

Emergency Preparedness Year In Review 2014



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Public Health Emergency Preparedness Capabilities

The Center for Disease Control and Prevention's (CDC) National Standards for State and Local Planning provide a description of capabilities needed for achieving public health preparedness. The description serves as a planning resource that public health preparedness staff use to assess their jurisdictional preparedness. There are a total of 15 Public Health Emergency Preparedness Capabilities (PHEP) and eight Healthcare Preparedness Capabilities (HPC).

Capability 1: Community Preparedness is the ability of communities to prepare for, withstand and recover, in both short and long term, from public health incidents. Major Programs Associated: Functional and Access Needs (FAN) and Severe Weather Safe Haven Sites

Capability 2: Community recovery is the ability to collaborate with community partners, (e.g., healthcare organizations, business, education, and emergency management) to plan and advocate for the rebuilding of public health, medical, and mental/ behavioral health systems to at least a level of functioning comparable to pre-incident levels, and improved levels where possible. Major Programs Associated: COOP Planning, Recovery workgroups and Kentucky Community Crisis Response Board (KCCRB) Strike Teams

Capability 3: Emergency operations coordination is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Major Programs Associated: Emergency Support Function (ESF– 8)

Capability 4: Emergency public information and warning is the ability to develop, coordinate, and disseminate information, alerts, warnings, and no-

tifications to the public and incident management responders. Major Programs Associated: Kentucky Outreach Information Network (KOIN) and Public Information Officer (PIO)

Capability 5: Fatality management is the ability to coordinate with other organizations (e.g., law enforcement, healthcare, emergency management, and medical examiner/coroner) to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects; certify cause of death; and facilitate access to mental/ behavioral health services to the family members, responders, and survivors of an incident. Major Programs Associated: Mortality Data Management System (MDMS), Family Assistance Center (FAC) and Victim Identification System

Capability 6: Information sharing is the ability to conduct multijurisdictional, multidisciplinary exchange of health-related information and situational awareness data among federal, state, local, territorial, and tribal levels of government, and the private sector. This capability includes the routine sharing of information as well as issuing of public health alerts to federal, state, local, territorial, and tribal levels of government and the private sector in preparation for, and in response to, events or incidents of public health significance. Major Programs Associated: An internet based emergency management information sharing system called WebEOC, Health Alert Network (HAN), and the National Electronic Disease Surveillance System (NEDSS)

Capability 7: Mass care is the ability to coordinate with partner agencies to address the public health, medical, and mental/behavioral health needs of those impacted by an incident at a congregate location. This capability includes the coordination of ongoing surveillance and assessment to ensure that health needs continue to be met as the incident evolves. Major Programs Associated: Functional Assessment Service Teams (FAST), Epidemiology Surveillance and Environmental Surveillance and Inspection

Public Health Emergency Preparedness Capabilities

Capability 8: Medical countermeasure dispensing is the ability to provide medical countermeasures (including vaccines, antiviral drugs, antibiotics, anti-toxin, etc.) in support of treatment or prophylaxis (oral or vaccination) to the identified population in accordance with public health guidelines and/or recommendations. Major Programs Associated: Cities Readiness Initiative (CRI) and Points of Dispensing (POD)

Capability 9: Medical materiel management and distribution is the ability to acquire, maintain (e.g., cold chain storage or other storage protocol), transport, distribute, and track medical materiel (e.g., pharmaceuticals, gloves, masks, and ventilators) during an incident and to recover and account for unused medical materiel, as necessary, after an incident. Major Programs Associated: Strategic National Stockpile (SNS) and Receiving, Staging, Storage (RSS)

Capability 10: Medical surge is the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community. It encompasses the ability of the healthcare system to survive a hazard impact and maintain or rapidly recover operations that were compromised. Major Programs Associated: Hospital Preparedness Coalition (HPC) and Regional HPC Coordinators

Capability 11: Non-pharmaceutical interventions are the ability to recommend to the applicable lead agency (if not public health) and implement, if applicable, strategies for disease, injury, and exposure control. Such strategies may include isolation, quarantine and hygiene. Major Programs Associated: Disease Outbreak and Pandemic Flu

Capability 12: Public health laboratory testing is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data reporting, investigative support, and laboratory

networking to address actual or potential exposure to all-hazards. Hazards include chemical, radiological, and biological agents in multiple matrices that may include clinical samples, food, and environmental samples (e.g., water, air, and soil). This capability supports routine surveillance, including pre-event or pre-incident and post-exposure activities. Major Programs Associated: Laboratory Response Network (LRN)

Capability 13: Public health surveillance and epidemiological investigation is the ability to create, maintain, support, and strengthen routine surveillance and detection systems and epidemiological investigation processes, as well as to expand these systems and processes in response to incidents of public health significance. Major Programs Associated: Epidemiology Rapid Response Team, Building Epidemiological Capacity in Kentucky (BECKY) and Regional Epidemiologists

Capability 14: The responder safety and health capability describes the ability to protect public health agency staff responding to an incident and the ability to support the health and safety needs of hospital and medical facility personnel, if requested. Major Programs Associated: Occupational Safety and Health Administration (OSHA), The National Institute for Occupational Safety and Health (NIOSH)

Capability 15: Volunteer management is the ability to coordinate the identification, recruitment, registration, credential verification, training, and engagement of volunteers to support the jurisdictional public health agency's response to incidents of public health significance. Major Programs Associated: Kentucky Health Emergency Listing of Professionals for Surge (K HELPS), Medical Reserve Corps (MRC) and Voluntary Organizations Active in Disaster (VOAD)

Healthcare Preparedness Capabilities

Capability 1: Healthcare system preparedness is the ability of a community's healthcare system to prepare, respond, and recover from incidents that have a public health and medical impact in the short and long term. The healthcare system role in community preparedness involves coordination with emergency management, public health, mental/behavioral health providers, community and faith-based partners, state, local, and territorial governments to do the following: Provide and sustain a tiered, scalable, and flexible approach to attain needed disaster response and recovery capabilities while not jeopardizing services to individuals in the community; (1) Provide timely monitoring and management of resources, (2) Coordinate the allocation of emergency medical care resources, (3) Provide timely and relevant information on the status of the incident and healthcare system to key stakeholders. Healthcare system preparedness is achieved through a continuous cycle of planning, organizing and equipping, training, exercises, evaluations and corrective actions.

