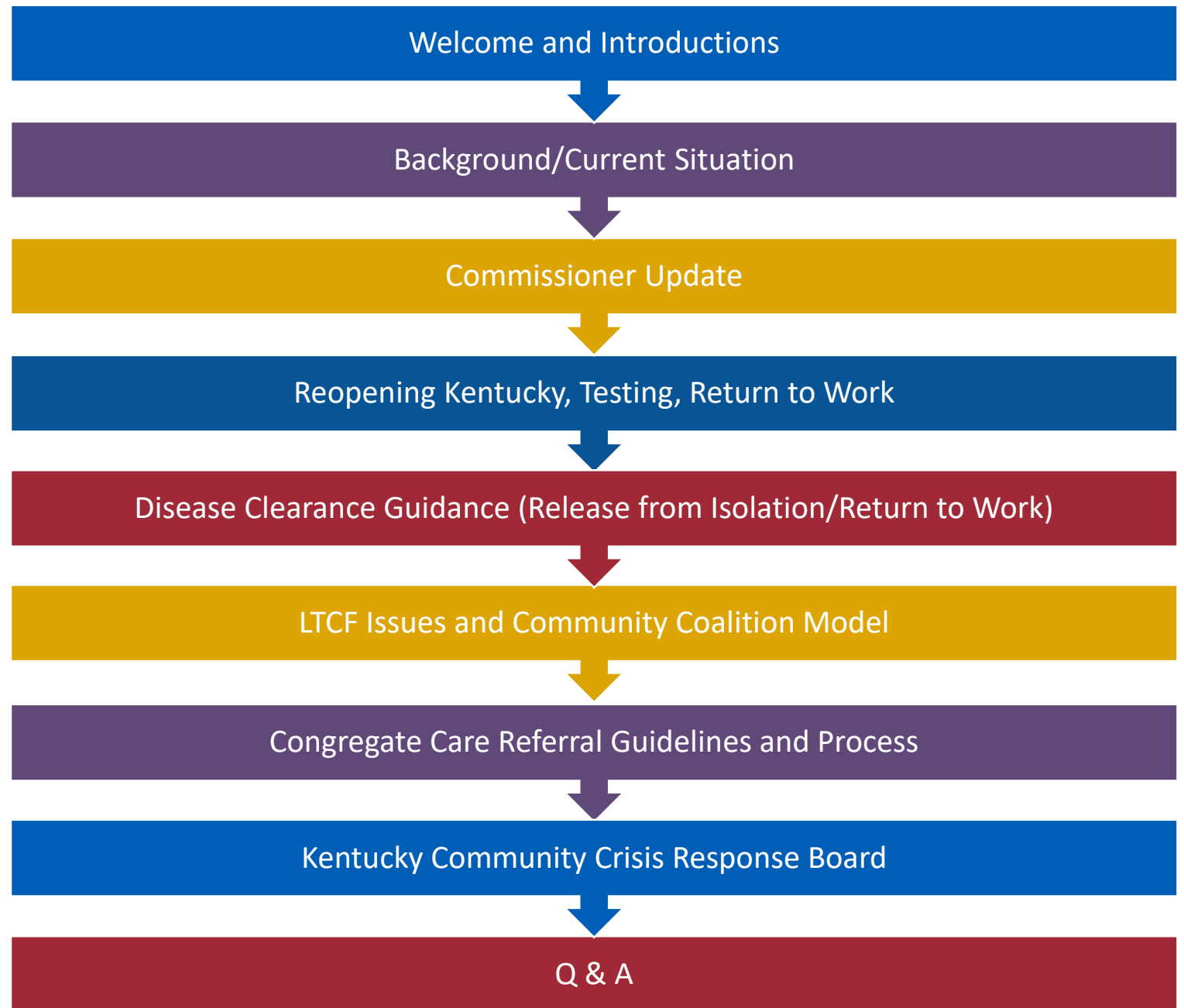# Agenda

Dr. Steven Stack
Commissioner

Dr. Doug Thoroughman
State Epidemiologist (Acting)

Andrea Flinchum
Nurse, Healthcare Associated Infection Program

Angela Kik
Preparedness Nurse

M. Kelli Robinson
Acting Executive Director, KCCRB

Welcome and Introductions

Background/Current Situation

Commissioner Update

Reopening Kentucky, Testing, Return to Work

Disease Clearance Guidance (Release from Isolation/Return to Work)

LTCF Issues and Community Coalition Model

Congregate Care Referral Guidelines and Process

Kentucky Community Crisis Response Board

Q & A

Background/Current Situation

Doug Thoroughman, PhD, MS

Kentucky Public Health
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Countries with Confirmed COVID-19 Cases
April 22, 2020

- Identified 12/31/2019 in Wuhan, Hubei Province, China

- Dramatic worldwide spread

- 216 countries/territories with cases

- European Region hardest hit now
  - >1.2M cases
  - 110K deaths
  - 9% Mortality Rate

https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/world-map.html

Status As of April 22, 2020

WORLD[3]
WHO declared pandemic on March 11, 2020

2,471,136 ↑**73,920**
Cases

169,006 **6.8%**
Deaths Mortality Rate

216 countries
with at least one case

UNITED STATES[2]
Risk to Americans is widespread

802,583 ↑**26,490**
Cases

44,575 **5.6%**
Deaths Mortality Rate

55 states and territories
with at least one case

KENTUCKY[1]
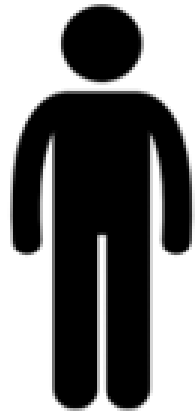State of Emergency declared March 6, 2020

3,373 ↑**181**
Cases

↑**14** **185** **5.5%**
Deaths Mortality Rate

108 counties
with at least one case

Current situation in Kentucky

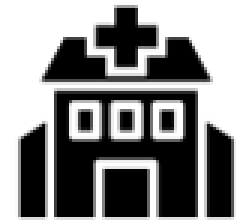**Case Patient Characteristics**

Sex: 1,313 Male (38.9%) – 360 unknown

Average Age: 52.5 years (Median: 52, Range: 10 days – 103 years)

Race: 77.2% White, 13.4% Black (16.2% unknown)

Ethnicity: 92.0% Non-Hispanic, 8.0% Hispanic (20.2% unknown)

