

Healthcare Planning
PHASES 1/2 –SITUATION A
Novel (new) influenza virus in birds or other animals overseas
RESPONSE ACTION – WATCH

Action Item 1: Facilitate healthcare planning for pandemic influenza

Note: For the purposes of this document, “healthcare entities” refers hospitals, long-term care facilities, home health agencies, hospice agencies, emergency medical services, primary care centers (including Federally Qualified Health Centers [FQHCs]), and private health professionals.

1.1 NJDHSS Health Infrastructure Preparedness & Emergency Response (HIPER) clinical staff advise healthcare entities to engage in influenza pandemic planning:

- Advise healthcare entity administrators to devote appropriate resources to pandemic planning
- Encourage and provide assistance to write comprehensive, facility-specific healthcare pandemic influenza plans utilizing appropriate guidance documents below. These plans should be consistent with the National Incident Management System.
 - “Influenza Pandemic Plan Guide for Healthcare Facilities” (Appendix 1).
 - “Surge Capacity Guidance for General Hospitals” (Appendix 2).
 - “Influenza Preparedness Planning Template for Federally Qualified Health Centers” (Appendix 3).
 - Appendix 4 of the Healthcare Planning section of this plan: American Association of Blood Banks Task Force on Pandemic Influenza provisions for the management of the blood supply during a pandemic.
- Advise healthcare entities to develop written agreements with other segments of the healthcare, home health, hospice and LTC organizations and outside agencies to ensure coordination of resources during an influenza pandemic
- Advise healthcare associations such as New Jersey Hospital Association, New Jersey Primary Care Association, Health Care Association of New Jersey, New Jersey Association of Homes and Services for the Aging and the Home Care Association of New Jersey to support their members’ healthcare planning efforts related to pandemic influenza including issues related to continuity of operations
- Advise healthcare entities to identify staff members who will keep abreast of information released regarding Pandemic Influenza by local, state, federal or world health agencies in order to ensure timely activation of the entities’ influenza pandemic plans.

1.2 NJDHSS HIPER Senior Assistant Commissioner works with the Influenza Advisory Committee to resolve obstacles to healthcare planning by engaging the NJ Office of Homeland Security & Preparedness (NJOHSP). As issues are resolved, this plan will be updated and healthcare partners advised. Issues to be addressed include, but are not limited to:

- Altered standards of care necessary when healthcare resources are scarce
- Ethical issues associated with the allocation of scarce resources
- Liability issues faced by healthcare entities when altering usual standards of care

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- Waiving of State and Federal health mandates such as the Emergency Medical Treatment and Labor Act
 - Payment for healthcare entities rendering care during a public health emergency if patients are directed to seek care from out-of-network providers
 - Command and control of health care resources
- 1.3 NJDHSS staff ensure that a communication information technology infrastructure exists to facilitate timely collection, dissemination and tracking of information and resources within the healthcare sector and with outside partners including, but not limited to:
- HIPER Office of Policy and HIPER Information Technology Program ensure that NJLINCS/Health Alert Network (HAN) is operational to disseminate information to key public health and healthcare partners.
 - Communicable Disease Service (CDS) and the NJDHSS Office of Information Technology Services ensure that the Communicable Disease Reporting and Surveillance System (CDRSS) is operational to collect information necessary for disease surveillance and management.
 - HIPER Office of Policy and the HIPER Information Technology Program ensure that Hippocrates software is operational to enable situational awareness and the collection of information regarding healthcare resources.
 - HIPER Medical Reserve Corps (MRC) and the HIPER Information Technology Program ensure that the MRC/Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) Registry (AKA: Emergency Health Care Provider Registry, pursuant to P.L. 2005, c. 222) is operational to ensure that volunteers can be mobilized during a pandemic.
- 1.4 NJDHSS HIPER Senior Assistant Commissioner and CDS Service Director ensure that appropriate call centers are available during a pandemic for members of the public and healthcare provider communities to receive up-to-date information. Call centers include, but are not limited to, the CDS Emergency Communication Center (ECC) which will serve as a source of information for public health and healthcare professionals and the HIPER Medical Coordination Center (MCC) Call Bank (M3CB) which will provide information to the public and triage individuals seeking health care to appropriate facilities.
- 1.5 NJDHSS HIPER Regional Coordination staff facilitate the augmentation of healthcare resources to handle a surge in patient volume.
- HIPER staff requested that FQHCs act as screening, triage and treatment sites for symptomatic individuals during a pandemic in order to decrease the burden on acute care facilities. A template was provided to the NJ Primary Care Association and used by FQHCs to develop plans which incorporate this role.
 - HIPER clinical staff facilitate the identification of alternate care sites and work with stakeholders to develop policies and procedures regarding these facilities. The state-owned Western Shelter Gatekeeper System Modular Medical Unit will be used as an alternate care facility and is being outfitted with medical equipment and supplies.

