H. Community Disease Control and Prevention (including Managing Travel-Related Risk of Disease Transmission) Overview

Community Disease Control and Prevention provides guidance on the implementation of non-pharmaceutical interventions (NPIs) to limit the spread of influenza during a pandemic. Which NPIs to use and when depend on the severity of the pandemic, as described in the Centers for Disease Control & Prevention “Interim Pre-Pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States,” released in February 2007. In addition to the recommended mitigation measures, this section includes:

- Plans involving the CDC’s Division of Global Migration and Quarantine (DGMQ) station at Newark’s Liberty International Airport (Continuing dialogue is occurring for these issues and updates will be added to this plan as they become available.)
- Guidance for home management of patients and close contacts
- Trigger situations for recommending the use of NPIs
Action Item 1: Develop an operational plan for community disease control

1.1 NJ Department of Health and Senior Services (NJDHSS) Communicable Disease Service (CDS) staff draft this NJDHSS Community Disease Control plan (including roles and responsibilities of NJDHSS, local health, and healthcare facilities) based upon their experiences, research, and the most recent “CDC Guidance for Community Strategy for Pandemic Influenza Mitigation” (Appendix 1) as well as the U.S. Department of Health and Human Services (HHS) “HHS Pandemic Influenza Plan,” Supplement 8 – Community Disease Control & Prevention (http://www.hhs.gov/pandemicflu/plan/pdf/S08.pdf).

Activities for isolation and treatment of ill persons and voluntary home quarantine of household contacts are included in this NJDHSS plan. Recommendations for dismissal of students from schools/childcare and social distancing as well as workplace/community social distancing are included in this plan; however, they are implemented through the NJ State Pandemic Influenza Response Plan.

NOTE: Community containment measures occur at the local level. Implementation of these measures is a collaborative process involving the Local Board of Health, the Local Health Department (LHD), the Local Information Network and Communications System (LINCS) agency, schools, the municipal, county and state governments (including first responders and the Local Emergency Planning Council [LEPC]), and private, municipal, county and state resources. To address this issue, NJDHSS is leading a strategic planning initiative through the NJ Office of Homeland Security & Preparedness (NJOHSP) Second Chairs group to develop the State Pandemic Influenza Response Plan which will provide NJ with the framework for the governmental and private sectors’ response.

1.2 CDS works with experts in surveillance, clinical guidelines, and infection control to develop the NJDHSS operational plan for isolation and treatment of ill persons and quarantine of their household contacts. For the first cases in the community, see Surveillance section of this plan, Phase 3C.

1.3 CDS staff in conjunction with subject matter experts in surveillance, clinical aspects, infection control, health care planning, vaccine and antiviral drug distribution, mental health, community disease control and communications developed a “Public Health Packet for Community Containment” (Appendix 2) for LHDs, LINCS agencies, and home health agencies. The materials in this packet are for staff to use for patient/contact follow-up, which may or may not include home visits. The packet includes:
Community Disease Control & Prevention (incl. Travel)
PHASE 3 – SITUATIONS A and/or B
First case of novel (new) influenza virus (no human spread) overseas and/or in North America
RESPONSE ACTION – WATCH

- Instructions for packet use and roles of LHDs, LINCS and home health agencies
- Personal Protection for Home Visits - See “Infection Control in Healthcare Settings” (Infection Control section of this plan: Appendices 1 & 2)
- Home Assessment Checklist (Attachment C)
- Isolation Agreement (Attachment D)
- Quarantine Agreement (Attachment E)
- I/Q Administrative Order (Attachment F)
- How to Obtain Antivirals (Attachment G)
- Patient Self-Care Instructions (includes: infection control procedures, list of supplies, social distancing basics, self-diagnosis and treatment, when to seek medical care, where to obtain medical care) (Attachment H)
- Contact Tracing/Contact Line List (See Surveillance section of this plan: Appendix 10 + Attachments A & A1.)
- Contact Tracing – Symptom Log (Surveillance section of this plan: Appendix 10, Attachment B)

1.4 Decisions regarding methods to stockpile and distribute medications (symptomatic treatment, antivirals) to homebound are made in accordance with the Strategic National Stockpile (SNS) Plan and the State Pandemic Influenza Response Plan.

1.5 Planning for and implementation of hotlines:
- Content development for hotline scripts (including when and where to seek medical care) is described in the Public Health Communications section of this plan (Phases 1/2C, Action Item 3.3)
- Publicity regarding hotlines through the NJDHSS Office of Communications (OCOM) (Public Health Communications section of this plan: Phases 1/2C, Action Item 3.3)
- Use of hotlines to remotely identify possible cases as part of medical surge capacity is addressed in the Healthcare Planning section of this plan of this plan (Phases 1/2A, Action Item 1.4)

Action Item 2: Finalize draft Community Disease Control plan

2.1 CDS staff distribute the draft plan to stakeholders for comments:
- American Red Cross of Central NJ
- Citizens
- NJ Department of Human Services Commission for the Blind & Visually Impaired
- NJ Department of Human Services Division of the Deaf & Hard of Hearing
- Home Care Association of NJ
- LINCS Health Officers
- NJ Association of Area Agencies on Aging
- NJ Association of Public Health Nurse Administrators
- NJ Association of School Administrators
- NJ Association of Health Plans
Community Disease Control & Prevention (incl. Travel)
PHASE 3 – SITUATIONS A and/or B
First case of novel (new) influenza virus (no human spread) overseas and/or in North America
RESPONSE ACTION – WATCH

- NJ Business Force
- NJ Department of Children & Families
- NJ Department of Education
- NJ Food Council
- NJ Local Boards of Health Association
- NJ Office of Emergency Management
- NJ Primary Care Association
- NJ School Boards Association
- NJ State Funeral Directors Association
- NJ State League of Municipalities
- NJ Department of Human Services Office of Licensing (Child Care)
- NJ Health Officers Association

2.2 CDS staff, through the chain of command, send the draft plan to NJDHSS Senior Staff for approval. Once approved, the Commissioner of NJDHSS vets the plan with the Governor and other agencies.

2.3 CDS staff obtain feedback and finalize Community Disease Control plan.

2.4 The Deputy Commissioner/State Epidemiologist distributes the Community Disease Control plan to stakeholders.

2.5 CDS staff provides copies of the plan for the NJDHSS Health Command Center (HCC) and stores it on CDS computers on the Y drive at:
Y:\IZDP\Influenza\Pandemic Plans\Version 4\2008 Plan.

Action Item 3: Train, exercise and revise Community Disease Control plan

3.1 CDS staff coordinate NJDHSS staff training on the Community Disease Control plan.

3.2 NJDHSS Health Infrastructure Preparedness Emergency Response (HIPER) Exercise Team, in conjunction with CDS staff, develops, conducts and evaluates exercises to test the NJDHSS Community Disease Control plan and to maintain response proficiency.

3.3 As evaluation data concerning effective containment measures becomes available from CDC and from State exercises, CDS staff will review and revise the plan and distribute recommendations based on these revisions to planning partners.

Action Item 4: Collaborate with external partners

4.1 NJDHSS directs LHDs and LINCS agencies to develop coordinated community disease control plans (to include involvement of local law enforcement) based upon the NJDHSS Community Disease Control plan and the most recent CDC “Guidance for Community Strategy for Pandemic Influenza Mitigation” (Appendix 1) as well as the “HHS Pandemic
Influenza Plan,” Supplement 8 – Community Disease Control & Prevention (http://www.hhs.gov/pandemicflu/plan/pdf/S08.pdf)

4.1 NJDHSS State Epidemiologist advises non-health partners (e.g., school superintendents, municipal officials) of the potential impacts of an influenza pandemic and related community containment measures and advises them to develop plans to address these issues.

4.3 NJDHSS advises the NJOHSP of the need to work with NJ’s critical infrastructure sectors and state and local offices of emergency management to develop emergency plans of support for community containment measures and the unintended second and third order consequences of these measures.

**Action Item 1: Implement containment measures for a group exposure**

1.1 Based upon case-patient’s history, determine and implement the method(s) needed to notify individuals of their potential exposure and provide them with the mechanism to contact public health officials for further instructions

- For a group of known individuals, routine methods of case-contact notification are used
- For a group where potential contacts cannot be identified individually, CDS staff works with OCOM and the NJ Department of Human Services, Division of Mental Health Services, Disaster and Terrorism Branch (DTB) to craft and distribute an advisory to alert the public of potential exposure
- For a group where not all individuals are known, a combination of notification methods are used

1.2 NJDHSS advises LHDs to provide instructions to potentially exposed individuals. Select from items in “Public Health Packet for Community Containment” (Appendix 2).

1.3 Depending on the situation, CDS staff may develop protocols for work quarantine.
Community Disease Control & Prevention (incl. Travel)
PHASE 3 – SITUATIONS D, E, and/or F
First case of human to human spread of novel (new) influenza overseas,
in North America, and/or NJ
RESPONSE ACTION – ALERT

Action Item 1: Provide guidance for home management of patients and close contacts

1.1 CDS staff advise individuals (public) with influenza-like illness (ILI) about when to seek medical attention (See Public Health Communications section of this plan: Phase 3, Situation B, Action Item 3). For those patients who arrive at hospitals, CDS staff provides healthcare providers (HCPs) with CDC guidance on which patients should be hospitalized and which should be sent home (See Clinical Guidelines section of this plan: Phases 1/2, Situation A, Action Item 3.5).

1.2 CDS staff advise LHDs, LINCS agencies, and home health agencies to use the “Public Health Packet for Community Containment” (Appendix 2) for voluntary isolation and quarantine of cases and contacts.

1.3 CDS staff remind local boards of health of their authority under N.J.S.A 26:4-2 “Powers of State department and local board” (Appendix 3)

Action Item 2: Update NJDHSS Community Disease Control plan

2.1 CDS staff review the NJDHSS Community Disease Control plan based upon the extent of disease, the CDC Pandemic Severity Index, virulence of the virus, and experiences and research on effective measures, and update plan to include the latest recommendations.

2.2 CDS staff, through the chain of command, send the updated plan to NJDHSS Senior Staff for approval. Once approved, the Commissioner of NJDHSS vets the plan with the Governor and other agencies.

