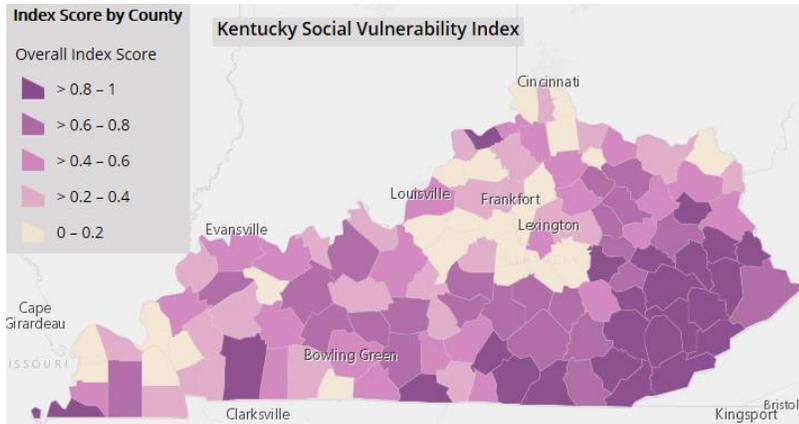




Kentucky Hospital Research & Education Foundation Emergency Preparedness Update for August 13, 2019

KY Offers New Tool for Emergency Planners

[Kentucky Tracking](#) has just added a cool new tool to their health and environmental data portal. Check out their [Social Vulnerability Index Story Map](#).



Social vulnerability refers to the resilience of communities when confronted by external stresses on human health, stresses such as natural or human-caused disasters, or disease outbreaks. Reducing social vulnerability can decrease both human suffering and economic loss.

The CDC's SVI uses Census data to determine the social vulnerability of every census tract. The SVI ranks each tract on 15 social factors and groups those factors into four related themes.

This tool can be used to prepare for emergencies caused by natural or human caused disasters or disease outbreaks. The tool is also useful to city planners and grant writers to help identify the resources they may or may not have in order to address a community's need.

Explore data on social and economic factors that influence the vulnerability of communities across Kentucky. They have also added new data sets, such as [Mortality Records](#), [Hospital Admissions](#), [Emergency Department Encounters](#) and [Injury Hospital Discharges](#).

Kentucky is part of the [National Tracking Network](#), created in partnership with the Centers for Disease Control and Prevention (CDC) to provide data about environmental hazards, exposures and health effects. Please see the [What is Environmental Public Health Tracking?](#) page for more information.

KY Tracking SVI link: <https://ky-dph.maps.arcgis.com/apps/MapSeries/index.html?appid=b051448dfb4b4a69a39e8adf2e8ac44e>

Learn more about CDC's SVI and its uses here: <https://svi.cdc.gov/index.html>

If you have questions contact: [Shelly Canada](#), Division of Public Health Protection and Safety

In case you missed this excellent program - watch this now!

Preventing Youth Suicide: A KET Forum

Web link to the forum video (58 min): <https://www.ket.org/episode/KJGAP%20000108/>

National Suicide Prevention Hotline: 1-800-273-TALK (8255)

Kentucky Suicide & Crisis Hotline Info: <http://suicidehotlines.com/kentucky.html>

Check this one out!

Kids Getting Too Many Opioids After Tonsillectomy

<https://news360.com/article/504438962>

KY gun violence incidence twice as high as New York City

(KyForward/Public News Service) Kentucky tops New York City when it comes to gun fatalities, according to Mark Bryant, a Harlan County native and Lexington resident who leads the Gun Violence Archive.

Formed in 2013, the research group compiles gun death information from thousands of sources around the country. Bryant said no one had been keeping accurate statistics on gun deaths.

According to the [Gun Violence Archive](#), 155 people in Kentucky have been shot and killed so far this year. Bryant said looking at the numbers of people who lose their lives in gun incidents every year has revealed some surprising findings when comparing Kentucky to other states.