824 (24.4%)
Cases associated with congregate settings

At least
279 (8.3%)
Report being a healthcare worker

1,105 (32.8%)
Ever hospitalized

564 (16.7%)
Ever ICU

1,311 (38.9%)
Recovered

Mortality Statistics in Kentucky

Death Characteristics

Sex: 87 Male (47.0%), 97 Female (52.4%)

Average Age: 77.1 years (Median: 80, Range: 39 – 97 years)

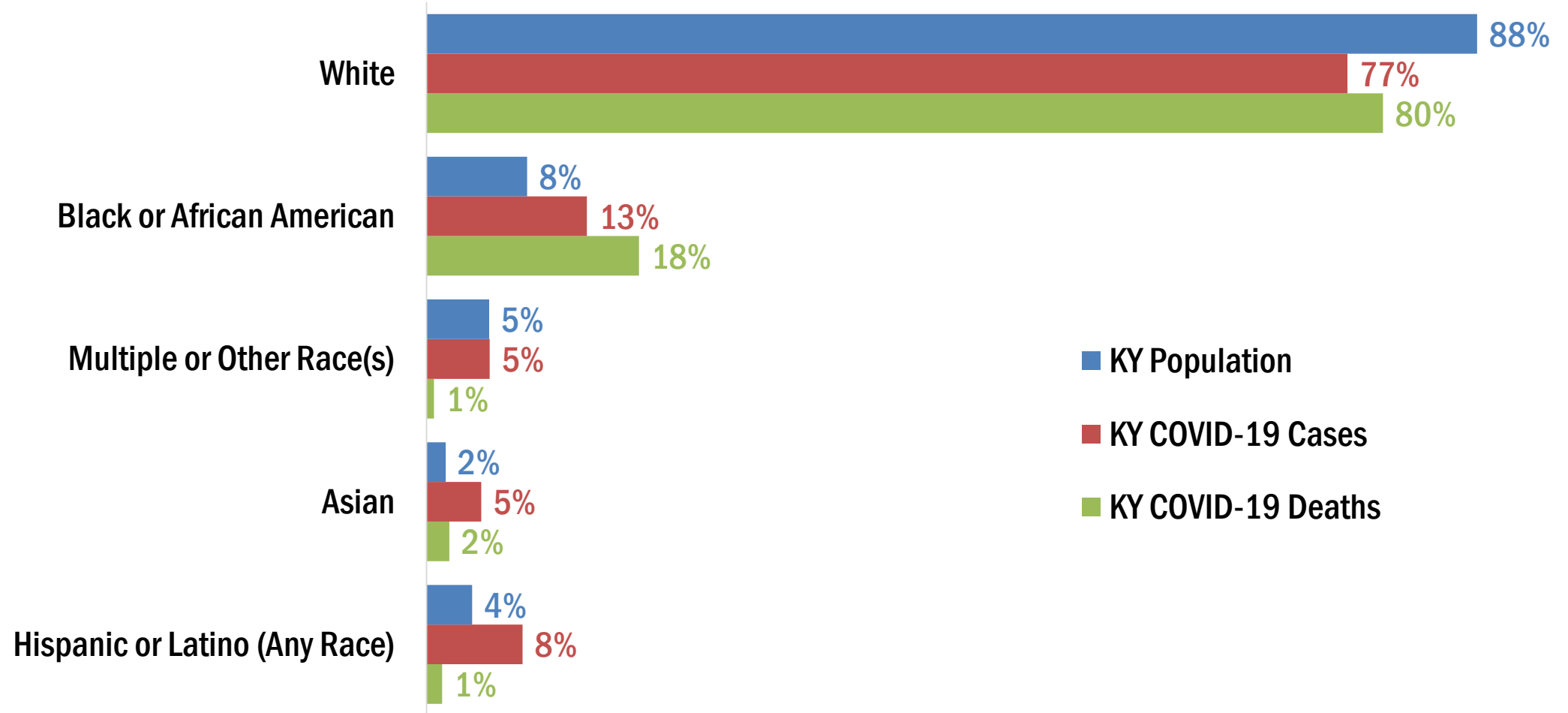Race: 79.7% White, 17.7% Black (14.6% unknown)

Ethnicity: 98.7% Non-Hispanic, 1.3% Hispanic (15.7% unknown)

77 (41.6%)
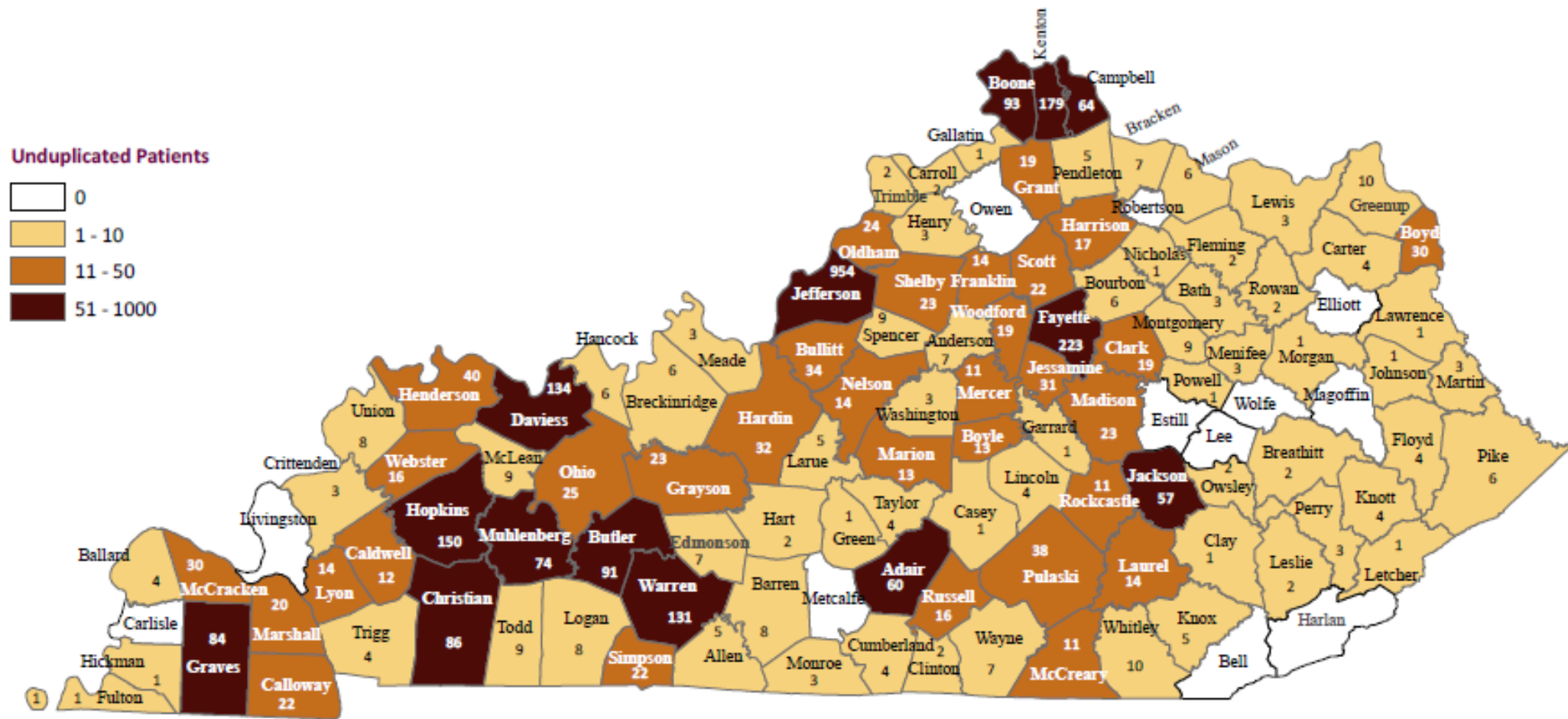Deaths associated with congregate settings

