



## Kentucky Hospital Research & Education Foundation Emergency Preparedness Update for May 10, 2018

### Reversing An Overdose Isn't Complicated, But Getting The Antidote Can Be

(WFPL) Last month, U.S. Surgeon General Jerome Adams [issued an advisory](#) [originally in the EP Update [April 5](#), and [repeated yesterday from a CDC alert](#)] urging more Americans to learn to use naloxone, and carry it with them in case they encounter someone who has overdosed.

With the increase in overdoses nationwide, the advisory suggests that lay responders — people who may witness an overdose before police or EMS arrive — can play a critical role in saving lives.

**But if you're not a medical professional, getting a dose of naloxone can be difficult.** It is a prescription drug and normally a doctor or nurse would have to directly prescribe it for the person at risk of overdosing. [Corey Davis](#), an attorney for the National Health Law Program, says that creates a barrier for people with addiction.

To broaden access, every state and Washington, D.C., have [passed laws](#) making it easier for friends and family members or bystanders to get and use naloxone. Just how easy it is still depends on your state, or even the pharmacy you go to.

Davis says most states allow something called third-party prescribing, which lets doctors prescribe naloxone to someone who knows the person at risk of an overdose. And most states have also passed [some kind of Good Samaritan law](#) providing legal immunity for people who administer the drug or call 911. Davis says another type of law allows a kind of prescription called a standing order.

In his home state of Indiana, Jerome Adams signed a statewide standing order in 2016, while serving as the state's health commissioner. It allows pharmacies, local health departments or nonprofits that register with the state and follow certain requirements to dispense the drug to anyone who requests it.

But two years later, only about half of Indiana pharmacies are registered, and local advocates say many people, even some pharmacists, are still unaware of the law.

Read the full WFPL story: <http://wfpl.org/reversing-an-overdose-isnt-complicated-but-getting-the-antidote-can-be/>

Link to Network for Public Health Law story: [https://www.networkforphl.org/\\_asset/qz5pvn/legal-interventions-to-reduce-overdose.pdf](https://www.networkforphl.org/_asset/qz5pvn/legal-interventions-to-reduce-overdose.pdf)

#### KENTUCKY

(Extract from article's Table 1: Characteristics of state naloxone access laws)

- Kentucky law: KRS 217.186 <http://www.lrc.ky.gov/statutes/statute.aspx?id=44004>
- Kentucky Regulation: 201 KAR 2:360: <http://www.lrc.state.ky.us/kar/201/002/360.htm>
- Immunity: Prescribers - Yes for disciplinary action
- Immunity: Dispensers - Yes for disciplinary action
- Immunity: Lay administrators - Yes for Civil and Criminal actions
- Prescribing permitted: 3rd party and Standing orders

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### House Committee Approves AHA-supported Opioid Bills

(AHA Today from [May 9](#)) The House Energy and Commerce Committee [approved](#) six AHA-supported bills to address the opioid crisis:

- H.R. 5176 would provide grants for hospitals to develop protocols to connect opioid overdose patients with substance use disorder treatment.
- H.R. 5197, as amended, would provide grants to test alternative pain management protocols to limit opioid use and prescribing in hospital emergency departments.

- H.R. 5582 would direct the Secretary of Health and Human Services to study and report to Congress on the adequacy of access to abuse-deterrent opioid formulations for Medicare Advantage and prescription drug plan beneficiaries with chronic pain.
- H.R. 5685 would direct the Centers for Medicare & Medicaid Services to include educational resources on opioid use, pain management and alternative pain management treatments in the "Medicare and You" handbook.
- H.R. 5686 would require Medicare prescription drug plans to provide certain enrollees with information on the adverse effects of opioid overuse and coverage of alternative pain medications or devices.
- H.R. 4841 would standardize electronic prior authorization for prescription drugs under Medicare Part D.

