



Kentucky Hospital Research & Education Foundation Emergency Preparedness Update for July 16, 2020

Hospitals are running out of COVID-19 resources — and this time could be worse

(Vox) If hospitalizations continue to rise, health care workers in Arizona, Texas, and California fear they'll be completely overwhelmed. With [Covid-19](#) hospitalizations [steadily approaching a record high](#) in the US, states like Arizona have activated emergency plans and [requested refrigerated trucks](#) to prepare for overflow at morgues. Doctors there say packed emergency rooms and ICUs are forcing them to prioritize the sickest patients, leaving other ill patients to deteriorate while waiting for care they'd ordinarily receive right away.

Hospitals in hot spots across the country are expanding and even maxing out their staff, equipment, and beds, with doctors warning that the [worst-case scenario](#) of hospital resources being overwhelmed is on the horizon if their states don't get better control of the coronavirus.

Other doctors in Arizona, where [88 percent of hospital beds statewide were in use](#) Tuesday, say the scarcity of resources means they'll soon be [rationing medical care](#).

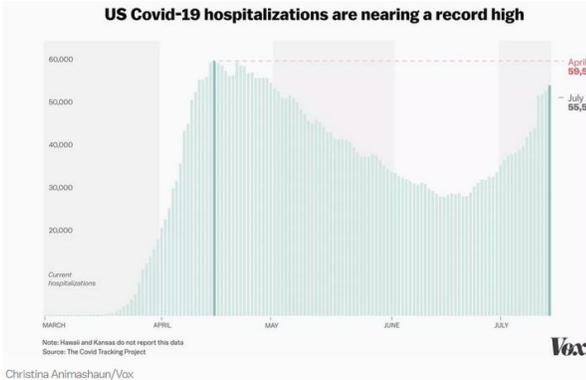
"The fear is we are going to have to start sharing ventilators, or we're gonna have to start saying, 'You get a vent, you don't.' I'd be really surprised if in a couple weeks we didn't have to do that," says [Murtaza Akhter](#), an emergency medicine physician at Valleywise Health Medical Center in Phoenix.

Experts say these outbreaks are largely driven by people flocking to newly reopened restaurants, bars, gyms, and other high-risk indoor spaces, as well as weakly enforced or nonexistent face mask mandates.

Hospitalizations nationwide are now quickly on their way to

exceeding the peak of 59,539 on April 15, hitting 55,509 on Wednesday, according to the [Covid Tracking Project](#). Hospital organizations in Florida say facilities there can still expand capacity if needed. But they, like other hot spot hospitals, are starting to cut back on elective surgeries and procedures — leading them to furlough staff in some cases to compensate for massive losses in revenue — to accommodate the rising tide of Covid-19 patients.

Read full VOX article: <https://www.vox.com/2020/7/15/21317776/covid-19-coronavirus-florida-arizona-texas-california-hospitals>



Kentucky COVID-19 Update

([From Press Release](#)) Gov. Andy Beshear on Wednesday updated Kentuckians on the state's ongoing efforts to fight the novel coronavirus 2019 (COVID-19) as cases continue to rise in the commonwealth. "... *here in Kentucky we are in a new time of escalating cases.*" Dr. Steven Stack, the commissioner of the Department for Public Health, urged Kentuckians to remain on guard and resilient in the face of rising coronavirus cases in the commonwealth.

Case Information: As of 4 p.m. July 15, Gov. Beshear said there were at least 20,677 coronavirus cases in Kentucky, 477 of which were newly reported Wednesday. The Governor emphasized that the rising case numbers show the need for everyone to wear a face covering in public or in close quarters with non-immediate family members, as required by his mandate. Unfortunately, Gov. Beshear reported 10 new deaths Wednesday, raising the total to 645 Kentuckians lost to the virus. As of Wednesday, there have been at least 498,179 coronavirus tests performed in Kentucky. The positivity rate currently stands at 4.62%. At least 5,475 Kentuckians have recovered from the virus. [KDPH [COVID19DailyReport](#)]

People who witness dangerous non-compliance with coronavirus mandates, including requirements for mask wearing, social distancing and sanitation, at Kentucky businesses are encouraged to call the COVID-19 reporting hotline at 833-KY SAFER (833-597-2337). Labor Cabinet personnel will monitor the hotline from 7:30 a.m. to 9 p.m. EDT. To file a complaint online, [click here](#).