Capability 2: Healthcare system recovery involves the collaboration with Emergency Management and other community partners, (e.g., public health, business, and education) to develop efficient processes and advocate for the rebuilding of public health, medical, and mental/behavioral health systems to at least a level of functioning comparable to pre-incident levels and improved levels where possible. The focus is an effective and efficient return to normalcy or a new standard of normalcy for the provision of healthcare delivery to the community.

Capability 3: Emergency operations coordination regarding healthcare is the ability for healthcare organizations to engage with incident management at the Emergency Operations Center or with on-scene incident management during an incident to coordinate information and resource allocation for affected healthcare organizations. This is done through multi-agency coordination representing healthcare organizations or by integrating this coordination into plans and protocols that guide incident management to make the appropriate decisions. Coordination ensures that the healthcare organizations, incident management, and the public have relevant and timely information about the status and needs of the healthcare delivery system in the community. This enables healthcare organizations to coordinate their response with that of the community response and according to the framework of the National Incident Management System (NIMS).

Capability 5: Fatality management is the ability to coordinate with organizations (e.g., law enforcement, healthcare, emergency management, and medical examiner/coroner) to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects; certify cause of death; and facilitate access to mental/behavioral health services for family members, responders, and survivors of an incident. Coordination also includes the proper and culturally sensitive storage of human remains during periods of increased deaths at healthcare organizations during an incident.

Capability 6: Information sharing is the ability to conduct multijurisdictional, multidisciplinary exchange of public health and medical related information and situational awareness between the healthcare system and local, state, Federal, tribal, and territorial levels of government and the private sector. This includes the sharing of healthcare information through routine coordination with the Joint Information System for dissemination to the local, state, and Federal levels of government and the community in preparation for and response to events or incidents of public health and medical significance.

Capability 10: The Medical surge capability is the ability to provide adequate medical evaluation and care during incidents that exceed the limits of the normal medical infrastructure within the community. This encompasses the ability of healthcare organizations to survive an all-hazards incident, and maintain or rapidly recover operations that were compromised.

Capability 14: The responder safety and health capability describes the ability of healthcare organizations to protect the safety and health of healthcare workers from a variety of hazards during emergencies and disasters. This includes processes to equip, train, and provide other resources needed to ensure healthcare workers at the highest risk for adverse exposure, illness, and injury are adequately protected from all hazards during response and recovery operations.

Capability 15: Volunteer management is the ability to coordinate the identification, recruitment, registration, credential verification, training, engagement, and retention of volunteers to support healthcare organizations with the medical preparedness and response to incidents and events.

National Preparedness Cycle

The National Incident Management System (NIMS) defines preparedness as "a continuous cycle of planning, organizing, training, equipping, exercising, evaluating, and taking corrective action in an effort to ensure effective coordination during incident response." This 'preparedness cycle' is one element of a broader National Preparedness System to prevent, respond to, recover from, and mitigate against natural disasters, acts of terrorism, and other man-made disasters. The following includes some examples of KDPH's preparedness cycle activities for 2014-2015:



- Plan
 - The Department Operations Center Support Plan
 - Kentucky Mass Casualty Incident Support Plan
 - Disease Outbreak Support Plan
 - Emergency Communication Plan
 - Multi-year Training and Exercise Plan
- Organize and Equip
 - Information Sharing (WebEOC, Satellite Radios, HAN, K HELPS)
 - Major Equipment: Pharmacy Trailer, Mobile Hospital, Mobile Operation Units, Mass Fatality Units, Medical Surge Trailers, Federal Medical Station, Preparedness Program vehicles, generators
- Train
 - Incident Command System (ICS) classes
 - Epidemiology Rapid Response Team (ERRT)/National Electronic Disease Surveillance System (NEDSS)
 - Public Information Officer (PIO)
 - Functional and Access Needs (FAN) Awareness
 - Lab Specimen Collection
 - Kentucky Helps (K HELPS)
 - Nuts and Bolts of Preparedness
 - Federal Medical Station
 - Local Health Department Ebola Personal Protective Equipment (PPE) Video
- Exercise
 - HAvBED, Satellite Radio and Notification Drills
 - Strategic National Stockpile (SNS) and Cities Readiness Initiative (CRI) Full Scale Exercises
 - Continuity of Operations (COOP) and Ebola Tabletop Exercises
 - Interagency Training and Exercise Planning Workshop
- Evaluate and Improve
 - Readiness Review
 - After Action Report (AAR)/ Improvement Plan (IP)

ESF-8 Conference 2014

The ESF-8 conference was held June 9– 11, 2014 at the Crowne Plaza Hotel in Louisville. Over 368 Public Health Preparedness staff and ESF-8 partners were in attendance. The conference attracted top-notch speakers with expertise that included lessons learned from recent statewide events. It also provided cutting-edge information for 43 sessions including: Nuts and Bolts, Pet Preparedness, Pet CPR, Pharmacy's Role in Emergency Preparedness (with a tour of the mobile pharmacy), Disaster Epidemiology and Surveillance, Human Trafficking, Crisis Standards of Care and several interactive sessions addressing Preparedness in Long Term Care facilities. This year's conference was a successful way to engage public health professionals and enhance their knowledge on disasters as well as other public health emergencies.