"We applaud the leadership of Chairman Walden, Ranking Member Pallone and the Energy and Commerce Committee in advancing several measures that will help hospitals continue to fight the epidemic," [said](#) AHA Executive Vice President Tom Nickels. The committee will mark up additional opioid-related bills next week. The Senate Health, Education, Labor and Pensions Committee last month [approved](#) bipartisan legislation that would reauthorize funding to states to address opioid abuse and provide support to improve the interoperability of state prescription drug monitoring programs. Other committees, including House Ways and Means and Senate Finance, also are considering opioid-related legislation.

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### **New research recommends slight increases for wildland firefighting safe separation distances**



(US Fire Admin) Do wildland firefighting safety zone separation distances need to be increased to reduce the risk of injury or death? A research team recently examined this issue to see if current models provided the best recommendations. Study results indicate that firefighters may want to consider slight increases in separation distances.

Full report: [https://www.usfa.fema.gov/current\\_events/051018.html](https://www.usfa.fema.gov/current_events/051018.html)

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### ***Cascading Consequences:***

#### **Electrical Grid Critical Infrastructure Vulnerability**

(Domestic Preparedness) If there were a prolonged nationwide, multi-week or multi-month power failure, neither the federal government nor any state, local, tribal, or territorial government – acting alone or in concert – would be able to execute an effective response. This bleak outlook results from understanding that so many critical infrastructures depend on electricity. As such, effective recovery cannot be expected through top-down assistance alone. Without electric power, the goods and services essential to protect life and property would be at risk by day three or perhaps longer depending on preparedness levels. Consequently, it is vital that citizens, households, communities, businesses, and governments be as informed and prepared as possible.

Citizens of the United States are dependent on secure and reliable electric power for their current way of life. If electric power were not available for weeks, months, or even a year, then cascading impacts would degrade multiple critical infrastructures, for example:

- Water supply and wastewater treatments;
- Telecommunications and the internet;
- Food production and delivery;
- Fuel extraction, refining, and distribution;
- Financial systems;
- Transportation and traffic controls;
- Government, including public works, law enforcement, and emergency services;
- Hospitals and healthcare;
- Supply chains; and
- Other critical societal processes.

Loss of life could be catastrophic. Life itself would change.

The recently published InfraGard community preparedness guide, *Powering Through: From Fragile Infrastructures to Community Resilience* (hereafter *Powering Through*), states that no post-industrial society has yet experienced a widespread and prolonged electric blackout. Thus, nations that develop resilience and recovery plans for long-term, wide-area electric power blackouts are in uncharted territory.

There are two types of hazards: *naturally occurring events*, such as a solar geomagnetic storm, a pandemic, or other random events; and *acts of human volition*, such as a human-caused electromagnetic pulse (EMP) attack, a coordinated cyberattack, or a coordinated set of physical attacks on critical grid equipment or related critical infrastructures. The article, drawn from *Powering Through*, presents a summary of the risks associated with dependencies on technologies that are increasingly vulnerable to the “triple threat” of cyber, solar geomagnetic storms (GMD), and electromagnetic pulse (EMP) weapons (see Table 1).