2.3 CDS staff distribute the updated Community Disease Control plan to stakeholders.

Action Item 3: Assign staff to community disease control

3.1 The NJDHSS Deputy Commissioner/State Epidemiologist and Senior Assistant Commissioner cooperatively assign personnel to serve as community disease control staff for the impending pandemic.
Action Item 1: Community disease control staff work with the Influenza Surveillance Program (ISP) and local health authorities to develop a mechanism to capture community containment measures being implemented by local health authorities. See “Tracking Community Containment Measures” (Appendix 4) To be implemented in Phase 5C, Action Item 1

1.1 ISP develops a mechanism and reporting protocol for community containment measures being implemented.

Action Item 2: Provide information to OCOM for the development of community containment messages

2.1 CDS staff provide information used for development of community containment messages to OCOM. Messages include reasons and need for early, targeted community containment measures and their various layers:

- Case containment, such as voluntary case isolation, voluntary quarantine of members of households with ill persons, and antiviral treatment/prophylaxis
- Social distancing measures, such as dismissal of students from classrooms and social distancing of adults in the community and at work
- Infection control measures, including hand hygiene and cough etiquette

Action Item 1: Prepare for implementation of the Community Disease Control plan in NJ

1.1 CDS staff recommend, through the chain of command, that NJDHSS notifies the Governor that the State should be put on “Standby” to prepare for implementation of community containment measures and consider invoking the Emergency Health Powers Act (Appendix 5).
Action Item 1: Implement home management of patients and management of close contacts

1.1 CDS staff advise LHDs, LINCS agencies, and home health agencies to implement home isolation of patients, where clinically appropriate, and quarantine of close contacts (both voluntary). See “Public Health Packet for Community Containment” (Appendix 1).

The length of quarantine will be determined by the characteristics of the virus at the time. Information is provided by CDS clinical staff, based on information from CDC and World Health Organization (WHO). Quarantine will be warranted only for a limited time when:
- There is limited disease transmission in the area;
- Most cases can be traced to contact with an earlier case or exposure to a known transmission setting (e.g., a school or workplace where a person has fallen ill); and
- Intervention is likely to either significantly slow the spread of infection or to decrease the overall magnitude of an outbreak in the community.

1.2 CDS staff reinforce with LHDs the local and county offices of emergency management’s (OEM) role and responsibility to arrange for needed supplies and services for home management of patients and close contacts. Also see the Antiviral Distribution and Use section of this plan.

Action Item 2: Recommend implementation of community containment measures

NOTE: Community containment measures may not be applied uniformly across the state.

2.1 Invoke the Emergency Health Powers Act, if not done in previous Phase.

2.2 Based on the evaluation of the effectiveness of current containment measures and strategies, or the extent of disease, the CDC Pandemic Severity Index and virulence of the virus, CDS staff recommend additional containment measures through the chain of command. The recommendations are in collaboration with subject matter experts (SMEs) in surveillance, clinical aspects and infection control, and with maintenance of essential functions as a consideration.

Potential recommendations include those in “CDC Guidance for Community Strategy for Pandemic Influenza Mitigation” (Appendix 1) as well as:
- The public defers non-essential travel to areas in NJ impacted by the influenza virus;
- Symptomatic persons not to use public transit;
- School closures;
- Businesses implement their continuity of operations and disease control plans;
- Citizens practice personal risk reduction behaviors (may be limited to hand hygiene or may include voluntary day(s) at home);
- Social distancing measures (regional or more widespread in conjunction with local officials) to include possible cancellation of public gatherings, events or gathering places. This may include sports and recreational events, religious gatherings, public meetings, concerts, plays, casinos, movie theaters, shopping malls, gyms, and community centers; and
- Congregate or institutional living facilities to restrict public access.
Action Item 1: Continue community containment activities of the previous Phases as appropriate and feasible for the situation.

Action Item 1: Implement tracking of community containment measures by local health authorities, as developed in Phase 4A, Action Item 1

1.1 Community containment measures are reported by the local health authority to the regional/LINCS epidemiologist responsible for that jurisdiction.

1.2 The regional/LINCS epidemiologist collects county/city specific community containment measures and evaluates the effectiveness of community containment measures.

1.3 The regional/LINCS epidemiologist reports these findings to ISP.

1.4 ISP relays the following information to community disease control staff:
   - Compilation of regional/LINCS epidemiologic evaluations
   - Suggested recommendations regarding community containment measures

1.5 Community disease control staff relay the above ISP information through the NJDHSS chain of command.

Action Item 1: Recommend changes to the use of community containment measures

1.1 CDS staff continue Community Disease Control plan Action Items of previous Phases as appropriate and feasible for the situation.

1.2 CDS staff work with LINCS agencies to continue to evaluate the effectiveness of community containment measures implemented by local health authorities. Based upon this data and CDC guidance, CDS staff recommends changes to the use of community containment measures. Recommendations are through the chain of command.
Action Item 1: Evaluate effectiveness of community containment measures and modify plan accordingly

1.1 Community disease control staff reviews national and state data on communities where there was successful containment of the pandemic wave.

1.2 Community disease control staff recommend changes to the Community Disease Control plan through the NJDHSS chain of command.

1.3 NJDHSS senior staff discuss recommended changes with NJOHSP staff responsible for the NJ State Influenza Pandemic Response Plan.
Community Disease Control & Prevention

Appendix List

1 CDC Guidance for Community Strategy for Pandemic Influenza Mitigation
   http://www.pandemicflu.gov/plan/community/mitigation.html
   Use the above link to access this 97 page document.

2 Public Health Packet for Community Containment
   Attachment A – Overview
   Attachment B – Personal Protection for Home Visits – DELETED
   See Infection Control Section: Appendices 1 & 2
   Attachment C - Home Assessment Checklist
   Attachment D - Isolation Agreement
   Attachment E - Quarantine Agreement
   Attachment F – I/Q Administrative Order
   Attachment G - How to Obtain Antivirals
   Attachment H - Patient Self-Care Instructions
   Attachment I - Contact Tracing/Contact Line List (See Surveillance Section:
       Appendix 10 + Attachments A1 & A2)
   Attachment J - Contact Tracing – Symptom Log (See Surveillance Section:
       Appendix 10, Attachment B)

3 N.J.S.A 26:4-2  Powers of State department and local board

4 Tracking Community Containment Measures

5 N.J.S.A. 26:13-1 et seq.  Emergency Health Powers Act
Overview of Public Health Packet for Community Disease Control

The goal of community containment is to slow the spread of the disease. Voluntary isolation and quarantine may be effective at the very beginning of the pandemic.

Depending on the severity of the illness, the initial cases of pandemic influenza may or may not be hospitalized. If they are cared for at home, healthcare workers will be contacting them to ensure that their environment is appropriate for home care, that they have what they need to remain at home, and to provide them with instructions on infection control, voluntary isolation, voluntary quarantine of household members, how to obtain antivirals, self-care, and monitoring of symptoms of everyone in the household. If the ill individual cannot be cared for at home, but is not sick enough to require hospitalization, it is the responsibility of the local health department (LHD) to make alternate care arrangements in collaboration with local healthcare facilities.

For initial cases who are cared for in the hospital, public health workers will follow up with household contacts regarding infection control, voluntary quarantine, how to obtain antivirals, and monitoring of symptoms.

It is the responsibility of the LHD to make sure that follow up and monitoring occurs. Assistance will be provided by the LINCS agency and home health agencies.

All healthcare workers who are in contact with potentially infected individuals are advised to use appropriate personal protective equipment and infection control precautions.

The remaining attachments to Appendix 2 are:

- Attachment B - PPE Guide for Healthcare Workers in the Home
  **This document has been deleted.** See Infection Control Section: Appendices 1 & 2
- Attachment C - Home Assessment Checklist
- Attachment D - Isolation Agreement
- Attachment E - Quarantine Agreement
- Attachment F - I/Q Administrative Order
- Attachment G - How to Obtain Antivirals
- Attachment H - Patient Self-Care Instructions
- Attachment I - Contact Tracing/Contact Line List (See Surveillance Section: Appendix 10 and Attachments A1 & A2)
- Attachment J - Contact Tracing – Symptom Log (See Surveillance Section: Appendix 10, Attachment B)
GUIDELINES FOR USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE) FOR HEALTHCARE WORKERS (HCWS) IN THE HOME WITH PANDEMIC INFLUENZA PATIENTS

THIS DOCUMENT HAS BEEN DELETED.

SEE INFECTION CONTROL SECTION OF THIS PLAN APPENDICES 1 & 2
## Home Assessment Checklist

### Personal Information
- **Name:** ____________________________  **Date:** _______________

### House Information
- **Type of Home:**
  - Single family/single unit
  - Single family/apartment
  - Single family/multiple unit
  - Other ________________

- **Number of Occupants:** __________
- **Number of (bed)rooms:** __________
- **Number of Bathrooms:** __________