Emergency Responses

Lincoln County Board of Education Fire with Boyle County MRC

On August 6, 2014 the Lincoln County Emergency Management and Stanford EMS requested firefighter rehab assistance from Boyle and Mercer Medical Reserve Corps Units. A total of six Boyle MRC volunteers and one Mercer MRC volunteer and RPC for Region 15 South responded with eight volunteers on stand-by. A total of 25 hours were donated. MRC volunteers distributed water, Gatorade, food and wet, cool washcloths to the responders.

Brent Blevins (Boyle HD Director and MRC Coordinator) and Patty Simpson (Boyle MRC volunteer) working the rehab tent for firefighters on the Lincoln Board of Education fire.



Pictured above: Brent Blevins (Boyle HD Director and MRC Coordinator) and Patty Simpson (Boyle MRC volunteer) working the rehab tent for firefighters on the Lincoln Board of Education fire.

Owen County Water Response

On January 7, 2014 a Kentucky American water main break in Owenton left much of Owen County without water. Water was not fully restored to the county for nearly a week. A boil water advisory was put in place and water distribution locations established across the county.

Three Rivers District Health Department responded rapidly to the water emergency. TRDHD collaborated with Emergency Management and a local Kroger store to secure an early shipment of gallon water jugs which were distributed to risk based populations as well as the local physicians, dentists and medical facilities. TRDHD home health nurses brought bottled water to their patients; environmentalists worked with local businesses to ensure compliance with environmental regulations while attempting to keep them operational; Health Department personnel worked with Owen County Emergency Management to ensure water distribution at New Horizons Hospital, Owenton Manor, and the Jonesville long term care facility and checked on these locations regularly; TRDHD provided public information and guidance to Owen county residents, Owen county Judge Carolyn Keith, and Owen county EM; and the Department opened its Operations Center to prepare situation reports and log events on WebEOC.



Medical Reserves Corps (MRC)

The Kentucky Department for Public Health (KDPH) established the Kentucky Health Emergency Listing of Professionals for Surge (K HELPS) program in 2007. K HELPS is a web-based online registration system developed to facilitate health and medical response through identification, credentialing, and deployment of volunteers willing to serve in emergency and non-emergency situations throughout Kentucky.

K HELPS complements the existing Medical Reserve Corps (MRC) programs, which are community-based organizations utilizing both medical and non-medical volunteers to supplement existing local emergency and public health resources for emergency response. In Kentucky there are 43 MRC units covering 119 of 120 counties. Currently there are over 4,000 MRC volunteers registered in the KHELPS system.



Region 1 MRC in Mass Causality Exercise

On July 14th MRC members were on standby to act as parents and grandparents arriving on the scene. The event started with a 911 call reporting a school bus and two car collision. As first responders arrived they found twenty-five students and one adult trapped in the bus.



Woodford County Health Department

The LHD received the 2014 NACCHO MRC Competitive Challenge Award for \$20,000. The funded project is "Step By Step to a Healthier Woodford County thru Square Foot Gardening." MRC volunteers worked with the health department and strong existing community partnerships.



Green River District MRC

Senior Day Out Program- this is an event that brought all Preparedness Partners together to outreach to seniors



Lincoln County MRC

Alphonso Miller, Lincoln County MRC Coordinator, (center) with volunteers working a Safe Kids Night for Trick or Treat in Stanford, KY

MRC Events Across the Bluegrass

Rugged Red Half Marathon



On September 6, 2014 Powell County Medical Reserve Corps, Kentucky River Medical Reserve Corps, Boyle County Medical Reserve Corps and Madison County Reserve Corps worked in collaboration to host a recovery tent for the Rugged Red Half Marathon. Kentucky Department for Public Health Regional Preparedness Coordinators from Region 8/9, Region 12 and Region 15N participated in planning meetings and worked the recovery tent. Kentucky River Medical Reserve Corps mobilized their 7x16 box trailer and recovery tent for this event.

Madison County MRC provided a first aid kit, cooling blankets and vests. Region 8/9 HPP provided mobile radios that were utilized for the Rugged Red event. The medical volunteers were from Madison County MRC and Kentucky River MRC. Boyle County MRC and Powell County MRC made up non-medical volunteers. The Recovery Tent was a success at the event; 30 of the race participants were seen at the tent with multiple sprains/strains, dehydration, heat exhaustion, cramping and allergic reactions being just some of the symptoms that were treated by the recovery tent team.



Zombie Apocalypse

Louisville Metro Medical Reserve Corps (MRC) hosted a Zombie Apocalypse Training Exercise on October 18, 2014 at the Department of Louisville Metro Public Health and Wellness. Over 30 MRC basic level trained volunteers attended the exercise. The training exercise practiced roles that the MRC volunteers may have if they were deployed for a response to a Pandemic public health emergency. This exercise provided training opportunities for not only the MRC Unit but also for the Louisville Metro Health Department and Louisville Metro Emergency Management Agencies.



Tri-State SNS Exercise Event

Tri-State Strategic National Stockpile (SNS) Exercise Event

The release of aerosolized anthrax in the Cincinnati metro area would require considerable cooperation from both state and local public health officials, emergency management, and other response partners from Ohio, Kentucky and Indiana. This was the main focus of the full-scale SNS Exercise, Operation Mutual Aid, held on April 16 and 17, 2014. Bracken County, Three Rivers, and Northern Kentucky Health Departments and KDPH spearheaded the event in Kentucky.

