrations made public health experts wary, but many cities with large protests have continued to see a decline in cases.

Read more from across the US: <https://www.medpagetoday.com/infectiousdisease/covid19/87148>

Trump Suggests U.S. Slow Down Coronavirus Testing

Read more: <https://time.com/5856696/trump-slow-coronavirus-testing-tulsa-rally/>

Trump team weighs a *CDC scrubbing* to deflect mounting criticism

Read more: <https://www.politico.com/news/2020/06/23/trump-cdc-overhaul-coronavirus-335039?cid=apn>

Studies note more at-home heart attacks, delayed ED visits in pandemic

(CIDRAP) The incidence of non-traumatic out-of-hospital cardiac arrests in New York City was three times higher during the start of the COVID-19 pandemic than in the same period the year before, which researchers who published a [study](#) late last week in *JAMA Cardiology* say points to a need for more effective healthcare outreach amid crises.

The findings of a separate [study](#), published today in the US Centers for Disease Control and Prevention's (CDC's) *Morbidity and Mortality Weekly Report*, highlight the importance of seeking emergency care amid the pandemic, with emergency department (ED) visits down 23% for heart attack, 20% for stroke, and 10% for critically high blood glucose levels from Mar 15 to May 23 from the previous 10 weeks.

Full story: <https://www.cidrap.umn.edu/news-perspective/2020/06/studies-note-more-home-heart-attacks-delayed-ed-visits-pandemic>

Related - CDC: Emergency department visits for life-threatening conditions declined in pandemic's early months

(AHA Today) A new [study](#) released today by the Centers for Disease Control and Prevention shows emergency department visits dropped by 23% for heart attacks, 20% for strokes and 10% for hyperglycemic crises in first 10 weeks after the COVID-19 public health emergency declaration. The study's authors captured 73% of the nation's ED visits from the CDC's National Syndromic Surveillance Program and local partners and compared numbers from the Jan. 5-March 14 period to those from March 15 to May 23. The study's authors said public health and health care professionals must publicly reinforce the importance of timely care for medical emergencies and give assurance that EDs are implementing infection prevention and control guidelines. CDC MMWR: <https://www.cdc.gov/mmwr/volumes/69/wr/mm6925e2.htm>

FDA warns 9 hand sanitizers may contain a potentially fatal ingredient

(USA Today) The US Food and Drug Administration [is warning people](#) not to use certain hand sanitizer products due to the potential presence of methanol, a toxic substance when absorbed through skin or ingested. Methanol is a toxic alcohol that is used industrially as a solvent, pesticide, and alternative fuel source, according to the Centers for Disease Control.

Significant exposure to methanol can result in nausea, vomiting, headache, blurred vision, permanent blindness, seizures, coma, permanent damage to the nervous system or death.

According to a [study by the National Center for Biotechnology Information](#), methanol can only potentially be lethal if used in a dose of approximately 30 to 240 mL.

The FDA advises consumers to stop using these hand sanitizers and dispose of them immediately. (See the links below for the list.)

Read story: <https://www.usatoday.com/story/news/health/2020/06/23/9-hand-sanitizer-brands-may-contain-methanol-fda-warns/3239862001/>

FDA Warning: <https://www.fda.gov/drugs/drug-safety-and-availability/fda-advises-consumers-not-use-hand-sanitizer-products-manufactured-eskbiochem>

US DHS Science and Technology (S&T) Update

Delivering Actionable Information Through Applied Research. Personal protective equipment, specifically respiratory protection such as N95 masks, are an effective way to reduce exposure to airborne SARS-CoV-2, the coronavirus that causes COVID-19. With high demand resulting in limited supply, S&T focused efforts on finding affordable and easy methods that allow masks to safely be reused. On June 19th, S&T [published](#) information about using a multi-cooker as an effective low-technology decontamination option for N95 respirators. A fact sheet, question-and-answer document, concept of operations, and an [instructional video](#) were posted on S&T's website for easy access to the information.

Health officials say some symptoms of Lyme disease and COVID-19 similar

Learn more: https://www.wdrb.com/news/health-officials-say-some-symptoms-of-lyme-disease-and-covid-19-similar/article_38840c44-b4d9-11ea-ad00-bf7fd3fda82e.html

Only half of US states have ventilator allocation guidelines

(CIDRAP) Only 26 US states have publicly available guidelines for allocation of ventilators in a public health emergency such as the COVID-19 pandemic, and the advice they contain varies widely, according to a [study](#) published late last week in *JAMA Cardiology*.

