

March 9, 2021

the checkup

your pulse on preparedness

A Kansas Healthcare Coalition Publication



SOUTH EAST KANSAS HEALTH CARE COALITION LEADERSHIP

During our February 23 meeting, we elected new officers. Just in case you don't know these fine people or our SEKHCC Coordinator, shown below is picture of each one along with a short biography. In our next Newsletter we will showcase our Executive Committee.



Neil Springer—Chair

Neil, like many of us, is double boxed in his employment with Labette Health in Parsons Kansas. He is the Facility Security Director and the Emergency Manager for both the Parson's and the Independence's facilities. Neil has been with Labette Health for almost 8 years. Before joining Labette Health Neil retired as a detective with the Parsons Police Department. Neil has served our Coalition as Chair several times and is a valuable asset that I have often depended on.

Debbie Thuston—Vice Chair

Debbie is a Registered Nurse with Neosho Memorial Regional Medical Center (NMRMC) since 2003. She has a Bachelor of Arts in Biology and is continuing her education in the BSN Program with PSU School of Nursing and plans to obtain her Masters Degree in Nursing. Debbie has worked in Long Term Care, Acute Care, Dialysis, Healthcare management and now serves as the director of Home Health and Hospice with NMRMC. Debbie understands the importance of planning, training and working together and she will serve our Coalition well.

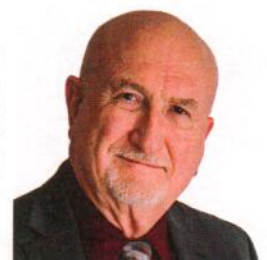


Kandy Dowell—Secretary

With 23 years as an RN and Administrator for the Elk County Health Department, Kandy is one of the original members of the SEKHCC when it started in 2012. Her duties with Elk County include being the County Health Officer. She is a member of the Lower Eight Public Health Emergency Preparedness Group and the Coordinator of Safe Kids for Montgomery, Elk and Chautauqua Counties. Kandy is a strong supporter of the Coalition and we are pleased that she is willing to serve as our Secretary.

Fred Rinne—Response and Readiness Coordinator , SEKHCC

Fred has been the Coordinator for the SEKHCC since 2012. He came into this position after serving 20 years in Administration with Fredonia Regional Hospital. He is a Kansas Certified Emergency Manager, Certified Healthcare Emergency Professional and part of the Kansas Division of Emergency Management Training Cadre. Fred has a background in Corporate Business, Law Enforcement and Elected Public Service.





EBOLA ?

Ebola Outbreak Information

This from the CDC reminding us that Ebola continues to be active in parts of Africa

CDC Infection Prevention and Control Guidance

for Identifying and Managing Patients with Possible and Confirmed Ebola Virus Disease.

Outbreaks of Ebola virus disease (EVD) are ongoing in the Democratic Republic of the Congo (DRC) and Guinea. The U.S. Centers for Disease Control and Prevention (CDC) is providing this communication as a reminder to U.S. healthcare personnel about CDC infection prevention and control guidance for identifying and managing patients with possible and confirmed EVD.

Please share this information with all personnel who might conduct screening and triage activities or be responsible for initial clinical management of patients (e.g., including Emergency Medical Services, outpatient, and emergency department personnel).

Triage of Patients: Currently, all U.S. [healthcare settings are recommended to screen and triage everyone entering the facility for signs and symptoms of COVID-19](#)

Current Infection Prevention and Control Recommendations for EVD in U.S. Healthcare Facilities: Current CDC infection prevention and control guidance for U.S. healthcare facilities is available on the [CDC Ebola website for clinicians](#). Specific guidance and tools that may be of interest to facilities include

Separate personal protective equipment (PPE) guidance remains in place for the management of [Clinically Stable PUIs](#) and [Confirmed Ebola Patients or Clinically Unstable PUIs](#).

