



Kentucky Hospital Research & Education Foundation Emergency Preparedness Update for September 30, 2021

COVID Update

(KDPH [Daily Summary](#)) There were 2,490 new cases today, with 722 18 and under. The positivity rate is 10.08%. There were 53 new deaths recorded. 1,976 are hospitalized, with 566 in an ICU and 381 on a vent.

Rural Americans more likely to die from COVID-19

(CIDRAP) Rural Americans are currently twice as likely to die from COVID-19 infections compared with their urban peers, according to [Kaiser Health News](#) and data from the [Rural Policy Research Institute](#) (RPRI) at the University of Iowa. Current 7-day average fatality rates are twice as high in rural regions, at more than 0.8 deaths per 100,000 population, compared with 0.4 per 100,000 in urban areas, according to RPRI data. Virus incidence rates in September were roughly 54% higher in rural areas than elsewhere, and in 39 states, rural counties had higher rates of COVID than urban counties.

Full report: <https://www.cidrap.umn.edu/news-perspective/2021/09/rural-americans-more-likely-die-covid-19>

Scientists: COVID Pill May Be Right Around the Corner

At least 3 promising antiviral drugs used to treat the disease in early stages are in clinical trials

Learn more: <https://www.newser.com/story/311555/next-up-a-covid-pill.html>

ECMO patients appeared to have higher mortality as 2020 went on

([CIDRAP News Scan](#)) Critically ill COVID-19 patients who received extracorporeal membrane oxygenation (ECMO) at the end of 2020 had a higher mortality rate than those who received it in the first half of the year, according to a study published yesterday in *The Lancet*.

Researchers looked at 4,812 COVID-19 patients 16 years and older who received ECMO in 2020 across 349 sites and 41 countries. Using May 1, 2020, as an arbitrary marker of the release of COVID-specific guidelines for ECMO, the patients were divided into three groups: those who received ECMO through May 1, those who received ECMO after that point, and those who received it after May 1 who were also at hospitals that didn't offer COVID-19-related ECMO until after May 1 ("late adopters").

Patients who started ECMO on or before May 1, 2020, had a 90-day in-hospital mortality rate of 36.9%, while 51.9% of those who started ECMO after died. Furthermore, those treated at late-adopter centers had a mortality rate of 58.9%. Centers with more ECMO experience (at least nine patients through May 1) appeared to have better outcomes than those with less experience (risk-adjusted mortality rate, 0.56).

Johns Hopkins: Health Security Headlines – Extracts from [Sept 30](#)

['Never-ending Nightmare': The Hospitals Where the ICU Occupancy Stayed High](#) (*NBC News*) While Covid cases and deaths have ebbed and flowed nationally, an NBC News analysis of Health and Human Services data shows that 20 hospitals nationwide had full ICUs for more than 52 weeks since the onset of the pandemic. And health experts say these repeated Covid surges create monumental challenges to patients and health care providers. A 2014 study on intensive care occupancy and ventilator use found that from 2005 to 2007, ICU occupancy rates ranged from 57 percent to 81 percent, much lower than Grady's current 100 percent.

[AstraZeneca COVID-19 Vaccine Shows 74% Efficacy in Large U.S. Trial](#) (*Reuters*) AstraZeneca Plc's (AZN.L) COVID-19 vaccine demonstrated 74% efficacy at preventing symptomatic disease, a figure that increased to 83.5% in people aged 65 and older, according to long-awaited results of the company's U.S. clinical trial published on Wednesday. Overall efficacy of 74% was lower than the interim 79% figure reported by the British drugmaker in March, a result AstraZeneca revised days later to 76% after a rare public rebuke from health officials that the figure was based on "outdated information."

[Messy, Incomplete U.S. Data Hobbles Pandemic Response](#) (*Washington Post*) The contentious and confusing debate in recent weeks over coronavirus booster shots has exposed a fundamental weakness in the United States' ability to respond to a public health crisis: The data is a mess. How many people have been infected at this point? No one knows for sure, in part because of insufficient testing and incomplete reporting. How many fully vaccinated people have had breakthrough infections? The Centers for Disease Control and Prevention decided to track only a fraction of them. When do inoculated people need booster shots? American officials trying to answer that have had to rely heavily on data from abroad.

CDC Clinicians Call
2021–2022 Recommendations for Influenza Prevention and Treatment in Children
October 7 at 2 PM ET (Free CE available)

Zoom link: <https://www.zoomgov.com/j/1601173046>

Passcode: 214351

More Info on CDC site: https://www.emergency.cdc.gov/coca/calls/2021/callinfo_100721.asp

Schneck Medical Center in Seymour IN hit with cyber attack

(Sept 30) Schneck Medical Center in Seymour announced on Wednesday that its health network was a victim of a cyber attack that affected organizational operations. Out of an abundance of caution, access to all IT applications within their facilities was suspended.

