



## Kentucky Hospital Research & Education Foundation Emergency Preparedness Update for July 21, 2018

### Storm Reports from Friday; Damage Survey Underway

(NWS Louisville) Rounds of severe storms hammered southern Indiana and central Kentucky on Friday, bringing very large hail, wind damage, heavy rain, and at least 1 known tornado. The largest hail report we received was 4 inches in diameter (softball size) in Tompkinsville, KY! The strongest measured wind gust was 70 mph at the Lexington Bluegrass Airport. Damage surveys are underway, and plans may change as additional information is reviewed. A more comprehensive review page will be put together in the coming days as data is reviewed and gathered. Thanks to all who sent us their reports! See more: <https://www.weather.gov/lmk/FridayStormReportsandplannedsurveys>

### KY EM SitRep Extracts on July 20 Severe Weather

- No critical infrastructure damaged (as of 11 PM EDT 7-20-18)
- No injuries/fatalities reported
- 17 citizens evacuated from apartment complex on Collins Lane in Frankfort, KY. The apartment complex was struck by lightning, which caused a fire.
- Some businesses reported damage, and some flooded roads, in Fayette, Woodford and Montgomery counties.
- 125,156 were without power throughout central and eastern KY as of 11 PM EDT.

### Energy and Commerce Committee Advances Preparedness Bill

(AHA Today) The House Energy and Commerce Committee July 18 advanced the Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2018 (H.R. 6378). The bill, as amended, would authorize \$264.6 million in annual funding for the Hospital Preparedness Program, down from \$374.7 million currently. [Read more.](#)

### FDA just approved a drug to treat smallpox in case of a bioterrorism attack

#### *Here's why that scenario is so scary*

- *The disease was officially eradicated in 1980, but experts are concerned that people could re-create smallpox and use it as a [biological weapon](#).*
- *Infectious disease researchers and [bioterror](#) experts say the world is unprepared for the emergence or release of a pandemic disease.*

(Business Insider) On any list of the most [devastating diseases humanity has ever had to contend with](#), smallpox comes in near the top.

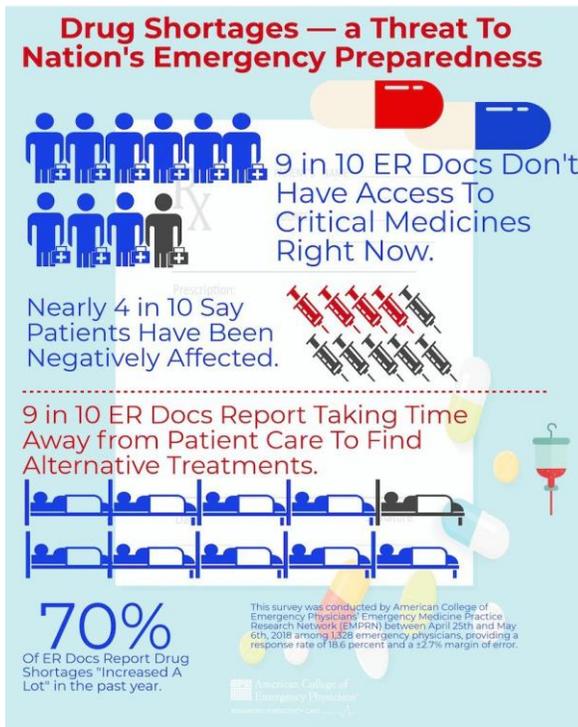
The contagious and potentially fatal disease is caused by the variola virus. It [killed approximately 300 million people](#) before mass vaccination campaigns made smallpox the first infectious disease to be eradicated from the wild in 1980. But that doesn't mean it's gone for good.