Distribution of Race/Ethnicity by KY Population, COVID-19 Cases, and COVID-19 Deaths

Rate of Positive COVID-19 cases in Kentucky

Positive COVID-19 Rates per 100,000 Population

- 0
- 1 - 74
- 75 - 148
- 149 - 750

Statewide Rate: 74 cases per 100,000 population
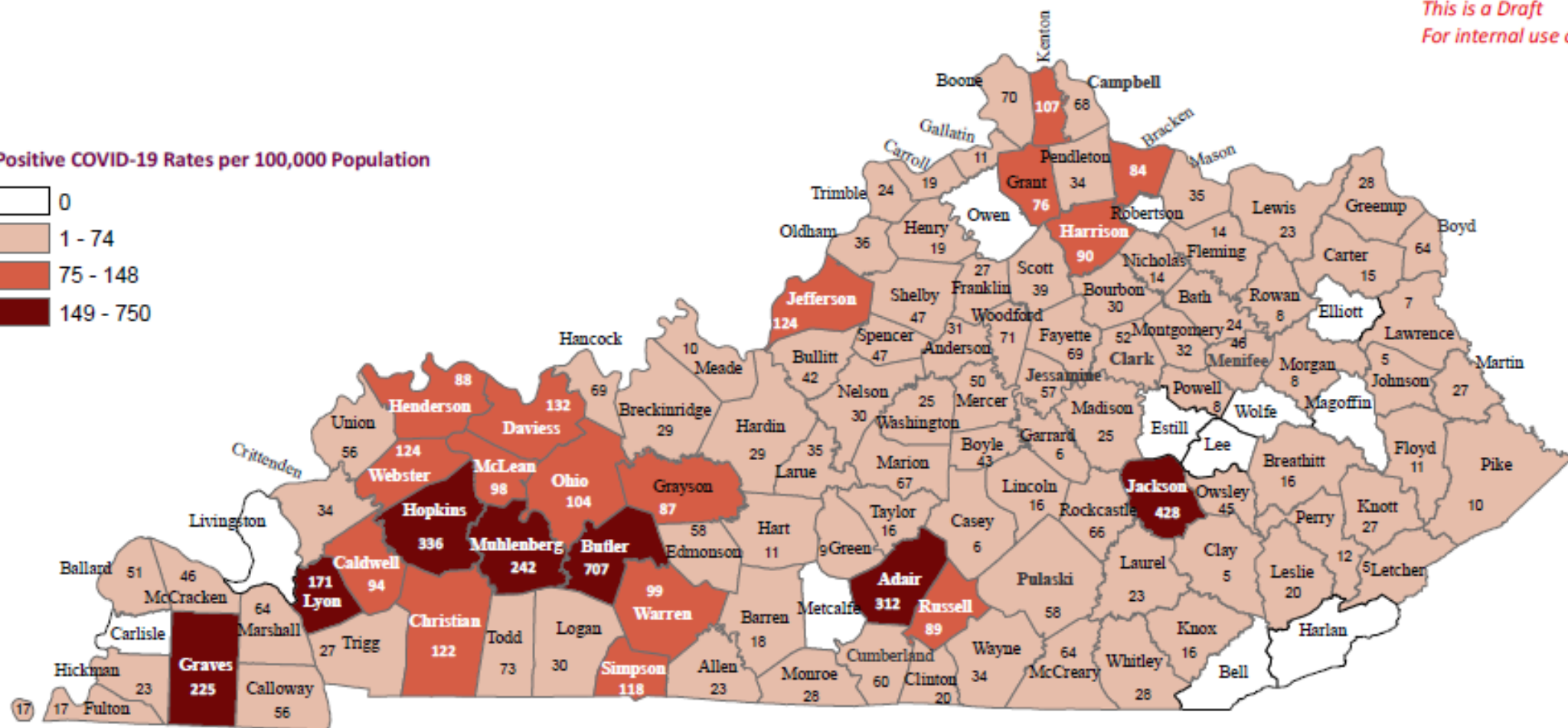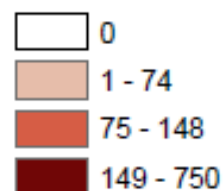
Kentucky COVID-19 Cases by Date of Illness Onset (n = 2,035)

