NJDOH Promising Practices
DPHP Presentation
Glendale, AZ
October 27, 2015

Presenters:
Christopher Rinn, Assistant Commissioner/PHEP Director
Carl Michaels, Coordinator, Preparedness Programs
Shereen Semple, Lead EVD Epidemiologist
July 2014

- **CDC: Ebola Poses No Threat to US – Huffington Post**
  - “No Ebola cases have been reported in the United States and the likelihood of this outbreak spreading outside of West Africa is very low,” says [CDC spokesperson](https://www.cdc.gov).

- **Health Officials: US Hospitals Can Effectively Handle Ebola – Associated Press**
  - “Most hospitals in the US have isolation units where patients with diseases like Ebola can be kept safely away from other patients, visitors, and staff,” [Professor of Epidemiology, George Mason University](https://www.gmu.edu).
  - “Here in the US, first responders and hospital staff all have access to gloves and other personal protective equipment, like gowns and face masks, that they can use to protect themselves from blood borne infections” [Infectious Diseases Expert, George Mason University](https://www.gmu.edu).

August 2014

- First US Ebola patient arrives for Treatment at Emory University Hospital which has a specialty biocontainment unit set up in collaboration w/CDC - [CNN](https://www.cnn.com).

Transportation of 1st EVD case
October 2014

• 14th: Second Health care worker infected with Ebola in Dallas - CNN
  – “Nurses are alarmed at the inadequate preparation they see at their hospitals, The time to act is long overdue” executive director, of National Nurses United

• 17th: Nurse Infected With Ebola in Dallas Hospital Now Being Treated at NIH Biocontainment unit – Time Magazine

• 20th: CDC unveils new PPE guidance for Ebola
  – The (CDC) this evening unveiled new personal protective equipment (PPE) recommendations for health workers who will be caring for Ebola patients, with the main change being no exposed skin. The guidance allows for two choices of respiratory protection....
Ebola Threat in New Jersey

October 2014
NJ Department of Health – Ebola “Centers”

- Frontline Facilities; All NJ Hospitals
- Assessment Facilities;
  - University Hospital, Newark
  - Hackensack UMC
- Treatment Facility
  - Robert Wood Johnson UH
Working Together

RWJUH /UH/ HUMC / NJDOH working together to maintain communication, share information and best practices

• Meet monthly at the NJHA with the Commissioner and Assistant Commissioner of NJ DOH
• Weekly Conference Calls
• Discussed operations, safety concerns, grants, etc.
EVD FLOW CHARTS

• Working in close conjunction with our stakeholders (Public Health, EMS, Hospitals) NJDOH developed a series of EVD Flow Charts which have evolved over time

• These flow charts will now serve as the foundation for our statewide Con Ops Plan
Scenario 1: Newark Liberty International Airport to Assessment/Treatment Hospital

Traveler screened at EWR and symptoms consistent with EVD.

CDC-DGMQ notifies REMCS and requests UH EMS.

EMS providers confirm with REMCS for assessment/treatment hospital destination.

Patient transported to hospital in accordance with CDC and established EMS protocols. The continuous rotating list of receiving hospitals is guidance for planning purposes only. Ebola cases will be evaluated on a case by case basis by DOH in consultation with CDC and the hospitals.

Hospital further evaluates patient and admits, as appropriate.
Scenario 2: Transport of Quarantined Individual

Individual quarantined at home or designated New Jersey facility, develops symptoms consistent with EVD or demonstrates other medical need, and contacts LHD and/or CDS.

LHD or NJDOH CDS, in collaboration with PMLEP, contacts county EMS coordinator to determine appropriate destination for patient.

Does the patient have symptoms consistent with Ebola?

Is the patient stable enough for transport to the closest treatment/assessment hospital?

Is there bed availability at the assessment hospital?

Frontline hospital re-evaluates/reassesses individual upon arrival.

Does the patient exhibit symptoms consistent with EVD?

Contact NJDOH for further guidance.

Remain at frontline hospital.

Patient transported to assessment hospital, following established EMS protocols.

Patient evaluated by the assessment hospital.
Scenario 3: Transport from Frontline Hospital to Treatment Hospital

Individual at a frontline hospital with a travel history and symptoms consistent with EVD has been identified in consultation with NJDOH as needing transfer to a treatment hospital.

Local health department where patient resides is notified by NJDOH CDS.

LHD or NJDOH CDS, in collaboration with PHILEP, determines appropriate destination for patient.

Does the treatment hospital have space and agree to accept the patient?

Yes

Is the patient stable enough for transport to a treatment hospital?

Yes

Transport the patient to the treatment hospital, following established EMS protocols, once NJDOH is notified.

