

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

Action Item 1: Prepare for the infection control consequences of pandemic influenza

- 1.1 NJDHSS infection control subject matter experts in Health Infrastructure Preparedness and Emergency Response (HIPER) and Public Employees Occupational Safety and Health (PEOSH), in consultation with the Centers for Disease Control and Prevention (CDC) and the Occupational Safety and Health Administration (OSHA), develop infection control guidelines for healthcare entities and non-healthcare entities based upon federal recommendations including, but not limited to “Guidance on Preparing Workplaces for an Influenza Pandemic” (<http://www.osha.gov/Publications/OSHA3327pandemic.pdf>) and “Pandemic Influenza Preparedness and Response Guidance for Healthcare Workers and Healthcare Employers” (http://www.osha.gov/Publications/OSHA_pandemic_health.pdf).
- NJDHSS infection control experts develop “Infection Control Guidelines in Healthcare Settings” (Appendix 1) for healthcare entities: hospitals, long-term care facilities, home health and hospice agencies, emergency medical services, primary care centers (including Federally Qualified Health Centers [FQHCs]), and private health professionals.
 - NJDHSS infection control experts develop “Infection Control Guidelines in Non-Healthcare Settings” (Appendix 2) for non-healthcare entities. Non-healthcare entities include: local and state agencies including public health agencies, private corporations and businesses, schools and universities, and congregate living facilities not considered healthcare entities (e.g., prisons, dormitories, group homes).
- 1.2 Using “Infection Control Guidelines in Non-Healthcare Settings” (Appendix 2) and CDC’s “Interim Public Health Guidance for the Use of Facemasks and Respirators in Non-Occupational Community Settings during an Influenza Pandemic” (Appendix 3) <http://www.pandemicflu.gov/plan/community/commaskguidance.pdf>, NJDHSS Communicable Disease Service (CDS) health educators and Office of Communications (OCOM) staff develop messages and materials for non-healthcare entities and the public.
- 1.3 NJDHSS advises healthcare entities to incorporate infection control policies and procedures into pandemic preparedness plans:
- Administrators of healthcare ensure that appropriate resources are devoted to infection control activities including planning, implementation and training.
 - Healthcare entities integrate infection control policies and procedures into the entities’ written plan for pandemic influenza.
 - Healthcare entities ensure that staff have access to and are appropriately medically screened and fit-tested for personal protective equipment (PPE).
 - Healthcare entities have provisions for “just-in-time” infection control training.
 - Appropriate staff from healthcare entities keep abreast of any information released regarding infection control.

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

This outreach to healthcare entities occurs through usual channels:

- Local Information Network and Communications System (LINCS)/Health Alert Network (HAN)
- Healthcare facilities
- Associations
- Professional organizations

1.4 NJDHSS advises non-healthcare entities to incorporate infection control policies and procedures into pandemic preparedness plans:

- Administrators of non-healthcare entities ensure that appropriate resources are devoted to infection control activities including planning, implementation and training
- Non-healthcare entities integrate infection control policies and procedures into the entities' written plan for pandemic influenza.
- Non-healthcare entities ensure that staff have access to and are appropriately medically screened and fit-tested for PPE.
- Non-healthcare entities have provisions for “just-in-time” infection control training.
- Appropriate staff from non-health care entities keep abreast of any information released regarding infection control.

This outreach to non-healthcare entities occurs through:

- LINCS/HAN
- Respective state departments/agencies
- New Jersey Office of Homeland Security & Protection (NJOHSP) sector liaisons

1.5 CDS and PEOSH coordinate with the Department of Agriculture guidance regarding infection control recommendations for animal/poultry workers.

1.6 The NJDHSS State Medical Reserve Corps (MRC) Coordinator in consultation with MRC/ Emergency System for Advance Registration of Volunteer Health Professionals Registry (ESAR-VHP) Advisory Group and PEOSH ensure the development of infection control guidelines for volunteers enrolled in the MRC/ESAR-VHP program.

Action Item 2: Provide healthcare entities, non-healthcare entities and the public with information regarding the infection control consequences of pandemic influenza

2.1 NJDHSS disseminates infection control materials and guidelines to healthcare and non-healthcare entities as well as the public via NJDHSS website and:

- Infection Control Guidelines for Healthcare Entities (Appendix 1) are disseminated as described in 1.3 above.
- Infection Control Guidelines for Non-Healthcare Entities (Appendix 2) are disseminated as described in 1.4 above.
- Infection Control Guidelines for the public are disseminated by OCOM.

Infection Control

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**

RESPONSE ACTION - WATCH

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

Infection Control

PHASE 3 – SITUATION D

First case of human to human spread of novel (new) influenza overseas

RESPONSE ACTION – ALERT

Action Item 1: Prepare to respond to the spread of novel influenza in North America

- 1.1 NJDHSS infection control experts in HIPER and PEOSH, under the guidance of the State Epidemiologist and in conjunction with the CDC and OSHA, update infection control guidelines based on current epidemiological evidence.
 - NJDHSS Commissioner or his/her designee arranges for conference calls, as necessary, to keep key stakeholders, such as public health authorities and healthcare entities, abreast of new information regarding infection control to ensure a unified, coordinated response.
- 1.2 NJDHSS infection control experts in HIPER and PEOSH, under the guidance of the State Epidemiologist and in conjunction with CDC and OSHA, advise healthcare entities to:
 - Assess and optimize stocks of PPE
 - Optimize infection control practices in healthcare settings
 - Provide “just-in-time” training in infection control and PPE use.

Infection Control

PHASE 3 – SITUATION E

First case of human to human spread of novel (new) influenza in North America

RESPONSE ACTION – RESPONSE

Action Item 1: Respond to the potential spread of novel influenza in NJ

- 1.1 NJDHSS infection control experts in HIPER and PEOSH provide continued guidance.
 - NJDHSS Commissioner or his/her designee arranges conference calls, as necessary, to keep key stakeholders such as public health authorities and healthcare entities abreast of new information regarding infection control to ensure a unified, coordinated response.
 - Issue LINC messages to healthcare and non-healthcare entities reinforcing infection control guidelines.

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

- Work with OCOM to provide revised infection control guidance to the public as the pandemic evolves.
- 1.2 NJDHSS infection control experts in HIPER work with the Health Command Center (HCC) to monitor infection control resources statewide (e.g., PPE, environmental cleaning supplies, private rooms). This information is used to develop alternate standards of care for infection control based on availability of resources. NJDHSS staff then disseminate information on alternate standards of care to:
- Healthcare entities as described in Phase 1/2 A, Action Item 1, Task 1.3
 - Non-healthcare entities as described in Phase 1/2 A, Action Item 1, Task 1.4
 - The public through the OCOM.

Infection Control
PHASE 3 – SITUATION F
First case of human to human spread of novel (new) influenza in NJ
PHASE 4 – SITUATIONS A, B, and/or C
Clusters of cases of human spread overseas, in North America, and/or NJ
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
PHASE 6
Increased and sustained transmission in the general population
RESPONSE ACTION – RESPONSE

Action Item 1: Responds to the spread of influenza in NJ

- 1.1 NJDHSS infection control experts continue activities from Phase 3E.
- 1.2 NJDHSS infection control experts review and modify activities as appropriate to reflect changes in situation and guidance documents.

Infection Control
BETWEEN WAVES
RESPONSE ACTION – ALERT

Action Item 1: Review the Infection Control section of this plan and update as appropriate