COVID-19 data reporting switch draws outcry from health groups

(Politico) Experts said orders to bypass the CDC could make it harder to track the virus, while others warned of unusual political interference. An [HHS-imposed change](#) in how hospitals and states report coronavirus data to the government is drawing fierce criticism from public health groups and congressional Democrats concerned that the Trump administration could manipulate the numbers for political purposes.

A group of public health experts including former CDC Director Tom Frieden called the change unproductive, noting that inadequate funding for health data at CDC and local agencies is already hindering a response to

Covid-19. The experts said the new reporting system would be complicated to set up, adding that the administration hadn't consulted with state and local officials ahead of time. The change comes as some within the administration have questioned CDC's ability to provide real-time tracking of the pandemic.

Full story: <https://www.politico.com/news/2020/07/15/trumps-covid-19-data-reporting-switch-draws-outcry-from-health-groups-364589>

CDC: Studies support prevention value of cloth face coverings

(From AHA Today) Two new case studies affirm that cloth face coverings “are a critical tool in the fight against COVID-19 that could reduce the spread of the disease, particularly when used universally within communities,” the Centers for Disease Control and Prevention [said](#) yesterday. One [study](#), reported in JAMA, found that adherence to universal masking policies for health care workers and patients reduced SARS-CoV-2 transmission within a Boston hospital system. Another [study](#), released by CDC, found that wearing a mask prevented the spread of infection from two hair stylists to their customers in Missouri. According to a [CDC survey](#) released yesterday, the share of Americans who reported wearing a cloth face covering when outside their home rose from 62% in April to 76% in May.

“Cloth face coverings are one of the most powerful weapons we have to slow and stop the spread of the virus – particularly when used universally within a community setting,” said CDC Director Robert Redfield, M.D.

The AHA, American Medical Association, and American Nurses Association have [urged](#) the public to help stop the spread of COVID-19 by wearing a face mask, maintaining physical distancing and washing hands.

**Respirators for Healthcare during COVID-19:
Authorized Use & Avoiding Fraudulent Products**

Since December 2019, sales of fraudulent personal protective equipment (PPE) — particularly N95 and KN95 filtering facepiece respirators (FFRs) — have increased. The Healthcare Resilience Task Force has developed a fact sheet that provides an overview of key practices and resources to help consumers to understand approved and authorized use of respirators, to avoid purchasing fraudulent products, and to report fraud or potentially fraudulent distributors, resellers, or other suppliers. This fact sheet can be found on the [ASPR TRACIE website](#).

Related story - Tracking US manufacturers' shift toward PPE during the coronavirus pandemic

(ASPR) As the pandemic began to affect every aspect of life and business in the U.S. in March, supply chains came into national focus. Health systems and governments knew they needed robust, resilient personal protective equipment (PPE) supply chains to successfully defeat the virus. But, with most essential supplies produced outside of the U.S., supply disruptions, policy changes and freight snarls threatened U.S. institutions' ability to successfully procure PPE in a timely manner.

Story link: <https://www.supplychaindive.com/news/us-manufacturers-ppe-coronavirus-pandemic/576665/>

Trial data show hydroxychloroquine doesn't help hospitalized COVID patients

(CIDRAP) Data released July 15 from a randomized controlled trial evaluating the use of hydroxychloroquine in hospitalized COVID-19 patients show that the antimalaria drug was not associated with reductions in 28-day mortality but was linked with increased time in the hospital and an increased risk of progressing to mechanical ventilation or death.