<table>
<thead>
<tr>
<th>Consideration</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Basic utilities (running water, adequate heating or air conditioning)</td>
<td></td>
<td></td>
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<tr>
<td>Central air conditioning</td>
<td></td>
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<tr>
<td>Has the a/c unit been modified to prevent air in the influenza patient’s room from circulating throughout the home?</td>
<td></td>
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<tr>
<td>Window air conditioning units Number of units _____</td>
<td></td>
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<tr>
<td>Does the a/c unit condensate drain hard-plumbed to the sewer system?</td>
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<tr>
<td>Adequate rooms and bathrooms for each case/contact</td>
<td></td>
<td></td>
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<tr>
<td>Is a separate (bed)room available for each influenza patient during the isolation period?</td>
<td></td>
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<tr>
<td>Can the (bed)room window be opened?</td>
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<td></td>
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<tr>
<td>Does each (bed)room have a door which can be kept closed?</td>
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<tr>
<td>Is there a designated bathroom for each influenza patient?</td>
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<tr>
<td>Is the patient area carpeted?</td>
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<tr>
<td>Mechanism for communication, including functioning telephone, computer?</td>
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<tr>
<td>Delivery system for food, supplies and other needs?</td>
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<td></td>
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<tr>
<td>Access to food, liquids and food preparation</td>
<td></td>
<td></td>
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<tr>
<td>Access to mental health services</td>
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<td></td>
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<tr>
<td>Mechanism for addressing special needs (e.g., filling prescriptions)</td>
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<td></td>
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<tr>
<td>Basic supplies (clothes, linen, etc.)</td>
<td></td>
<td></td>
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<tr>
<td>Sufficient medical supplies (gloves, surgical masks, hand-hygiene supplies, fever-reducing medications and disinfectant)</td>
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<tr>
<td>Available household member to be primary caregiver (isolation) and/or monitor contacts at least daily for fever and respiratory symptoms (quarantine)</td>
<td></td>
<td></td>
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<tr>
<td>Accessibility to healthcare workers or first aid if needed</td>
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<td></td>
</tr>
<tr>
<td>Transportation for medical evaluation for persons who worsen (isolation) or develop symptoms (quarantine)</td>
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<td></td>
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<tr>
<td>Adequate security for those in the home</td>
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<td></td>
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<tr>
<td>Sign posted on patient’s door restricting access to caregiver</td>
<td></td>
<td></td>
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<tr>
<td>Contingency plan developed for emergencies (e.g., who to notify)</td>
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<tr>
<td>Caregiver(s) instructed how to clean/disinfect patient’s room</td>
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<td></td>
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<tr>
<td>Caregiver(s) instructed on proper procedures for disposing of waste materials and laundering</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient(s) instructed to restrict his/her mobility and take precautions</td>
<td></td>
<td></td>
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<tr>
<td>(surgical mask) when in presence of others</td>
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Community Disease Control - Appendix 2 - Attachment D

PANDEMIC INFLUENZA
Draft State of New Jersey Notice of Isolation Agreement (voluntary and non-compliant)

I have been informed that I have been diagnosed as having fever or respiratory symptoms within 10 days of possible exposure to PANDEMIC INFLUENZA and that unless precautions are taken, others may contract this infection from me. Realizing this danger (and in accordance with Sections ________________ of the State’s Health and Safety Code), I, ____________________________, hereby agree to the following:

☐ I shall remain in home isolation for a minimum of [number] hours beginning on ___/___/___ and until my [specific symptoms] are absent or improving. During this time my symptoms will be monitored and assessed.

☐ I understand that a ________________ Public Health Nurse will visit or telephone me at home at least once daily during the period of isolation.

☐ I understand that I must remain on isolation until release from isolation is approved by the ________________ Health Department.

☐ I shall be isolated at the following location:

Street address: ____________________________________________________________

City: ___________________________ County _______________ Zip: ____________

Telephone: (___) ___-__________

☐ I have been educated about the disease, the reasons for isolation in the home, and the length of time I can expect to be confined to the home.

☐ I shall cease all activities and interactions with all other persons living outside the home. I shall not go to school, house of worship, work, out-of-home day care, stores or other public areas. Friends and relatives shall be informed not to visit my home until further notice.

☐ I shall have a separate bed and, if possible, a separate bedroom.

☐ I shall wear a surgical mask when in the same room with non-infected persons. If I cannot wear a surgical mask, others in the same room will be asked to wear a surgical mask.

☐ I shall cover my nose and mouth with a disposable tissue when coughing or sneezing. Disposable tissues will be disposed of in a sealed plastic bag.
I, and others living in the same household will wash their hands with soap and water after all contact with respiratory secretions (lung and nasal), blood and all other body fluids (e.g., urine, feces, wound drainage, etc.).

All members of my household will wear gloves on both hands when they have contact with my respiratory secretions (lung and nasal), blood and all other body fluids (e.g., urine, feces, wound drainage, etc.). Alcohol-based hand hygiene products may be substituted for handwashing with soap and water, after removing gloves, IF the hands are not visibly soiled with respiratory secretions, blood and other body fluids. Gloves will not be reused.

Eating and drinking utensils will be washed with hot water and a household dishwashing detergent.

Environmental surfaces in the kitchen, bathroom and the infected patient’s bedroom will be cleaned and disinfected with a household disinfectant, such as household bleach or Lysol®, while wearing gloves, at least daily and when soiled with the respiratory secretions, blood and other body fluids.

I shall not share bed linens, towels and personal clothing. Clothes and linens will be washed in cool to warm water with any commercial laundry product.

Household waste, including surgical masks and disposable tissues, soiled with respiratory secretions, blood or other body fluids will be placed in sealed plastic bags and disposed of as normal household waste.

Household members or other close contacts who develop fever or respiratory symptoms will seek medical evaluation.

To prevent transmission of PANDEMIC INFLUENZA, I, or any members of the household who develop PANDEMIC INFLUENZA symptoms, will call the physician’s office, clinic or hospital emergency department to alert healthcare workers of any pending visit.

I agree to adhere to the additional recommendations and instructions from the Health Officer listed below:

1. I shall measure my temperature by thermometer twice daily, in the morning and in the evening.

2. I shall communicate information regarding temperature, symptoms, and other pertinent information to the Public Health Nurse.

3. I shall follow-up with my provider if symptoms should worsen.

4. 

5. 

2
I, or my legal guardian, may contact ____________________________, PHN at ____________________________ to seek relief from, or seek clarification of, any part of this agreement.

Issued By Order of:

__________________________  ____________________________
(High Officer)  (Date)

Agreement:

__________________________  ____________________________  ____________________________
(Last)  (First)  (Signature of Patient/Parent/Legal Guardian/Other ____________________________)
(Name of Patient on Isolation)

__________________________
(Date)

Witness:

__________________________  ____________________________
(Signature of Local Health Department representative)  (Date)
Community Disease Control - Appendix 2 – Attachment E

PANDEMIC INFLUENZA
Draft State of New Jersey Notice of Voluntary Quarantine Agreement

I have been informed that I have been determined to be a contact of a suspect or probable case of PANDEMIC INFLUENZA, a communicable disease dangerous to the public health, and that unless precautions are taken, I could potentially infect others. In order to prevent the spread of this virus, the local health department (LHD), pursuant to [Public Health Law citations], has provided me with the following information, and I hereby agree to the following:

☐ I shall remain in quarantine for 10 days after the date of my exposure and will immediately notify the LHD should I develop PANDEMIC INFLUENZA symptoms, including but not limited to, [specific symptoms].

The LHD has determined that the date of my exposure was ____________ and I shall be released from quarantine on or about ____________, provided I do not develop PANDEMIC INFLUENZA symptoms as noted above.

☐ I shall be quarantined at the following location, which shall be referred to as “home”:

Street address: ___________________________________________________________

City: ______________ County: ______________ Zip: ______________

Telephone: (____) ______-________

☐ I have been educated about the disease, the reasons for my quarantine, and the length of time I can expect to be restricted from certain activities.

☐ I shall limit all activities and interaction with all other persons living outside the home.

☐ I understand that during the quarantine period I may only leave the home to go to ____________ (work/school/pharmacy, etc.). I shall not go to a house of worship, out-of-home day care, stores/malls, restaurants, movies, sporting events, or other public areas or events.

☐ I understand that only those persons authorized by the LHD may enter my home during the quarantine period. Those who enter the home without prior authorization from the LHD may be subject to isolation or quarantine themselves. I agree to notify friends and relatives that they shall not visit the home until further notice.

☐ I understand that whenever I leave the home I shall avoid close contact (within 3 feet) with others to the best of my ability. This includes, but is not limited to, avoiding the use of public transportation and confining myself to my office as much as possible when I’m at work (if applicable).

☐ I shall cover my nose and mouth with a disposable tissue when coughing or sneezing.

☐ Household waste, including surgical masks and disposable tissues soiled with respiratory secretions, blood, or other body fluids will be disposed of as normal household waste.

☐ I will wash my hands with soap and water after all contact with respiratory secretions from coughing or sneezing, blood, and all other body fluids (e.g. urine, feces, wound drainage, etc.). I will educate and encourage other members of my household to do the same.
I shall not share food or beverages with members of the household and my eating and drinking utensils will be washed with hot water and a household dishwashing detergent.

Environmental surfaces (e.g. countertops, tables, sinks, floors, etc.) in the household will be cleaned and disinfected with a household disinfectant, such as household bleach or Lysol®, while wearing gloves, at least daily and when soiled with the respiratory secretions, blood, and other body fluids.

I agree to monitor my temperature ___ times a day and report this information to the LHD _____ (daily, in the morning and at night). The number I must call to report this information is (____) ____-_____.

I will advise all members of my household or other close contacts who develop fever or respiratory symptoms to seek medical evaluation and advise the LHD when such symptoms arise.

I understand that to prevent transmission of PANDEMIC INFLUENZA, if I or the members of the household develop PANDEMIC INFLUENZA symptoms, we shall call the physician’s office, clinic, or hospital emergency department to alert healthcare workers prior to seeking treatment.

I understand that if I develop [specific symptoms] I must adhere to the following additional provisions:

- I shall use a separate bed and, if possible, a separate bedroom.

- I shall wear a surgical mask when in the same room with non-infected persons. If I cannot wear a surgical mask, others in the same room will be asked to wear a surgical mask or respirator.

- My bed linens, towels, and personal clothing shall not be shared with other members of the household. Clothes and linens will be washed in hot soapy water.

- All members of my household will wear gloves on both hands when they have contact with my respiratory secretions (lungs or nasal), blood, and all other body fluids (e.g. urine, feces, wound drainage, etc.). Alcohol-based hand hygiene products may be substituted for hand washing with soap and water after removing the gloves. If the hands are not visibly soiled with respiratory secretions, blood, or other body fluids. Gloves shall not be reused and shall be discarded immediately after removal.

- The LHD will provide me and members of my household with surgical masks, gloves, and other items necessary to prevent the spread of PANDEMIC INFLUENZA (e.g., alcohol-based hand wash).

I understand that the LHD will arrange, through the municipal Office of Emergency Management, for the delivery of necessary items to my home, including but not limited to, food, clothing, and supplies, during the quarantine period if I am not authorized to leave the quarantine location in order to obtain these items myself.
Community Disease Control - Appendix 2 – Attachment E

☐ I agree to adhere to any additional recommendations and instructions from the LHD that may be listed below:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

I, or my legal guardian, may contact the following LHD representative to seek relief from, clarification of, or further explanation of the conditions contained in, any part of this agreement.