Read more: <https://www.kyforward.com/research-group-head-ky-native-says-gun-violence-incidence-in-state-twice-as-high-as-new-york-city/>

California Prison gets ricin in its mail

(Crescent City, CA) Officials say a suspicious substance detected last week in the mailroom at Pelican Bay State Prison was identified in preliminary testing as ricin, a potentially lethal poison derived from the waste product of castor beans.

A joint statement from the county Sheriff's Office, Office of Emergency Services and Public Health said the suspicious envelopes were received July 23 at the prison. The envelopes reportedly contained a then-unknown substance found during the prison's mail-screening process. The location where the suspicious envelopes was opened was immediately quarantined, according to the statement. Three people were taken from the prison to a hospital for medical evaluations and later were released.

Full story: https://www.currypilot.com/news_paid/prison-says-ricin-found/article_a71fedd4-b61b-11e9-9964-2bcd16dd541.html

CDC Ricin Info for Healthcare: <https://emergency.cdc.gov/agent/ricin/hp.asp>

HHS OPHEP Ricin Response Guidelines: https://emergency.cdc.gov/agent/ricin/pdf/ricin_protocol.pdf

IS YOUR BACK-UP GENERATOR IN IT FOR THE LONG HAUL?



(EIS Council) A long-term power disruption caused by a natural disaster, cyber or Electromagnetic Pulse may take weeks to restore services. However, the surge of demand for health services will require Health and Medical facilities to continue to operate using back-up generation. Often, generator maintenance and procedures for routine testing and operation is overlooked until it is needed. The question for Healthcare planners is how much fuel do we have, where can we get fuel in an emergency and how long with the generator run

without maintenance. The following are things that managers need to do to ensure trouble free operations:

- Perform "gap analysis" on the emergency power equipment that compares critical equipment and systems needed in the event of an extended outage.
- Maintain a complete labeled inventory of all emergency systems and the loads they serve.
- Provide competent training and testing of all operators responsible for operating and maintaining the emergency power system.
- Regularly test diesel fuel in the storage tank and replace fuel not consumed before the end of the storage life.
- Provide communication between the operators of the emergency power system and the organization's management and clinical leaders.

To test your plans and procedures for long-term power disruptions, The Electric Infrastructure Security Council (EIS Council) has developed a free web-based exercise called EarthEx 2019. The exercise has a specific lane of play for Health and Medical organizations. The Exercise is scheduled to begin **on August 21st but the site will be open until October 31, 2019.**

To register for Earth Ex 2019, go to the following link: <https://www.eiscouncil.org/EarthEx.aspx>.

Blackout response plans require regular attention

(Modern Healthcare) Electrical power equipment designed to prevent overloaded circuitry failed in New York this summer, leading to a five-hour blackout in parts of the city on July 13, pushing Mount Sinai Hospital West into disaster-response mode. They switched to alternative power coming from its several diesel-powered generators, which allowed the facility to keep its clinical areas operational as well as other vital departments such as the pharmacy, laboratories and certain elevators. As a result, there was no major disruption in any of Mount Sinai West's care delivery service lines.

While power outages are less alarming than weather-related disasters that often lead to a loss of power, they still require extensive and ongoing planning and oversight, something that hospital and system executives are learning after recent outages in other places such as Hawaii, New Jersey and suburban Seattle. Some of the lessons learned:

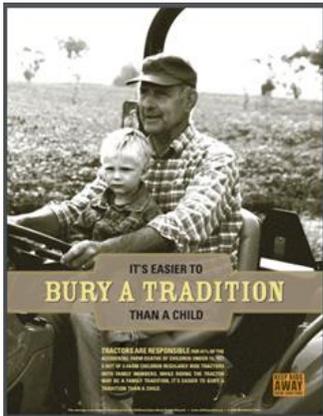
- It's not just medications requiring cool temperatures that are at risk of spoilage.
- Create redundancies within emergency power systems.
- Prepare for the likeliest causes of power disruptions, such as extreme weather events like blizzards and hurricanes, along with disasters more indicative of urban areas such as mass transit accidents and building collapses.
- Pre-planning for times when the main power is scheduled to go off for maintenance checks.