Read more: <http://www.businessinsider.com/fda-approves-smallpox-drug-for-bioterrorism-2018-7>

### 'Frightening' drug-resistant strain of typhoid spreads in Pakistan

Read more: <https://news360.com/article/462487093>

## Most emergency physicians report hospitals lack critical medicines; not “fully prepared” for disasters, mass casualty incidents



(ACEP) WASHINGTON — Nine in 10 emergency physicians responding to a new poll say that in the past month, they have experienced shortages or absences of critical medicines in their emergency departments. In addition, nearly all (93 percent of 247 doctors) say their emergency departments are not “fully prepared” for patient surge capacity in the event of a natural or man-made disaster, or mass-casualty incident, with 49 percent saying they are “somewhat” prepared, according to the poll conducted by the American College of Emergency Physicians (ACEP).

"These results demonstrate why there needs to be a much stronger focus on the medical aspects of preparedness in the Pandemic and All Hazards Preparedness and Advancing Innovation Act of 2018 [PAHPAI] that is currently being drafted," said Paul Kivela, MD, FACEP, president of ACEP.

According to the poll, nearly 90 percent of responding emergency physicians report having to take time away from patient care to explore the viability of alternative treatments and medications.

ACEP supports the inclusion in PAHPAI of legislation that makes military trauma teams available to civilian trauma centers, which would allow the teams to maintain their skills in between rotations to conflict areas, while providing much-needed additional trauma care personnel for treating injured civilian patients.

Full story link: <http://newsroom.acep.org/2018-05-22-Most-Emergency-Physicians-Report-Hospitals-Lack-Critical-Medicines-Not-Fully-Prepared-for-Disasters-Mass-Casualty-Incidents>

## Fentanyl-related deaths double in six months; US government takes some action

(CNN) A [report](#) by the US Centers for Disease Control and Prevention found that the number of overdose deaths involving the potent narcotic fentanyl and variations of the drug nearly doubled between the last half of 2016 and the first half of 2017.

The report analyzed overdose deaths that tested positive for fentanyl and similar compounds from July 2016 to June 2017 in 10 states: **Kentucky**, Maine, Massachusetts, New Hampshire, New Mexico, Ohio, Oklahoma, Rhode Island, West Virginia and Wisconsin. From July 2016 to December 2016, the CDC found 764 fentanyl and fentanyl analog-related deaths in the 10 states. In the following six months, from January 2017 to June 2017, the CDC tallied 1,511 overdose deaths involving the drugs.

Fentanyl and chemically similar variations, known as analogs, have been sold on the black market and can be extremely potent. One such analog is the drug [carfentanil](#). It is 10,000 times as potent as morphine and used to tranquilize elephants.

Nationally, numbers for 2017 are still preliminary, but the CDC expects opioid overdose-related deaths to jump to an all-time high of [49,000](#). Nearly 60% of those casualties are expected to be related to synthetic opioids like fentanyl and carfentanil.

According to the CDC, there were 20,310 overdose deaths involving synthetic opioids in 2016, and that number is expected to climb 45% to 29,400 in 2017.

### **Operation SOS**

In an attempt to stem the tide of overdoses tied to illicit fentanyl, [US Attorney General Jeff Sessions](#) announced an aggressive campaign from the Department of Justice to "prosecute every readily provable case involving the distribution of fentanyl, fentanyl analogs, and other synthetic opioids, regardless of drug quantity" in the 10 districts with the highest overdose rates in the country. The effort known as Operation Synthetic Opioid Surge is centered in districts in California, **Kentucky**, Maine, New Hampshire, Ohio, Pennsylvania, Tennessee and West Virginia.

Also: Democratic Sen. Claire McCaskill of Missouri released a [report](#) on the practices of pharmaceutical distributors. The investigation found that three of the country's largest distributors -- McKesson, AmerisourceBergen and Cardinal Health -- shipped 1.6 billion pills to the state of Missouri between 2012 and 2017. That's enough doses to average more than 260 pills per resident of the state during each of those years.

Also: A [report from Blue Cross Blue Shield](#) showed potential progress in the efforts to fight the opioid crisis. New numbers from the insurance giant found that the number of people with opioid addiction (also known as opioid use disorder) dropped for the first time in the eight years the company has been tracking it. In 2016, opioid addiction diagnoses peaked at 6.2 cases for every 1,000 Blue Cross Blue Shield members. In 2017, that rate dropped slightly, to 5.9 cases for every 1,000 members.