The investigators, from Rush University in Chicago and the University of Chicago, conducted a systematic review to determine if the lack of and variation in guidelines could lead to unfair allocation of potentially scarce ventilators and whether any guidelines suggested using unique criteria for pediatric patients.

While physicians, ethicists, medical societies, and states have published recommendations stating that ventilators should be allocated so as to do the greatest good for the most people, how states interpreted this advice was unknown.

Twenty-two of 26 adult guidelines (85%) addressed withdrawal of mechanical ventilation in case of a shortage, as did 9 of 14 pediatric guidelines (64%). Two guidelines (14%) required a minimum time on a ventilator before the device could be reallocated.

Of the 14 pediatric guidelines, which varied in which patients were considered pediatric, 2 (14%) guidelines recommended using clinical judgment, while 2 advised using the Pediatric Logistic Organ Dysfunction Score and 2 recommended using assessment of underlying illnesses in scoring systems. Another 7 guidelines (50%) addressed allowing children to be triaged with adults, with the age required for that varying by state.

Fifteen of 26 states (58%) recommended that hospitals form an independent triage committee of critical care physicians, nursing leaders, and medical ethicists to make decisions on ventilator allocation to avoid bias and conflicts in commitment to patients and reduce ethical distress in clinicians.

Twenty-five states (96%) reported that a committee created their guidelines, while 13 (50%) said community members were involved, and 5 (19%) recommended community involvement but didn't say whether they used it. No guidelines recommended state government enforcement or oversight or indicated whether they had been validated. Full story: <https://www.cidrap.umn.edu/news-perspective/2020/06/only-half-us-states-have-ventilator-allocation-guidelines>

CDC Coronavirus What's New?

- [Cases & Deaths by County](#) Tuesday, June 23, 2020
- [What Nail Salon Employees Need to Know about COVID-19](#) Tuesday, June 23, 2020
- [Pre-Deployment Processes: COVID-19 Considerations](#) Tuesday, June 23, 2020
- [RRT Composition: COVID-19 Considerations](#) Tuesday, June 23, 2020
- [Guidance for U.S. Centers for Disease Control and Prevention Staff for the Establishment and Management of Public Health Rapid Response Teams for Disease Outbreaks: COVID-19 Disease Supplement](#) Tuesday, June 23, 2020
- [Additional Resources](#) Tuesday, June 23, 2020
- [Post-Deployment Processes: COVID-19 Considerations](#) Tuesday, June 23, 2020
- [Deployment Processes: COVID-19 Considerations](#) Tuesday, June 23, 2020
- [Identify Jurisdiction-Specific Case Investigation Tools](#) Monday, June 22, 2020
- [Identify Jurisdiction-Specific Contact Tracing Tools and Protocols](#) Monday, June 22, 2020
- [Identify the Primary Components of COVID-19 Case Investigation](#) Monday, June 22, 2020
- [Topics for Case Investigators](#) Monday, June 22, 2020
- [Topics for Contact Tracers](#) Monday, June 22, 2020
- [Cruise Ship Crew Member Disembarkations](#) Monday, June 22, 2020
- [Staffing Resources](#) Monday, June 22, 2020
- [COVID-19 and Animals](#) Monday, June 22, 2020
- [Cases in the U.S.](#) Monday, June 22, 2020
- [Testing Data in the U.S.](#) Monday, June 22, 2020
- [COVID-19 Travel Recommendations by Country](#) Monday, June 22, 2020
- [Analyze Contact Tracing Encounters for Continuous Quality Improvement](#) Monday, June 22, 2020
- [Frequently Asked Questions](#) Monday, June 22, 2020

NIMS Alert 18-20: NIMS Guideline for Resource Management Preparedness

FEMA's National Integration Center is seeking public feedback on the draft NIMS Guideline for Resource Management Preparedness document. This National Engagement Period will conclude at **5:00 pm EDT on July 23, 2020**. National Engagement provides an opportunity for interested parties to comment on the draft document, to ensure that it is relevant for all implementing partners.

The NIMS Guideline for Resource Management Preparedness supplements the NIMS Resource Management component by providing additional details on resource management preparedness processes, best practices, authorities, and tools. The audience for this guide is any Authority Having Jurisdiction (AHJ) that is responsible for acquiring, inventorying, storing, or sharing resources. Whether building a new resource management program or working to improve an existing one, AHJs can use this guide to find information about resource management preparedness and best practices.

FEMA will host a series of webinars to outline the NIMS Guideline for Resource Management Preparedness and answer related questions. All webinars are open to the whole community.

To review the draft document, and register for one of the webinars, visit: <https://www.fema.gov/national-incident-management-system/national-engagement>.

