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A HEALTHCARE ALERT FROM
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NEW JERSEY DEPARTMENT OF HEALTH



The New Jersey Department of Health is working with sister agencies and health partners to enhance preparedness in our state should we need to respond to a potential Ebola case in New Jersey. The Centers for Disease Control and Prevention (CDC) states that while an isolated travel-related case may be identified, the risk of an Ebola virus outbreak in the United States is very low. But cases worldwide continue to grow; there are now more than 13,000 cases with more than 4,900 deaths.

To ensure a unified, effective response to the Ebola virus in our state, Governor Chris Christie activated an Ebola preparedness plan to direct all activities of key state departments, hospitals and the medical community, and homeland security to protect the public and create a strong line of

defense against Ebola in New Jersey. The Ebola Virus Disease Joint Response Team (EVD-JRT) will be comprised of six members: the Commissioners of the Department of Health, Department of Human Services, Department of Education, the Attorney General, the Director of the Office of Homeland Security and Preparedness and the Superintendent of the New Jersey State Police. This team will coordinate with the federal government, local health officials, hospitals and other healthcare facilities.

Governor Christie also designated three hospitals with enhanced capabilities and readiness to treat Ebola patients: University Hospital in Newark, Hackensack University Medical Center in Hackensack and Robert Wood Johnson University Hospital in New Brunswick. These hospitals will be

supported by the Department of Health and CDC Technical Assistance teams with onsite visits, training and ongoing technical support. The Department and the CDC recently visited all three hospitals.

While three hospitals have been designated for treating Ebola patients, the state maintains that every hospital in New Jersey must be prepared if a patient comes to its facility with a suspect case of Ebola. Healthcare professionals in a healthcare setting are required to perform within their scope of practice. There are limited statutory exceptions, which require transfer of care to other facilities, such as in end-of-life practice.

To enhance preparedness in our healthcare facilities, the Department and the New Jersey Hospital Association requested that hospitals conduct drills to test their Emergency Departments' processes to promptly identify and isolate suspect Ebola cases. We are now evaluating the results of these drills to identify areas where we can support modifications. Some of the lessons learned included having staff work in teams when putting on and taking off personal protective equipment (PPE) and having the necessary PPE ready for an immediate response in the Emergency Department. In addition, our hospital systems have also been tested with more than a dozen "false alarms" that have occurred with individuals presenting to hospitals with suspect symptoms or travel history. In these situations, quick action was taken by our healthcare and public health system to quickly identify a potential case, isolation protocols were followed, quick notification of public health officials occurred, and coordination between local health, the Department of Health and CDC occurred.

To enhance training for workers, the Department is partnering with the Rutgers University School of Public Health on a series of sessions for key health

educators statewide who will reinforce proper use of personal protective equipment and provide education about the prevention of occupational exposure to Ebola to healthcare workers, public health and emergency responders. In addition, the Department will be purchasing more than \$1 million worth of PPE to boost our state stockpile so we can support New Jersey's healthcare facilities. As another tool, I also encourage healthcare leaders to review materials crafted by Emory Healthcare and Nebraska Medical Center on their experiences treating Ebola patients, which include lessons learned and best practices derived from their experiences.



Commissioner O'Dowd and Governor Chris Christie at a press conference to announce the activation of a statewide Ebola preparedness plan at Hackensack University Medical Center in Hackensack, NJ on Wednesday, October 22, 2014.

To ensure that healthcare facilities, local health departments, and other partners are able to tailor their protocol procedures to effectively handle Ebola patients, we continue to provide resources and information on the Ebola virus. We have sent more than 25 health messages via our New Jersey Local Information Network and Communication Systems (LINCS) alert system. Healthcare providers can receive alerts by creating an account at

<http://njlincs.net/>. These messages include information issued by the CDC such as the “Interim Guidance for Environmental Infection Control in Hospitals for Ebola Virus Disinfection” and “Evaluating Patients for Possible Ebola Virus Disease: Recommendations for Healthcare Personnel and Health Officials.” The Department has posted this information on Ebola specifically for healthcare providers at <http://nj.gov/health/cd/vhf/> under “technical information.”

meticulous infection control measures but also with empathy toward an individual’s situation and concern. It is important to remember that we have the tools to deal with this through traditional public health response. We use the same tried-and-true public health measures to protect against Ebola as we use with other infectious diseases. That being said, it is critical that we review these public health measures and protocols to ensure we are prepared. We need to continue to work together to enhance infection control and reduce risk to healthcare workers.

Thank you all for your efforts to care for New Jersey residents and for always putting your patients first, even when we are dealing with the most challenging diseases—like Ebola. The devotion of healthcare providers is the backbone of our healthcare system.

Mary E. O’Dowd, MPH, is the Commissioner of the New Jersey Department of Health.



As we have seen in the past weeks, hospitals and airports are able to identify and quickly respond to potential cases—even if an individual proves to have no known exposure to Ebola apart from travel history. It is natural to have fear in this situation, but we need to ensure that the potential fear we may have when dealing with this situation is converted into appropriate and compassionate behaviors.

As healthcare workers and leaders, you all share a special responsibility to ensure that patients with travel history are managed with appropriate and