The exercise tested players' ability to coordinate emergency operations, receive and distribute SNS assets, inform the public about the situation, and dispense the medications to the public.

More than 150 people participated in the activities at the Burlington Readiness Center. Representatives from the KDPH Preparedness Branch, Emergency Management Agencies, other public health agencies, and MRC volunteers supported the exercise.

Operation Mutual Aid was a highly successful exercise for Northern Kentucky CRI jurisdiction. Each of the capabilities tested and each of the Centers for Disease Control (CDC) performance objectives assessed were performed without challenges.



Fatality Management

Fatality management, Capability 5, refers to the recovery, handling, identification, transportation, tracking, storage, and disposal of human remains, certifying cause of death, and facilitating access to mental/behavioral health services.

The Kentucky Medical Examiner and Coroners Association Incidence Response Team is comprised of Coroners that have volunteered from across the state. This team contains three facets: Scene Response and Body Recovery, Morgue Unit, and Victim Identification. The team is activated when local resources are overwhelmed and assets for this team are strategically placed throughout the state for ease of access and rapid deployment. As one of the KDPH ESF-8 partners, they work closely with the Hospital Preparedness and PHEP Programs in planning, training and exercise.



Two Exercises at Lexington-Bluegrass Airport

Lexington-Bluegrass Airport hosted two exercises on April 9, 2014. The first exercise involved a National Disaster Medical System (NDMS) alert as a result of an earthquake and tornado in Oklahoma. Lexington VA established a command post near the airport hangar and a C-130 brought patients to be triaged and transported to community hospitals. The second was a full scale exercise mandated by the Federal Aviation Administration. This year's exercise involved nearly 170 volunteer victims, as well as fire and EMS departments from Bluegrass Airport, Lexington, Nicholasville and Versailles and other surrounding jurisdictions. In an effort to validate HPP Region 15's mass fatality planning, coroners from multiple counties were on hand to participate as well.



Rumble in the Region

On April 28, 2014 Lawrence County Health Department held a Mass Fatality Family Assistance Center Table Top Exercise. There were 18 different state, county and media agencies and 30 people participating in the exercise. The scenario had a helicopter crashing into the ER of Three Rivers Medical Center with 32 fatalities and numerous injured from the event. The room was set up by disciplines and everyone interacted throughout the exercise.

Region 5 HPC Exercise

On June 19, 2014 Region 5 hosted a Mass Fatality Exercise. Nearly 100 people from several different agencies attended including local coroners, hospitals, long term care facilities, law enforcement, Emergency Management, EMS, 911 Services, Local Fire Departments, Amateur Radio Emergency Service, Red Cross, federal counterparts at Ft. Knox along and public health from eight counties.

Healthcare Planning Coalition

Exercise Events

Region 12 HPC Exercise – Twisted Mountains

The Region 12 HPC held a Full Scale Exercise on May 22, 2014. The purpose of the exercise was to increase the level of all-hazards preparedness of capabilities of hospitals, other healthcare facilities, trauma care and emergency medical service systems in cooperation with community response agencies. Thirteen agencies participated in exercise. The exercise was a success with great participation throughout the region and each of the region's four hospitals participated through satellite phone, setting up their EOCs and running their decontamination sites onsite at their facilities, while other agencies participated at Eastern Kentucky Veteran's Center.



CVG Airport Full Scale Disaster Drill

Kentucky Coroner/Medical Examiner Incident Response Team participated in the full scale exercise along with the Region 7 HPC at the Cincinnati/Northern KY International Airport on September 5, 2014. Various federal, state and local agencies were also involved in the exercise.



Region 10 HPC Full Scale Exercise

The Region 10 Healthcare Planning Coalition (HPC) conducted a regional full scale exercise dealing with a mock earthquake disaster on October 15, 2014. The exercise not only involved first responders but other members of the healthcare community. The Region 10 HPC counties include: Boyd, Carter, Elliot, Greenup, Lawrence, Floyd, Johnson, Magoffin, Martin, and Pike Counties.



Region 14 HPC First Receivers Training and Train-the-Trainer

Region 14 HPC conducted First Receivers Training and First Receivers Train-the-Trainer in 2014. During this training, HPC members learned how to develop a first receivers hospital based program while conducting hazardous materials research and learning to properly don/doff appropriate

Public Health Laboratory Testing

The state Division of Laboratory Services (DLS) public health laboratory works closely with the Kentucky Department for Public Health, public health epidemiology (EPI), environmental health, law enforcement, agriculture, veterinary officials, hospitals and other agencies to produce timely and accurate data to support ongoing public health investigations. They also play an important role in the implementation of appropriate preventive or curative countermeasures.

As a principal component of Capability 12, the Public Health Laboratory currently has 50 staff members who perform approximately 3,000,000 tests on more than 150,000 specimens each year. The lab provides results that assure the health of newborns and mothers and confirms cases and outbreaks of food and waterborne diseases, sexually transmitted diseases, influenza, tuberculosis, pertussis, norovirus, rabies, anthrax, and other diseases of public health concern.