Studies Find Recreational Marijuana Laws May Boost Traffic Deaths

([IACP News](#)) The [AP](#) (6/22, Tanner) reports, "Laws legalizing recreational marijuana may lead to more traffic deaths, two new studies suggest, although questions remain about how they might influence driving habits." According to the AP, "Previous research has had mixed results and the new studies, published Monday in JAMA Internal Medicine, can't prove that the traffic death increases they found were caused by marijuana use." The AP adds, "One study found an excess 75 traffic deaths per year after retail sales began in Colorado in January 2014, compared with states without similar laws," but "it found no similar change in Washington state." The other study "looked at those states plus two others that allow recreational pot sales, Oregon and Alaska. If every state

legalized recreational marijuana sales, an extra 6,800 people would die each year in traffic accidents, the researchers calculated.”

VOIEDs, IED, BMM Discovered in Evansville Residence

(DHS TRIPwire) On 17 June 2020, at the request of the Evansville Police Department (EPD), special agents from the ATF investigating reports of a resident possibly possessing explosives responded to an Evansville residence, where they noticed what appeared to be a victim-operated IED (VOIED) described as a booby-trap attached to a window by the front door.

The EPD Hazardous Devices Unit responded to the residence to assist. Authorities described the VOIED as a trip-wire device with a spring-loaded mechanism. The device was in the firing position, which was kept in place by a cotter pin connected to a string, and was intended to function by pulling the string attached to the cotter pin, which would release the firing pin. The device was loaded with what that the 52-year-old male resident claimed was a blank 12-gauge shotgun shell. The suspect told the agents that a second VOIED was attached to the back door of the residence.

While searching the home, officers discovered an IED, unidentified bomb-making materials (BMM), and two marijuana plants. The Hazardous Devices Unit rendered safe the devices and materials determined unsafe to be stored in evidence. The suspect was arrested and charged with possession of a destructive device, cultivating marijuana, and possessing marijuana.

(Related story: <https://www.courierpress.com/story/news/2020/06/19/atf-epd-bomb-squad-find-explosives-and-booby-evansville-home-epd/3222793001/>)

US DHS Cybersecurity and Infrastructure Security Agency (CISA)

Providing COVID-19 Resources for SLTT Governments. On June 17th, CISA released the [COVID-19 Disinformation Toolkit](#) designed to help State, local, tribal and territorial (SLTT) officials bring awareness to misinformation, disinformation, and conspiracy theories appearing online related to COVID-19’s origin, scale, government response, prevention and treatment. This toolkit provides resources like talking points, FAQs, outreach graphics, and posters to help spread awareness.

HHS/ASPR COVID-19 Clinical Rounds

These interactive virtual learning sessions aim to create a peer-to-peer learning network where clinicians from the U.S. and abroad who have experience treating patients with COVID-19 share their challenges and successes; a generous amount of time for participant Q & A is also provided. Register for upcoming sessions below.

Critical Care: Lifesaving Treatment and Clinical Operations

Tuesday, June 23, at 12:00 - 1:00 pm ET [Click here for registration](#)

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.

Emergency Department: Patient Care and Clinical Operations

Thursday, June 25, at 12:00 - 1:00 pm ET [Click here for registration](#)

Join presenters to discuss emergency management resources and information that can be utilized to improve effective hospital and emergency department function during the COVID-19 pandemic.

If you miss a session find the recordings online on the [University of New Mexico's Project ECHO website](#). [Click to join the HHS/ASPR COVID-19 Clinical Rounds email list](#).

[Webinar Series - Respirators for Health Care Personnel Use during COVID-19 Pandemic](#)

June 23 - FDA Focus: Imports and Medical devices
12-1 PM ET

[FDA Outreach - Virtual Town Hall Series - Immediately in Effect Guidance on Coronavirus \(COVID-19\) Diagnostic Tests](#)

June 24 - FDA Focus: Medical Devices
12:15 - 1:15 PM ET

UPCOMING NETEC WEBINARS

Join this week's NETEC webinar on Wednesday, June 24th at 12:00 PM CT / 1:00 PM ET on **Resiliency: Riding the Wave of COVID-19**. In this webinar, participants will understand how to assess and foster post-traumatic growth, the importance of bi-directional (systems/individual) approaches to resilience, and how to practice a few short-term/simple resilience practices. [Register here](#) and if you're unable to make it, we will send you the recording.

An additional webinar will occur on Friday, June 26th at 12:00 PM CT / 1:00 PM ET on **Pathophysiology of COVID-19**. This webinar will provide deeper insight into ARDS, thromboembolism and the Cytokine Storm. [Save your spot here](#).

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