



Kentucky Hospital Research & Education Foundation Emergency Preparedness Update for May 21, 2019

***This is National EMS Week 2019!
Tomorrow is National EMS for Children Day!***

National EMS Week 2019 is May 19 thru May 25, and Wednesday, May 22, is set aside for National Emergency Medical Services for Children day. National EMS Week is an annual celebration of the everyday dedication and commitment of EMS providers all over the country making differences in the lives of millions of Americans. It also provides us with an opportunity to bring together EMS agencies and their local communities to focus attention on illness and injury prevention and raise awareness about issues important to the continued development and improvement of EMS and Trauma systems.

National EMS for Children Day places a spotlight on the delivery of high-quality emergency medical care for children, focusing on the unique needs of critically ill or injured pediatric patients and the challenges faced by EMS professionals in meeting those needs.

Read more: <https://emscimprovement.center/domains/prehospital-care/emsc-day/>

NASEMSO Takes Position in Support of Pediatric Emergency Care

The National Association of State EMS Officials (NASEMSO), during its 2019 Annual Meeting in Salt Lake City last week, passed a resolution of support for the national EMS for Children program. They recommended that *EMS agencies* appoint a *pediatric emergency care coordinator* (PECC) to advocate for improved EMS provider competencies and the availability of appropriate resources for the pediatric patients they serve, and to ensure that the agency and its providers are adequately prepared to care for ill and injured children.

In addition, they went on to add that:

- The PECC works in collaboration with the state EMS office, EMS agency leaders and medical directors, and other stakeholders, to ensure pediatric needs are well integrated into all aspects of emergency medical care;
- NASEMSO believes that EMS agencies which appoint PECCs are enhancing their EMS systems to provide high quality pediatric emergency care; and
- NASEMSO requests the federal and state EMSC programs to continue providing guidance, resources, and support for the PECC role.

Full resolution: <https://nasemso.org/wp-content/uploads/2019-01-PECC.pdf>

For more information, contact Morgan Scaggs, KY EMSC Program:

Other resolutions related to EMS:

CMS ET3: <https://nasemso.org/wp-content/uploads/2019-02-ET3.pdf>

EMS 2050: <https://nasemso.org/wp-content/uploads/2019-03-EMS-2050.pdf>



Has your hospital ED taken a look at optimizing plans for treatment and recovery of people aged 60 and older who have experienced a traumatic injury? Research on a new approach was presented during the National Trauma Manager's meeting last week in Salt Lake City by the founder of **G60 Trauma**. <https://g60trauma.org/>

This is a non-profit organization that provides information to healthcare providers and the trauma community about the benefits of an aggressive team-based trauma care model for patients 60 years and older who have experienced a traumatic injury.

The population is obviously getting older, and the specific age at which a person is considered "elderly" remains controversial, but in the context of the G60 Trauma program they operationally define the elderly as an individual 60 years or older.

Trauma centers nationwide have been experiencing an increase in their elderly trauma patients because of an ever growing elderly population within the United States. Many studies have demonstrated the physiologic differences between older trauma patients versus a younger trauma patients. Coupling these differences with their coexisting medical comorbidities, makes caring for this population extremely challenging. To meet these challenges, researchers organized a geriatric trauma unit specifically designed

with a multidisciplinary approach to take a more aggressive stance to the care of the geriatric trauma patient.

Several guidelines of care have been developed to standardize treatment. The guidelines include: trauma triage/consultation guidelines, blunt cerebrovascular injury screening, emergent reversal of anticoagulants in geriatric patients, syncope guidelines, and PCC protocol.

Learn more: <https://g60trauma.org/professionals/protocols-and-guidelines/>

Original research: *Geriatric trauma service: a one-year experience*
<https://www.ncbi.nlm.nih.gov/pubmed/22310125>

----- **Extracts from Johns Hopkins Health Security Headlines** -----

Potentially Deadly Drug-Resistant 'Fungal Superbug' Emerging in Canada

(CTV Health) Doctors in Canada are being warned about the emergence of an extremely contagious pathogen described as a “fungal superbug” that is resistant to most medications and can be deadly for patients who are already sick. First identified in Japan 10 years ago, the fungus *Candida auris* or *C. auris* is now present in 17 countries, including Canada. It’s being called a public health threat because it’s easily spread through skin contact, it’s difficult to identify, it’s resistant to most antifungal drugs, it’s hard to kill, and it’s particularly lethal for patients who are already ill. [Go to article](#)

[Interim Guidance for Clinicians on Human Infections with Variant Influenza Viruses](#) (CDC; *Influenza*) The vast majority of human infections with variant influenza viruses do not result in person-to-person spread. However, each human infection with a swine influenza virus should be fully investigated to be sure that such viruses are not spreading in an efficient and ongoing way in humans and, if infected animals are identified, to limit further exposure of humans to these animals. [Go to article](#)

[Anti-Vaxxers Target Communities Battling Measles](#) (*The Washington Post*) In a suburban shopping center an hour north of New York City, hundreds of mostly ultra-Orthodox Jews gathered in a sex-partitioned ballroom to hear leaders of the national anti-vaccine movement. [Go to article](#)

DRC Ebola Cases Top 1,800 Amid Burial Team Attacks

(CIDRAP) Blowing past the 1,800 case mark, the DRC reported 39 cases over the weekend as well as a pair of assaults on burial teams, along with 10 new infections today, according to the latest official reports, raising the outbreak's total to 1,826. [Go to article](#)

KET Changing Transmitter Frequencies soon *Is your bio-medical telemetry ready?*

A company called *Widelity* has reached out to about 2,400 hospitals, medical facilities and nursing homes in Kentucky and some surrounding states on behalf of the Kentucky Educational Television system. KET has participated in a Reverse Auction of frequencies, and according to the April 22nd letter will be transitioning sixteen of its stations to new frequencies throughout the state beginning as early as June 21, 2019. The potential impact of these changes could inadvertently create interference resulting in possible healthcare or patient safety risks.

The first changes will be on June 21st in Lexington, with 14 others on October 18th. The concern is that if you have facilities which are within 55-70 miles of a transmitter that is changing frequencies in the 470 to 680 MHz range, and some of these could be shared with or close to those used by bio-medical telemetry equipment. Also note that signals from some KET stations overlap coverage, so a facility may be impacted by multiple signals from these overlapping stations. The FCC allows certain electronic biomedical devices to use unoccupied Digital TV (DTV) frequencies on a secondary basis, and the responsibility for identifying and resolving any potential RF interference falls back to the facility.

The company is suggesting healthcare facilities look at the frequencies their telemetry equipment is using, and consider changing telemetry channels to unused channels prior to the expected change date to avoid interference. More is available at: <https://www.widelity.com/ket/>

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 (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.