_____________________________ (Name of LHD contact person) ____________________________ (Daytime telephone #)

The provisions of this agreement have been explained to me by the LHD representative and I fully understand that my failure to follow these guidelines or to voluntarily remain in quarantine will result in my being placed in involuntary quarantine, or committed to a facility where I may be quarantined against my wishes.

_____________________________ (Signature) Contact/Parent/Legal Guardian/Other ____________________________

_____________________________ (Date)

_____________________________ (Print name of LHD representative) ____________________________ (Signature)

_____________________________ (Date)

[adapted from NYSDOH’s SARS plan voluntary quarantine agreement available at: http://www.health.state.ny.us/nysdoh/sars/preparedness_guidance/pdf/3a_model_sars_quarantine.pdf]
Community Disease Control - Appendix 2 - Attachment F

STATE OF NEW JERSEY

DEPARTMENT OF HEALTH AND SENIOR SERVICES

DRAFT ADMINISTRATIVE ORDER DECLARING ISOLATION AND QUARANTINE OF CERTAIN PERSONS AT ________________

WHEREAS, pursuant to N.J.S.A. 26:1A-1, et seq. and N.J.S.A. 26:4-1, et seq., the Commissioner of Health and Senior Services ("Commissioner") in his capacity as the head of the Department of Health and Senior Services ("Department") has been afforded broad powers to address a public health emergency; and

WHEREAS, pursuant to N.J.S.A. 26:4-2a, the Department has the power to declare what diseases are communicable; and

WHEREAS, pursuant to N.J.S.A. 26:4-2d and N.J.A.C. 8:571.10, the Department has the power to maintain and enforce proper and sufficient quarantine or isolation, whenever deemed necessary; and

WHEREAS, pursuant to N.J.S.A. 26:4-2e and N.J.A.C. 8:571.10, the Department has the power to remove any person infected with a communicable disease to a suitable place, if in its judgment, removal is necessary and can be accomplished without any undue risk to the person infected; and

WHEREAS, pursuant to N.J.A.C. 8:57-1.3(a) the Department has identified ________________ [disease] as an immediately reportable communicable disease; and

WHEREAS, on ________ [date], the Department commenced an investigation of certain individuals located at ________________ who were exposed to or infected with a probable case of ________________ [disease] and

WHEREAS, the situs of the probable case of ________________ [disease] is ________________ [location]; and

WHEREAS, ________________ [description of disease, e.g. highly contagious, transmission through ________________, with an incubation period of ________________, etc.]; and

WHEREAS, persons who have been exposed to or infected with ________________ present a danger to themselves or others in that they are likely to spread ________________ to unexposed or uninfected individuals in the State, thereby creating a public health emergency; and

WHEREAS, individuals who have been infected with or exposed to ________________ must be isolated or quarantined in order to prevent or limit the spread of [______________] to unexposed or uninfected persons in the State and to provide testing, vaccination, treatment; and
NOW THEREFORE IT IS HEREBY ORDERED THIS _____ DAY OF __________________, [year]

1. Persons exhibiting symptoms consistent with infection with __________________, as determined by the State or local health officials in consultation with the State Epidemiologist, shall be isolated at _________________ until such time as they no longer present a danger to the public health.

2. Persons who have come into contact with persons exhibiting symptoms consistent with __________________ shall be quarantined at _________________ for the incubation period of the disease or until it is otherwise determined that they do not present a danger to the public health.

3. This order shall remain in force until modified or terminated by the Commissioner.

4. Persons subject to isolation or quarantine under this Order may petition the Commissioner for relief from provisions of the Order by making an application to ____________________________ [name, address, phone of person responsible for transmitting requests to hearing to OAL or other such designee].

Dated: ____________________________

______________________________

[Name]
Commissioner
Community Disease Control - Appendix 2 – Attachment F

Powers of the New Jersey Department of Health & Senior Services
and Local Boards of Health

[name]
Attorney General of New Jersey
Attorney for Petitioner
    New Jersey Department of Health
    And Senior Services
R.J. Hughes Justice Complex
P.O. Box 112
Trenton, New Jersey 08625

By: Deputy Attorney General

)SUPERIOR COURT OF NEW JERSEY
)LAW DIVISION
)_______________________ COUNTY
)
In the Matter of the Isolation )DOCKET NO.:
)
Or Quarantine of )
)
Civil Action )
)
CERTIFICATION

______________________________ of full age, by way of certification, says:

1. I am employed as a ________________________________

by the New Jersey Department of Health and Senior Services (NJDHSS) and make this
certification in support of the within application seeking to enforce an Administrative Order
directing the isolation or quarantine of certain individuals pursuant to N.J.S.A. 26:4-2.

2. On ___________(date) ______________, certain individuals were exposed to or infected
with a suspected biological agent believed to be the cause of PANDEMIC INFLUENZA.

3. The circumstances evidencing exposure or infection are as follows:

_________________________________________________________________
_________________________________________________________________

3
4. NJDHSS Commissioner has identified PANDEMIC INFLUENZA as a communicable disease which threatens the public health.

5. According to the Centers for Disease Control and Prevention (CDC), the spread of the highly contagious element of PANDEMIC INFLUENZA make it a public health emergency.

6. PANDEMIC INFLUENZA is an acute, highly contagious, and sometimes fatal disease caused by an influenza virus.

7. PANDEMIC INFLUENZA is said to be spread in a variety of ways, although the most likely mode of transmission is through the air, with the respiratory system as the portal of entry.

8. PANDEMIC INFLUENZA generally has an incubation period of [number] to [number] days.

9. PANDEMIC INFLUENZA is characterized by symptoms of [list].

10. While it is still a new and recently described disease, treatment for PANDEMIC INFLUENZA consists of [treatment regimen].

11. There [are currently no/are] vaccines available for the prevention of PANDEMIC INFLUENZA.

12. These individuals have been exposed to or infected with the suspected communicable disease PANDEMIC INFLUENZA and present a danger to themselves or others in that there is a possibility for PANDEMIC INFLUENZA to spread to unexposed or uninfected individuals in the community, thereby creating an epidemic.

13. These exposed or infected individuals are therefore in need of isolation or quarantine in order to provide testing, treatment, and to prevent or limit the spread of PANDEMIC INFLUENZA to unexposed or uninfected persons in the community.

14. The Commissioner has issued an Administrative Order authorizing the isolation or quarantine of these individuals who have been exposed to or infected with PANDEMIC INFLUENZA until such time as they no longer present a danger to the public.

15. I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Dated: _______________________________________________________________________
(Physician, public health or chief medical officer)
How to Obtain Antivirals

If you received a prescription for antivirals and can not have it filled by your pharmacist, please contact your local health department for further directions on antiviral distribution locations.

The prescription will be needed at this distribution location.

A listing of your local health departments can be found at:
### Patient Self-Care Instructions

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Overview

This chapter provides the public with information and tools for caring for themselves and family members during the pandemic. Information is supplied on influenza and its transmission, on reducing the risk of contracting influenza, self-diagnosis, when and where to turn for help, self-treatment and care for relatives at home.

The main purpose is to provide a self-contained resource for the public. The following pages can be freely adapted for distribution as public education. In the initial phases of the influenza pandemic, there will most likely be a shortage of antiviral medication and vaccine and reserves will be allocated to priority groups. Antivirals will be given to front-line staff as prophylaxis, and as treatment to hospitalized patients to shorten the course of illness and prevent complications.

Vaccination is the best method for preventing influenza. However, manufacturing and licensing the pandemic vaccine may take as long as 3 to 6 months once the pandemic viral strain has been identified. Thus, the vaccine will be available to the wider public well after pandemic influenza becomes established in New Jersey and surrounding areas. At that time, many thousands may fall ill and the health care system will face unprecedented demands for services. This will be compounded by a reduction in health care workers due to illness or caring for sick family members. While NJDHSS strives to provide resources for the best possible care to influenza patients, long waiting times at physician’s offices and emergency departments may be unavoidable.

Self-care - including diagnosis, referral, self-treatment, treatment of family members, and preventive measures to avoid exposure to influenza - will be an important public health measure to minimize the effects of the pandemic.

How to Stay Healthy During an Influenza Pandemic

Personal Health

- Eat sensibly, rest well and exercise in moderation
- Wash your hands frequently with warm water and soap
- Cover your nose and mouth when coughing or sneezing
- Minimize visitors to your home
- To minimize contact, use the phone to check up on friends and family who live alone
- Watch for regular influenza updates from your local public health department
- Get the pandemic influenza vaccine when available
- It is recommended that people at high risk of getting influenza and its complications and their caregivers receive an annual seasonal influenza vaccine
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Personal Hygiene

Along with vaccines and antiviral medication, good personal hygiene will help protect you and your family from coming in contact with influenza viruses. Vaccines and antiviral medications will not be available to the general public in the early phases of the pandemic. Strict adherence to personal and environmental hygiene may be the only preventative measure available during a pandemic. Wash your hands frequently, especially when you are near sick people. Use disposable, single-use tissues for wiping noses; cover nose and mouth when sneezing and coughing; hand wash after coughing, sneezing or using tissues; keep hands away from the eyes, nose and mouth. Healthy eating, adequate sleep and physical activity are essential to your health.

By frequently washing your hands you wash away germs (viruses and bacteria) that you have picked up from other people, or from contaminated surfaces, or from animals and animal waste.

Washing hands is one of the most important ways to prevent the spread of the influenza.

When should you wash your hands?
You should wash your hands often. To prevent the spread of flu, it is especially important to wash your hands:
- Before, during and after you prepare food
- Before you eat
- After sneezing or coughing or blowing your nose
- When your hands are dirty
- More frequently when someone in your home is sick
- After touching commonly used items

For proper handwashing technique, go to:

Alcohol-based hand wipes and gel sanitizers:
When soap and water are not available, alcohol-based disposable hand wipes or gel sanitizers may be used. Be sure they contain at least 60% alcohol. You can find them in most supermarkets and drugstores.