Officials at Schneck say they are in the process of enhancing their IT security protocols. Third-party security partners have also been engaged to restore operations as quickly as possible.

Most services at Schneck are reportedly unaffected. Patients should arrive for scheduled services and appointments unless otherwise contacted.

The hospital is working with IT security experts to methodically investigate the situation, has notified law enforcement, and is taking actions to safely and quickly resolve any disruption of their systems.

Story link: <https://www.localnewsdigital.com/2021/09/30/schneck-medical-center-gets-hit-with-cyber-attack/>

Hospital statement: <https://www.schneckmed.org/connect/news/2021/september/schneck-medical-center-target-of-attempted-cyber-a/>

From the [International Emergency Management Monthly Report](#)
All Mustard Agent Projectiles Now Destroyed in Kentucky

Why it matters: The last 155mm projectiles containing [mustard agent](#) were destroyed in the [Static Detonation Chamber](#) at the [Blue Grass Chemical Agent-Destruction Pilot Plant](#) (BGCAPP) Sept. 4. This marks the third of five chemical weapons destruction campaigns completed at the [Blue Grass Army Depot](#) (BGAD), supported by IEM.

The Big Picture: The stockpile sites in Colorado and Kentucky account for the last 10% of what was originally a national stockpile of more than 30,000 tons of chemical weapons. The [U.S. Army Chemical Materials Activity](#) destroyed the initial 90%, which was stored at seven other sites across the U.S. and Johnston Atoll in the Pacific. Chemical weapons destruction in Colorado began in 2015. Both sites are on target to complete destruction of chemical weapons by 2023.

Deeper Dive: The last 155mm projectiles containing mustard agent were destroyed in the Static Detonation Chamber at the Blue Grass Chemical Agent-Destruction Pilot Plant (BGCAPP) Sept. 4. This marks the third of five chemical weapons destruction campaigns completed at the Blue Grass Army Depot (BGAD).

“There is no doubt destroying the mustard projectiles in a Static Detonation Chamber was the right choice of technology to use,” said Dr. Candace Coyle, BGCAPP site project manager. “We knew the 1940s-era mustard agent would prove difficult to destroy due to its age and impurities.”

A 2011 X-ray assessment of the chemical weapons stockpile in Kentucky confirmed the solidification of agent in a significant number of mustard projectiles, rendering them unsuitable for automated processing in the main plant, as originally planned. These problematic munitions required a different technological approach for their destruction. The BGCAPP team worked closely with oversight officials and community members to select the Static Detonation Chamber to destroy the mustard stockpile.

The destruction of 155mm projectiles containing mustard agent was the first campaign to begin in Kentucky on June 7, 2019. Since that time, workers safely processed more than 15,000 projectiles in the Static Detonation Chamber.

Read more: <https://www.peoacwa.army.mil/2021/09/07/all-mustard-agent-projectiles-now-destroyed-in-kentucky/>

POINTER location-tracking tech from DHS S&T and NASA
is tested by Virginia fire department, scheduled for commercial release next year

([The InfoGram](#)) Accurate and reliable location tracking is a top priority for the first responder community, especially for structural firefighting search and rescue operations. Maintaining situational awareness at all times is critical, and the ability to quickly locate a firefighter who might be disoriented or separated from his or her colleagues can save lives.

For the past several years, the Department of Homeland Security (DHS) Science and Technology Directorate (S&T) and the National Aeronautics and Space Administration (NASA) Jet Propulsion Laboratory (JPL) have

been researching and developing a location-tracking technology called [POINTER](#), which stands for “Precision Outdoor and Indoor Navigation and Tracking for Emergency Responders.”

POINTER is an ideal location-tracking technology for firefighters in the built environment. The POINTER system is comprised of receivers worn by each responder, a base station providing real-time monitoring capabilities for each responders’ current position in three dimensions, and a nearby transmitter that generates a low-frequency magnetic field capable of penetrating dense materials such as wood, concrete and rebar, which spans the area in which responders are located. You can find out more about [how POINTER technology works](#) on DHS S&T’s website.

Securing houses of worship with community partnerships, the Power of Hello and suspicious activity reporting

[The InfoGram](#)) Keeping houses of worship facilities secure while sustaining the open and welcoming environment necessary for peaceful congregation requires a holistic approach to security.

All houses of worship support personnel can contribute greatly to enhancing security by understanding how to identify behavioral indicators of potential criminal activity and by taking precautionary actions to safely mitigate the impacts of a potential attack. With several high-profile religious holidays in the fall and winter fast approaching, now is an excellent time for local law enforcement to strengthen ties with houses of worship in their communities and foster awareness around how to recognize and lawfully report suspicious activity.

