



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

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**KY COVID-19 Numbers as of 4 PM June 30th**  
**282 new cases; Total: 15,624**  
**5 new deaths; Total 565**  
**Recovered: 3,990**  
**Tests: 404,781; PCR: 370,400; Serology: 34,381**

### **COVID-19 now in ALL 120 KY Counties**

(June 29) The Governor noted that one new case is from Robertson County, which means all 120 of Kentucky's counties now has logged at least one positive case of COVID-19.

"This confirms what we've been saying for weeks: This disease is everywhere and because of that we need all Kentuckians to practice social distancing and wear masks to keep each other safe," the Governor said. "While we might see fewer cases in some areas right now, we know cases can spike quickly if we're not careful."

Full press release-June 29: <https://kentucky.gov/Pages/Activity-stream.aspx?n=GovernorBeshear&prid=235>

**Related** WLEX story: <https://www.lex18.com/news/coronavirus/all-120-of-kentuckys-counties-now-has-at-least-one-positive-case-of-covid-19>

**KDPH Daily Summary:** <https://chfs.ky.gov/agencies/dph/covid19/COVID19DailyReport.pdf>

### **Given COVID cases growing in other state,**

#### **Dr. Stack urges healthcare facilities to plan for at least a 30% Surge**

In a conference call today with KHA and healthcare leaders, Dr. Steven Stack, Kentucky's Commissioner of Health, expressed concern that with the case count numbers beginning to grow in some states, and the potential for a growth here in Kentucky from travelers and demonstrations, it would be prudent for healthcare facilities to consider reviewing their surge planning to make sure we are ready should the need arise. His recommendation to leadership, managers and supervisors is to think about the potential for at least a 30% surge. *[In Houston, the surge - driven by young people - has filled or overwhelmed ICUs. [NPR story.](#)]*

Dr. Stack also noted that KY Public Health has increased its warehouse footprint, and is rebuilding its cache of PPE to hopefully a least a 30-day level in case it is needed down the road; but he encouraged healthcare facilities to consider doing the same. His recommendation was for facilities to have at least a 14 day supply, based on their burn-rate experience to date.

With regards to data submission, there have been some mixed messages coming out about what needs to be reported and how often. The state and the federal government still want facilities to put their data into the WebEOC system on a daily basis, where it is pushed up to state and federal agencies which are monitoring the pandemic. He noted that most Kentucky facilities are doing a good job, but a few need to focus on being more consistent to get the data into the system every day. With regards to the PPE "burn-rate", the state is going to be re-issuing a simpler system like they had early on in the pandemic, and it will be done on a weekly basis. Watch for more on this in the near future. (R. Bartlett)

### **Related story - California, Texas See Record COVID-19 Surges, Arizona Clamps Down**

(Reuters) California and Texas both marked record spikes in new COVID-19 infections on Monday, a Reuters tally showed, as Los Angeles reported an "alarming" one-day surge in America's second-largest city that put it over 100,000 cases. Los Angeles has become a new epicenter in the pandemic as coronavirus cases and hospitalizations surge there despite California Governor Gavin Newsom's strict orders requiring bars to close and residents to wear masks in nearly all public spaces. (Whitcomb and Caspani, 6/29)

### **HHS will renew public health emergency**

(Modern Healthcare) HHS spokesman Michael Caputo on Monday tweeted that HHS intends to extend the COVID-19 public health emergency that is set to expire July 25.

The extension would prolong the emergency designation by 90 days. Several payment policies and regulatory adjustments are attached to the public health emergency, so the extension is welcome news for healthcare providers.

HHS "expects to renew the Public Health Emergency due to COVID-19 before it expires. We have already renewed this PHE once," Caputo said.

Provider groups including the American Hospital Association [have urged HHS to renew the distinction.](#)

Some [notable policies](#) attached to the public health emergency are the [Medicare inpatient 20% add-on payment for COVID-19 patients](#), increased federal [Medicaid matching rates](#), requirements that insurers cover COVID-19 testing without cost-sharing, and waivers of [telehealth restrictions](#).

