

# THE PULSE



QUARTERLY NEWSLETTER OF THE KENTUCKY HEALTHCARE PREPAREDNESS PROGRAM

This is the first edition of our new Kentucky HPP Newsletter, The Pulse.

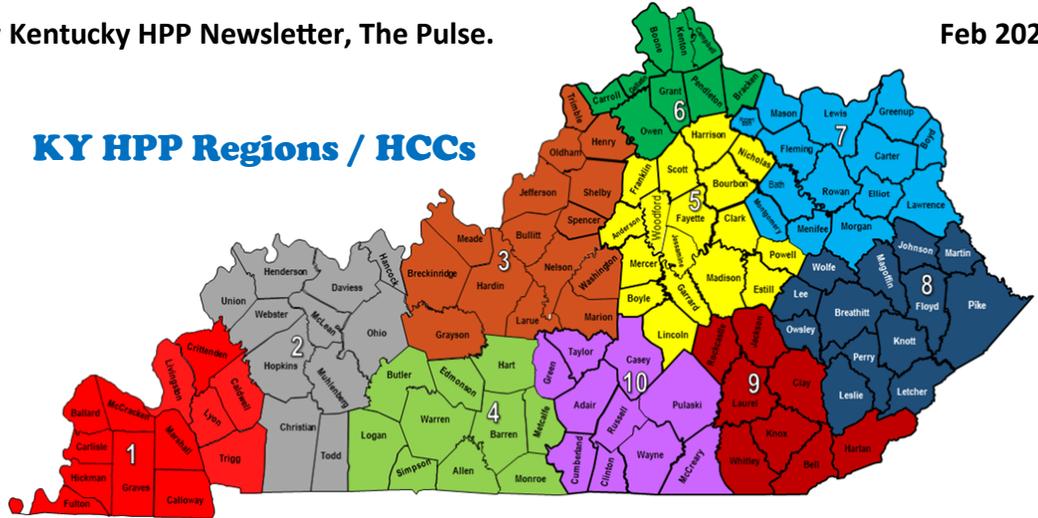
Feb 2021

This will be a quarterly newsletter and future edition will include news and updates from our coalitions.

**February 2021 Content:**

- Your Kentucky HPP
- Monoclonal Antibodies
- No-Notice MCI's
- Trainings, Webinars & Other Information

## KY HPP Regions / HCCs



## Your Kentucky Healthcare Preparedness Program (HPP)

The mission of Kentucky HPP is to promote the development of Healthcare Coalitions (HCC) in order to enhance disaster preparedness, response and recovery of the Commonwealth's healthcare and emergency response system. The Kentucky HPP is funded through a grant from Department of Health and Human Services—Assistant Secretary for Preparedness and Response (HHS/ASPR).

Kentucky's HPP aims to improve patient outcomes and enable rapid recovery from catastrophic events through the development of HCCs. Kentucky's HCCs have adopted a regional whole-community approach to preparedness, response and recovery activities that includes at-risk populations. HCCs incentivize and support diverse and often competitive health care organizations with differing priorities and objectives to work together to save lives during disasters and emergencies that exceed the day-to-day capacity and capability of individual health care and emergency response systems.

## FY19-20 HCC Membership



Membership is defined in most HCC Bylaws as "an organization that regularly participates in HCC activities, including planning meetings, committees, exercises, response and recovery events." This strong HCC membership and relationships built over many years would become paramount during the COVID-19 pandemic response.

Total Kentucky HCC Member Agencies (FY19-20)	550
<b>Core Members</b> <i>All HCCs must be represented by the following four core members to be eligible for HHS/ASPR funds</i>	
Acute Care Hospitals	96
Emergency Medical Services (EMS)	83
Emergency Management Agencies	75
Local Health Departments	68
<b>General Members</b>	
Behavioral Health Services / Organizations	33
Community Response (CERT) and Medical Reserve Corps (MRC)	6
Dialysis Centers	11
Federal Facilities (VA or Military Medical Facilities)	7
Home Health Agencies	11
Jurisdictional Partners (City or County Officials)	7
Healthcare Professional Organizations	6
Local Public Safety Agencies	5
Non-Governmental Organizations (Red Cross and Other)	10
Outpatient Healthcare Centers (FQHC and RHC)	12
Primary Care Providers	1
Schools and Universities	3
Skilled Nursing and Long-Term Care	105
Support Services (Blood Banks)	2
Specialty Referral Centers – Hospitals	7
Other (not defined)	2
Note: Some agencies may be members of multiple HCCs	