Allocation to the hydroxychloroquine arm was also associated with a longer time until discharge from the hospital (median 16 days vs 13 days) and a lower probability of being discharged from the hospital within 28 days (60.3% vs 62.8%; rate ratio, 0.92; 95% CI, 0.85 to 0.99). Among those patients who were not on mechanical ventilation at baseline, patients in the hydroxychloroquine arm were more likely to reach the composite end point of mechanical ventilation or death (29.8% vs 26.5%; risk ratio, 1.12; 95% CI, 1.01 to 1.25). There was no significant difference between the two groups in the occurrence of major heart arrhythmia.

Intubation Boxes May Do More Harm Than Good in COVID-19 Risk

(MedScape) Clear aerosol boxes designed to keep COVID-19 patients' airborne droplets from infecting healthcare workers during intubation may actually increase providers' exposure to the virus, a small study suggests. The boxes take different forms and are made by various designers and manufacturers around the world, including in the United States, but they generally cover the head and upper body of patients and allow providers to reach through holes to intubate. The US Food and Drug Administration (FDA) on May 1 issued an [emergency use authorization](#) (EUA) for "protective barrier enclosures...to prevent [healthcare provider] exposure to pathogenic biological airborne particulates by providing an extra layer of barrier protection in addition to personal protective equipment [PPE]". Others refer to them as "intubation boxes."

Coauthor Peter Chan, MBBS, also an intensivist at Eastern Health, told *Medscape Medical News* the virus essentially concentrates inside the box and because the box has holes on the sides to allow providers' arms in, the gaps "act as nozzles, so when a patient coughs, it creates a sudden wave of air that pushes all these particles out the path of least resistance" and into the face of the intubator.

Their institution stopped using any such aerosol-containment devices during intubation until safety can be proven. Read more: <https://www.medscape.com/viewarticle/933748>

Studies Tie Increased US Gun Sales This Year to Spike In Gun Violence

(IACP News) The [Washington Post](#) (7/15, Ingraham) reports that researchers from the Brookings Institution and the University of California at Davis have both concluded that the fact that “Americans purchased millions more guns than usual this spring” is tied to the “significant increase in gun violence across the United States.” The Post says “a team from the University of California Firearm Violence Research Center...found a massive increase in gun buying during the first half of the year,” and estimated that “firearm violence nationally jumped nearly 8 percent from March through May because of excess gun-buying.” The Brookings study “indicated gun sales jumped even higher in June, with potentially even greater effects on rates of gun violence.”

Safe Kids Louisville Urges Pediatric Heatstroke Prevention

Kinzie Evrard, Coordinator for Safe Kids Louisville, has noted that sadly, a few days ago, a child lost their life in Kentucky (Hopkinsville) from what it appears to be at this time being trapped inside of a vehicle. As we move through July and August, we are in the months with historically the highest average numbers of Pediatric Vehicular Heatstroke (PVH) deaths. Although we know it doesn't have to be “hot” outside for this to occur, the summer months are very hot and children are more likely to be at home and can gain access to unlocked vehicles.

She notes, “Even if a person does not have children, they should still be locking their vehicles to prevent a child from gaining access and becoming trapped.”

- ✓ Total number of U.S. pediatric vehicular heatstroke deaths, 2020: **9**
- ✓ Total number of U.S. pediatric vehicular heatstroke deaths, 2019: **52**
- ✓ Total number of U.S. pediatric vehicular heatstroke deaths, 1998-present: **858**
- ✓ Average number of U.S. child heatstroke fatalities per year 1998-2019: **39**

More data: <https://www.noheatstroke.org/>

More from Safe Kids: <https://www.safekids.org/blog/during-covid-19-remember-these-4-tips-prevent-heatstroke-hot-cars>



Officials warn about drop in childhood vaccination due to COVID-19

(CIDRAP) As feared among the many downstream impacts of the pandemic, early data show a decline in childhood immunizations that could reverse years of hard-won progress, the World Health Organization (WHO) and UNICEF said. In May, health officials [warned](#) that the COVID-19 pandemic was disrupting routine vaccine services in 68 countries and called for joint efforts to safely deliver them. And now, preliminary vaccine coverage estimates from the first 4 months of 2020 show a substantial drop in the number of children receiving all three doses of diphtheria, tetanus, and pertussis (DPT3) vaccine, considered a marker for immunization coverage within and across countries. In a [statement](#) yesterday, the WHO said the drop in DPT3 coverage is the first in 28 years.