What happens if you do NOT wash your hands frequently?
You pick up germs and viruses from other sources and then you can infect yourself when you:
- Touch your eyes
- Touch your nose
- Touch your mouth

Stay away from crowds (“social distancing”)

Another way to protect yourself and minimize being exposed to influenza viruses is by avoiding crowds of people. People can look healthy but still spread the virus. Influenza is infectious for 24 hours before symptoms develop. The more people you are in contact with, the more you are at risk for coming in contact with someone who has influenza. The more time you spend in contact
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with people, the greater the chance you will be exposed to someone who is carrying the influenza virus.

Facemasks should be considered for use by individuals who enter crowded settings, both to protect their nose and mouth from other people's coughs and to reduce the wearers' likelihood of coughing on others. Information on the use of facemasks for the control of pandemic influenza in community settings is extremely limited. Thus, it is difficult to assess their potential effectiveness in controlling influenza in these settings. See “Interim Public Health Guidance for the Use of Face Masks and Respirators in Non-Occupational Community Setting in an Influenza Pandemic” www.pandemicflu.gov/plan/community/maskguidancecommunity.html.

The time spent in crowded settings should be as short as possible. If the activity in which interaction with other members of the community is unavoidable, but is unlikely to involve close contact with an ill individual, a facemask could be comfortably worn during this interval to prevent unexpected splashes from a sneeze or cough reaching the wearer’s nose or mouth. (Examples include a brief trip to a grocery store to purchase food and supplies or attending essential religious services.)

If there is the expectation of close contact with a symptomatic individual, every effort should be made to limit the duration of exposure to the ill individual(s) to as short a period as possible.

Use of facemasks:

Wearing a facemask incorrectly or removing or disposing of it improperly can contaminate the wearer’s hands with virus, possibly resulting in exposure of the wearer or others to the virus. Proper facemask use and removal include the following:

- Prior to putting on a facemask, wash hands thoroughly with soap and water. Use an alcohol-based hand sanitizer if soap and water are not available.
- Avoid touching the outside of the mask during and after use to help prevent contamination of hands with infectious material that may have collected there.
- Once worn, the disposable facemask should be removed carefully using the elastic bands or ties at the back of the head and appropriately discarded in the regular trash. If disposable facemasks are unavailable and a reusable fabric mask is used, it should be removed in the same way and laundered with normal laundry detergent and tumble-dried in a hot dryer. It should be noted that reusable fabric facemasks have not been evaluated by the FDA for use in preventing transmission of infectious agents, and none are legally marketed in the United States for use in infection control.
- After the facemask has been removed and discarded, wash hands thoroughly with soap and water. Use an alcohol-based hand sanitizer if soap and water are not available.

Daycare and Schools:

The risk of spreading the influenza virus in day care settings and schools can be increased because of the large number of people and the amount of time spent together in a confined area. The risk of infection is influenced by the age of the child/person, group size, the nature of the
activity and the hygienic habits of the child/person. Influenza acquired in these settings may spread to attendants, teachers, family members and the community. When the pandemic is declared within New Jersey, government officials will decide whether schools and day care settings need to be closed. You may choose not to send your child to daycare, playgroups, sports activities or other activities until the pandemic is over. If your child is sick with influenza-like illness or has been exposed to a person with influenza in the past three days, do not send your child to daycare, school or other activities. It is impossible to say for certain which situations are safe and which situations should be avoided.

Stock up on basic items.

Foods to have on hand for an extended stay at home:

<table>
<thead>
<tr>
<th>Ready-to-eat canned foods</th>
<th>Canned juices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protein bars</td>
<td>Bottled water</td>
</tr>
<tr>
<td>Dry cereal</td>
<td>Pet food</td>
</tr>
<tr>
<td>Peanut butter, nuts</td>
<td>Jarred baby food, formula</td>
</tr>
<tr>
<td>Dried fruit</td>
<td>Crackers</td>
</tr>
</tbody>
</table>

Healthcare and emergency supplies to have on hand:

<table>
<thead>
<tr>
<th>Prescribed medications</th>
<th>Batteries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thermometer</td>
<td>Flashlight</td>
</tr>
<tr>
<td>Anti-diarrheal medication</td>
<td>Portable radio</td>
</tr>
<tr>
<td>Vitamins</td>
<td>Manual can opener</td>
</tr>
<tr>
<td>Medicines for fever</td>
<td>Toilet paper, diapers (if needed)</td>
</tr>
<tr>
<td>Soap, hand sanitizers</td>
<td>Basic first aid supplies (e.g., Band-aids, gauze, paper tape)</td>
</tr>
<tr>
<td>Face masks (optional)</td>
<td></td>
</tr>
</tbody>
</table>

If you cannot avoid crowds, minimize the amount of time you spend around people.

- Shop at smaller stores with shorter lines
- Shop at off peak hours and find out which stores stay open late/24 hours
- If possible phone ahead your grocery order for quick pick up
- Order groceries over the phone/on line for delivery (if possible)
- Use alcohol-based hand gels for frequent hand hygiene
- Use alcohol-based disinfectant wipes for grocery cart handles
- Use your own pen for any charge card or other transactions that need to be signed
- Arrange to pay bills at ATMs, on line or over the phone
- Cancel or postpone family gatherings, outings or trips

Stay healthy at work

- Work from home or arrange to work flex hours if possible
- Wash your hands frequently with warm water and soap or use waterless sanitizing gel to clean hands if soap & water are not available
- Clean objects and hard surfaces that are handled by many people with a disinfectant
- Keep your office door closed
- Use stairs instead of crowded elevators
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- Cancel non-essential meetings: use teleconferencing/video conferencing/emails/fax
- Travel on public transit at off peak hours or walk, ride your bike to and from work if you do not have an automobile

If you feel unwell, stay home, rest and drink plenty of fluids.

Environmental Cleanliness

Influenza viruses can live up to 2 days on hard surfaces. Washing hard surfaces (sinks, counters, etc.) with a disinfectant such as a ten percent bleach solution (one part bleach and nine parts water) will kill the influenza virus. Surfaces that are frequently touched with hands should be cleaned often.

Careful, thorough cleaning of surfaces is effective in removing the influenza virus and many other germs. If a member of your family is ill with influenza, keep their personal items, such as towels, separate from the rest of the family. Do not share towels. Do not share eating utensils or drinks with anyone (you never know who is sick or who is not sick).

Ensure that your home always has an adequate supply of items for handwashing and cleaning. Disinfection of laundry or linen from a person who may have influenza is not necessary. However, disposable gloves and facemask should be used when handling, and their laundry should be kept separate from other laundry. Wash clothing and linen in a warm wash cycle with a commercial laundry detergent and dry as usual. The garbage generated by a person with influenza should be handled with the same precautions but it does not require special disposal.

Individuals who die at home should be wrapped in a sheet (with a plastic covering on the mattress to protect from any urine or feces) and kept in a cool, dry location until pick up by funeral services. Bodies of persons who die from influenza are not considered contagious to others.

Other Helpful Hints During a Pandemic

- Check up on family, friends and neighbors who live alone by phone.
- Offer to get groceries and run errands for family/friends/neighbors who are at higher risk for getting influenza (elderly, persons with other chronic medical conditions).
- Anticipate what you will need during a pandemic and stock up on foodstuffs, cleaning supplies, prescription medication and basic medications such as acetaminophen (i.e. Tylenol™, Tempra™).
- Keep in mind that the pandemic may last several months and come in waves.
- Keep emergency phone numbers and self-care instructions in a place where everyone in the family can access them.
- Schools and community centers may be closed, so keep books and games at home for your children to play with.
- Arrange for childcare that minimizes exposing your children to crowds.
- Make arrangements with your child’s teacher for schoolwork to be done from home.
Most family pets are not at risk for getting or passing on influenza. Pigs, birds/poultry and horses are at risk for getting influenza. If you have these animals as pets or live on a farm you should take extra special care in washing your hands after coming in contact with them.

**Self Diagnosis**

**How do I know if I have influenza?**

You may have influenza if you have a sudden onset of a respiratory illness with a cough, fever, headache, muscle pain, a runny nose, sore throat, and body aches. Sometimes, but not very often, children with influenza can have nausea, vomiting or diarrhea. Sometimes adults over 65 and children under 5 may not have a fever when sick with influenza. Although colds and other viruses may cause similar symptoms, influenza weakens a person much more than other viruses. Most healthy people will feel better in about five to seven days but symptoms may last for 2-3 weeks. Complications of influenza, such as pneumonia, can be more severe for the elderly, infants or people with chronic health problems.

**Is it a cold or influenza?**

Although colds and other viruses may cause similar symptoms, influenza weakens a person much more than other viruses and can lead to complications. The following is a chart of the common signs and symptoms of influenza and colds.

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Cold</th>
<th>Flu</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever</td>
<td>Rare</td>
<td>Yes, often high (102 to 104 ° F). Lasts three days</td>
</tr>
<tr>
<td>Headache</td>
<td>Rare</td>
<td>Yes, sudden and can be severe</td>
</tr>
<tr>
<td>Aches and pains</td>
<td>Mild</td>
<td>Usual, often severe</td>
</tr>
<tr>
<td>Fatigue and weakness</td>
<td>Mild</td>
<td>Yes, sudden and can last two-to three weeks</td>
</tr>
<tr>
<td>Extreme Exhaustion</td>
<td>Never</td>
<td>Yes</td>
</tr>
<tr>
<td>Stuffy nose</td>
<td>Common</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Sneezing</td>
<td>Common</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Sore throat</td>
<td>Common</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Chest discomfort, cough</td>
<td>Mild hacking cough</td>
<td>Common, can be severe</td>
</tr>
</tbody>
</table>

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Self Treatment

What Can I Do if Household Members are Sick?

Providing care to a person with influenza at home will be common during an influenza pandemic. Ask for help from family members/friends if you live alone, are a single parent with small children, and are having a hard time taking care of your own/family’s needs.

Certain practices related to taking care of a person infected with influenza at home can create potentially infectious aerosols and require more stringent precautions (e.g., use of a respirator or mask by a caregiver in the home). For example, giving nebulizer treatments to children with asthma who have influenza could expose the caregiver to the influenza virus. Specific guidance for friends or family members who need to provide care for ill individuals at home is currently in preparation and will be available at www.pandemicflu.gov.

