



## Kentucky Hospital Research & Education Foundation Emergency Preparedness Update for April 5, 2019

### *Is your GPS equipped gadget up to date?*

#### **GPS satellites have a little-known 'Millennium Bug' problem of their own**

Do you remember the panic surrounding the Millennium Bug? Computer programs, built when storage space was at a premium, would often represent years as two digits. 1998 would appear as 98, and so on. When the millennium arrived, these two-digit years would roll over to 00, with some programs interpreting this as 1900.

While the Millennium Bug was resolved without incurring any real damage or disruption to businesses or users, the causes of the issue are frequently seen in other systems from the same era — GPS, for example.

Designed in the 1970's, the computer systems on the GPS satellites represent weeks using a 10-bit number. This has a maximum value of 1024. After 1024 weeks have passed, or 19.7 years, the number rolls back to zero. This extremely rare event has only ever happened once. It's expected to occur again **TOMORROW** - on April 6, later this year.

But while the Millennium Bug had the potential to cause real harm, there's little cause for concern here. Device manufacturers have known about this issue for a long time, and most devices should have some kind of mitigation.

Owners of affected systems can expect to experience some timing problems. Those systems that use GPS timing for other purposes — like, for example, to manage schedules — can expect to encounter potentially disruptive glitches. Fortunately, more modern GPS products have workarounds built-in.

Learn more: <https://thenextweb.com/tech/2019/02/22/gps-satellites-have-a-little-known-millennium-bug-problem-of-their-own/>

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#### **E coli source still unknown in 72-case, 5-state outbreak**

(CIDRAP) April 5 - The US Centers for Disease Control and Prevention (CDC) said today that federal and state health officials are investigating an *Escherichia coli* O103 outbreak that has now sickened 72 people in five states, but so far no source has been found.

Today's announcement follows recent health alert from Kentucky, where most of the cases have been reported. The CDC said of the 72 cases, half (36) are in Kentucky. The others are in Tennessee (21), Georgia (8), Ohio (5), and Virginia (2). The agency added that state officials are probing more illnesses that might be part of the outbreak.

So far, eight patients have been hospitalized, but the CDC hasn't received any reports of hemolytic uremic syndrome (HUS), a potentially fatal kidney complication. No deaths have been reported. At least half of the patients are children. They range in age from 1 to 74 years, with a median of 17 years, and 55% are female. Illnesses began on Mar 2, with Mar 29 as the latest illness onset.

Investigators are still trying to pin down a specific food item, grocery store, or restaurant chain as the source of infections. In an earlier report, a health official from Kentucky said possible culprits include beef, chicken, and sliced American cheese and that fast food is a source of concern, based on some early reports. For now, the CDC is not recommending that consumers avoid any particular food or that restaurants or retailers avoid serving or selling any particular food.

Full story: <http://www.cidrap.umn.edu/news-perspective/2019/04/source-still-unknown-72-case-5-state-e-coli-outbreak>

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#### **Bans on texting while driving tied to drop in ER visits for crash injuries**

(Reuters Health) - States where it's illegal to text while driving may have safer roads, according to a U.S. study that tracked declines in crash-related emergency room visits after these laws took effect.

On average, states saw 1,632 fewer traffic-related emergency room visits per year after implementing a texting ban, the new study found.

Nationwide in 2016, almost 3,500 people died and another 391,000 people were seriously injured in crashes involving distracted drivers, researchers note in the American Journal of Public Health.

Read more: <https://www.reuters.com/article/us-health-driving-texting/bans-on-texting-while-driving-tied-to-drop-in-er-visits-for-crash-injuries-idUSKCN1RF2MM>

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**FDA to issue revised draft guidance on hospital pharmacy compounding**

(AHA Today) The Food and Drug Administration plans to revise its 2016 [draft compounding guidance](#) for hospital and health system pharmacies. "The agency recognizes that hospital and health system pharmacies are different than other pharmacies not owned by hospitals and from conventional manufacturers, and as such, have unique needs and challenges," FDA Commissioner Scott Gottlieb, M.D., [said](#) this week. "To that end, we plan to issue a revised draft guidance regarding hospital or health system compounding to provide further clarification on how the FDA intends to apply section 503A of the FD&C Act to drugs compounded at these facilities. Our revised policies will also provide guidance for hospital or health system pharmacies that might be considering registering as an outsourcing facility under section 503B."