Adjustments CMS made to the Medicare Shared Savings Program for accountable care organizations are also connected to the length of the public health emergency. The number of months the emergency lasts affects the amount of [shared losses](#) an ACO must pay back to CMS.

Even if HHS maintains the public health emergency, some changes the Trump administration has made to help healthcare providers also depend on a separate [Stafford Act national emergency declaration](#) staying active. These changes include [CMS Medicaid waivers](#) that allow bypassing some prior authorization requirements, temporarily enrolling out-of-state providers, delivering care in alternative settings, and pausing fair hearing requests and appeal times. Source: <https://www.modernhealthcare.com/government/hhs-will-renew-public-health-emergency>

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### **NEW from ASPR TRACIE today on Alternate Care Site Planning!**

#### **[Alternate Care \(ACS\) Toolkit: Third Edition](#)**

**Author:** Federal Healthcare Resilience Task Force

**Date Published:** 2020

**Annotation:** This Toolkit was developed to help state, local, tribal and territorial (SLTT) entities to address potential shortages in medical facilities during the 2020 COVID-19 pandemic. It is intended to provide technical assistance to SLTT entities in establishing and operationalizing Alternate Care Sites (ACS).

#### **[Alternate Care Site \(ACS\) Toolkit Fact Sheet](#)**

**Author:** Federal Healthcare Resilience Task Force

**Date Published:** 2020

**Annotation:** This fact sheet was developed to: describe Alternate Care Strategies, Alternate Care Sites (ACS), and Federal Medical Stations (FMS) terminology; provide an overview of the ACS Toolkit; clarify potential funding solutions for establishment and operationalization of an ACS; and outline options for preserving an ACS as a "warm site" and eligible costs available through FEMA Public Assistance.

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### **Fauci: New virus similar to swine and Spanish flu**

(Becker Hospital Review) Health officials are closely monitoring a new flu strain discovered in pigs in China, Anthony Fauci, MD, told the U.S. Senate's health and education committee June 30, according to [CNBC](#).

The flu strain, known as "G4 EA H1N1," has characteristics similar to the strains responsible for the 2009 H1N1 pandemic and 1918 Spanish flu pandemic.

Dr. Fauci, director of the National Institute of Allergy and Infectious Diseases, said there is no evidence to prove that the new flu strain can infect humans, but he noted the virus is exhibiting "reassortment capabilities," according to [CNBC](#).

"In other words, when you get a brand new virus that turns out to be a pandemic virus it's either due to mutations and/or the reassortment or exchanges of genes," Dr. Fauci said.

The new virus is not "an immediate threat where you're seeing infections, but it's something we need to keep our eye on, just the way we did in 2009 with the emergence of the swine flu," he said.

Source: <https://www.beckershospitalreview.com/public-health/new-virus-in-china-similar-to-swine-spanish-flu-fauci-says.html>

**[Related CNN story - China researchers discover new swine flu with 'pandemic potential'](#)**

Link: <https://www.cnn.com/2020/06/30/asia/china-swine-flu-pandemic-intl-hnk-scli-scn/index.html>

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### **Worrisome details noted in kids with COVID inflammatory syndrome**

(CIDRAP) The *New England Journal of Medicine* published two studies spotlighting the serious manifestations of COVID-19–related multisystem inflammatory syndrome in children (MIS-C), the [first](#) involving 186 kids in 26 states and the [second](#) involving 99 patients in New York. On May 14, the Centers for Disease Control and Prevention (CDC) issued a national health advisory on COVID-19 patients with features of MIS-C similar to Kawasaki disease, a rare pediatric inflammatory illness that can cause coronary-artery aneurysms and toxic shock syndrome. Both studies revealed the same high level of intensive care: 80%.