- Systems located in urban areas may connect to two electrical power grids, which allows them to switch seamlessly when their main power source is suddenly disrupted.
- Take into account creature comforts for patients, such as whether the hospital will be able to continue providing hot meals or maintain television service in patient rooms.
- If a disaster is causing a series of "rolling brownouts" that will make the main power increasingly unreliable, consider switching to generator power to ensure consistent power throughout the storm.
- Do an "inventory" of what will and will not work during a power outage; and make plans to work around the problems.

Read more: <https://www.modernhealthcare.com/providers/blackout-response-plans-require-regular-attention>

Tips to keep kids safe on farms; Biggest risks include tractors, animals, machinery

(KyForward) Growing up on a farm gives children the opportunity to play in ways that few others get to experience, and gain a set of useful skills, but agricultural safety experts caution that farm life also comes with safety challenges that all too often can result in injury or even death. According to the National Ag Safety



Database, 33 children sustain agriculture-related injuries every day, and every three days a child dies from an agriculture-related incident.

"A lot of these ag-related injuries, work-related injuries in ag, are related to the fact that children are doing work that does not match their capabilities or their abilities," youth agricultural safety specialist Marsha Salzwedel said at the Child Agricultural Injury Prevention Workshop in Lexington Aug. 6-7.

The three most common causes of non-fatal injuries are falls, animals and machinery, such as tractors; and the top three causes of fatal injuries are machinery, other vehicles and drowning. As technology advances, farm injuries are changing. A new one shared at the workshop was the story of a child who lost an eye after being hit by a drone.

Salzwedel suggested that parents use the [Agricultural Youth Work Guidelines](#) to help determine whether a youth has the physical and cognitive abilities to safely perform a job. The guidelines have a checklist for 51 ag-related jobs detailing

what youth between 7 and 16 need to perform a job safely. The list also gives adult responsibilities, suggestions for the level of adult supervision, and hazards and protective strategies.

Learn more: <https://www.kyforward.com/workshop-offers-tips-to-keep-kids-save-on-farms-biggest-risks-include-tractors-animals-machinery/>

New York City Fire EMS employee has PHI on personal device FD sends notices to over 10,000 patients of potential data breach

(FDNY) In a press release issued last week, the Fire Department of New York said that it has notified more than 10,000 patients whom the FDNY EMS had previously treated and or transported that their personal information may have been compromised by a loss of an agency employee's personal external hard drive last March.

The employee, who was authorized to access the records, had uploaded the information onto the personal external device, which was reported missing.

Although there is no evidence to date that any of the information stored on the personal device has been accessed, the FDNY is treating the incident as if the information may have been seen by an unauthorized person. FDNY has notified the impacted patients. Further, 3,000 patients whose social security numbers may have been compromised are being offered free credit monitoring.

The 10,253 patients who were notified this week by mail of the data breach were all treated and or transported by EMS during the period from 2011 to 2018.

Press release and HIPAA letter: <https://www1.nyc.gov/assets/fdny/downloads/pdf/news/35-19-data-breach.pdf>

How US hospitals prepare for mass shootings

As the U.S. gun violence problem becomes politically intractable, hospitals mandate training for the unthinkable

(Salon) As mass shootings have become normalized, many Americans have learned to fear public spaces like concert venues, movie theaters, shopping malls, places of worship, and even schools. Nearly half of Americans believe it is likely [there will be another major mass shooting in the next three months](#), even though such attacks comprise a small fraction ([between 1% annually](#)) of gun-related deaths.

Nevertheless, mass shootings linger in the public consciousness, largely because of their scope and often random nature. They have prompted a nationwide re-evaluation in the way doctors, nurses, first responders, hospitals and law enforcement officials prepare for and respond to such events.

To develop hands-on experience responding to pediatric emergencies, Dr. Kevin Ching, pediatric emergency medicine physician with NewYork-Presbyterian/Weill Cornell Medical Center, co-founded [BASE Camp](#), a pediatric emergency medicine "boot camp." Hosted annually, the camp allows pediatric nurses, fellows and physicians to practice treating a large influx of critically ill children by using real-life mannequins that bleed, cry, move their faces, and talk.