Illnesses that began during this time may not yet be reported

First Case Identified

Case Count

Date of Onset
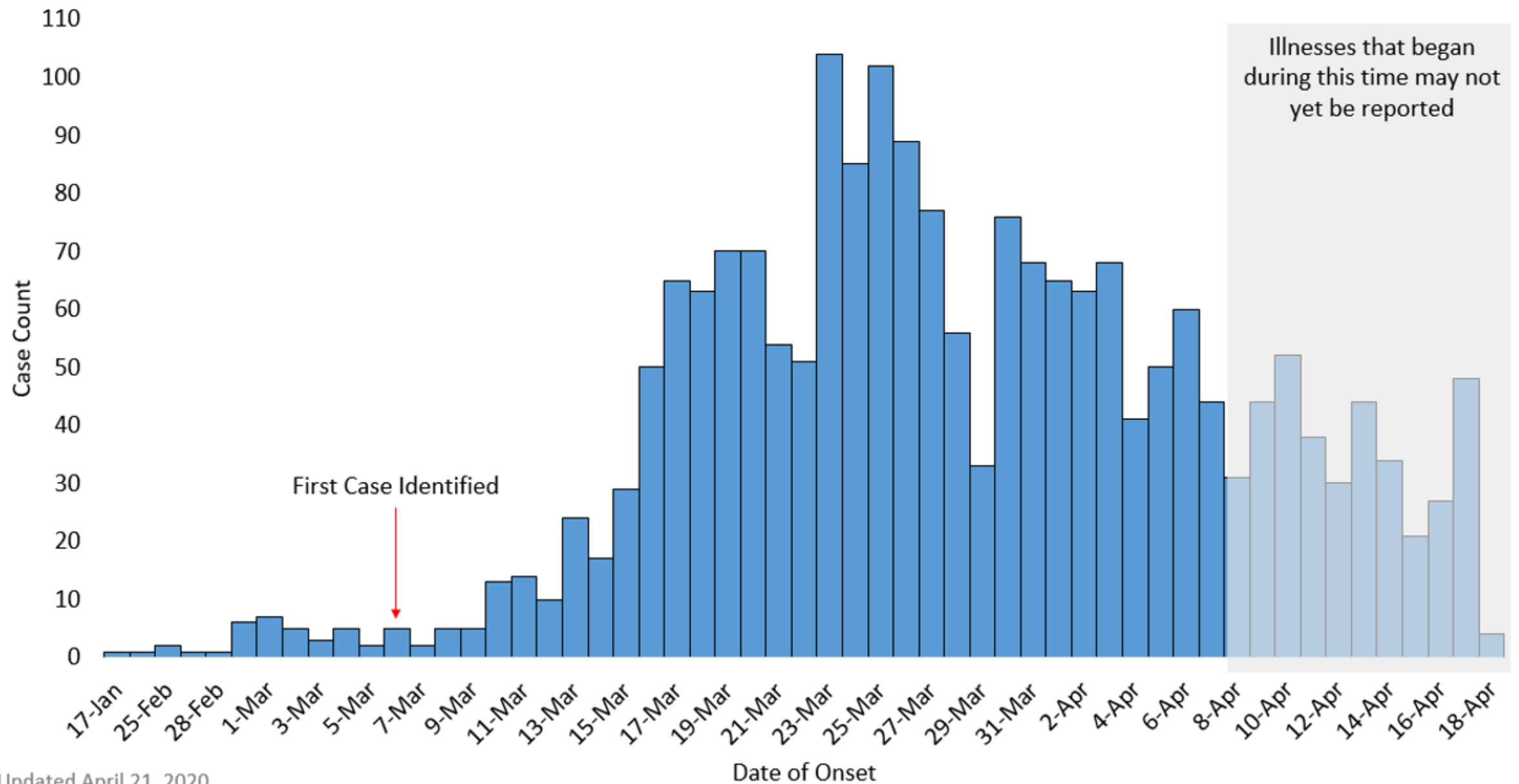
Updated April 21, 2020

Rolling 3-Day Average of Case Counts in KY