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RESPONSE ACTION – WATCH

- 1.6 NJDHSS HIPER Regional Coordination staff have a system in place to facilitate the acquisition of available patient care materials (e.g.; pharmaceuticals, ventilators, intravenous fluids, and surgical masks) by healthcare entities from the Strategic State Stockpile and the Strategic National Stockpiles, and ensure that healthcare entities are aware of the system.
- 1.7 NJDHSS HIPER State Stockpile Program Manager, in consultation with the HIPER Medical Director and CDS clinical staff, ensures that items stockpiled include, but are not limited to, antiviral medication, surgical masks, gloves and N-95 respirators.

Action Item 2: Encourage and support training and exercises related to the healthcare response to an influenza pandemic

- 2.1 NJDHSS staff encourage healthcare entities to participate in exercises and drills sponsored by NJDHSS, local public health agencies, and other sectors involved in emergency response.
- 2.2 NJDHSS HIPER Regional Coordination staff advise and encourage healthcare entities to train appropriate staff members in the National Incident Management System and the Incident Command System.

Healthcare Planning
PHASES 1/2 - SITUATIONS B and/or C
Novel (new) influenza virus in birds or other animals in North America and/or NJ
PHASE 3 – SITUATIONS A, B, and/or C
Human case of novel (new) influenza virus (no human spread) overseas,
in North America, and/or NJ
PHASE 3 – SITUATION D
First case of human to human spread of novel (new) influenza overseas
RESPONSE ACTION - WATCH

Action Item 1: Continue activities from Phases 1/2A except Action Item 1, Task 1.1

Action Item 2: Review and modify activities as appropriate to reflect changes in situation and guidance documents

Healthcare Planning
PHASE 3 – SITUATION E
First case of human to human spread of novel (new) influenza in North America
RESPONSE ACTION – ALERT

Action Item 1: Prepare to implement the healthcare sector response to pandemic influenza

- 1.1 HIPER and CDS clinical staff, in consultation with the State Epidemiologist, disseminate timely information to healthcare entities regarding the recommended response.
- 1.3 HIPER Regional Coordination staff encourage healthcare entities to review and update existing influenza pandemic plans.
- 1.4 HIPER Regional Coordination staff encourage healthcare and public health entities to provide just-in-time training to volunteers and staff to expand and diversify the workforce. For instance, hospital administrators would be provided training for direct patient care, and MRC volunteers would receive training on infection control and personal protective equipment.
- 1.4 HIPER Regional Coordination staff assess the status of healthcare resources and, in conjunction with CDS epidemiology staff, assess disease incidence and prevalence using existing infrastructure. This infrastructure includes, but is not limited to:
 - HIPER MCC and Health Command Center (HCC) staff and the HIPER Information Technology Program use Hippocrates software to provide situational awareness and the collection of information regarding healthcare resources.
 - HIPER and the HIPER Information Technology Program use the MRC/ESAR-VHP Registry (AKA: Emergency Health Care Provider Registry, pursuant to P.L. 2005, c. 222) to ensure that volunteers are available for training and mobilization during a pandemic.
 - CDS epidemiology staff perform disease surveillance using multiple data sources as described in the Surveillance section of this plan: Phases 1/2A, Action Item 1.
- 1.5 HIPER Senior Assistant Commissioner and CDS Service Director prepare call centers for: (1) the public and (2) healthcare and public health providers. Call centers include, but are not limited to, the CDS ECC to serve as a source of information for public health and healthcare professionals and the HIPER M3CB to provide information to the public and triage individuals seeking health care to appropriate facilities.
- 1.6 HIPER Stockpile Program Manager inventories and optimizes assets. The Stockpile Program staff ensure that servicing for all warehouse generators and equipment is up-to-date.
- 1.7 HIPER staff, in conjunction with CDS, convene the PIRT, as necessary, to review and update recommendations regarding altered levels of care, the waiver of state regulations, etc. This policy group is defined in the New Jersey State Pandemic Influenza Response Plan, Section 8.2.