Ching said he developed the program because "emergency departments are now being challenged to prepare for acts of large-scale violence, like school shootings," which said was once a "rarely encountered situation in pediatrics."

The two-day training program requires participants to respond to more than 20 critically wounded trauma "patients" amid a packed hospital filled with children on stretchers with gunshot wounds, screaming infants, and parents scrambling to find their kids.

Learn more from the full story: <https://www.salon.com/2019/08/11/as-mass-shootings-become-normalized-hospitals-prep-their-staff-for-the-worst/>

Potential CDC/ACEP resource to help hospitals and their partners for planning:

"In A Moment's Notice: Surge Capacity for Terrorist Bombings"

Extract from the intro: *"Because many patients self-evacuate after a terrorist attack (or disaster), and prehospital care may be difficult to coordinate, hospitals near the scene can expect to receive a large influx, or surge, of victims after a terrorist strike. This rapid surge of victims typically occurs within minutes, exemplified by the Madrid bombings (2004) where the closest hospital received 272 patients in 2.5 hours. Such a surge differs dramatically from the gradual influx of patients after infectious disease outbreaks or environmental emergencies such as heat waves. In addition, injuries to workers involved in rescue and recovery can lead to a secondary wave of patients. Health care and public health specialists should anticipate profound challenges in adequately caring for the surge of victims.... Although developed for addressing a surge of injuries from a terrorist bombing, the recommendations in this report may also improve the management of a surge from other mass casualty events, including biological, chemical, or nuclear attacks. It includes a description of system-wide and discipline-specific challenges as well as recommendations to address these issues. Solutions for the discipline-specific challenges have been incorporated into easy-to-use templates that can assist various disciplines in managing surge needs for injuries."*

Surge Action Templates:

1. Emergency Medical Services System Response
2. Emergency Department Response
3. Surgical Department Response
4. Intensive Care Unit Response
5. Radiology Response
6. Blood Bank Response
7. Hospitalist Response
8. Administration Response
9. Drugs and Pharmaceutical Supplies
10. Nursing Care

PDF download: <https://www.acep.org/globalassets/uploads/uploaded-files/acep/by-medical-focus/disaster/inamomentsnotice.pdf>

[As a footnote, Kentucky's own Diana Jester from the UofL "Emergency Preparedness for Aging & LTC Program", was originally part of the team at ACEP that worked on this, and is cited in the document for her contributions.]

British NHS hospitals unprepared for terror attack, survey finds

- Just half of doctors had read their hospital's major incident plan
 - Only 47 per cent knew where to locate it.
 - 36 per cent knew what to do personally if a major incident was declared.
- All doctors should receive education on their hospital's major incident plan
 - Doctors should have an abbreviated version of their own particular role.
- The study recommends greater use of hospital drills to prepare for major incidents.
- The response of ambulance and fire crews was criticized.

Full story: <https://www.telegraph.co.uk/news/2019/08/12/nhs-hospitals-unprepared-terror-attack-survey-finds/>

Storms, Floods Cause \$1.2B Damage In 2019 Thus Far

(AP) - Storms and flooding have caused significant damage throughout the U.S. during the first half of 2019.

The Associated Press tallied about \$1.2 billion of damage in 24 states based on preliminary assessments of public infrastructure categories established by the Federal Emergency Management Agency. The tally includes damage to roads and bridges, utilities, water control facilities, public buildings and equipment, and parks.

Each state must meet particular damage thresholds to qualify for federal aid based on their populations. Most, though not all, of the damage costs tallied by the AP will be eligible for federal aid. Figures for some states include updated damage costs provided to the AP by state agencies after their initial reports to FEMA.

The total figures are likely to rise because several states haven't completed damage assessments for recent disasters. Figures also could rise for some states that already have submitted figures to FEMA but might still be able to add more counties to their disaster declarations.