Three Day Average of New Cases by Date
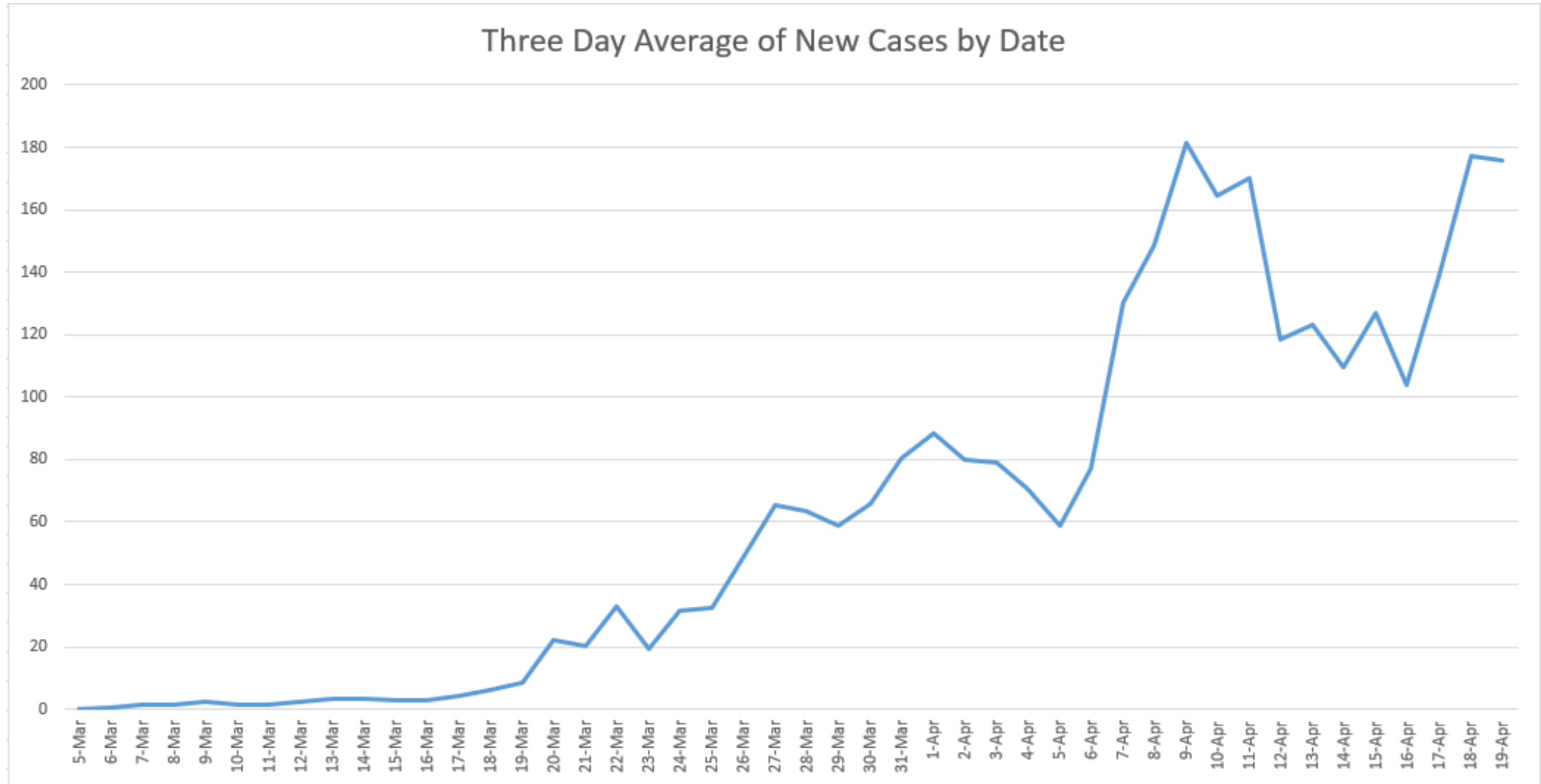
Still Climbing? – Linear Trajectory
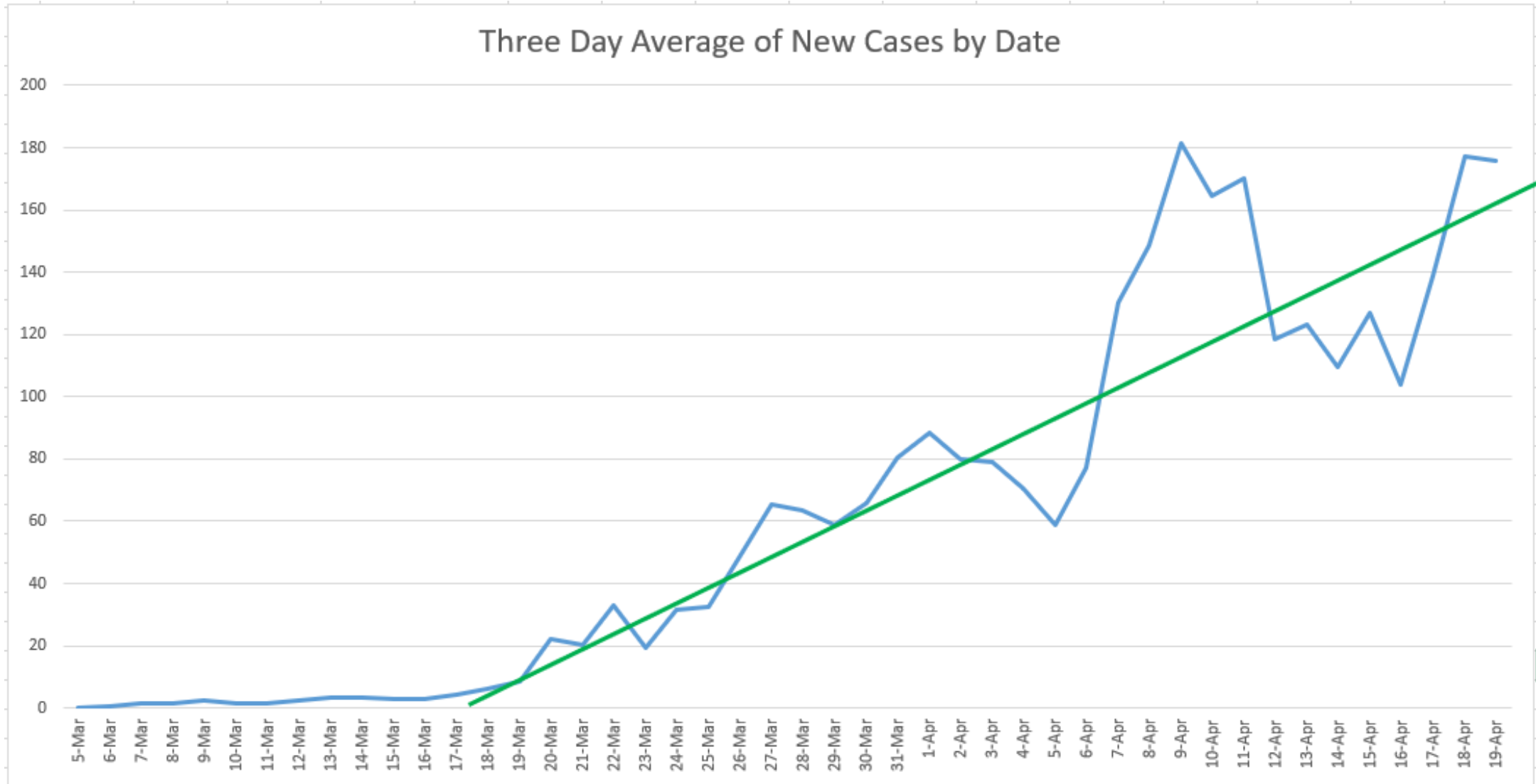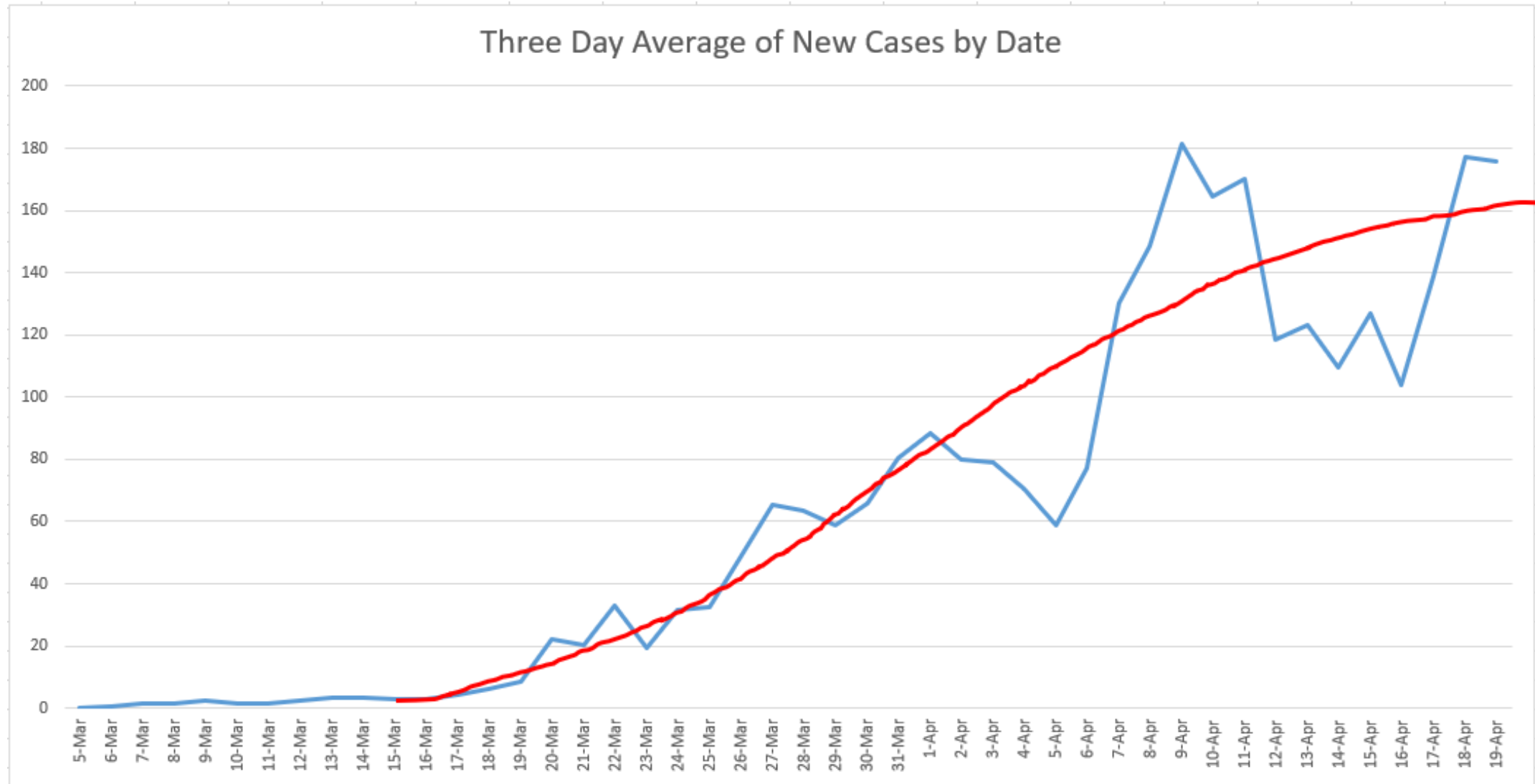
Three Day Average of New Cases by Date