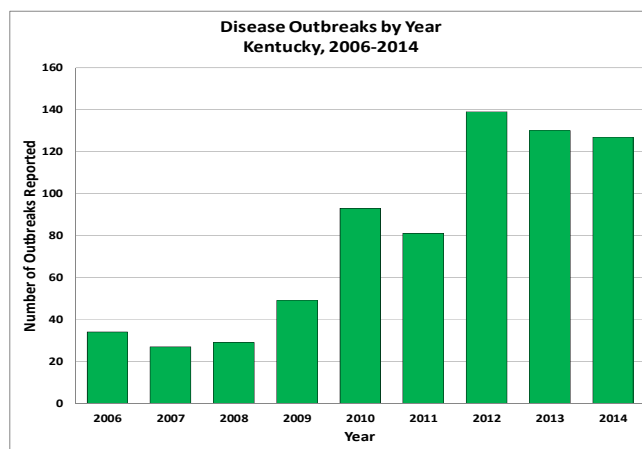
In November, 2014, Division of Laboratory Services completed the Ebola risk assessment template provided by Association of Public Health Laboratories. In December 2014, DLS sent two laboratory scientists to the Tennessee Department of Health to receive training. Also in December, U.S. Army Medical Research Institute of Infectious Diseases and CDC provided a five-sample panel and four analysts performed the validation, which included positive and negative controls. Hepatitis C Virus, BK Virus (polyomavirus), Cytomegalovirus, and Human Immunodeficiency Virus (HIV) were also tested in the validation for specificity purposes. DLS received a letter from CDC stating that the lab passed the validation panels and is approved to test for Ebola using the Department of Defense Emergency Use Authorization assay.

Public Health Surveillance and Epidemiological Investigation

Public health surveillance and epidemiological investigation, Capability 13, encompasses the detection and investigation of diseases, conditions, and other threats of public health significance and the implementation of control measures to mitigate spread. KDPH coordinates with local health departments and seventeen PHEP-funded regional epidemiologists to perform these functions across the Commonwealth. Regional epidemiologists are responsible for leading outbreak investigations; leading and coordinating Epi Rapid Response Teams; ensuring that reportable disease staff have access to and receive training in the NEDSS electronic disease reporting system; conducting morbidity surveillance; conducting mortality surveillance for urgent public health issues; assisting with public health emergency preparedness planning; and building and maintaining relationships with the healthcare community in their regions along with many other responsibilities.

Outbreak Investigations

Regional epidemiologists led the investigation of 396 outbreaks from 2012-2014. Many of these investigations required communication and collaboration with several local-level and state-level partners and in some instances, federal-level partners. For each outbreak, regional epidemiologists are required to create a line list and epi curve; complete the Initial Reporting Form (GI Outbreaks in Facilities), Final Reporting Form (GI Outbreaks in Facilities), or Flu Outbreak Reporting Forms (Outbreaks in Facilities); conduct influenza mortality surveillance and report each influenza-related death; prepare an outbreak narrative within 30 days of the end of any outbreak; ensure all outbreak-related cases are entered into NEDSS; enter all outbreak data into NORS (National Outbreak Reporting System); and coordinate with the appropriate partners to investigate the outbreak and mitigate the spread of disease.



Building Epidemiological Capacity in Kentucky (BECKY)

BECKY is an initiative that began in 2006 and it is designed to bring together public health and epidemiology professionals from across the state to brainstorm and implement ideas to increase epidemiologic capacity and public health preparedness for Kentucky. BECKY develops strategies to attract and retain qualified epidemiologists in Kentucky's workforce, builds and enhances existing collaborations between public health agencies and Kentucky universities, furthers training and education of our current epidemiologic workforce, works to standardize roles of various public health workers, promotes creation of more jobs in Kentucky for epidemiologists, increases the resources and tools available to epidemiologists across the state, and increases collaboration between all epidemiologic professionals in Kentucky.

Epi Rapid Response Team

The Epi Rapid Response Team (ERRT) initiative is a program to train local health department nurses, environmentalists, and epidemiologists in field outbreak investigation techniques. The 2014 ERRT Annual Training and Refresher/TTX was held May 28-30, 2014. Forty-eight new local and state team members were trained and 122 participants and facilitators (a new record) attended the Refresher Exercise. Our annual ERRT Conference was held May 9, 2014 with record-breaking attendance of 144 participants consisting of CDC Career Epidemiology Field Officers; a CDC EIS Officer; local and state epidemiologists, nurses, environmental health specialists, physicians, veterinarians, preparedness personnel, health educators; and University of Kentucky Preventative Medicine Residents.