KENTUCKY

Event: Storms, flooding and landslides

Date: Feb. 6-March 10

Damage: \$38.9 million

Read the full story for a state-by-state breakdown:

<https://minnesota.cbslocal.com/2019/08/11/storms-floods-cause-1-2b-damage-in-2019-thus-far-state-by-state-overview/>

Southern U.S. Lags North on Disaster Resilience

(Scientific American) The southern half of the United States is far less resilient than the northern half, according to a groundbreaking federal study that analyzed factors such as income inequality and religious affiliation in every county.

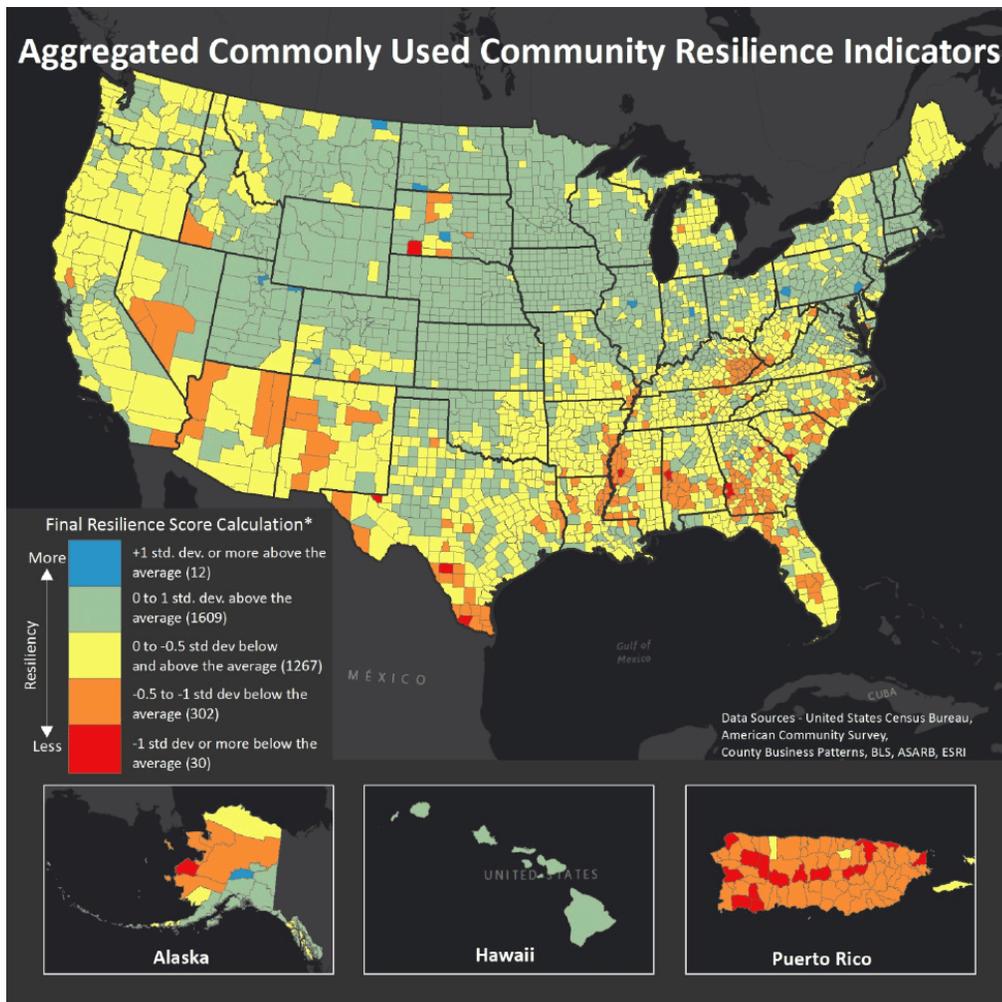
But one of the least resilient counties, oddly, is New York County, better known as Manhattan, which suffers

because residents eschew personal automobiles.

The [study](#), done for the Federal Emergency Management Agency, takes a unique approach to studying resilience by measuring individuals' financial stability as well as their connection to their community. There is no mention of typical resilience measures such as the quality of infrastructure or physical protection from natural hazards. Nor does the study consider risk factors such as exposure to flooding and hurricanes.