Healthcare Planning
PHASE 3 – SITUATION E
First case of human to human spread of novel (new) influenza in North America
RESPONSE ACTION – ALERT

- 1.8 NJDHSS HIPER clinical staff review and update plans to handle a surge in patient volume, including:
- The use of FQHCs as screening, triage and treatment sites for symptomatic individuals during a pandemic in order to decrease the burden on acute care facilities.
 - The use of alternate care sites including the Western Shelter Gatekeeper System.

Healthcare Planning
PHASE 3 – SITUATION F
First case of human to human spread of novel (new) influenza in NJ
RESPONSE ACTION - RESPONSE

Action Item 1: Activate the healthcare sector response to pandemic influenza

- 1.1 HIPER and CDS clinical staff, in consultation with the Deputy Commissioner/State Epidemiologist, disseminate timely information to healthcare entities regarding the recommended response.
- 1.2 HIPER Senior Assistant Commissioner and CDS Service Director activate and maintain call centers for: (1) the public and (2) healthcare and public health providers. Call centers include, but are not limited to, the CDS ECC to serve as a source of information for public health and healthcare professionals and the HIPER M3CB to provide information to the public and triage individuals seeking health care to appropriate facilities.

Healthcare Planning
PHASE 4 – SITUATIONS A and/or B
Clusters of cases of human spread overseas and/or in North America
RESPONSE ACTION – RESPONSE

Action Item 1: Continue activities from Phase 3E, Action Item 1, Tasks 1.4, 1.6, 1.7, 1.8 and Phase 3F

Action Item 2: Review and modify activities as appropriate to reflect changes in situation and guidance documents

Healthcare Planning
PHASE 4 – SITUATION C
Clusters of cases of human spread in NJ
RESPONSE ACTION - RESPONSE

Action Item 1: Implement emergency plans for surge capacity

1.1 HIPER Regional Coordination staff, in conjunction with HIPER and CDS clinical staff, and based on available epidemiological data:

- Assist healthcare entities with the procurement of resources from the Strategic State Stockpile and the Strategic National Stockpile, if unable to be secured via usual channels (vendors, Office of Emergency Management)
- Implement the recommendation of the PIRT to determine the institution of altered levels of care, the waiver of state regulations as applicable, etc.
- Activate plans to use the FQHCs as screening, triage and treatment centers.
- Activate plans to use alternate care sites and deploy the Western Shelter Gatekeeper System as an alternate care facility.
- Advise healthcare entities to provide just-in-time training as needed to support patient care, such as training in the proper use of personal protective equipment.

Healthcare Planning
PHASE 5 – SITUATIONS A, B, and/or C
Widespread cases of human to human spread of novel (new) influenza virus overseas,
in North America, and/or NJ
RESPONSE ACTION - RESPONSE

Action Item 1: Continue activities from Phase 4

Action Item 2: Review and modify activities as appropriate to reflect changes in situation and guidance documents

Healthcare Planning
PHASE 6
Increased and sustained transmission in the general population
RESPONSE ACTION - RESPONSE

Action Item 1: Continue activities from Phase 4

Action Item 2: Review and modify activities as appropriate to reflect changes in situation and guidance documents

Healthcare Planning
BETWEEN WAVES
RESPONSE ACTION – ALERT

Action Item 1: Review Healthcare Planning section of this plan and update as appropriate