



Kentucky Hospital Research & Education Foundation Emergency Preparedness Update for June 20, 2018

[HHS Makes \\$350 Million Available to Fight the Opioid Crisis in Community Health Centers Nationwide.](#)

(HHS) The Department of Health and Human Services (HHS) announced the availability of \$350 million in new funding to expand access to substance use disorder and mental health services at community health centers across the nation. These funds will support health centers in implementing and advancing evidence-based strategies, including expanded medication-assisted treatment (MAT) services, and are expected to be awarded in September of this year by HHS's Health Resources and Services Administration (HRSA).

The Expanding Access to Quality Substance Use Disorder and Mental Health Services funding opportunity supports HHS's Five-Point Opioid Strategy, launched in 2017 to empower local communities on the frontlines to combat the crisis. These funds will make a significant impact in furthering community-driven efforts to reduce opioid use and increase access to mental health services.

Primary care settings, like the community health centers supported by HRSA's Health Center Program, have increasingly become a gateway to integrated care for individuals with substance use disorder (SUD) and primary care needs. HRSA support enables community health centers to enhance access to primary care-based SUD services, including MAT services, as well as pain management and other prevention services. In 2017 alone, nearly 65,000 health center patients received MAT.

Full press release: <https://www.hhs.gov/about/news/2018/06/15/hhs-makes-350-million-available-to-fight-opioid-crisis-community-health-centers.html>

See also:

- [Congress Tackles Mounting Opioid Epidemic \(The Hill, 6/17/18\)](#)
- [FDA Approves First Generic Versions of Suboxone Sublingual Film, Which May Increase Access to Treatment for Opioid Dependence \(FDA, 6/14/18\)](#)
- [Helping to End Addiction Over the Long-Term: The Research Plan for the NIH HEAL Initiative \(JAMA, 6/12/18\)](#)
- [NIH Spells Out \\$500 Million Plan to Improve Addiction Treatment and Pain Management \(STAT, 6/12/18\)](#)
- [SAMHSA Announces \\$930 Million Funding Opportunity to Combat the Opioid Crisis \(Department of Health & Human Services, 6/15/18\)](#)
- [CMS Leverages Medicaid Program to Combat the Opioid Crisis \(Centers for Medicare & Medicaid Services, 6/11/18\)](#)
- [USDA Launches Interactive Map of Opioid Epidemic Resources \(USDA, 6/14/18\)](#)

[Above list from John Hopkins Center for Health Security]

----- **After An Overdose, Patients Aren't Getting Treatments That Could Prevent the Next One**

(NPR/WBUR) More than 115 Americans are [dying every day](#) from an opioid overdose. But a study out Monday finds that just three in 10 patients revived by an EMT or in an emergency room received the follow-up medication known to avoid another life-threatening event. The [study, published in the Annals of Internal Medicine](#), followed 17,568 patients who overdosed on opioids between 2012 and 2014 in Massachusetts. It looked at survival rates over time and whether or not patients received medicines that treat addiction.

Of the patients who did receive medication, 17 percent took buprenorphine, known by the brand name Suboxone, for roughly four months. They had a 40 percent lower death rate after one year, as compared to those who did not take any medication. The results for the 11 percent of patients who took methadone were even stronger: They cut their death rate by 60 percent.

Buprenorphine and methadone both reduce the urge to get high on powerful street drugs which can lead to another overdose.

Read more: <https://www.npr.org/sections/health-shots/2018/06/18/619620769/after-an-overdose-patients-arent-getting-treatments-that-could-prevent-the-next->

Receipt Inside McDonald's Bag Brought Down Corrupt Louisville Cop

(Newser) – Kyle Willett, then a detective on the Louisville Metro Police's drug task force, got some food at a McDonald's drive-thru before heading back to work one day back in 2016—and it was the receipt from that fast food stop that led to his downfall, the *Courier-Journal* reports. While still in his car outside the UPS global shipping hub where he intercepted drug shipments, he opened a box believed to be heading from local drug dealers to large-scale distributors in California and stole around \$40,000 in cash from it. But before re-sealing it and sending it on its way, he crumpled up his McDonald's bag—including the receipt—and tossed it inside. He had paid with a credit card.