If new information becomes available about the effectiveness of current or future facemasks in controlling influenza in community settings, this guidance document will be revised accordingly.

Stay home when you are feeling ill.

Do not go to work or school and possibly spread influenza to others. You should avoid other people until at least seven days after your symptoms start. This is to avoid spreading the influenza virus to others. Persons who are ill should stay in their rooms as much as possible to maintain physical separation from other family members who are not ill. If more than one person in the home is ill they can share a room. Practice good “respiratory etiquette” to prevent exposing others to your germs. For more information, go to:

Get plenty of rest.

You will probably feel very tired and weak. Resting will allow your body to recover from influenza.

Drink plenty of fluids.

Extra fluids such as water, juice, and chicken soup are needed to replace the fluids lost, especially if you have a fever. If your urine is dark, you need to drink more fluids. Try to drink a glass of water for every hour that you are awake.

Treat fever or muscle aches at home.

Taking acetaminophen (TylenolTM, TempraTM) may provide some comfort. Always follow the directions on the package as to how much and how frequently you should take it. Acetaminophen is a good choice as it causes less stomach upset than other pain medications. Never give any products containing ASA (Acetylsalicylic acid), e.g. AspirinTM to any child under the age of 18.
years. Giving ASA products may lead to Reye’s syndrome, a serious condition affecting the nervous system and the liver.

**Over-the-Counter Medications:**

If you buy an over the counter medication, check with the pharmacist to see which one is best for you:

- Tell the pharmacist if you are taking other medications or if you have any chronic medical conditions
- It is better to buy a remedy that treats only one symptom at a time (that way you are not taking substances that do not work or that may cause an unwanted reaction)
- Read the label carefully to see if the ingredients treat the symptom you want to treat
- Read the label and note any side effects or interactions with other medications
- Only take the recommended dose on the label

- Extra strength remedies contain a higher dose of medication. Start with a standard dose first as it may work fine and have less side effects

If you have a cough that you are worried about, you may want to take a medication to help, e.g., a cough suppressant for a dry nagging cough or an expectorant to help loosen the mucus. Decongestants may help with a stuffy nose and throat lozenges may help a sore throat. Consult your pharmacist or family doctor for advice on the medication that is right for you and your symptoms

**If you have any questions about medications, don’t hesitate to talk to your pharmacist or healthcare provider.**

It is possible that during a pandemic, you will hear stories of cures and medications promising to prevent or cure influenza. It is important to realize that only FDA- regulated antiviral medications and vaccines have been through extensive testing and have been found to be safe for humans. Beware of false promises. If you have any doubts or questions about a product, speak with a pharmacist or your family physician.

**Fever:**

In most cases, fever is not serious and it is a good sign that the person’s body is working to fight off an illness. For details on how to take a temperature, using a thermometer, refer to *How to Take a Child’s Temperature* and *How to Take an Adult’s Temperature* in the forms and tools section of this chapter. The placement of the thermometer is different for infants, children and adults. It is important that the thermometer is used correctly in order to get the proper temperature reading. If you do not have access to a thermometer, you can check for a fever by touching the skin of the person who is sick. If the skin is hot and dry, cheeks are flushed, lips and mouth are dry and they have the “chills”, they probably have a fever.
What to do if you have a fever?

- Take off heavy clothing and blankets so that the heat may leave the body
- Dress in lightweight clothing and keep room temperature at 68 degrees Fahrenheit.
- Give a lukewarm sponge or tub bath (never use alcohol rubs)
- Offer cool fluids frequently when the child/person is awake
- May give acetaminophen (TylenolTM, TempraTM) every 4-6 hours for comfort and to reduce fever.
  Never give ASA (Aspirin™) to children.
- Allow the child/person to rest and stay home if possible for at least 7 days (to avoid spreading influenza to other people)

Increased Breathing:

For details on how to measure the breathing rate of someone who is sick, refer to How to Measure Breathing Rates in the forms and tools section of this chapter. If someone with influenza develops very rapid breathing, this may be a sign of a complication, e.g. pneumonia. Persons who develop complications from influenza may need further assessment and care.

When to Seek Medical Attention:

You may need to seek medical care if you are an adult with influenza and have any of the following:

- Shortness of breath (not getting enough air) even while resting
- Breathing is difficult or painful
- Pain in your chest when you breathe
- Chest pain that will not go away
- Heart disease and develop new chest pain or chest pain that is more frequent or different from usual
- Coughing up bloody sputum
- Wheezing
- Continued fever after three or four days and are not getting better/or feeling worse
- Feeling better and then suddenly develop a fever and start to feel sick again

- Extremely drowsy, confused or disoriented
- Severe pain in your ear

Seek medical attention as soon as possible to prevent your condition from worsening. Your doctor may prescribe antibiotics for a secondary bacterial infection.

Antibiotics will not work against influenza. A virus causes influenza.

You may need to seek medical care for your child with influenza if your child has any of the following:

- Medical condition that requires ongoing medical care
- Trouble breathing (not nasal congestion)
- Less than 6 months old and has a temperature over 101 degrees Fahrenheit
Community Containment - Appendix 2 – Attachment H

- Constantly irritable and will not calm down
- Listless and not interested in playing with toys
- Fever which lasts more than 5 days
- Drinks so little fluid that they are not urinating at least every 6 hours while awake
- Vomited for more than four hours or has severe diarrhea

Take your child to the hospital emergency department or call 911 if your child has any of the following:
- Severe trouble breathing not caused by a stuffy nose
- High number of breaths in one minute (See attached “How to Measure Breathing.”)
- Blue lips
- Limp or unable to move
- Hard to wake up, unusually quiet or unresponsive
- Stiff neck
- Confused
- Febrile seizure (convulsion or fit)
- No wet diaper in 12 hours

Older children and teens have the same influenza symptoms as adults. Very young children and infants probably have similar symptoms, but do not know how to tell people they have sore muscles or a headache. These children may be irritable and eat poorly.

For More Information
Talk to your family physician or your local Health Department

By telephone: _______________________

How to Take a Child’s Temperature

There are 4 ways to take a child’s temperature:
- Oral by the mouth
- Rectal by the bottom
- Axilla under the armpit
- Tympanic in the ear

The right method depends on your child’s age. It is important to get the most accurate temperature reading as possible. For older children and teenagers, you can use the adult method as well. The following chart will help you decide which method to use.

The best method of taking a temperature depends on your child’s age:

<table>
<thead>
<tr>
<th>Age</th>
<th>Best Method</th>
<th>Next Best Method</th>
<th>Third Best Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth to 2 yrs</td>
<td>Rectal</td>
<td>Axilla</td>
<td>------------------</td>
</tr>
<tr>
<td>2—5 yrs</td>
<td>Rectal</td>
<td>Tympanic</td>
<td>Axilla</td>
</tr>
<tr>
<td>5 yrs and up</td>
<td>Oral</td>
<td>Tympanic</td>
<td>Axilla</td>
</tr>
</tbody>
</table>
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There are several different types of thermometers. Modern thermometers are digital and display the temperature. A digital thermometer can be used for taking temperatures in the rectum, mouth and armpit. It is made of unbreakable plastic; it is easy to read and measures temperature quickly. Ear thermometers are available but are expensive. A fever strip is not recommended because it does not give an accurate temperature reading. You may have an older thermometer that is made of glass or plastic and uses mercury. NJDHSS does not recommend using mercury thermometers. Accidental exposure to this toxic substance can occur if the thermometer breaks.

The following guidelines on how to take a temperature are general. Please follow the directions provided by the manufacturer of your thermometer.

**Digital Thermometer: (oral, rectal, axilla, not for use in the ear)**

1. Clean the thermometer with cool, soapy water and rinse
2. Press the button to turn the thermometer on
3. Put the thermometer in the rectum, mouth or armpit depending on child’s age.
4. Hold the top of the thermometer for the length of time specified by the manufacturer
5. Wait for the thermometer to beep
6. Remove the thermometer
7. Read the temperature on the display
8. To clean a digital thermometer, wash only the tip with soap and warm (not hot) water and wipe off with 70% alcohol after use. Dry well.

**Mouth:** Place silver tip under the tongue and ask child to close mouth but not bite down on the thermometer. Do not give the child hot or cold liquids for 1/2 hour before taking his/her temperature as this will affect the temperature reading.

**Armpit:** Hold the thermometer so that the silver tip is touching the skin, and have your child cross that arm across their chest (or use your other hand to hold your child’s arm snugly against their body).

**Rectum:** Place some petroleum jelly (such as Vaseline™) on the tip and with your baby lying on its back or side, gently place the tip into the rectum about 1 inch. Hold the thermometer at all times with your fingers.

**Ear Thermometer: (use only an ear thermometer when taking temperatures from the ear)**

Note: this ear method is not recommended for children under two years of age.

1. Use a clean probe tip each time and follow the manufacturer’s instructions very carefully.
2. Gently tug on the ear, pulling it back and up. This will straighten the ear canal, and make a clear path on the inside of the ear to the eardrum.
3. Gently insert the thermometer until the ear canal is fully sealed off.
4. Squeeze and hold the button down for one second or as directed by the manufacturer of the thermometer.
5. Remove the thermometer and read the temperature.

Ask the pharmacist any questions you may have when you buy a thermometer.
Community Containment Appendix 2 – Attachment H

The **NORMAL** body temperature range for children depends on the method used to take the temperature.

<table>
<thead>
<tr>
<th>Method</th>
<th>Temperature Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rectum</td>
<td>36.6 °C to 38 °C (97.9 °F to 100.4 °F)</td>
</tr>
<tr>
<td>Armpit</td>
<td>34.7 °C to 37.3 °C (94.5 °F to 99.1 °F)</td>
</tr>
<tr>
<td>Mouth</td>
<td>35.5 °C to 37.5 °C (95.9 °F to 99.5 °F)</td>
</tr>
<tr>
<td>Ear</td>
<td>35.8 °C to 38 °C (96.4 °F to 100.4 °F)</td>
</tr>
</tbody>
</table>

It is important to know that a child’s temperature will normally rise by a half or full degree during the day and fall again while the child is sleeping at night. If your child has a fever, follow the instructions in *What to do if your child/family member has a fever*, to lower the fever. If you do not have a thermometer you can check for a fever by touching the skin. If the skin is hot and dry, the child’s lips and mouth are dry, if the cheeks are flushed and if they have the “chills”, follow the instructions for lowering the fever even if you do not know what the actual temperature is.

