

NEW JERSEY

January 2007 Quarterly Report

I. General Information

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State: New Jersey:

FEMA Region: II

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II. State Delegation Meetings/Teleconferences

Date: Monthly Special Needs Advisory Panel Meetings (10/25, 11/15, 12/13 & 1/24)

Outcome: All of the delegates or their designees generally attend these monthly meetings, working with various agencies to assure the needs of this population are met during significant events/disasters.

III. Emergency Planning Highlights

In August 2006, the Department of Health and Human Services, Office of the Inspector General, published a Nursing Home Emergency Preparedness and Response During Recent Hurricanes Report. The New Jersey Department of Health and Senior Services, Division of Health Infrastructure Preparedness and Emergency Response began a review of Nursing Facility emergency Operating Plans (EOPs) throughout the state, with an emphasis on a large scale evacuation in the event of a hurricane.

Cape May County was selected as the first to begin this project because it would be the most vulnerable in the event of a major storm, with limited egress and access routes. As such, it is anticipated that we will work through this together developing

a review process, action plans and deliverables that can be utilized in a statewide county review process.

Additionally, the exercise team within the NJ Department of Health and Senior Services, Division of Health Infrastructure Preparedness and Emergency Response has developed a series of exercises/drills entitled “Operation Trident 07.” Over the course of this next year, selected LTCFs will have an opportunity to participate and test their emergency operation plans in varying degrees with an emphasis on the objectives listed below. A LTCF in Cape May County will exercise its evacuation plan during the Southern Regional drill scheduled for late spring.

Communications

Examine the process to coordinate and communicate effectively with all supporting in-system and out-of-system healthcare providers (regardless of healthcare region).

Examine the process to coordinate and communicate effectively with municipal, county and state agencies including: Offices of Emergency Management; Public Health agencies; LINCS agencies; Emergency Medical, Fire and Law Enforcement Services; Offices of the Medical Examiner; and other departments and agencies as necessary to ensure a coordinated response.

Medical Care/Surge Capacity

Examine plans to support patient discharge and transfer, including: staffing, supplies, and equipment for evacuation and relocation.

Examine the ability to meet the needs of all healthcare facilities in the affected area by ensuring coordination of all sectors of the healthcare delivery system.

Examine the process for providing support and treatment in a manner that minimizes exposure to the agent or condition and reduces vulnerability to all responders and healthcare providers.

Examine the process for managing a surge in hospital/healthcare facility admissions that approaches at least 20% above staffed hospital bed capacity.

Distribution of Medical Supplies and Pharmaceuticals

Examine plans for the operation of a Receipt, Stage and Storage site for anti-virals, antidotes, antibiotics, and medical supplies needed for treatment and prophylaxis.

Examine the process for administering medications, antidotes and anti-virals as necessary to minimize morbidity and mortality related to the event.

One NJ delegate has been participating in a Survey & Certification Emergency Preparedness Stakeholder Workgroup. Teleconferences have been held monthly since September. The recommendations from the workgroups will be integrated into the larger CMS and HHS national plans and will be used to provide planning and preparation guidance for Survey & Certification critical business functions, which includes guidance to State Agencies. This will impact regulatory requirements for emergency preparedness for participating health care providers including but not limited to nursing homes & ICF/MRs.

IV. Emergency Preparedness Highlights

The Long Term Care Associations in New Jersey will be hosting a PREPARE Train-the Trainer workshop offered by Mather-Lifeways on January 29 – 30, 2007.

Mather-LifeWays was awarded a Health Resources and Services grant to develop and offer a free national training program for LTC providers to better address the challenges of bioterrorism, natural disasters and other public health emergencies, recognizing the special needs of frail and disabled elders living in LTC settings.

Twenty-three people have been invited and agreed to attend this initial workshop, representing eight LTC facility systems and three LTC associations in New Jersey. Upon completion of the 2-day workshop, attendees become PREPARE Specialists and agree to educate at least 60 additional managers and staff within their own organization within four months of completing the program. NJ currently has 3 PREPARE Specialists. Upon completion of this workshop, there will be a total of 26 PREPARE Specialists in New Jersey.

V. Emergency Response Highlights

N/A

VI. Emergency Recovery Highlights

N/A

VII. Next Steps

N/A

VIII. Other

The Department of Health and Senior Services, Division of Health Infrastructure Preparedness and Emergency Response has awarded \$243,005 to 18 LTCFs throughout New Jersey. In a survey conducted by the New Jersey Hospital Association Quality Institute in March 2005, communication was identified as a problem for many long-term care facilities. Many facilities lacked the communication infrastructure such as internet or redundancy to maintain connectivity during an emergency. These funds are to be used to offset expenses incurred to purchase and/or upgrade the facility's communication system or IT systems. Grantees were encouraged to work in cooperation with other healthcare

facilities/systems to develop plans for improved communication and connectivity. Systems purchased and/or upgraded will be tested in the “communication” section of the Operation Trident '07 regional drills.

There has been ongoing development of the Office of Preparedness for Special Health Needs (see attached)



Health Infrastructure Preparedness and Emergency Response Office of Preparedness for Special Health Needs (OPSHN)

WHO WE ARE

New Jersey is the most densely populated and ethnically diverse state in the nation. Continued attention to the special health needs of these diverse populations is required before, during and after emergencies. Recognizing that these special health needs are not always addressed, in March 2006, the New Jersey Commissioner of Health and Senior Services established the Office of Preparedness for Special Health Needs.

The primary responsibility of this office is to provide coordination and support of health preparedness planning in addressing the special health needs of populations. The office is located in the New Jersey Department of Health & Senior Services (NJDHSS), Division of Health Infrastructure Preparedness and Emergency Response (HIPER), Office of Policy (OP).

OUR MISSION

The Office of Preparedness for Special Health Needs (OPSHN) mission is to ensure that all state and local emergency preparedness plans address the variety of pre- and post-disaster special health needs specific or unique to certain populations. This is achieved through on-going collaboration with a wide range of stakeholders across disciplines at the federal, state and local levels.

ACTIVITIES

Initial activities of the office will primarily focus on:

- Developing a plan for defining, locating, reaching and addressing the special health needs of populations;
- Identifying and recommending policies related to special health needs for emergency preparedness;
- Building new and strengthening existing relationships with federal, state and local stakeholders to explore the most effective ways to address the special health needs of populations during emergencies; and
- Collecting, analyzing and disseminating information on best practices and lessons learned focusing on the special health needs specific to certain populations.