A [PPE Calculator Tool](#) is available to assist healthcare facilities in determining the appropriate supply of PPE to have on hand to manage a PUI or patient with confirmed EVD.

The Regional Treatment Network for Ebola and Other Special Pathogens: Healthcare facilities and public health officials should be familiar with the tiered U.S. [Regional Treatment Network](#) for Ebola and other special pathogens.

CDC continues to coordinate with the HHS Office of the Assistant Secretary for Preparedness and Response, Hospital Preparedness Program and the [National Emerging Special Pathogens Training and Education Center](#) (NETEC) to increase U.S. capability to safely manage patients with EVD and other special pathogens. NETEC maintains online resources at the link above, and remains available to provide consultation to hospitals for managing patients with EVD.

Additional Public Health Resources:

[CDC EVD website](#)

[World Health Organization Disease Outbreak News](#)

We're losing one of our Regional Coordinators

Beth Vallier, Response and Readiness Coordinator for North Central Healthcare Coalition has announced her resignation for health reasons. She is praying for a quick recovery and we are hoping that she can return to assist HCCP of Kansas. Beth is the originator of this newsletter format and has helped me get to the point that this one is the first completed on my own. She is a valuable asset and a great person. Please put her in your prayers.



DON'T FORGET

Daylight Savings time starts March 14!

CISA Emergency Alert Microsoft Exchange Server

David Marshall, Director KCJIS

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KS Healthcare Sector IT Directors and CIOs,

The Cybersecurity and Infrastructure Security Agency CISA has issued Emergency Directive (ED) 21-02 and Alert AA21-062A addressing critical vulnerabilities in Microsoft Exchange products. Successful exploitation of these vulnerabilities allows an attacker to access on-premises Exchange servers, enabling them to gain persistent system access and control of an enterprise network.

CISA strongly recommends organizations examine their systems to detect any malicious activity detailed in Alert AA21-062A. Review the following resources for more information:

[CISA Emergency Directive 21-02: Mitigate Microsoft Exchange On-Premises Product Vulnerabilities](#)

[AA21-062A: Mitigate Microsoft Exchange Server Vulnerabilities](#)

[Microsoft Security Blog Post: Multiple Security Updates Released for Exchange Server](#)



FROM OUR CLINICAL ADVISOR

Beckie Manahan, PA, NMRMC

Vaccination Status and Molnupiravir

On March 8th, national news organizations announced that there were more vaccinated in the U.S. than all those previously diagnosed with COVID-19. Although it has taken us just over one year to reach this milestone, there is another exciting point making news. The drug, Molnupiravir is in phase II trials by Merck and Ridgeback Biotherapeutics. Molnupiravir has been around for a few years and showed some promise against influenza, but not as much promise as Tamiflu and Relenza had, so it's been waiting on its moment to shine.

Molnupiravir interferes with the RNA production of the COVID-19 virus, which in turn, results in "uncoating" of the virus. The early studies are showing this can be done in as little as 2-3 days. The current treatment regimen is 5 days for those persons with the disease. It is unclear whether Molnupiravir is being tested as preventative therapy, as we often do in other antiviral medications during influenza season.

The news about Molnupiravir is shooting the stock prices for Merck pharmaceuticals sky high, but more importantly, it is giving us a hope that with vaccination and a home therapeutic treatment, we will beat this virus. Please continue to encourage safe practices as we await further developments.

Coordinator Update

- All Work Plan Deliverables have been turned in to KDHE and ASPR for review.
- The COVID-19 AAR/IP from each Region has been submitted to HCCP of Kansas who will develop a State Coalition AAR/IP. Thanks to your response we were able to convey a lot of information, Positive, Needing Improvement and Lessons Learned. A common concern from All Regions was the inconsistent/mixed guidance and information coming from above as well as the overwhelming amount of redundant reporting that had to be turned in to the state and federal levels as well as turning into the various associations. Hopefully we can work with our leadership and associations to resolve this issue and keep our attention on providing healthcare.