**How to Take an Adult’s Temperature**

Normal adult body temperature is regulated between 35.8 °C and 37.2 °C (96.4 °F to 99°F) in healthy persons. Temperatures will vary 0.5-1.0 °C during the day. Body temperature shows a definite pattern: low in the morning, gradually increasing during the day, and reaching its maximum during the late afternoon or early evening. There are 3 ways in which an adult’s temperature is usually taken:

- Oral by the mouth
- Tympanic in the ear
- Axilla under the armpit. This method is least accurate and is usually only used if the person is very sleepy or not mentally clear.

**Digital Thermometer**

1. Clean the thermometer with cool, soapy water and rinse
2. Press the button to turn the thermometer on
3. Put the thermometer in the mouth or armpit
4. Hold the top of the thermometer for the length of time specified by the manufacturer
5. Wait for the thermometer to beep
6. Remove the thermometer
7. Read the temperature on the display
8. To clean a digital thermometer, wash only the tip with soap and warm (not hot) water and wipe off with 70% alcohol after use. Dry well.

**Mouth**: Place tip of thermometer under tongue and close mouth. Do not bite down on thermometer. Do not smoke a cigarette or drink something hot/cold for half an hour prior to taking a temperature.

**Armpit**: Place tip of thermometer against the skin and hold the arm snugly against chest.
Community Containment - Appendix 2 – Attachment H

Ear Method

1. Use a clean probe tip each time and follow the manufacturer’s instructions very carefully.
2. Gently tug on the ear, pulling it back and up. This will straighten the ear canal, and make a clear path on the inside of the ear to the eardrum.
3. Gently insert the thermometer until the ear canal is fully sealed off.
4. Squeeze and hold the button down for one second.
5. Remove the thermometer and read the temperature.

Ask the pharmacist any questions you may have when you buy a thermometer.

In the event you do not have access to a thermometer, you can assess if someone has a fever by touching his or her skin. If the person’s skin is hot and dry, if they have the “chills”, if their mouth and lips are dry, if their cheeks are flushed, they might have a fever. Follow the instructions in What to do if your child/family member has a fever on how to lower a fever even if you are not sure what the person’s temperature is.

How to Measure Breathing

For adults and older children watch the chest rise and fall. Use a watch or clock and count the number of times the chest rises (or expands) in one minute (60 seconds). Write this number down so you do not forget.

Children and infants use their stomachs to breathe and so you should uncover the child so you can see the stomach well. Count the number of times the stomach or chest rises (expands). You may want to count for 30 seconds (half a minute) using a watch or clock. If you counted for 30 seconds you need to multiple by 2 (double the number) in order to get the number of breaths per minute. Write this number down so as not to forget it.

Compare the number you counted to the chart below. If your child’s breathing rate is the same or over the number in the chart, it is a sign that they are having trouble breathing and you should seek medical attention. If your child has other symptoms or behavior that you are concerned about, seek medical advice.

Definition of fast breathing:

<table>
<thead>
<tr>
<th>Age</th>
<th>Number of Breaths per Minute</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 2 months</td>
<td>Over 60 breaths/minute</td>
</tr>
<tr>
<td>2-12 months</td>
<td>Over 50 breaths/minute</td>
</tr>
<tr>
<td>Over 12 months-5 yrs.</td>
<td>Over 40 breaths/minute</td>
</tr>
<tr>
<td>&gt; 5 yrs.</td>
<td>Over 30 breaths/minute</td>
</tr>
</tbody>
</table>

In children under 5 years of age, signs of trouble breathing include:
- Grunting with breathing
- Stridor (whistling/squeaking/wheezing noise) with breathing
- Flaring nostrils with each breath
- Chest rising opposite to the stomach rising (paroxysmal breathing)
Community Containment - Appendix 2 – Attachment H

Persons in Home Isolation

What is home isolation?

A person may be placed in isolation if they have an infectious illness such as influenza. In order to protect the public, Health Officers and other public health officials can place people in isolation to prevent influenza from spreading to others. Isolation means staying at home, not going outside, not going to work, school or other public places and not meeting with other people. While at home, the person who is sick should stay isolated or away from other household members as much as possible.

Why am I in home isolation?

You are in home isolation to prevent spreading influenza to other people. It also gives you time to recover from influenza. The influenza virus is contagious for 24 hours before symptoms start and for about 5 days after the symptoms start.

How long do I have to stay in home isolation?

You will likely be in home isolation for about seven days or until symptoms disappear. Instructions on how long to remain in isolation will be provided by the Health Officer or his/her designee.

What can I do to prevent the spread of influenza while under home isolation?

- Keep sick individuals in one room with the door closed, separating them from healthy family members.
- Practice respiratory etiquette and hand hygiene (This applies to both sick and healthy individuals.)
- Wash hard surfaces and items handled by the isolated person thoroughly with soap and hot water and a disinfectant such as a 10% bleach solution (made up of one part bleach and nine parts water).
- Discourage any visits from people who do not live in the house.
- Keep personal items, such as towels, separate from the rest of the family.
- Not share eating utensils or drinks.
- Wash dishes and laundry with warm water and soap.

Is my family safe?

Household members should stay away from the isolated person as much as possible and try to keep a 3 foot distance when contact with other members of the household is unavoidable. All household members and the isolated person should wash their hands often, using soap and warm
Community Containment - Appendix 2 – Attachment H

water. Healthy household members should remain in quarantine until at least ten days after the symptoms in the sick person go away. (See Tool: Persons in Quarantine).

For more information:

You may seek advice from your family physician or from your local health department. If symptoms are severe and need immediate action, call 911 (Ambulance, Paramedics) or go to the nearest emergency room.

Persons in Quarantine

What is quarantine?

Persons are infectious for 24 hours before they know they are sick. In order to protect the public, Health Officers and other public health officials can place people in quarantine to prevent influenza from spreading to others. Quarantine means staying at home or in a designated building for up to 10 days from last exposure until the Health Officer or other public health official is sure that the person is not infected with the flu. Quarantine means not going outside, not going to work, school or other public places and not meeting with other people unless given permission by the Health Officer.

Why am I in quarantine?

You have been identified as being in contact with someone who has influenza or have recently been an area with high rate of influenza. You may have been exposed to the influenza virus and may spread it to other people. Although you feel well today, you may become ill in a few days. Persons having influenza can spread the virus even when they are still feeling well.

How long do I have to stay in quarantine?

You must stay on quarantine for at least 10 days or until a Health Officer tells you that it is safe for you to be out of quarantine. While in quarantine, someone from public health may call you to see how you are doing and will ask you questions about having fever, chills, aches or a cough. While in quarantine you must stay inside and not go to work or school or visit anyone until you are out of quarantine. It is advised that you do not have visitors while in quarantine.

What will happen if I develop symptoms of influenza while in quarantine?

If the person in quarantine becomes ill with influenza, notify the Health Officer. If you have influenza please refer to the Self Care section in this document. You may need to seek advice from your family physician, or from your local health department. If symptoms are severe and need immediate action, call 911 (Ambulance, Paramedics) or go to the closest emergency department.
Is my family safe?

If you are in home quarantine, you and your family should take certain steps for protection. Your family should stay at least 3 feet away from you. All of you should wash your hands frequently with warm water and soap. Items handled by the person in quarantine should be washed thoroughly with soap and hot water or a disinfectant such as a 10% bleach solution (made up of one part bleach and nine parts water).

For more information contact:

Influenza Line XXX XXX XXXX
Your local health department Information Line XXX XXX XXXX
Community Disease Control – Appendix 3

26:4-2 Powers of State department and local board.
26:4-2. In order to prevent the spread of disease affecting humans, the Department of Health and Senior Services, and the local boards of health within their respective jurisdictions and subject to the State sanitary code, shall have power to:

a. Declare what diseases are communicable.
b. Declare when any communicable disease has become epidemic.
c. Require the reporting of communicable diseases.
d. Maintain and enforce proper and sufficient quarantine, wherever deemed necessary.
e. Remove any person infected with a communicable disease to a suitable place, if in its judgment removal is necessary and can be accomplished without any undue risk to the person infected.
f. Disinfect any premises when deemed necessary.
g. Remove to a proper place to be designated by it all articles within its jurisdiction, which, in its opinion, shall be infected with any matter likely to communicate disease and to destroy such articles, when in its opinion the safety of the public health requires it.

In the event the Governor declares a public health emergency, the department shall oversee the uniform exercise of these powers in the State and the local board of health shall be subject to the department's exercise of authority under this section.

Amended 2005, c.222, s.31.

26:4-3. Evaluation of destroyed goods; reimbursement of owner
Whenever the state department or a local board, in order to prevent the spread of communicable disease, destroys any goods, it shall make an inventory of the goods, and immediately certify the value of them. The certification shall be made to the state treasurer, in case the goods were destroyed by the state department, and to the treasurer of the proper municipality, in case of destruction by the local board.

The state treasurer or local treasurer, as the case may be, shall pay to the owner of the goods, or his legal representatives, the sum so certified.

26:4-4. Notice to local board to control disease; proceeding to compel action
Whenever within the jurisdiction of a local board there is a person infected with any communicable disease, the State department may cause a notice in writing, signed by the Commissioner of Health, to be sent to the local board requiring it to take action for the restriction of the spread of the communicable disease within the time specified in the notice.

If no action is taken by the local board within the time specified in the notice, the State department may bring a proceeding in lieu of prerogative writ to compel the local board to take the action ordered in the notice.

Amended by L.1953, c. 26, p. 472, s. 35.
Community Disease Control - Appendix 4

Tracking Community Containment Measures

Overview

NJDHSS will collect information on community containment measures being used by local health departments. Based on the information being provided, NJDHSS can make recommendation on which community containment measures are most effective. During Phase 4, mechanisms for collection of community containment measures will be developed. When community containment measures are being used, this process will be implemented.