Click the link to see how they got him: <http://www.newser.com/story/260852/receipt-inside-mcdonalds-bag-brought-down-corrupt-cop.html>

Legionnaires Disease Surveillance in VA Medical Facilities and Assessment of Health Care Facility Association.

Researchers at the Department of Veterans Affairs and the *Cincinnati VA Medical Center* found that although total Legionnaires disease rates increased, health care system-associated (overnight stay) rates decreased significantly, suggesting that prevention efforts may have contributed to improved patient safety in these settings. ([JAMA, 6/15/18](#))

Why are CDC Disease Detectives in a Cave Crawling with Snakes?

In 2008, Brian Amman found himself in Python Cave looking for that food source: a population of roughly 50,000 Egyptian fruit bats. Scientists believed they could be carriers for Marburg virus, a hemorrhagic fever virus closely related to Ebola, and they were studying the bats' behavior to try to understand how the disease spreads from animals to humans. ([Wired, 6/13/18](#))

Sniffing Out Disease: Dogs Trained for Wildlife Disease Surveillance.

The dogs are part of a collaborative 12-month program to evaluate the effectiveness of training and using dogs to detect and identify waterfowl feces or carcasses infected with avian influenza. If successful, this collaboration may be extended an additional 12 months. ([USDA, 6/12/18](#))

As suspected Ebola cases probed, new treatment shows promise

(CIDRAP) In the latest Ebola developments, the Democratic Republic of the Congo (DRC) health ministry reported one more suspected infection, as tests ruled out three earlier cases, and researchers reported results from the first human trial of a monoclonal antibody cocktail that has been cleared for compassionate use in the country's outbreak.

In an encouraging sign, the DRC hasn't reported a confirmed Ebola case since Jun 2, but intensive efforts are under way in affected areas to monitor contacts and identify suspected cases.

Full report: <http://www.cidrap.umn.edu/news-perspective/2018/06/suspected-ebola-cases-probed-new-treatment-shows-promise>

**John Hopkins: Health Security Headlines,
Extracts from June 20, 2018**

Ten Dead, 60 Hospitalized as Fresh Cholera Outbreak Hits Nigeria (*Outbreak News Today*) At least 10 people have died of cholera in a new outbreak that has affected 60 more people in the Niger State of central Nigeria. In a short statement, the Niger State government health department said the outbreak is confined to the Bida local government area. Most of the patients are admitted at two hospitals in the town. [Go to article](#)

CDC Investigates Hepatitis A Outbreak in Six States (*The Hill*) The Centers for Disease Control and Prevention is warning public health officials in six states about an outbreak of Hepatitis A among drug users and the homeless. From January 2017 to April of this year, the CDC has received more than 2,500 reports of infections from California, Indiana, Kentucky, Michigan, Utah and West Virginia. [Go to article](#)

911, What's Your Emergency? For Dispatchers, it's Locating Callers (*Emergency Management*) Apps such as Uber, "Pokemon Go" and Snapchat can pinpoint where users are down to the side of a block. But 911 dispatchers have to rely on distant cell towers, sometimes-faulty GPS and the caller - who is likely in distress - to figure out where calls are coming from. [Go to article](#)

How Prepared Is the US for an Anthrax Attack? The CDC Investigates (*CNN*) President Trump's recent declaration that North Korea is no longer a nuclear threat, despite a lack of verifiable proof that the regime will put an end to its nuclear program, has not completely quelled national security concerns about nuclear war. But fewer people may be keeping an eye on another, potentially bigger danger: anthrax. [Go to article](#)

Many in Puerto Rico Still Under Tarps as Storm Threat Looms (*Washington Post*) Hurricane Maria ripped away part of the steel roof from Carmen Lidia Torres Mercado's home in the Puerto Rican capital. Nine months later, she is still relying on a blue plastic tarp to protect her home, even with a new storm season already two weeks old. [Go to article](#)