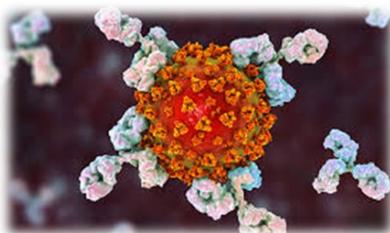


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## COVID-19 THERAPEUTICS MONOCLONAL ANTIBODIES (mAbs)



### Kentucky Monoclonal Antibody (mAb) Therapeutics Program

Since Nov 9th Kentucky has been allocating the mAbs [Bamlanivimab](#) and [Regeneron](#) (Casirivimab and Imdevimab) to acute care hospitals and clinics for the treatment of recently diagnosed, mild to moderate COVID-19 illness in high-risk patients who are not hospitalized. We have encouraged these agencies to partner with other appropriate healthcare entities within their communities with the primary goal to prevent hospitalizations.

### The Federal Allocation Process

The allocation process for the mAbs is based on information received from hospitals and states via HHS Protect. Two data points particularly important to allocation are: 1) the number of confirmed COVID-19 cases in the state/territory and 2) the number of confirmed COVID-19 hospitalized patients in the state/territory. These data points are collected weekly through HHS Protect and compared proportionally by the total number of cases in the country for that week. These two data points, along with other information in HHS Protect, help identify where outbreaks are most active by highlighting changes in COVID-19 patient data over a seven-day period.

**New Therapeutic EUA** — Lilly's Bamlanivimab (LY-CoV555) administered with Etesevimab (LY-CoV016) receives FDA emergency use authorization for COVID-19, more details to follow. Read the [FDA news release](#) and [FAQs](#) for this new mAb. **There is no timeframe for availability at this time.**

**New Regeneron Packaging** — Per new FDA guidance, future Regeneron shipments will be packaged in single patient course dose packs.

The new packaging should start shipping within the next 2 weeks



### Recent Changes to the KY mAbs Program

- ⇒ State allocations from HHS are now every-other week with our next allocations: **Feb 17, Mar 3 and Mar 17**. It is unknown how much longer the state will be involved in this process.
- ⇒ Please complete the ReadyOp form at this link (<https://ky.readyop.com/fs/4jaY/d685>) prior to state allocations with your requests.
- ⇒ You may request additional courses between state allocations (or as needed) direct from AmerisourceBergen by using this link: <https://app.smartsheet.com/b/form/255d164d67834793b4ab549e160941e8>
- ⇒ Please be accurate in your required reporting for inventory and courses administered. Count courses not vials for Regeneron!

### ARH promoting the mAbs on air and on-line

[ARH COVID-19 IV Therapy - YouTube](#)

[ARH Offers Outpatient Bamlanivimab Infusions to Some with COVID-19 - YouTube](#)

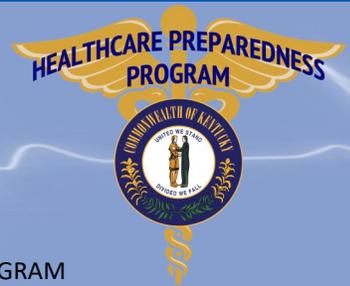
### Some Additional mAbs Links

[HHS—Therapeutics: Monoclonal Antibody Playbook—Outpatient administration playbook version 2.2 01Feb21](#)

[HHS Protect Public Data Hub — Therapeutics Distribution Location](#)

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## No-Notice Mass Casualty Incidents



The Christmas Day bombing in downtown Nashville reminds us we need to be prepared for no-notice mass casualty incidents (MCI). In no-notice MCIs, patient flow starts suddenly, sometimes without warning, and builds rapidly. I would encourage all of our hospitals and EMS agencies to review their MCI / Medical Surge plans or better yet, run a quick table-top exercise (TTX). When reviewing plans or conducting a TTX ensure that all stakeholders are present. Stakeholders must include your “boots on the ground” staff, those that will be responding or reacting to a no notice incident. Hospitals you must include EMS in your MCI planning and TTXs and vice versa, EMS you must include your hospitals. Another stakeholder that should never be left out is your Regional HPP Readiness and Response Coordinator (RRC) better known as your Coalition Coordinator. Your RRC is a preparedness, response and recovery subject matter expert (SME) as well as a “force multiplier” with the skills to facilitate, coordinate and communicate with stakeholders during an emergency.