Flattening the Curve?

Three Day Average of New Cases by Date

Reopening Kentucky

- Phased and gradual approach through May (and beyond)
- Must create and adjust to a "new normal"
- Industries encouraged to submit proposals
- Examples of integral elements of any proposal:
  - Social distancing >= 6 feet
  - Universal source control (i.e., masking) in all healthcare settings and in any public setting where social distancing can't be assured
  - Enhanced personal hygiene and surface cleaning in perpetuity
  - Temperature checking and COVID-19 screening in many settings
- Enforcement through customary routes with adaptation as needed

COVID-19 Testing

Types COVID-19 of Testing:

1. PCR (Polymerase Chain Reaction)

   - Identifies presence of viral RNA
   - Used to determine if someone has infection
   - Usually collected from nose (back or middle)

2. Antibody (Serology) Testing

   - Identifies antibodies showing immune system response to infection
     i. IgM – associated with acute infection
     ii. IgG – associated with recovered/chronic infection
   - Blood test
   - Too early to know which tests are useful and reliable
   - Too early to know if +IgG antibodies = immunity to infection

Use Testing to Determine if COVID-19 If:

1. Infection is currently present – PCR test

2. Infection has recently occurred – PCR test, IgM test

3. Patient has been infected at some time – IgG test

4. Patient has possible immunity (unknown at this time) – IgG test

Qualified medical advice is recommended to determine when tests are appropriate and how they should be interpreted.

Testing Locations and Platforms

KY COVID-19 testing sites:

State supported programs or partnerships:
- Hospitals
- Local Health Departments
- Long Term Care Facilities (with KDPH oversight)
- Kroger drive-thru Testing
- Walgreens

Private sector programs:
- Hospitals, clinics, medical offices
- Private laboratory companies
- Others

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TEAM KENTUCKY

Platform Update 4/23/20:

1) In-Lab PCR – ramping up
2) POC PCR – scarce
3) POC Antibody – use caution
4) In-Lab Antibody – evolving

KDPH/Gravity Diagnostics State-Wide COVID-19 Testing Effort

With Logistical Support Provided by UPS Healthcare

KDPH/Gravity State-Wide COVID-19 Testing

- KDPH contracted with Gravity Diagnostics, Inc. of Covington, KY to analyze 2,000 test/day for 30 days or 50,000 tests total.

- Effort began on April 6, 2020 with 32 participating hospitals scattered throughout the Commonwealth with several in each of the 15 KDPH Healthcare Coalition Regions.

- As of April 22, 2020, there were 41 participating facilities – 34 hospitals and 7 local health departments.

- Several participating hospitals routinely share test kits with neighboring healthcare facilities to further expand breath of the testing effort in the region.

- To date, 2,619 test have been processed by Gravity Diagnostics with 276 positives (10.5% positivity rate).

This is a citation.

Selection of Individuals for Testing

- Began with a Tier system testing <u>only symptomatic persons</u> in healthcare fields, first responders, persons <u>></u> 60 yrs. old, working or residing in a congregate settings (Tier 1) extending to symptomatic persons with preexisting medical conditions which predispose severe outcomes (Tier 2)

- Recently adopted CDC "Priorities for Testing Persons with Suspected COVID-19 Patients" testing symptomatic persons in healthcare settings (patients and workers), persons in LTC, <u>></u> 60 yrs, symptomatic patients with underlying health conditions, symptomatic and <u>asymptomatic</u> healthcare workers and first responders as well as persons working or residing in congregate care settings.