ASPR TRACIE: **Issue 7 of The Exchange**
Healthcare Response to Mass Shootings

(ASPR) The focus is on the healthcare system response to mass shootings. A rapid, effective health response can save lives in the hours after a mass shooting or other no-notice event. In this issue, health professionals share lessons learned related to pre-hospital care, trauma and emergency response from mass shootings at a large outdoor concert attended by thousands, at a nightclub that could hold hundreds, and at a relatively small place of worship. Visit the [ASPR TRACIE website](#) to review resources available on healthcare system preparedness and [sign up for our listserv to receive future messages directly from ASPR TRACIE](#).

FCC Commissioners Approve Funding Increase for Rural Telehealth Program

([AHA](#)) The Federal Communications Commission commissioners have voted unanimously to approve Chairman Ajit Pai's order that will increase funding for the Rural Health Care Program by \$171 million, as urged by the AHA. "This money will help health care providers get the connectivity they need to better serve patients throughout rural America," Pai said earlier [this month](#) when announcing the order. "Demand for funding has been outpacing the program's funding cap, so I also believe that the increased cap should apply to the current funding year so that rural health care providers can be fully reimbursed." The FCC will increase the program's annual cap to \$571 million. The increase represents what the funding level would be today had the cap, which was established in 1997, included an inflation adjustment. The order also will adjust the cap annually for inflation and allow unused funds from prior years to be carried forward to future years.

NIMS Alert 17-18

FEMA RELEASES NIMS JOB TITLES/POSITION QUALIFICATIONS

FEMA's National Integration Center released 107 NIMS Job Titles/Position Qualifications and Resource Typing Definitions. The release includes Job Titles/Position Qualifications and Resource Typing Definitions under the following core capabilities:

- Critical Transportation
- Environmental Response/Health and Safety
- Fatality Management Services

- Infrastructure Systems
- On-scene Security, Protection and Law Enforcement
- Operational Coordination
- Public Health, Healthcare, and Emergency Medical Services
- Risk Management for Protection Programs and Activities
- Situational Assessment

To view the NIMS Job Titles/Position Qualifications and Resource Typing Definitions, go to the Resource Typing Library Tool: <https://rtlt.preptoolkit.fema.gov/Public>.

Microsoft quietly cuts off Win7 support for older Intel computers

<https://news360.com/article/458958245>

KIPSQ to Host Free Summer Forum for All Kentucky Hospitals

The Kentucky Hospital Association's patient safety organization (PSO), the Kentucky Institute for Patient Safety and Quality (KIPSQ) will host a free Summer Forum for all Kentucky hospitals on July 24 in Lexington.

The KIPSQ Summer Forum will gather both PSO members and non-PSO members to discuss and understand the advantages of membership, data collection, common format reporting and mapping from a risk management system to the PSO. Presentations will encompass regulations, state peer review and case law followed by a panel discussion featuring hospitals who are actively reporting to the PSO.

CEOs, health care attorneys, risk management professionals, patient safety officers, quality leaders, nurse leaders, clinical leaders, senior executives and administrative leaders are all encouraged to attend.

View [the brochure](#) for more details. [Online registration](#) is available for your convenience.

If you have any questions, please contact Sharon Perkins at KHA (isperkins@kyha.com).

Healthcare Challenges After Radiological Incidents

Webinar: July 11, 2018 ~ 2:00 - 3:15 PM ET

Many resources are available for healthcare, public health, and emergency management professionals planning for a potential large-scale radiological release or nuclear detonation incident, but concrete planning is difficult and few jurisdictions have detailed plans. Power plant incidents, radiation dispersal devices, and improvised nuclear device detonations result in very different injury/exposure patterns and response planning will need to account for each of these. How to handle the initial significant surge of patients at healthcare facilities, including those concerned but not affected by radiation, and planning for community reception center functions are key aspects of planning.