No

Await guidance from NJDOH and the CDC.
Scenario 4: Transport from the Community

Individual from the community calls 911 without notifying LHD or NJDOH CDS

Does the patient have a history of exposure to Ebola and symptoms consistent with Ebola?

LHD, NJDOH CDS and NJDOH PHILEP, contact county EMS coordinator to determine appropriate destination for patient.

Is the patient stable enough for transport to the closest treatment/assessment hospital?

EMS transports to a frontline hospital.

Frontline hospital re-evaluates/reassesses individual upon arrival.

Does the patient exhibit symptoms consistent with EVD?

Contact NJDOH CDS for further guidance.

Is there bed availability at assessment hospital?

EMS contacts designated assessment hospital.

Patient transported to assessment hospital, following established EMS protocols.

Patient evaluated by the assessment hospital.
Experiences at University Hospital
Newark, NJ
Designated Assessment Facility

The following 9 slides developed by and property of University Hospital
First Patient Arrives –EWR  UH ED

October 4th, 2014
Father and daughter – suspect cases (PUI)
• Significant impact on ED operations
• Limited areas for donning/doffing PPE
• Increased wait times
• Increased walk out rate
• Staff/Patient safety concerns
• Not “patient friendly”

• Ruled out within 3-4 hours!
THE BIG PROBLEM

Where can we put these patients?

• Limited Space
• Minimal Negative Pressure Isolation Rooms
• Overcrowded/outdated ER
• WILL impact Hospital/ED Operations
• Still have the normal “traffic”
• Side Effects of having a EVD Patient (Texas)
Any doubt we had...

Our ER is NOT going to work!
Improvements in EMS!

Time to expedite plan B, ASAP!
The Solution

Ambulatory Care Center

• 50 feet from UH ED
• Available “shell space”
• Secure Area
• Isolated from patients/visitors
• Entrance and exit points
Tent City…it works!
Extended Treatment Area (ETA)

“Tent Area”…but don’t call it a tent...

Prior Shell Space consisting of;

• One Main Triage/Treatment Tent
• Secondary Triage/Treatment Tent
• Command Center
• Laboratory
• Donning/Doffing/Training Areas
• Crew Rehab Area/Shower/Bathroom/Storage
• Bio Hazard Containment Area
The “Tent’ area…aka E.T.A.
What UH accomplished

• Created a designated Ebola area;
  – Minimize the impact on UH
  – Patient Comfort/Confidentiality
  – Quarantine (early days)
  – Safe for Staff and Patients
  – Quell staff fears
  – Training Space
  – Storage Space
  – Rehab Space
NJDOH Successes in Administrative Preparedness

• Funding provided to NJACCHO (single grant) who reimburses all lhds for active monitoring utilizing a simple letter of agreement
NJDOH Successes in Administrative Preparedness

• NJDOH executed an MOA on 10/24/14 with Rutgers School of Public Health to develop and deliver a 3.5 hour EVD Healthcare worker Train the Trainer program (six sessions) focusing on proper use of PPE.
  – All six sessions were held between 10/31/14 and 11/07/14, training 272 health care professionals
  – Those trained offered an additional 66 training sessions through 08/31/2015, training another 919 participants.
Active Monitoring (AM) for Ebola in New Jersey

- NJDOH CDS coordinates monitoring and protocols
  - EVD Epi Team
  - EVD Clinical Team
  - Regional Epidemiology Program
- Local health departments conduct AM
- Other partners
  - Hospitals
  - EMS
  - Schools, universities
  - Psychiatric & correctional facilities
Lassa Fever (LF) in New Jersey May-June, 2015

- Traveler from Liberia under AM
- Sought healthcare three times before public health notified
- AM and DAM of 188 persons
  - Used same database and protocols as Ebola

- Case arrives in US and is symptomatic: May 17
- Case visits doctor and hospital: May 18
- NJDOH notified: May 19
- Case transferred to Ebola hospital: May 21
- CDC confirms LF: May 23
- AM begins: May 25
- 214 contacts: 33 No Risk, 166 Low Risk, 15 High Risk
- AM ends: June 18
Don’t Reinvent the Wheel!

- EVD assessment facility used for LF medical care
- EVD AM protocol used for LF AM
- EVD PUI protocol used for LF PUIs
- EVD SitRep used for LF situational awareness

Active and Direct Active Monitoring for Lassa Fever, 2015
Recommendations

• Expand education and messaging to include other VHF{\textregistered}s and emerging infectious diseases
• Emphasize preparedness
• Use EVD mechanisms to support response to other events
• Reduce stigma to reporting travel history / EVD symptoms
QUESTIONS???

For further information:
carl.michaels@doh.state.nj.us