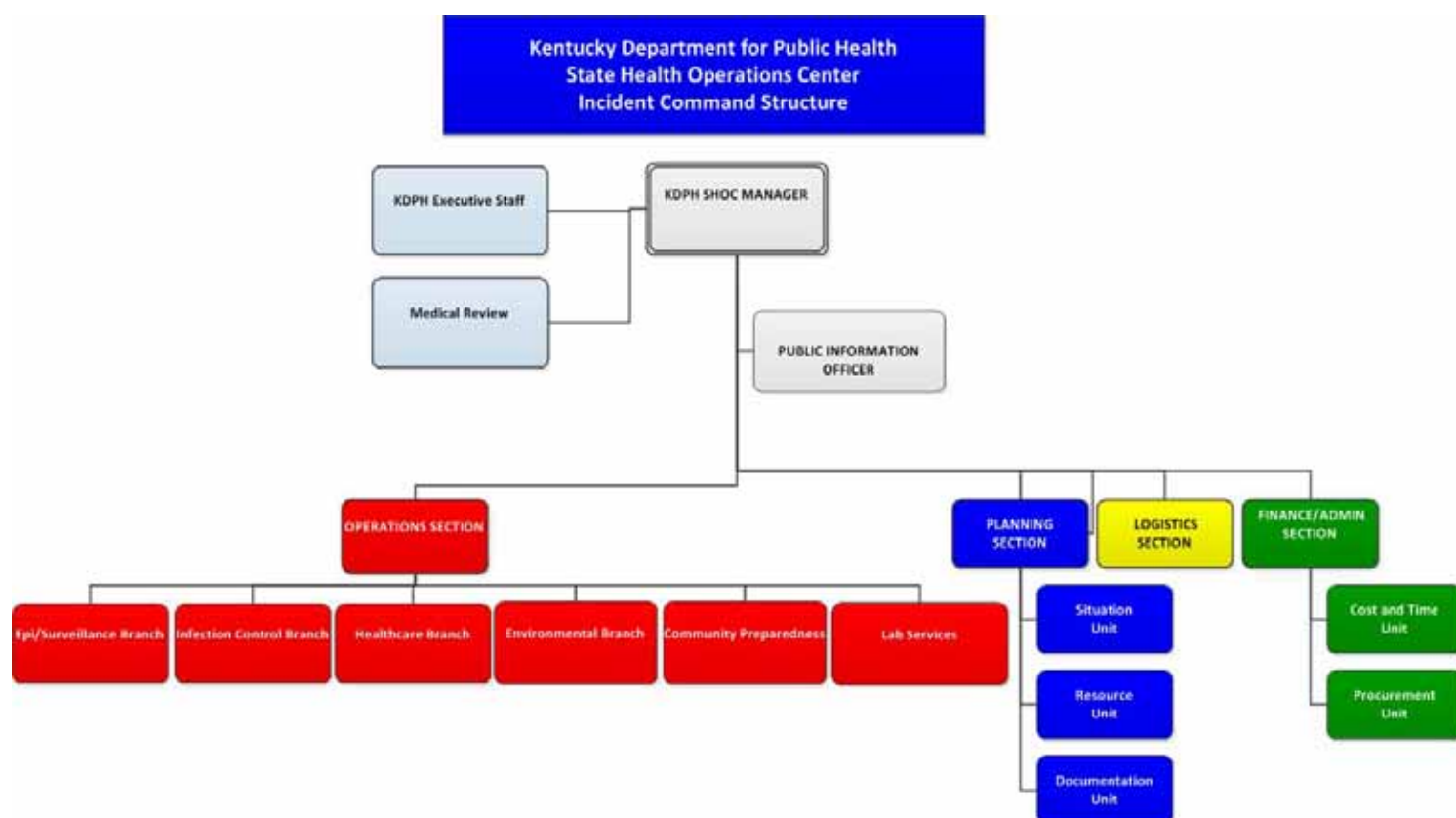
Ebola Coordination and Response in Kentucky



The Kentucky Department for Public Health's (KDPH) State Health Operations Center (SHOC) was activated to level 2 on October 22, 2014. Level 2 activation means limited staff are assigned to work in the SHOC and completing situation reports (SitRep) and incident actions plans (IAP). An Ebola Planning and Response team made up of state public health subject matters experts have been working together to develop and provide guidance to local health department staff and our Emergency Support Function (ESF) partners. The Preparedness Branch has hosted special Ebola ITVs to share information with local health department staff. KDPH is also hosting conference calls with partners including hospitals, healthcare providers, Emergency Management, local colleges and universities and local officials.



The Kentucky Medical Examiner's Office, Coroners Association, and Funeral Directors Association were an integral part in the Ebola Fatality management planning process where plans were developed and processes for the safe handling of the decedent were put in place. As a result of these planning efforts, The Coroners Association in conjunction with the Kentucky Funeral Directors Association has recently formed an Ebola Fatality Response Team. Two of the members attended the Initial Ebola PPE train the trainer sponsored by KDPH and the team will begin training and exercising together the first quarter of 2015.



Ebola Exercises

“Keep Calm and Don’t Get Ebola in Hopkins County”

On November 13, 2014 Baptist Health Madisonville, Medical Center Ambulance, City of Madisonville, Region 2 HPC, Hopkins County Emergency Management and Hopkins County Health Department participated in an Ebola Full Scale Exercise to exercise Ebola response policies and procedures as well as the Incident Command structure. The following Healthcare Preparedness Capabilities were exercised during the event: Capability 3 Emergency Operations Coordination, Capability 6 Information Sharing, Capability 10 Medical Surge and Capability 14 Responder Safety and Health.

Some notable strengths of the full scale exercise are listed below:

- Incident command structure at Baptist Health Madisonville
- Emergency Operations Coordination between the hospital and local health department in Ebola response in accordance with EOP
- The Hospital and LHD utilized the numerous CDC/KDPH guidance documents throughout its planning phase and during the event to ensure all protocol for notification, tracking, patient contact identification, were adhered to
- Liaisons and PIO shared critical information within their organizations and at the Joint Information Center
- Policies and procedures were followed for a suspected Ebola patient by all agencies
- Availability of appropriate PPE
- Training and education
- Policies and procedures developed prior to the exercise



Ebola Tabletop Exercises

Throughout November and December 2014, Hospital Preparedness Coordinators from Regions 3, 10, 12 and 14 held Ebola Tabletop Exercises with their regional hospitals, local health department staff, emergency management, long term care staff, county coroners, Department for Public Health staff, Emergency Medical Services (EMS), and Fire/Rescue agencies. The Kentucky Department for Public Health (KDPH) Kentucky Ebola TTX 2.0 exercise materials were used for the tabletop portion of the meetings.



Points Of Distribution (POD) Events

Boyle County Flu Shot Clinic

The Health Department closed for the day and set up two lanes for a drive through flu clinic in the health department parking lot on September 16, 2014 from 8:30 A.M. – 5:30 P.M. With 13 staff, three MRC Volunteers and one student intern, 140 flu vaccinations were given.



Lexington–Fayette County Flu Shot Clinic

Lexington-Fayette County employees gave 1,498 free flu shots on October 9, 2014 as part of its annual free flu shot clinic, which provides the community with vaccinations while allowing the department to test its emergency preparedness.