ASPR's Technical Resources, Assistance Center, and Information Exchange ([ASPR TRACIE](#)) is hosting a webinar with panelists to discuss the impact and potential solutions of different event types and provide guidance and lessons learned (including from recent exercises and publications) in assessing, triaging, treating, and following-up on casualties of radiological and nuclear emergencies. The webinar will take place **Wednesday, July 11, 2018 from 2:00 PM-3:15 PM ET.**

[REGISTER HERE](#) for this free webinar; it will also be recorded and archived on the ASPR TRACIE website. Each registrant will receive a unique link needed to access the webinar. Please note: The link can only be used on one computer; registrants should not forward their registration confirmation emails to others. *Registration is limited to the first 1,000 participants.* Where possible, register once per office/organization and view the webinar as a group to allow the maximum number of participants.

Audio: You can use your computer microphone and speakers (VoIP) or telephone. A phone number and PIN will be provided after logging into the webinar.

Crisis and Emergency Risk Communications in a Strategic National Stockpile Response

This [49-minute webinar](#) provides public health planners with key considerations related to crisis and emergency risk communications, and to an emergency medical countermeasure response that will inform, direct, and enhance comprehensive Strategic National Stockpile response plans. It identifies potential communication opportunities and challenges unique to Strategic National Stockpile planning and response operations; and describes the public's information and communication needs before, during, and after an incident requiring medical countermeasures from the Strategic National Stockpile. ([Link](#))

FEMA EMI Training Opportunity
Master Exercise Practitioner Program (MEPP)
CSEPP Kentucky Series

L132 - January 14-18, 2019

L133 April 1-4, 2019

For more info: [1416 - Training Opportunity - MEPP CSEPP Kentucky Series](#)

G386 Mass Fatalities Incident Response

July 23-24, 2018

Southeast Kentucky Community and Technical College-Franklin Campus
175 Davis Drive, Franklin, KY 42134

This awareness-level course is designed to provide local and county law enforcement agencies, public health managers and planners, local and regional emergency management agencies, emergency medical services, hospitals, paid or volunteer emergency planners and managers, and personnel in local and/or county emergency operations centers in rural communities with basic knowledge should a mass fatality incident impact their jurisdiction.

The Mass Fatalities for Rural Communities course serves as a training tool to provide rural communities with information to manage an actual mass-fatality response and to assist in the development of a mass-fatality response plan for their jurisdiction. The process of recovery, identification, and disposition of human remains following a mass fatality event will differ from the "normal" daily operations to which local authorities are accustomed. Understanding and appreciating these differences and the dynamics of a mass fatality will enable the rural communities to respond in an efficient manner and provide the assistance and guidance needed by the affected community.

Course will begin at 8:00 a.m. CDT and will conclude at 5:00 p.m. CDT each day.

Registration: Registration application for the course can be completed using the following link: www.kyem.ky.gov/training. When registering, please use proper name as you would like it to appear on the certificate. Students will be notified if the course is cancelled. For this reason, it is imperative that you provide accurate contact information.

Intermediate ICS for Expanding Incidents (ICS-300)

July 27-29, 2018

North Metcalfe Volunteer Fire Department, 498 Center Peggyville Road, Center, KY 42214

Registration: Visit the KYEM website for registration and more information at www.kyem.ky.gov/training. When registering, please use proper name as you would like it to appear on the certificate. Students will

Advanced ICS Command & General Staff for Complex Incidents (ICS-400)

August 11-12, 2018

North Metcalfe Volunteer Fire Department, 498 Center Peggyville Road, Center, KY 42214

Registration: Visit the KYEM website for registration and more information at www.kyem.ky.gov/training. When registering, please use proper name as you would like it to appear on the certificate. Students will be notified if the course is cancelled. For this reason, it is imperative that you provide accurate contact information.

For more information on the above three courses contact:

Janine Bennett, Administrative Officer Janine.r.bennett.nfg@mail.mil

KYEM Areas 3&4, 502-607-2640

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 (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.