In [comments](#) submitted in 2016, AHA urged the agency to revise the draft guidance to allow hospital and health system pharmacies to continue to distribute compounded drug products to other health care facilities in the same system. Specifically, AHA urged the agency to remove the "arbitrary" one-mile radius limitation and replace it with an alternative approach that would support the existing hospital and health system care delivery model.

Among other actions, FDA plans to issue another proposed rule to further amend the list of bulk drug substances that 503A compounders can use to compound drugs, and finalize its [memorandum of understanding](#) with states to address traditional compounders that distribute a certain percentage, known as inordinate amounts, of their compounded drugs across state lines. The agency also plans to hold a [public meeting](#) in May to discuss current good manufacturing practice for outsourcing facilities and receive public feedback on the potential impact of proposed policies related to current good manufacturing practice requirements on office stock access for health care providers.

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**Governor appoints members to the Kentucky Emergency Response Commission.**

(Frankfort - Governor's Press Release) Andrew Michael Chandler, of Versailles, is an emergency manager. He will represent local government and serve for a term expiring April 17, 2021.

Chris Skates, of Lawrenceburg, is a communications advisor for the Governor. He will represent environmental interests and serve for a term expiring April 17, 2021.

Larry Christopher Taylor, of Versailles, is an environmental scientist consultant. He will represent the Energy and Environment Cabinet and serve for a term expiring April 17, 2021.

McKenzie Benkner, of Somerset, is a business owner. He will represent industry and serve for a term expiring April 17, 2021.

Michael Alan Jones, of Lawrenceburg, is a Kentucky Department of Military Affairs representative. He will represent persons with technical expertise in the emergency response field and serve for a term expiring April 17, 2021.

The Kentucky Emergency Response Commission is charged with developing policies related to the response of state and local governments to releases of hazardous substances and developing standards of planning for these events. It also develops reporting requirements for those who manufacture, use, transfer or store these substances. The group provides information to the public concerning hazardous substances within the communities, develops training requirements and establishes requirements for local governments and covered facilities to exercise plans related to hazardous substance response.

**Johns Hopkins: Health Security Headlines**  
**Extracts from [April 5, 2019](#)**

**[Donations Management: Handling the Second Disaster](#)** (*Emergency Management*) Warehouses were filling up with hundreds of thousands of dollars' worth of donations from the American people. Buckets, water, clothing, picks, shovels, teddy bears, etc. We literally had everything. [Go to article](#)

**[Amazon Alexa is Now HIPAA-compliant. Tech Giant Says Health Data Can Now be Accessed Securely](#)** (*Medical Health News*) Amazon unveiled software on Thursday that allows health care companies to build Alexa voice tools capable of securely transmitting private patient information, a move that opens the door to a broad array of uses in homes and hospitals. The announcement was accompanied by the launch of six voice programs built by large health businesses ranging from Boston Children's Hospital, to the insurance giant Cigna, to the digital health company Livongo. The new tools allow patients to use Alexa to access personalized information such as progress updates after surgery, prescription delivery notifications, and the locations of nearby urgent care centers. [Go to article](#)

**[Hurricane Season is approaching. Here's the First 2019 Outlook from Scientists](#)** (*The Washington Post*) It has been just four months since the last hurricane season ended, but it's already time to look ahead to the next. June 1 marks the traditional starting date, and Colorado State University's hurricane research team released its initial predictions for the upcoming season Thursday morning. [Go to article](#)

**Related:** The list is out: Here are the 2019 hurricane season names  
<https://news360.com/article/492638136>

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**Terminally Ill Child Exposed to Measles at California Hospital**

(Medicine Net) The mother of a terminally ill child who was exposed to [measles](#) while in the hospital has harsh words for parents who don't get their children vaccinated. Their negligence could shorten her son's already difficult struggle to stay alive, said Rayna Souza.