The states with the lowest resilience are roughly the same as the states in which the most number of federal disasters have occurred since 1953, according to an E&E News analysis of FEMA records.

Texas, Louisiana, Alabama, Kentucky and



Mississippi all rank in the top 10 in the total number of disasters. Yet in each of those states, a majority of the counties received low or mediocre resilience rankings.

Story link: <https://www.scientificamerican.com/article/southern-u-s-lags-north-on-disaster-resilience/>

FEMA study link: https://www.fema.gov/media-library-data/1549906639681-ac6f6d5fb54af1649f0077feed876b9e/Community_Resilience_Indicator_Analysis_December_2018_508.pdf

>>> **Preparedness news headlines** <<<

**AT&T surpasses 750K FirstNet connections
developing HPUE with Assured Wireless**

<https://news360.com/article/504615951>

Ebola drugs show '90% survival rate' in breakthrough trial

<https://news360.com/article/504632821>

Lethal Deception: Deaths From Cocaine Laced With Fentanyl on the Rise

<https://news360.com/article/504438966>

Johns Hopkins: Health Security Headlines

Extracts from **August 12, 2019** &

[Vaccines that don't need refrigeration could save a ton of lives](#) (Vox) Vaccination is one of the biggest public health triumphs of our era, the rise of anti-vaxxers in rich countries notwithstanding. Globally, 85 percent of 1-year-olds have been vaccinated — usually for diphtheria, whooping cough, tetanus, polio, measles, and hepatitis B. That's a huge deal; it has saved millions of lives and been one of the biggest drivers of dramatic reductions in infant mortality over the past 50 years.

[US Officials Suspect New Nuclear Missile in Explosion That Killed 7 Russians](#) (The New York Times)

American intelligence officials are racing to understand a mysterious explosion that released radiation off the coast of northern Russia last week, apparently during the test of a new type of nuclear-propelled cruise missile hailed by President Vladimir V. Putin as the centerpiece of Moscow's arms race with the United States.

Utah woman died after pharmacy gave her wrong medication

(WYMT/KSTU/CNN) The family of a Utah woman has filed a wrongful death lawsuit against a local pharmacy and her assisted living facility, alleging they gave her the wrong medication that led to her painful death in July 2018. Just a few weeks after 75-year-old Gloria Dunn chose to live at the Bel Aire Assisted Living Facility in Utah County, Utah, her health began to deteriorate at an alarming rate. When she arrived at the emergency room, doctors asked her son if she had cancer. It turned out the cancer-free 75-year-old had been getting large doses of methotrexate, a dangerous chemotherapy drug.

Read more: <https://www.wymt.com/content/news/Utah-woman-died-after-pharmacy-gave-her-wrong-medication-lawsuit-states-536684051.html>

KentuckyWired finalizes \$100 million bond sale

(KyForward) The Kentucky Communication Network Authority (KCNA), the agency responsible for overseeing the Commonwealth's *KentuckyWired* fiber optic cable network project, finalized a bond sale of \$102,090,000 last week. The City of Williamsburg issued the bonds for the *KentuckyWired* Infrastructure Company.

Status: Construction of the *KentuckyWired* project is well over halfway complete, with more than 1,700 miles of the planned 3,000 miles of fiber cable placed so far. Construction is complete in the first section from Lexington to Louisville and Cincinnati, known as Ring 1A. Construction of Ring 1B, in Eastern Kentucky, is projected to be finished in early September.

KentuckyWired is a middle mile network, building high-speed fiber optic cable in all 120 counties, connecting government offices, universities, community colleges, state police posts and state parks. Along its 3,000-mile path, private companies can connect to the network and lease its fiber. This will enable private internet companies to expand their service farther into more rural areas. *KentuckyWired* will significantly enhance opportunities for education, healthcare, economic investment and job growth for Kentuckians.

Full story: <https://www.kyforward.com/kentuckywired-finalizes-100-million-bond-sale-to-fund-settlement-project-costs-for-fiber-optic-network/>

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.