LCDHD Partners with Local Colleges to Offer Tetanus, Diphtheria and Pertussis (Tdap) Vaccine

The Lake Cumberland District Health Department (LCDHD) partnered with two local colleges, Somerset Community College (Somerset, KY) and Lindsey Wilson College (Columbia, KY) to offer free Tdap vaccinations to students, staff and faculty through convenient, on-campus Point of Dispensing (POD) clinics. Just over 350 Tdap vaccinations were given in an average throughput of three minutes per individual through these on-campus PODs. Flu clinics are a great test of PODs and preparedness plans.



Planned Events

Quaker State 400 Race at the Kentucky Speedway

From June 25 to June 29, 2014, Three Rivers District Health Department (TRDHD) led efforts to ensure the safety of the public at the Quaker State 400 event at the Kentucky Motor Speedway in Sparta, Kentucky. TRDHD coordinated with Kentucky Department for Public Health (KDPH), the Northern Kentucky Independent District Health Department (NKDHD), Louisville Metro Public Health and Wellness (LMPHW) and Kentucky Motor Speedway officials to provide for the health and safety of the public by conducting inspections and monitoring public health issues associated with food vendors and camp ground facilities. During the event, TRDHD addressed seven of the 37 Target Capabilities that are listed in the U.S. Department of Homeland Security's (DHS) Target Capabilities List (TCL); On-site Incident Management, Emergency Operations Center Management, Critical Resource Logistics and Distribution, Responder Safety and Health, Environmental Health, Epidemiological Surveillance and Investigation, and Emergency Public Information and Warning. In addition to these capabilities they also addressed eight of the 15 Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness Capabilities (PHEP); Community Preparedness, Emergency Operations Coordination, Emergency Public Information and Warning, Information Sharing, Medical Material Management and Distribution, Medical Surge, Public Health Surveillance and Epidemiological Investigation, and Responder Safety and Health. In partnership with area hospitals, there were also five Healthcare Preparedness Capabilities addressed; Healthcare System Preparedness, Emergency Operations Coordination, Information Sharing, Medical Surge, and Responder Safety and Health.



Planned Events

Kentucky Department for Public Health's (KDPH), primary involvement with Thunder Over Louisville and the Kentucky Oaks/ Derby is to escort two CHEMPACK containers to the MetroSafe building throughout the venue and return at the end of the event. CHEMPACKs are caches of nerve agent antidotes, each able to treat around 500 patients. KDPH supplies these caches to supplement the CHEMPACKs located in Louisville because of the event size and potential risks.



In addition, KDPH also supports the Joint Emergences Services Unit (JESU) with public health, hazardous material, and radiation expertise (in conjunction with the Radiation Health Branch). During the event KDPH addressed the following CDC's Public Health Emergency Preparedness Capabilities (PHEP) ; Capability 3 Emergency Operations Coordination, Capability 4 Emergency Public Information and Warning, Capability 7 Mass Care, Capability 8 Medical Countermeasure Dispensing, Capability 9 Medical Material Management and Distribution and Healthcare Preparedness Program (HPP) Capabilities; Capability 1 Healthcare Preparedness and Capability 10 Medical Surge.



CHEMPACK container



Kentucky Oaks Day: KDPH and JESU staff detailed to this planned event. KDPH staff pictured above: Brad Learn, HPC Coordinator; Lloyd Peniston, CRI Coordinator; and Joey Riddle, RPC Region 6

Partnerships/Contracts

The Department of Military Affairs (DMA) and the Kentucky Community Crisis Response Board (KCCRB) serves the Commonwealth by training and maintaining a statewide team of regional response-ready volunteers to provide disaster behavioral health services in the form of assessment, behavioral health triage, Psychological First Aid/ critical incident stress management and referrals for first responders, disaster relief workers and affected civilians following disasters and critical incidents across the Commonwealth.

The Department for Aging and Independent Living (DAIL) assisted with the development of a disaster sheltering resource called Functional Assessment Service Teams (FAST). During an emergency or disaster these team members conduct assessments to evaluate resources necessary to support persons with functional and access needs within general population shelters.

Norton's Healthcare activates and maintains a statewide emergency public health hotline that will be available 24 hours a day, seven days per week only during emergencies as needed, to communicate efficiently with Kentuckians regarding bioterrorism, all hazards and public health threats.

Kentucky Hospital Research and Education Foundation (KHREF) enhances the ability of hospitals and supporting health care systems to prepare for and respond to bioterrorism and other public health emergencies.

The Kentucky Pharmacists Association engage a full-time pharmacist and director of communication to assist with a variety of activities in support of the Emergency Preparedness Branch of the Kentucky Department of Health.

The University of Louisville (UL) members of the Crisis Standards of Care development team shall collaborate to finalize planning efforts in collaboration with the Department for Public Health (DPH).

University of Kentucky: Emergency Preparedness for Aging and Long Term Care to enable Long Term Care (LTC) facilities across KY to enhance the preparedness level of each facility in order to increase overall surge capacity of the healthcare system.

The Kentucky Board of Emergency Medical Services (KBEMS) Information System (KEMSIS) will track patient movement from the incident site to entry into the healthcare system (EMS or facility level). This information will be incorporated with incident data will be integrated into the local, state and Federal incident common operating picture.

KDPH will partner with the University of Louisville who will enable Long Term Care (LTC) facilities across KY to enhance the preparedness level of each facility in order to increase overall preparedness, response and recovery capacity of the healthcare system. The University of Louisville will also work with KDPH to identify adult populations with functional needs living in HUD-funded properties to identify the population profile, locations and risk factors of HUD-funded 202 and 811 program properties in order to increase overall preparedness and response for emergencies.