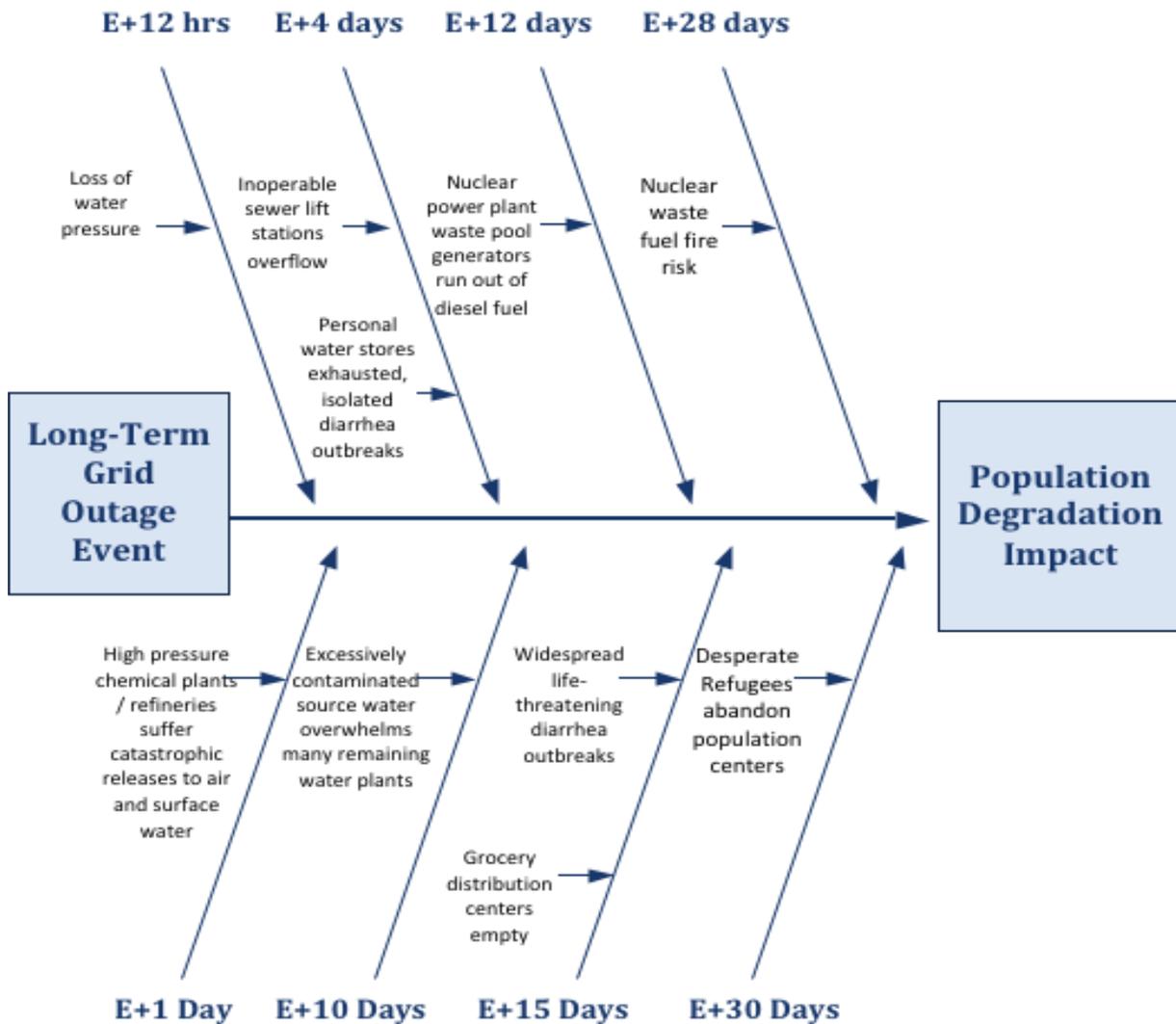
**Table 1. Potential Impacts on Critical Infrastructure Affecting the Electric Grid**

Equipment at risk	EMP (nuclear)	Solar storm	Cyber	Physical attack	Radio frequency weapons
Transformers	R	R	R-Y	R	R
Generator Stations	R	G	R	R	R
SCADA/Industrial Controls	R	R	R	R	R
Utility Control Centers	R	R	R	R	R
Telecommunications including cellphones	R	R	R	Y	Y
Radio Emergency Communications	R	P	Y	Y	Y
Emergency SATCOM Communications	R	P	Y	Y	Y
Internet	R	R	R	Y	Y
GPS	R	P	Y	Y	Y
Transportation	R	Y	Y	Y	Y
Water	R	Y	R-Y	Y	Y

**Legend:** **Red** = direct permanent effects. **Yellow** = Cascading effects if no backup power. **Pink** = temporary effect (0.5-36 hours) assuming backup power. **Gray** = direct effects uncertain. **Red-Yellow** = potential permanent effects plus cascading effects.

However, no plan or preparation exists at the national level that addresses long-term electrical power outages that span large regions or the continent. In such a case, there would be no neighboring state or region that could provide the depth of assistance required to promptly assist the general public,

businesses, and local or state governments. Each region would be grappling with its own problems (see Figure 1).