Read full CNN story: <https://www.cnn.com/2018/07/12/health/fentanyl-opioid-deaths/index.html>

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### **'Like a busy emergency room': Calls to suicide crisis centers double since 2014**

(USA TODAY) The National Suicide Crisis Helpline saw calls double from 2014 to 2017 in conjunction with rising suicide rates across the USA. The helpline answered more than 2 million calls in 2017, up from approximately 1 million calls in 2014.



The nationwide group includes more than 150 crisis centers, plus national backup centers to assist local lines.

Some crisis center volunteers and employees go beyond answering calls and chats. Jennifer Illich, director of helpline operations at FirstLink, said employees give handwritten cards of support to callers enrolled in the callback program. Illich said she spoke with a former caller who uses the card as a reminder to reach out if needed.

**The National Suicide Prevention Lifeline can be reached at 1-800-273-8255.**

Full story: <https://www.usatoday.com/story/news/2018/07/18/suicide-hotlines-uptick-calls-suicide-rates-rise/698556002/>

**Suicide Prevention Consortium Of Kentucky:** <https://spcky.org/>

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### **CPR training should change, and maybe there should be an app for that**

(Reuters Health) - To help more patients survive cardiac arrest, traditional CPR training needs an overhaul with more chances for practice - and instructions on social and digital platforms might help lessons stick, some doctors argue. Improving CPR training might help people retain these lessons longer and increase the long odds that cardiac arrest patients survive long enough to leave a hospital.

With new recommendations for CPR training, the AHA is striving to double survival rates from cardiac arrest to 38 percent when the arrest happens in a hospital and to 15.8 percent when it happens outside a hospital by 2020. They're also trying to double the proportion of cases when bystanders perform CPR until an ambulance arrives to 62 percent by 2020.

The AHA argues that learners should get shorter, more frequent practice instruction sessions to help them retain knowledge, receive regular structured feedback, and training experiences tied to real world situations.

The new CPR training approach should be used for all types of learners, whether they're medical professionals or high school students or people in the community.

Doctors, nurses and other health professionals might benefit from better feedback in CPR training because clinicians often overestimate how well they have mastered new skills, said Dr. Lorrel Brown of the University of Louisville School of Medicine, who directs the CPR advocacy group **Alive in 5** (<http://www.alivein5.org>).

Full story: <https://www.reuters.com/article/us-health-cpr/cpr-training-should-change-and-maybe-there-should-be-an-app-for-that-idUSKBN1KA2TT>

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**Just Added to ASPR TRACIE:**

**No-Notice Events: Emergency Medical Systems Considerations**

[This tip sheet](#), part of a series, can help emergency medical systems planners incorporate issues related to pre-event, initial response, and support for hospitals into their no-notice incident plans. Check out the rest of the series and other helpful documents on our [Select Mass Violence Resources page](#).

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**New: Durable Medical Equipment and Disasters**

This ASPR TRACIE [fact sheet](#) provides information on general durable medical equipment (DME) categories and focuses on electricity-dependent DME that may be affected by disasters and emergencies, including power failures. It also includes information to assist healthcare system preparedness stakeholders plan for medically vulnerable populations who rely on DME

**New: Nuclear Readiness Resources**

A [new resource](#) from the Department of Health and Human Services' Assistant Secretary for Preparedness and Response provides an overview of potential health and medical needs following a radiological or nuclear incident and resources available for planners. To access a recent ASPR webinar on health care challenges after radiological incidents, [click here](#).

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**FEMA EMI Course**

**National Disaster Recovery Framework**

(EMI) The National Disaster Recovery Framework (NDRF), developed in conformance with Presidential Policy Directive-8, outlines the basis for a national approach to disaster recovery. The NDRF defines how we will work together to best meet the needs of individuals, families, communities and states in their ongoing efforts to prevent, protect, mitigate, respond to and recover from any disaster event. This course provides an overview of the NDRF.