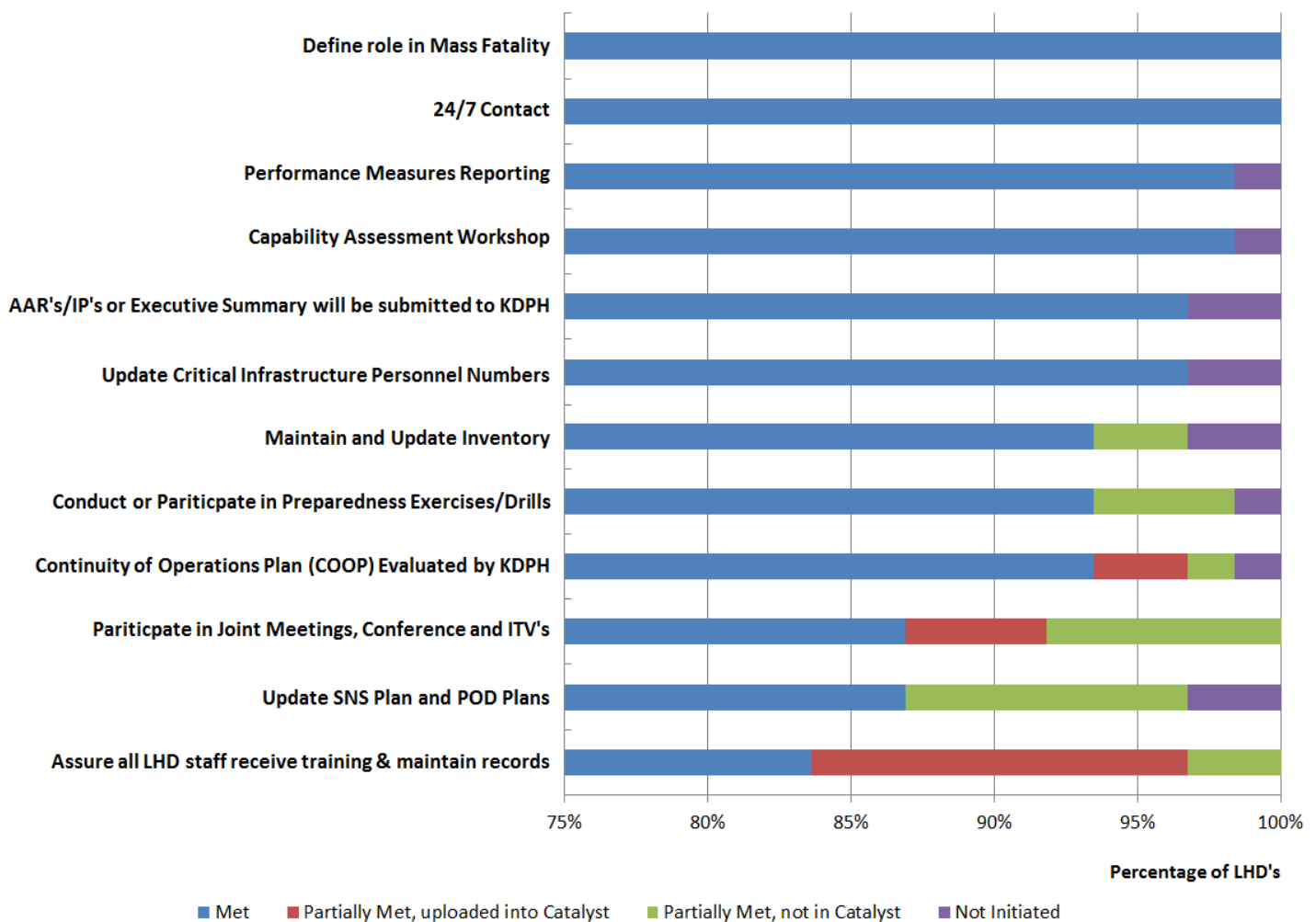
Louisville Emergency Management Agency/ MetroSafe Medical Reserve Corps (MRC) will create a community public health and medical volunteer resource that will be pre-credentialed, pre-registered and prepared to respond to a public health emergency primarily by staffing Points of Dispensing (PODs), provide medical surge to the community and supplement public health staff by supporting public health initiatives in the Louisville Metro area.

Local Health Departments share responsibility with KDPH to oversee the implementation of public health programs for the prevention, detection, care, and treatment of physical disabilities, illnesses, and diseases, in accordance with KRS Chapter 211. Many of these responsibilities are conducted through the terms of a Multi-Provider Memorandum of Agreement between the KDPH and all local jurisdictions.

Kentucky's Readiness Review Results for Evaluating and Measuring Progress FY 2013– 2014

Kentucky's Local Health Departments are continuing to excel in their preparedness programs. The Readiness Review is a standardized evaluation that was developed by the Preparedness Branch in order to assist local health departments in determining both strengths and areas of improvement for local public health preparedness. The table below reflects progress in meeting the national public health preparedness capabilities. Each deliverable is categorized as Met, Partially Met or Not Initiated.

Proportion of Local Health Departments that completed PHEP Deliverables --Kentucky, 2014 (N=61)



**A special THANK YOU
to all of our
Local Health Departments, State, and Contract Partners!**



Department of Military Affairs (DMA)
Department for Aging and Independent Living (DAIL)
Norton Healthcare
Kentucky Hospital Research and Education Foundation (KHREF)
Kentucky Pharmacists Association
University of Louisville
University of Kentucky
Kentucky Board of Emergency Medical Services (KBEMS)
Louisville Emergency Management Agency/MetroSafe Medical Reserve Corps (MRC)
Kentucky's Local Health Departments



Kentucky Public Health
Prevent. Promote. Protect.



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