Participating Facilities as of 4/22/20
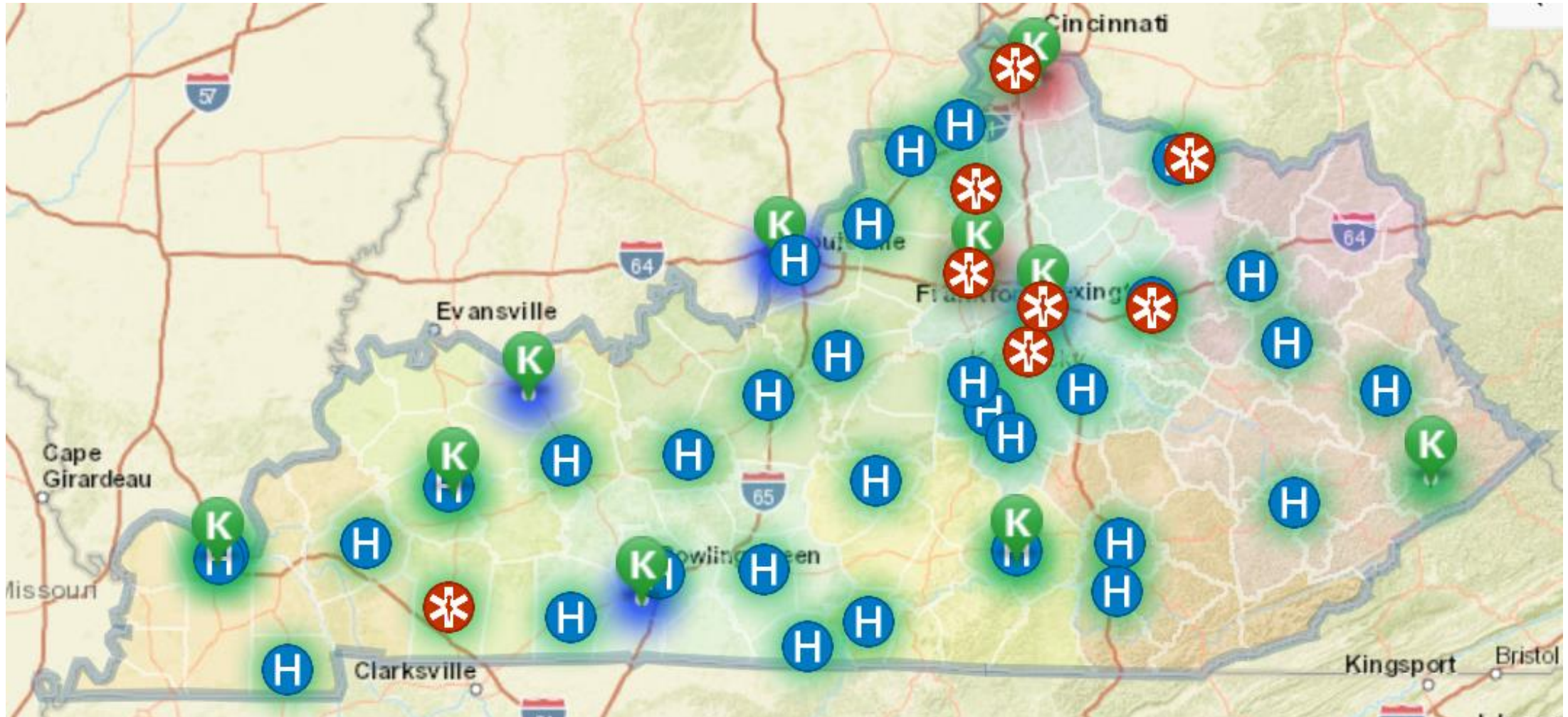
If you or your facility wishes to become a KDPH/Gravity COVID-19 testing partner, please contact:
Curt Pendergrass Ph.D.,
Dept. for Public Health
SEOC Tel: 502-607-6139
Cell: 502-226-0233
curt.pendergrass@ky.gov

Kentucky's "Return to Work" Policy
For Confirmed or Suspected COVID-19 Cases

Andrea Flinchum, MPH, BSN, RN, CIC

Kentucky Public Health
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This guidance applies to:

- Healthcare Professionals returning to work
- All persons returning to work and/or seeking clearance from isolation requirements
- Residents return to confined population environments (e.g. LTC facilities, behavioral health hospitals, prison, etc.)

The Kentucky Department for Public Health (KDPH) uses a non-test-based strategy to determine resolution of COVID-19 clinical disease and likely infectivity. This guidance represents KDPH's best expert judgment on this date and will continue to evolve as understanding of COVID-19 improves. KDPH is aware this guidance differs from CDC guidance. In the Commonwealth of Kentucky, KDPH guidance is the recommended community standard.

HCPs/employees/persons in isolation with symptomatic, laboratory-confirmed COVID-19 or symptomatic, clinically suspected COVID-19 should be excluded from work and/or remain in isolation until all the following criteria are met:

- At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications; **and,**

- Improvement in respiratory and other symptoms (e.g., cough, shortness of breath, diarrhea); **and,**

- At least 10 days have passed *since symptoms first appeared.*

- Additionally, upon returning to work, it is an expectation that a surgical face mask will be worn for universal source control in the work setting (see below).

- **HCPs/employees with laboratory-confirmed COVID-19 who have not had any symptoms** should be excluded from work until 10 days have passed since the date of their first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms since their positive test. It is an expectation that a surgical face mask will be worn at work for universal source control in the work setting.

Return to Work Practices and Work Restrictions

After returning to work, until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer, employees should:

- In non-healthcare settings, wear a facemask or cloth face covering at all times.

- In healthcare settings, wear a <u>surgical</u> facemask instead of a cloth face covering.

- After this time period and for the duration of this pandemic, employees should revert to the universal source control policy at their facility while at work and KDPH guidance for the general public when in other settings.

- Self-monitor for signs and symptoms of illness and seek re-evaluation from occupational health if fever and/or respiratory symptoms recur or worsen.

Employees in a healthcare facility should:

- Know that surgical facemask for source control does not replace the need to wear an N95 or higher-level respirator (and other recommended PPE) when protection from aerosolized pathogens is indicated, including when caring for patients with suspected or confirmed COVID-19. (Of note, N95 or other respirators with an exhaust valve might not provide source control.)

- Be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until 14 days after illness onset.

COVID-19 confirmed residents returning to confined population environments (e.g., long term care facilities, behavioral health hospitals, prisons, etc.)

- Because of the unique concerns of the vulnerability of certain populations, it is recommended that residents of confined congregant settings (e.g., long term care facilities, behavioral health hospitals, dementia units, prisons, etc.) demonstrate **one** negative COVID-19 test, in addition to meeting the criteria above, before returning to the general population of those facilities.

NOTE:

- Healthcare providers and first responders – exposed but not symptomatic –should be permitted to work but required to wear a surgical mask when on the job for 14 days after exposure.

- At this time, there remains uncertainty concerning the clinical interpretation of a positive PCR test after resolution of symptoms. Said differently, it is not clear that a persistently positive test result after an acute illness represents continued infectivity. In the creation of this guidance, the KDPH has determined that these guidelines should be used as the recommended community standard in the Commonwealth of Kentucky.