This course is for a general audience; anyone who is interested in or would be involved in recovering from a disaster. The overall time to complete the course will vary for each individual. IS-2900.a takes approximately 3 hours. EMI awards 0.3 CEUs for completion of this course.

FEMA flyer link: <https://training.fema.gov/emigrams/2018/1426%20-%20training%20opportunity%20-%20is%202900a%20-%20july%202018.pdf?d=7/19/2018>

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**Rising Seas Could Cause Problems for Internet Infrastructure**

(NPR) The dense network of cables that make up the Internet is likely to be inundated with saltwater as sea levels rise, a new analysis suggests, putting thousands of miles of critical infrastructure along U.S. coastlines underwater in the next 15 years.

The Internet is particularly susceptible to flooding because data travels through underground cables buried along roadways and through tunnels. While the massive deep sea cables that carry data under the Atlantic and Pacific oceans are designed to be permanently underwater, other infrastructure such as copper wiring and power stations are not.

If thousands of miles of cable were flooded because sea level rise, it could potentially impact Internet reliability for millions of Americans in major cities. In fact, higher temperatures and more powerful

storms, both of which are more likely as the climate changes, have already affected Internet hardware.

Full story: <https://www.npr.org/2018/07/16/627254166/rising-seas-could-cause-problems-for-internet-infrastructure>

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### **EarthEx 2018 Registration Open**

Register at: <https://eiscouncil.org/EarthEx.aspx>

*Join one of the largest cross-sector critical lifeline sector exercises in 2018!*

## **EARTH EX 2018-Wednesday, 22 August 2018**

- No cost to participate.
- Four-hour table-top exercise over three advancing phases.
- Begin play when you want. The exercise will be available all day on the 22<sup>nd</sup>.

EARTH EX 2018 will provide you the opportunity to exercise your plans and policies in response to true *Black Sky hazards* that threatens our modern society in a direct and complex manner. Take the opportunity to learn, share information and improve your plans to become more resilient.

Address questions about EARTH EX to : [EARTHEX@EISCouncil.org](mailto:EARTHEX@EISCouncil.org)

Check out *“The Catch”* at <https://vimeo.com/279003965>

***Pick the lane that is right for your organization.*** There will be multiple sector tracks available so that participants can pick the category that they best fit into. As examples, there will be groupings for Emergency Managers; Critical Infrastructure; medical and health care providers, nursing homes and other long-term or specialty care facilities; communications; law enforcement; fire; government agencies; ESF's; and many more. ***[Consider working it as a group activity!]***

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### **Could smartphone use be linked to ADHD in teens?**

Read more: <https://www.cbsnews.com/news/study-smartphone-linked-to-adhd-in-teens/>

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

**Multidrug-resistant Raw Turkey Salmonella Outbreak: 90 Ill in 26 States** (*CIDRAP*) Federal and state health officials who are investigating a multistate outbreak of multidrug-resistant *Salmonella* linked to a variety of raw turkey products and based on detection in live birds are warning that the strain might be widespread in the turkey industry. [Go to article](#)

**Mayaro Virus: Florida's Next Mosquito-borne Illness?** (*WLRM*) There have been no cases of Mayaro virus in Florida yet, but University of Florida's Barry Alto there could be if it continues to spread from South America. Alto says Florida has the right climate and mosquitos for Mayaro. Florida has seen a rise in other mosquito-borne diseases like Zika, dengue, and chikungunya. [Go to article](#)

**Statement by FDA Commissioner Scott Gottlieb, MD, on the Formation of a New Work Group to Develop Focused Drug Importation Policy Options to Address Access Challenges Related to Certain Sole-source Medicines with Limited Patient Availability, But No Blocking Patents Or Exclusivities** (*FDA*) As part of our public health mission, the FDA monitors the pharmaceutical supply chain to support patient access to medically necessary drugs. For example, as required by statute, the FDA maintains a publicly available list of drugs that are determined to be in shortage. We work closely with manufacturers and others to support patient access to these drugs while they're in shortage. [Go to article](#)

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## America's Most Violent (and Peaceful) States

(247wallst.com) Three of the five deadliest mass shootings in U.S. history occurred within the last three years. In light of the recent surge, it can be easy to assume that violence is a growing problem in the United States.