Learn more: <https://www.cidrap.umn.edu/news-perspective/2020/06/worrisome-details-noted-kids-covid-inflammatory-syndrome>

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### **[Workers Filed More Than 4,100 Complaints About Protective Gear. Some Still Died.](#)**

(KHN) As health workers were dying of COVID-19, federal work-safety officials filed just one citation against an employer and rapidly closed complaints about protective gear. (Christina Jewett and Shefali Luthra and Melissa Bailey, 6/30)

----- From AHA Today ----

**Study: Layered cotton face coverings may best slow COVID-19 in public.** Three of the five most effective cloth face coverings tested by the National Institute of Standards and Technology were 100% cotton and had a visible raised fiber or nap, such as found on flannels, the [agency](#) announced yesterday. The researchers tested how well 32 natural and synthetic fabrics filtered particles similar in size to the virus that causes COVID-19; none of them came close to the efficiency of N95 masks. The Centers for Disease Control and Prevention [recommends](#) people wear cloth face coverings to help protect others in public settings where social distancing is difficult.

**FDA issues EUAs for COVID-19 tests, resuscitator and ventilator.** The Food and Drug Administration last week authorized the emergency use of two COVID-19 molecular diagnostic tests. The tests from [Inform Diagnostics Inc.](#) and [Diagnostic Solutions Laboratory LLC](#) detect in respiratory specimens nucleic acid from SARS-CoV-2, the virus that causes COVID-19. FDA also recently added an emergency resuscitator and a ventilator to its [ventilator EAU list](#).

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### **Senators Call For Investigation of States' Nursing Home Policies During Pandemic**

(NPR) Republican Sens. Chuck Grassley and Greg Walden question some states' requirement that nursing homes accept COVID-19-positive patients from hospitals.

Learn more: <https://www.npr.org/sections/coronavirus-live-updates/2020/06/29/885018594/senators-call-for-investigation-of-states-nursing-home-policies-during-pandemic>

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

**[COVID-19 Planning Considerations: Guidance for School Re-entry](#)** (*American Academy of Pediatrics*) The purpose of this guidance is to support education, public health, local leadership, and pediatricians collaborating with schools in creating policies for school re-entry that foster the overall health of children, adolescents, staff, and communities and are based on available evidence.

**[Ebola Infects 4 More in DRC's Equateur Province Outbreak](#)** (*CIDRAP*) Officials have reported 4 more confirmed cases in the Democratic Republic of the Congo (DRC) Equateur province Ebola outbreak, raising the total to 28, the World Health Organization (WHO) African regional office said today on Twitter.

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### **Study suggests household exposure may increase *C difficile* risk**

(CIDRAP) Findings from a study by researchers from the University of Iowa highlights the potential role of the home environment in *Clostridioides difficile* transmission. Using data from a commercial insurance claims database, the researchers found that the incidence of *C difficile* infection (CDI) among individuals living with a family member who had CDI was more than 12 times greater than the incidence in those without prior family exposure. The incidence rate was even higher in certain groups less likely to have other risk-increasing exposures. The [results of the study](#) appeared Jun 26 in *JAMA Open Network*.

CDI is a common, typically hospital-acquired infection that is mainly associated with antibiotic use and healthcare settings. While antibiotics create the conditions that allow for *C difficile* to flourish in the gut and cause infection, spores shed by infected patients can be spread by healthcare workers and are frequently found on bed rails, in patient bathrooms, and in other parts of the hospital environment. Those spores are often difficult to eliminate because they are resistant to many cleaning agents. In 2017, according to the most recent data from the Centers for Disease Control and Prevention, there were an estimated 223,900 CDI cases in hospitalized patients. But not all CDI cases start in hospitals.