LTCF Issues and Community Coalition Model

Long-term Care and Other Congregate Facilities
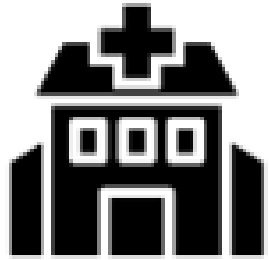
824 (24.4%)
Cases associated with congregate settings
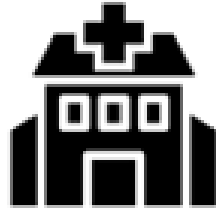
62 facilities
with at least one case

55
Long-term Care

7
Other Congregate*

Residents
547 cases
76 deaths

Staff
277 cases
1 death

*Other Congregate Facilities might include:
Group Homes
Correctional Facilities
Residential Treatment Facilities
Inpatient Psychiatric Hospitals

77 (41.6%)
Deaths associated with congregate settings

Community Partnering Can Make a Difference

- Convene Community Partners
  - Hospitals
  - Long-term care facilities
  - Local health departments
  - Healthcare Coalition
  - Emergency Medical Services
  - County leadership – e.g., County Judge Executive, law enforcement
- Plan for COVID-19 scenarios
  - In hospital
  - In LTCF's
  - What will happen if a few or many residents and/or staff become positive

Steps to Address COVID-19 in LTCF's

- Re-train on PPE and infection prevention strategies

- Plan for cohorting in the facility
  - Residents AND staff
  - Cases AND exposed AND "healthy"

- Identify alternate care sites for your facility in case of need
  - Positive COVID-19 cases not needing hospitalization
  - Healthy residents who need to be placed elsewhere temporarily

- Identify staff sharing plans with other healthcare facilities

- Seek help from DPH Healthcare Associate Infection/Antibiotic Resistance Prevention Program early

Community Collaboration Examples

Congregate Care Referral Guidelines and Process

Angela, Kik, BSN, RN, CEN, EMT

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State-Sponsored Non-Congregate Shelters

Inclusion Criteria

- Confirmed COVID-19 positive or presumed COVID-19 positive

- Person with symptoms with pending test results for COVID-19

AND

- Unable to self-isolate at home

- Medically stable and deemed not to meet hospitalization criteria by a medical professional

- Independent self-care ability

  - (Activities) ADL – able to eat, dress, get into and out of bed or chair, take bath or shower and use toilet independently
  - (Instrumental) IDL – able to prepare meals, manage money, shopping, doing housework and use a telephone independently
  - Able to store and self administer medications

- Caregiver may be involved on a case-by-case basis* (does not include home health)

Exclusions

https://ky.readyop.com/fs/4gKn/39c0 ReadyOp link used by call center for exclusions

Staffing and Locations

1 Nurse 7a-3p and 1 Nurse 3p-11p Monday thru Friday

1 Nurse 7a-7p Saturday and Sunday

Lake Barkley State Resort

Lake Cumberland State Resort

Referrals can be made at

1-888-404-1539

Occupant Expectations

- Occupants will sign and agree to follow the NCS Standards of Conduct Agreement to include abiding by pet, smoking, weapon and drug/alcohol policies

  - This should be given to occupant by referral agency prior to agreeing to be placed at NCS)

- Occupants expected to limit presence outside their designated room and report their whereabouts when outside of the room;

- Occupants are not permitted to use the gym, pool or common areas;

- Three meals will be provided daily along with TV and WiFi;

- 24/7 Security will be provided.

Kentucky Community Crisis Response Board

***

888-522-7228

Kelli Robinson

COVID-19 Efforts

- Division of Behavioral Health and Developmental and Intellectual Disabilities (DBHDID)
  - Worked to provide a Model Plan for Implementing Workforce Resilience Strategies for COVID-19
  - Plan includes promoting a resilient workforce in long-term care facilities during COVID-19 by providing staff resources, supervisor resources

- The Plan is currently being Modeled at Western State Hospital and will once approved be used around the Commonwealth.

- Working with Treyton Oak Towers and with Seven Counties to address the behavioral health needs of the staff and the residents as well as help them to cope with the deaths of residents.

- Working with Summit Manor and The Adanta Group to address behavioral health needs of staff and residents as well as help them to cope with the death of a healthcare worker and residents.

- Working with DPH and a group to address the behavioral health needs of those with low acuity care needs and the homeless.

COVID-19 Efforts

- A team member provided some resources and coping mechanisms to the Fleming County EMS and Health Department.

- Working with DBHDID with their ICF's – Hazelwood on early implementation of KCCRB availability to talk with staff as they now have cases of COVID-19.

- Working with DBHDID to provide services to the Dept. of Aging and Independent Living Ombudsmen.

- Provided four different times in a two day and early evening opportunity for anyone who might want one-on-one counseling to Lexington EM, E911 and Lex Call.

- Provided an interview and gave information to Madison County for their Health Dept. and newspaper detailing available resources for first responders, healthcare workers.

Services

- If your facility has staff who are stressed, concerned, having worries about their family, kids, etc. please call our number so that we can talk about what we can offer.

- Don't wait until your facility has confirmed cases. Chances are they are stressed and worried already.

- If your facility already has confirmed cases or loss of life, please reach out – we have processes in place to help guide the process for your facility.

- We will provide FREE and CONFIDENTIAL crisis counseling/psychological first aid, resources and consultation to the facility and to the employees.

- Feel free to email me at **m.k.robinson.nfg@mail.mil** or call **888-522-7228**

Media Attention

- Media can be directed to Cabinet for Health and Family Services Communications Office
  - 502-564-6786 – Office of Public Affairs Voicemail
  - Barbara Fox
  - Beth Fisher
  - Anya Weber
- DPH Chief of Staff – Kelly Alexander – 502-564-3970
- Coverage of local COVID-19 media issues can be coordinated with KDPH and the Cabinet for Health and Family Services

COVID-19 Hotline for Public
1-800-722-5725
Website: www.kycovid19.ky.gov
(Google "KYCOVID19.KY.GOV")

Question and Answer Period

Thank you!

2019-nCoV Contact Information

Public COVID-19 Hotline: 1-800-722-5725

Clinician Call Center Hotline: 1-888-404-1539

Reporting Cases: 502-564-3261 (After hours: 888-973-7678)

Secure Fax: 502-696-3803

Division of Laboratory Services: 502-564-4446

Gravity Testing Coordination: State EOC Tel: 502-607-6139

- curt.pendergrass@ky.gov, Cell: 502-226-0233

Kentucky Community Crisis Response Board: 888-522-7228

CHFS Communications Office: 502-564-6786

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