However, by several measures, the United States is actually less violent than it has been in recent decades. Since peaking in 1991, the violent crime rate has fallen to lows not seen in nearly half a century. Similarly, the U.S. murder rate is almost half of what it was at its peak in 1980.

Still, crime rates are only one measure of violence in American society. According to the think tank Institute for Economics and Peace, gun ownership and incarceration are good indicators the prevalence of violence. If the United States was a more peaceful place, there would be less need for handguns — which are typically purchased for personal protection — and there would be less need for the state to use violence against citizens in the form of arrest and incarceration.

24/7 Wall St. identified the most [Louisiana] and least [Maine] violent states in the country based on an index of each state's murder rate, its violent crime rate excluding murder, small arms ownership, and incarceration rates.

More violent states are often home to a less educated population that tends to face greater economic hardship. Geographically, many of the most violent states are in the South, while the least violent states are overwhelmingly in the Northeast.

[Click here to see the America's most and least violent states.](#)  
[Click here to see their detailed findings and methodology.](#)

Story link: <https://247wallst.com/special-report/2018/07/16/americas-most-violent-and-peaceful-states-4/>

### ----- My Old Kentucky Home -----

#### 26. Kentucky

- > **Violent crime rate:** 232.3 per 100,000 (7th lowest)
- > **Murder rate:** 5.9 per 100,000 (18th highest)
- > **Median household income:** \$46,659 (6th lowest)
- > **May unemployment rate:** 4.2% (7th highest)

*Of the four types of violent crime — aggravated assault, robbery, rape, and homicide — murder is the only crime more common in Kentucky than across the U.S. as a whole. There were 5.9 murders in the state for every 100,000 residents in 2016 compared to 5.3 per 100,000 nationwide. Overall, Kentucky's violent crime rate of 232 per 100,000 is well below the national violent crime rate of 386 per 100,000.*

*Still, gun violence is more common in Kentucky than it is in much of the country. There were 15 deaths by firearm — including suicides — for every 100,000 residents from 2012 to 2016, well above the national rate of 11 per 100,000 over the same period.*

#### \*\*\*\*\* **\*\*Date/Location Change\*\*G-386 Mass Fatalities Incident Response Course**

Please note the G-386 Mass Fatalities Incident Response course on Jul 23-24 has changed to Aug 15-16. The location has also changed to the Warren Co Emergency Services building at 1125 Lewis St, Bowling Green, KY 42101. **[SEE MORE INFO BELOW!]**

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 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.

**G386 Mass Fatalities Incident Response**  
**August 15-16, 2018**  
Warren County Emergency Services Training Building  
1125 Lewis Street  
Bowling Green, KY 42101

**Offered by:** Kentucky Division of Emergency Management (KYEM)

**Course Description:** 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. each day.

**Student Criteria:** This course is open to all Emergency Management, Coroners, Rescue, Fire, Emergency Medical, and Law Enforcement personnel or other organization having responsibility for a possible response in a mass fatality incident.

**Special Notes:** A MINIMUM # of fifteen (15) advance student registrations is REQUIRED and must be received by **August 2, 2018**, in order to conduct this course. You are considered accepted as a student in this class upon receipt of your application so you will not receive a letter acknowledging that acceptance. Meals, lodging, and travel expenses are the responsibility of the student and will *NOT* be reimbursed by KYEM.

**Registration:** Registration application for the course can be completed using the following link: [www.kyem.ky.gov/training](http://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, contact:**

Janine Bennett, KYEM Areas 3 & 4 Administrative Officer  
502-607-2640  
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