Learn more: <https://www.cidrap.umn.edu/news-perspective/2020/06/study-suggests-household-exposure-may-increase-c-difficile-risk>

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### **US Senators Propose Limiting Transfer of Military-Grade Equipment to Police**

([IACP News](#)) [The Hill](#) (6/29, Carney) reports, "A bipartisan group of senators introduced a proposal on Monday to limit the transfer of military-grade equipment to local law enforcement agencies." Sens. Brian Schatz, Lisa Murkowski, Kamala Harris, and Rand Paul "are offering the measure as an amendment to the National Defense Authorization Act (NDAA), a mammoth defense policy bill currently being debated by the Senate. 'There is a growing bipartisan consensus that giving local law enforcement military equipment such as bayonets, grenade launchers, armor-piercing bullets, and tear gas is immoral and does nothing to keep people safe,' Schatz said in a statement." The proposal "proposal would place limits on the Pentagon's 1033 Program, which allows the Defense Department to pass on excess equipment to local agencies, by prohibiting the transfer of equipment including tear gas, armor-piercing firearms and ammunition, bayonets, grenade launchers and grenades, combat tracked vehicles, and drones, according to a release from Schatz's office. The proposed amendment would not prohibit the transfer of defensive equipment."

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**New online system completes background checks faster for child care providers, schools**

(KyForward News) A new online system will help child care providers and schools process staff background checks faster, expediting the process while ensuring the safety of Kentucky's children.

The Kentucky Department for Community Based Services (DCBS) has launched its Child Abuse/Neglect (CAN) Payment and Verification online portal, which allows users to request a check of the CAN Registry electronically instead of via paper forms. This improved process will help child care providers assess job applications more quickly and make staff and volunteer background checks easier for schools. DCBS no longer will accept paper forms after July 31. Beginning Aug. 1, all CAN Registry checks must be submitted through the online system.

Gov. Andy Beshear said the online portal helps users more easily request, receive and review child abuse and neglect background checks.

Read more: <https://www.kyforward.com/new-online-system-completes-background-checks-faster-for-child-care-providers-schools/>

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**UPCOMING NETEC WEBINAR**

Wednesday, July 1st at 12:00 PM CT / 1:00 PM ET

***A Balance of Safety and Efficiency: Pearls and Pitfalls for COVID-19 Testing Strategies.***

[Register here](#) and if you're unable to make it, we will send you the recording.

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**FDA Webinars and Calls**

**Immediately in Effect Guidance on Coronavirus (COVID-19) Diagnostic Tests**

**Wednesday, July 1, at 12:15 pm ET** [Click here for connection information](#)

The FDA will host a virtual Town Hall for clinical laboratories and commercial manufacturers that are developing or have developed diagnostic tests for SARS-CoV-2. The purpose of this Town Hall is to help answer technical questions about the development and validation of tests for SARS-CoV-2.

**Upcoming Sessions:**

Tuesday, July 7, 12:00 pm ET- Topic Focus: *Respirators for Health Care Personnel Use during COVID-19 Pandemic*

**HHS/ASPR COVID-19 Clinical Rounds**

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

**Thursday, July 2, 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.

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***NIMS ALERT 19-20: FINAL PUBLICATION OF NATIONAL INCIDENT MANAGEMENT DOCUMENTS***

(FEMA) FEMA's National Integration Center released six Job Titles/Position Qualifications and Resource Typing Definitions documents that enhance interoperability and the effectiveness of mutual aid. Today's release corresponds to the [FEMA P-2055, Post-disaster Building Safety Evaluation Guidance \(November 2019\)](#) and includes:

- Post-Disaster Building Safety Evaluation Team;
- Post-Disaster Building Safety Evaluator;
- Post-Disaster Building Safety Evaluation Strike Team Leader;
- Post-Disaster Building Safety Evaluation Team Technical Supervisor;
- Post-Disaster Complex Structural Condition Evaluator; and
- Post-Disaster Complex Architectural Systems Condition Evaluator

NIMS is a key component of U.S. incident management efforts and enables organizations from across the country to work together during incidents of all kinds and sizes. Implementing NIMS across the nation is a fundamental part of building our national preparedness. NIMS Job Titles/Position Qualifications and Resource Typing Definitions define minimum qualifications and capabilities for personnel and their equipment within their assigned teams to manage all threats and hazards, regardless of the incident's cause or size.

To view the documents and for more information, visit: <https://rtlt.preptoolkit.fema.gov/Public>.

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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](mailto: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.