Her 7-year-old son Jackson was diagnosed with a condition called tuberous sclerosis when he was 4 months old and has about 100 small tumors and a few large ones on his brain. He has been in and out of hospitals since he was an infant.

After Jackson began having [seizures](#), Souza took him to UC Davis Medical Center on March 17. Days later, doctors told Souza that Jackson had been exposed to measles during his hospital stay. She said doctors told her that Jackson's exposure to the measles was from another child whose parents had not vaccinated her; she had caught the disease while overseas.

Full story: <https://www.medicinenet.com/script/main/art.asp?articlekey=219990>

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**Medical Lessons Learned From the Thai Soccer Team Cave Rescue**

(HealthDay News) -- For weeks last summer, the world was riveted by frantic efforts to find and rescue a soccer team of 12 Thai boys, along with their coach, who'd become trapped deep in a cave complex on June 23. However, all 13 were eventually rescued by trained divers after being spotted more than 2.5 miles inside the cave complex on July 2.

Now, doctors who treated the boys immediately upon rescue describe how blankets, a special warming device and the anesthetic ketamine were all used to help ease the deep-[cold hypothermia](#) the boys suffered during their rescue ordeal.

Read full story: <https://www.medicinenet.com/script/main/art.asp?articlekey=219977>

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**Cyber-attacks 'damage' national infrastructure**

<https://news360.com/article/492759360>

**Healthcare Industry Five Cyber Threats Webinar Series:**  
***Insider, Accidental, or Intentional Data Loss***

The [HICP](#): Five Cyber Threats Weekly Series hosted by the 405(d) Initiative presents the fourth threat in a series of five, ***Insider, Accidental, or Intentional Data Loss***. Insider threats exist within every organization where employees, contractors, or other users access the organization's technology infrastructure, network, or databases. There are two types of insider threats: accidental and intentional. An accidental insider threat is unintentional loss caused by honest mistakes, like being tricked, procedural errors, or a degree of negligence. An intentional insider threat is malicious loss or theft caused by an employee, contractor, and other user of the organization's technology infrastructure, network, or databases, with an objective of personal gain or inflicting harm to the organization or another individual.

The intent of this series is to provide continued education leveraging the recently released publication. This *90-minute presentation* will allow the community to dive deeper into this threat individually and corresponding mitigation practices.

**Date:** Tuesday, April 9 and Thursday, April 11

**Time:** 2:00 p.m. ET

**To join:** Use this [link](https://meetingserver.hhs.gov/orion/joinmeeting.do?MTID=d86aa0d661f9d71018f114cd0c320d19):

**Dial:** 202-774-2300

**Passcode:** 998 898 726 followed by two '#' signs

If you have any additional questions or comments, please email us at [CISA405d@hhs.gov](mailto:CISA405d@hhs.gov).

For more information on this effort and to download a copy of the publication, please visit the 405(d) website at [www.phe.gov/405d](http://www.phe.gov/405d)

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**Mega-Shelter Seminar**

May 15-16, 2019

KY Exposition Center, West Hall #3

937 Phillips Lane, Louisville, Kentucky 40209

**Topics Include**

- What is a Mega-Shelter?
- When and why do we need one?
- Setup and layout of the shelter
- Mega-shelter as a "small city"
- Unity of command
- Sustainment challenges
- Mega-Shelter Lessons learned

To attend this FREE seminar, please **register no later than May 3, 2019**

To register go to: [https://www.surveymonkey.com/r/Mega-Shelter\\_Seminar\\_KY](https://www.surveymonkey.com/r/Mega-Shelter_Seminar_KY)

*Any travel or meal related expenses are the responsibility of the attendee's organization*

*Seminar Schedule*

Day One—May 15: Registration Check-In 1145; Seminar 1230-1700

Day Two—May 16: Seminar (Cont'd) 0830-1230

*This is a HSEEP compliant exercise event*

Sponsored By

Kentucky Emergency Management, American Red Cross &  
Central U.S. Earthquake Consortium

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](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.