Full story: <https://www.domesticpreparedness.com/resilience/cascading-consequences-electrical-grid-critical-infrastructure-vulnerability/>

InfraGard EMP Resource Center: <https://www.empcenter.org/powering-through/>

Most of the content of this article is taken from this action guide, which is available at: <http://www.infragardmembers.org/infragard-store.html>

Other popular books on the subject:

- [Ted Koppel's "Lights Out"](#)
- Series by [William Forstchen](#): "[One Second After](#)"; "[One Year After](#)" and "[The Final Day](#)"

From "The Survival Mom"

**15 Things I learned from One Second After & My Survival Tips**

<https://thesurvivalmom.com/15-things-i-learned-from-one-second-after/>

**ASPR TRACIE Topic Collection:**

**Mass Distribution and Dispensing of Medical Countermeasures**

This Topic Collection provides links to federal, state, local, and tribal programs and resources, lessons learned, plans, tools, and templates, courses, and guidance that can help planners address the need to

effectively distribute and administer medical countermeasures (MCMs) to a large number of persons in a short period of time, particularly through mass dispensing efforts led by public health authorities. Various mass dispensing modalities may be employed, with the aim of preventing individuals exposed to a biological, chemical, or radiological agent from becoming ill through their receipt of post-exposure prophylaxis.

Link: <https://asprtracie.hhs.gov/technical-resources/67/mass-distribution-and-dispensing-of-medical-countermeasures/60>

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**TEEX Training on Medical Countermeasures:  
Point of Dispensing (POD), Planning and Response (MGT-319)**

**July 25-26, 2018;** 8:00 AM - 5:00 PM each day  
Campbell County Fire Training Center  
10 Training Center Drive, Highland Heights, KY  
Limited to maximum of 40 participants. No course fees

This course is a guide for local health officials and their partners to coordinate plans to provide mass distribution of medical countermeasures in response to a large-scale public health incident. This course focuses on planning considerations, recommendation to achieve the Centers for Disease Control and Prevention's (CDC's) 48-hour standard for Mass Prophylaxis, and the local community's Mass Prophylaxis and Point of Dispensing (POD) site preparedness. The course material is applicable to pandemic influenza, bio-terrorism, and other public health emergencies.

*The first day of training focuses on the community plan and how to achieve CDC's 48-hour standard for mass prophylaxis. The second day of training focuses on Point of Dispensation site preparedness. The course material is applicable to pandemic influenza, bioterrorism and epidemic preparedness. Participants also receive a mass prophylaxis planning "tool box."*

**Registration (Deadline July 24):**

[https://docs.google.com/forms/d/e/1FAIpQLSeXuxzpwWWK8vO6y6ZTZ47rfuUZKPFaCo5DqXuqPD4T\\_ABCGQ/viewform](https://docs.google.com/forms/d/e/1FAIpQLSeXuxzpwWWK8vO6y6ZTZ47rfuUZKPFaCo5DqXuqPD4T_ABCGQ/viewform)

If you have questions, contact:

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Email [wturner@campbellcountyky.org](mailto:wturner@campbellcountyky.org)

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**2018 Healthcare Coalition Conference—Navigating the River of Change**  
**September 18-20, 2018, Owensboro Convention Center**

The Healthcare Coalition Conference consistently delivers top-notch educational content, hours of continuing education credits, as well as ongoing opportunities to discuss emerging issues and best practices with colleagues, vendors, and consultants. Healthcare Coalition Conference is designed to meet the educational needs of health care engineers, professionals involved in managing safety & security in healthcare facilities, as well as professionals in healthcare supply chain and materials management.

**Registration will open June 2018**

Hotel info: [https://kshe.site-ym.com/page/2018hcc\\_hotel](https://kshe.site-ym.com/page/2018hcc_hotel)

The program is approved by ASHE for 12.25 contact hours and 1.25 CEUs.

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 added or deleted, or have something you would like to contribute to a future edition of the Emergency Preparedness Update, please [CLICK HERE](#) (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.