Full report: <https://www.cidrap.umn.edu/news-perspective/2020/07/officials-warn-about-drop-childhood-vaccination-due-covid-19>

National Immunization Awareness Month Toolkit is Live!

August is National Immunization Awareness Month (NIAM). This annual observance highlights the efforts of health care professionals to protect patients of all ages against vaccine-preventable diseases through on-time vaccination.

It is critical to ensure that routine vaccination is maintained during the COVID-19 pandemic in order to protect individuals and communities from vaccine-preventable diseases and outbreaks. Routine vaccination prevents illnesses that lead to additional medical visits, hospitalizations and further strain on the health care system. This year, CDC is calling on its partners to amplify these important messages when communicating with parents, pregnant women, adults and health care professionals.

The Centers for Disease Control and Prevention (CDC) has updated the NIAM [digital communication toolkits](#) with resources for partners, including:

- ✓ Key messages
- ✓ Social media content
- ✓ Social media graphics
- ✓ Newsletter announcements
- ✓ Links to educational resources for healthcare professionals and the public

The CDC encourages everyone to share these messages and resources throughout the month of August using the hashtag #ivax2protect.

CDC will also host an Instagram Q&A event for parents on August 24 from 12:00-2:00 p.m. (ET) to answer questions about the importance of maintaining routine immunization during the COVID-19 pandemic. Parents can tune in and participate on CDC's Instagram feed.

The agency will also host a webinar for health care and public health professionals in August explaining CDC's guidance for immunization services during the COVID-19 pandemic. Stay tuned for details and a registration link in the near future.

TODAY - July 16, 2 - 3 PM ET

CDC Clinicians Call: Clinical Management of Multisystem Inflammatory Syndrome in Children (MIS-C) Associated with COVID-19

Learn more & get connection info:

https://emergency.cdc.gov/coca/calls/2020/callinfo_071620.asp?deliveryName=USCDC_1052-DM32877

New - HHS Telemedicine Hack Series

"Telemedicine: Where Do I Start?"

Project ECHO is announcing a NEW 10-week series starting on July 22 (12:00-1:00 PM ET) to help accelerate telemedicine implementation for ambulatory providers. [Flyer](#) & [Registration](#)

KY Hospital Association TOWN HALL meetings

July 28, 4 PM ET

KY Attorney General's Office on Medicaid Fraud & Abuse

<https://join.onstreammedia.com/go/41054140/townhall>

Dial In: 1-877-594-8353 - Passcode: 56350822#

Save the Date: August 4, 3 PM ET

Feedback from the front-line in Texas and Florida hospitals

[Representatives from hospitals in both states on their experiences, lessons learned and recommendations.]

CMS Lessons from the Front Lines of COVID-19

July 17, 2:00 p.m. (ET)

Dial-In: 833-614-0820 / Access Code: 3096434 - [Web Link](#)

FDA: Respirators for Health Care Personnel Use during COVID-19 Pandemic
Tuesday, July 21, at 12:00 pm ET - [Click here for connection information](#)

The FDA, along with the Centers for Disease Control and Prevention's (CDC) National Institute for Occupational Safety and Health (NIOSH) and the Occupational Safety and Health Administration (OSHA), will host the second webinar in the webinar series on the topic of Importing Respirators for Health Care Personnel Use during COVID-19 Pandemic.

EarthEx Webinar: Incident Management for Non-emergency Managers

July 22, 2 PM ET - [Registration](#)

AHA Hospitals Against Violence Webinar:
The Physician's Role in Confronting the Burden of Firearm Injury

July 22, 4:30 p.m. (ET) - [Registration](#)

FDA: Immediately in Effect Guidance on Coronavirus (COVID-19) Diagnostic Tests
Wednesday, July 22, 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.

CMS Nurses COVID-19 Call

July 23, 3 PM ET - Dial-In: 833-614-0820 - Access Passcode: 7971869

[Audio Webcast Link](#)

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.