This article highlights several organizations offering free resources and support for local law enforcement to help them facilitate outreach to faith-based community groups and build awareness about how they can help thwart potential attacks and better secure their facilities.

[National Faith and Blue Weekend](#) will be observed this year from **October 8-11**. This initiative is organized jointly by the Department of Justice Office of Community Oriented Policing Services (COPS Office) and MovementForward, Inc.’s One Congregation One Precinct (OneCOP) initiative. Faith and Blue Weekend aims to re-calibrate police-community relations through solutions-focused activities that are organized jointly by faith-based or other community groups and law enforcement agencies. The initiative’s website offers [a toolkit](#), which includes a script to help law enforcement connect with a local house of worship and indicate interest in jointly organizing an activity with them. It also includes tools to help with jointly planning and promoting a community event.

The Cybersecurity and Infrastructure Security Agency (CISA) has developed a 6-page guide [called The Power of Hello for Houses of Worship](#). This is an excellent resource to educate members of houses of worship on how to identify behavioral indicators of potential criminal activity and take precautionary actions to safely mitigate the impacts of a potential attack. This resource explains how to use a simple, four-step “OHNO approach” – Observe, Initiate a Hello, Navigate the Risk, and Obtain Help. It also offers guidance targeted to houses of worship for more extensive emergency response planning. The Power of Hello for Houses of Worship is available in English and [Spanish](#). A briefer version of The Power of Hello which simply outlines the OHNO approach is [available in multiple formats](#), including [translations in 13 different languages](#).

The Department of Homeland Security (DHS) has just concluded its [If You See Something, Say Something® Awareness Day](#), also known as #SeeSayDay, which takes place every year on September 25. This annual awareness day is used to promote DHS’ year-round [If You See Something, Say Something®](#) campaign, a national campaign to raise public awareness of the indicators of terrorism and terrorism-related crime, as well as the importance of reporting suspicious activity to state and local law enforcement. If You See Something, Say Something® campaign materials have been [translated into 12 languages](#) to date.

All of these resources can be used by law enforcement at any time of the year to initiate partnerships, share information with houses of worship personnel, and guide discussions on how to better secure their facilities and congregations.

Cities and Homeowners Look For Ways to Prevent Flood Deaths in Basement Apartments

Read more: <https://www.npr.org/2021/09/28/1041266559/cities-and-homeowners-look-for-ways-to-prevent-flood-deaths-in-basement-apartmen>

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 Preparedness@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.

**Norton Children's Hospital is recruiting for a
Pandemic Project Manager
in the Trauma/Burn Domain
Regional Pediatric Pandemic Network (RPPN)
5-year position for a Project Site Manager**

Although not an immediate requirement, the job will require moving to Louisville, KY
Some background in emergency management, trauma, burn care, EMS, education and/or emergency department or critical care nursing is preferable.

Project Award:

2021-2026 Regional Pediatric Pandemic Network (RPPN)

Department of Health and Human Services

Health Resources and Services Administration

\$9,690,281.00 - award to University Hospital Cleveland Medical Center – PI Charles Macias

\$1,261,119.00 - subaward to University of Louisville Research Foundation, Inc. – PI Mary Fallat

Description:

Project Manager (PM) to support Norton Children's Hospital in its capacity as the Trauma and Burn hub of the RPPN and local/state/regional/national activities. The project manager will be responsible for the overall day to day operations of the center of excellence. Together with the PI/Medical Director and all aspects of the program at Norton Children's Hospital, the PM will participate in regional meetings along with project coordinators at other sites. The PM will liaise with project managers and medical directors from the EIIC and ASPR Centers of Excellence, along with other network sites to develop the Trauma and Burn requirements for integration as follows:

- * Develop a coordinated pediatric disaster care capability for pediatric patient care in disasters
- * Strengthen pediatric disaster preparedness plans and health care system coordination related to pediatric medical surge in disasters
- * Enhance statewide and regional medical surge capacity for pediatric patients via participation in related domain activities
- * Increase and maintain health care professional competency through the development and delivery of a standardized training program
- * Enhance situational awareness of pediatric disaster care capabilities and capacity and assess regional pediatric readiness
- * Support operations for each of the assigned primary domains as the key project manager and reporting to the Chief Operations co-Manager

The position is immediately available and is being classified under the umbrella of research. It will require organizing meetings across the state, region, country; some travel; developing power point presentations and reports and (at times) delivering these reports to a network of hospitals and participants.

Inquiries may be directed to:

Mary E. Fallat, MD

Mefall01@louisville.edu