When planning or conducting TTXs use your imagination, brain-storm different scenarios, think way outside the box! If you’re in the vicinity of the Bluegrass Army Depot and in a CSEPP county you have planned for a chemical release but have you planned for an explosion and mass burn incident at a local factory? If you’re not in the Bluegrass have you planned for a chemical incident? Do you have a rail line that passes through your county? What travels on those rails? How about a bus load of senior citizens heading to the casino crashes into a tanker truck of chlorine on I-69 during a snowstorm? One recent incident in Kentucky was the 2019 gas pipeline explosion in Lincoln County that killed 1 and injured 5. This is a great “what if” scenario... what if there had been 20 or 40 patients with burn and blast injuries? Another scenario to consider with our severe weather season around the corner is the Joplin, MO tornado of May 11, 2011 and the destruction of Mercy Hospital.



Consider in your planning or TTXs the effects a disaster or MCI in an adjoining community or even state. Several of our hospitals in Kentucky lost communications and internet service on Christmas Day, now add this with a scenario where he detonated the bomb on a normal “pre-COVID” Saturday night on Second Avenue in Nashville.



If you need further guidance or assistance in planning, please reach out to your RCC.

Kenneth Kik, KDPH Preparedness Branch, HPP Manager

### Some good MCI references:

ASPR Tracie— [No-Notice Incidents: Hospital Triage, Intake, and Throughput.](#)

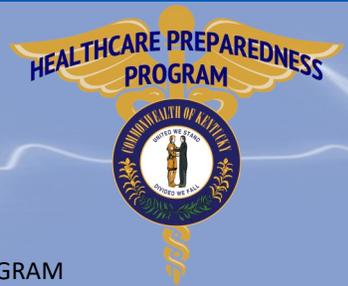
ASPR Tracie— [Healthcare Response to a No-Notice Incident: Las Vegas](#)

[Greater New York Hospital Association—Mass Casualty Incident Response Toolkit](#)

[Missouri Hospital Association—Preparedness and Partnerships: Lessons Learned from the Missouri Disasters of 2011—Focus on Joplin](#)

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## Training, Webinars and Additional Information of Interest

### COVID-19 Response: HHS Wants to Hear from You

HPP wants to hear how your coalition or organization is responding to the COVID-19 pandemic. Let us know your needs and/or what is going well by emailing the [HPP mailbox](#).

**\*\*Please copy me on your emails to HHS: [Kenneth.kik@ky.gov](mailto:Kenneth.kik@ky.gov)**

You can also add the [#healthcarereadiness](#) hashtag to any social media posts that would be relevant for HPP and ASPR leadership. Information you share will be used by ASPR to better support your states and jurisdictions.



Newly published from ASPR TRACIE: [Healthcare System Cybersecurity: Readiness & Response Considerations](#). This document was developed in close collaboration with MedStar Health, Nebraska Medicine, and Hennepin Healthcare.

The ASPR TRACIE Healthcare System Cybersecurity: Readiness & Response Considerations resource can help healthcare facilities, particularly hospitals, and the systems they may be a part of, understand the roles and responsibilities of stakeholders before, during, and after a cyber incident. Information within this document is specifically related to the effects of a cyber incident on the healthcare operational environment, specifically the ability to effectively care for patients and maintain business practices and readiness during such an event. While the focus of this document is on disruptions associated with a large-scale cyberattack, many strategies and principles outlined are relevant to a range of cybersecurity incidents and healthcare facilities.

### FEMA Launches COVID-19 Vaccine Support Website

FEMA continues working with federal partners, state, local, tribal, and territorial authorities, private sector partners, and others to help accelerate COVID-19 vaccinations in the United States. As part of this effort, FEMA has launched a [Vaccine Support website](#) with a variety of resources, including information for the public on how to get vaccinated, and is establishing new vaccination sites to expand access to vaccines.



**National Emerging Special Pathogens Training and Education Center (NETEC)**

<https://netec.org/education-and-training/>



<https://www.eiscouncil.org/Videos.aspx>

Electric Infrastructure Security Council

This newsletter is intended to be disseminated to all HPP partner agencies to promote the program and enhance the preparedness of Kentucky's healthcare and emergency response systems. Please forward to others in your organization as appropriate.

If you have any questions or comments please contact Kenneth Kik, KDPH Preparedness Branch, HPP Manager: [Kenneth.kik@ky.gov](mailto:Kenneth.kik@ky.gov)