Methods

Community Containment

Information regarding community containment measures implemented by local health departments during a pandemic will be collected. This information along with surveillance data can help the regional/LINCS epidemiologists to determine which community containment measures are more effective in controlling disease spread. It is expected that this information will be collected once a week from each jurisdiction, however, it is impossible to determine this timeframe prior to the start of a pandemic. Since this information will be useful at a regional level as well as a state level, local health departments will report this information to their LINCS agencies who will evaluate and transmit this information to the state. The mechanism for this reporting will be determined during Phase 4.
CHAPTER 222

AN ACT concerning emergency health powers, supplementing Title 26 of the Revised Statutes and amending R.S.26:4-2, 26:8-62, 34:15-43 and 34:15-75.

BE IT ENACTED by the Senate and General Assembly of the State of New Jersey:

C.26:13-1 Short title.
1. This act shall be known and may be cited as the "Emergency Health Powers Act."

C.26:13-2 Definitions relative to emergency health powers.
2. As used in this act:
"Biological agent" means any microorganism, virus, bacterium, rickettsiae, fungus, toxin, infectious substance or biological product that may be naturally occurring or engineered as a result of biotechnology, or any naturally occurring or bioengineered component of any such microorganism, virus, bacterium, rickettsiae, fungus, infectious substance or biological product, capable of causing death, disease, or other biological malfunction in a human, an animal, a plant, or another living organism.
"Bioterrorism" means the intentional use or threat of use of any biological agent, to cause death, disease or other biological malfunction in a human, animal, plant or other living organism, or degrade the quality and safety of the food, air or water supply.
"Chemical weapon" means a toxic chemical and its precursors, except where intended for a lawful purpose as long as the type and quantity is consistent with such a purpose. Chemical weapon includes, but is not limited to: nerve agents, choking agents, blood agents and incapacitating agents.
"Commissioner" means the Commissioner of Health and Senior Services, or the commissioner's designee.
"Contagious disease" means an infectious disease that can be transmitted from person to person.
"Department" means the Department of Health and Senior Services.
"Health care facility" means any non-federal institution, building or agency, or portion thereof whether public or private for profit or nonprofit that is used, operated or designed to provide health services, medical or dental treatment or nursing, rehabilitative or preventive care to any person. Health care facility includes, but is not limited to: an ambulatory surgical facility, home health agency, hospice, hospital, infirmary, intermediate care facility, dialysis center, long-term care facility, medical assistance facility, mental health center, paid and volunteer emergency medical services, outpatient facility, public health center, rehabilitation facility, residential treatment facility, skilled nursing facility and adult day care center. Health care facility also includes, but is not limited to, the following related property when used for or in connection with the foregoing: a laboratory, research facility, pharmacy, laundry facility, health personnel training and lodging facility, patient, guest and health personnel food service facility, and the portion of an office or office building used by persons engaged in health care professions or services.
"Health care provider" means any person or entity who provides health care services including, but not limited to: a health care facility, bioanalytical laboratory director, perfusionist, physician, physician assistant, pharmacist, dentist, nurse, paramedic, respiratory care practitioner, medical or laboratory technician, and ambulance and emergency medical workers.
"Infectious disease" means a disease caused by a living organism or other pathogen, including a fungus, bacteria, parasite, protozoan, virus or prion. An infectious disease may, or may not, be transmissible from person to person, animal to person, or insect to person.
"Isolation" means the physical separation and confinement of an individual or groups of individuals who are infected or reasonably believed to be infected, on the basis of signs, symptoms or laboratory analysis, with a contagious or possibly contagious disease from non-isolated individuals, to prevent or limit the transmission of the disease to non-isolated individuals.
"Local health agency" means a county, regional, municipal or other governmental agency organized for the purpose of providing health services, administered by a full-time health officer and conducting a public health program pursuant to law.
"Local Information Network and Communications System Agency" or "LINCS agency" means the lead local public health agency in each county or identified city, as designated and
determined by the commissioner pursuant to section 21 of this act, responsible for providing
central planning, coordination and delivery of specialized services within the designated county
or city, in partnership with the other local health agencies within that jurisdiction, in order to
prepare for and respond to acts of bioterrorism and other forms of terrorism or other public
health emergencies or threats, and to discharge the activities as specified under this act.

"Microorganism" includes, but is not limited to, bacteria, viruses, fungi, rickettsiae, or
protozoa.

"Nuclear or radiological device" means: any nuclear device which is an explosive device
designed to cause a nuclear yield; an explosive radiological dispersal device used directly or
indirectly to spread radioactive material; or a simple radiological dispersal device which is any
act, container or any other device used to release radiological material for use as a weapon.

"Overlap agent or toxin" means: any microorganism or toxin that poses a risk to both human
and animal health and includes:
Anthrax - Bacillus anthracis
Botulism - Clostridium botulinum toxin, Botulinum neurotoxins, Botulinum neurotoxin
producing species of Clostridium
Plague - Yersinia pestis
Tularemia - Francisella tularensis
Viral Hemorrhagic Fevers - Ebola, Marburg, Lassa, Machupo
Brucellosis- Brucellosis species
Glanders - Burkholderia mallei
Melioidosis - Burkholderia pseudomallei
Psittacosis - Chlamydophila psittaci
Coccidiomycosis - Coccidiodes immitis
Q Fever - Coxiella burnetii
Typhus Fever - Rickettsia prowazekii
Viral Encephalitis - VEE (Venezuelan equine encephalitis virus), EEE (Eastern equine
encephalitis), WEE (Western equine encephalitis)
Toxins - Ricinus communis, Clostridium perfringens, Staph. Aureus, Staphylococcal
enterotoxins, T-2 toxin, Shigatoxin
Nipah - Nipah virus
Hantavirus - Hantavirus
West Nile Fever - West Nile virus
Hendra - Hendra virus
Rift Valley Fever - Rift Valley Fever virus
Highly Pathogenic Avian Influenza

"Public health emergency" means an occurrence or imminent threat of an occurrence that:

a. is caused or is reasonably believed to be caused by any of the following: (1) bioterrorism
or an accidental release of one or more biological agents; (2) the appearance of a novel or
previously controlled or eradicated biological agent; (3) a natural disaster; (4) a chemical attack
or accidental release of toxic chemicals; or (5) a nuclear attack or nuclear accident; and
b. poses a high probability of any of the following harms: (1) a large number of deaths,
ilness or injury in the affected population; (2) a large number of serious or long-term
impairments in the affected population; or (3) exposure to a biological agent or chemical that
poses a significant risk of substantial future harm to a large number of people in the affected
population.

"Quarantine" means the physical separation and confinement of an individual or groups of
individuals, who are or may have been exposed to a contagious or possibly contagious disease
and who do not show signs or symptoms of a contagious disease, from non-quarantined
individuals, to prevent or limit the transmission of the disease to non-quarantined individuals.

"Toxin" means the toxic material of plants, animals, microorganisms, viruses, fungi or
infectious substances, or a recombinant molecule, whatever its origin or method of production,
including:

a. any poisonous substance or biological product that may be engineered as a result of
biotechnology or produced by a living organism; or
b. any poisonous isomer or biological product, homolog, or derivative of such a substance.

C.26:13-3 Declaration of public health emergency.
3. a. The Governor, in consultation with the commissioner and the Director of the State Office of Emergency Management, may declare a public health emergency. In declaring a public health emergency, the Governor shall issue an order that specifies:
   (1) the nature of the public health emergency;
   (2) the geographic area subject to the declaration;
   (3) the conditions that have brought about the public health emergency to the extent known; and
   (4) the expected duration of the state of public health emergency, if less than 30 days. Such order may also prescribe necessary actions or countermeasures to protect the public's health.
   b. Any public health emergency declared pursuant to this act shall be terminated automatically after 30 days unless renewed by the Governor under the same standards and procedures set forth in subsection a. of this section.
   c. The commissioner shall coordinate all matters pertaining to the public health response to a public health emergency, and shall have primary jurisdiction, responsibility and authority for:
      (1) planning and executing public health emergency assessment, prevention, preparedness, response and recovery for the State;
      (2) coordinating public health emergency response between State and local authorities;
      (3) collaborating with relevant federal government authorities, elected officials and relevant agencies of other states, private organizations or companies;
      (4) coordinating recovery operations and prevention initiatives subsequent to public health emergencies; and
      (5) organizing public information activities regarding public health emergency response operations.

All such activities shall be taken in coordination with the State Office of Emergency Management and shall be executed in accordance with the State Emergency Operations Plan. The State Office of Emergency Management shall provide the commissioner with all required assistance.

d. In instances involving an overlap agent or toxin that causes or has the potential to cause a public health emergency, if the Commissioner of Health and Senior Services suspects or detects conditions that could potentially affect animals, plants or crops under the jurisdiction of the Department of Agriculture pursuant to the provisions of Title 4 of the Revised Statutes, he shall immediately notify the Secretary of Agriculture. If the Secretary of Agriculture suspects or detects conditions that could potentially affect humans, he shall immediately notify the commissioner. Information shared by each department shall be held confidential by the departments and their employees and their designees, and shall not be released without the approval of the department that was the source of the information.

e. To the fullest extent practicable, the commissioner shall also promptly notify the elected municipal officials and applicable health care facilities of the jurisdiction affected by the public health emergency of the nature and extent of the emergency.

f. All orders of the commissioner shall remain in effect during the period of the public health emergency until superseded by order of the Governor pursuant to P.L.1942, c.251 (C.App.A.9-33 et seq.). Upon the issuance of an order by the Governor pursuant to P.L.1942, c.251, the commissioner shall coordinate the public health emergency in accordance with the State Emergency Operations Plan. Upon declaration of a disaster pursuant to P.L.1942, c.251, the Governor may exercise the powers granted to the commissioner pursuant to this act.

C.26:13-4 Investigation of incident, imminent threat; reporting requirements.
4. a. In order to detect the occurrence or imminent threat of an occurrence of a public health emergency as defined in this act, the commissioner may take reasonable steps to investigate any incident or imminent threat of any human disease or health condition. Such investigation may include, and the commissioner may issue and enforce orders requiring, information from any health care provider or other person affected by, or having information related to, the incident
or threat, inspections of buildings and conveyances and their contents, laboratory analysis of samples collected during the course of such inspection, and where the commissioner has reasonable grounds to believe a public health emergency exists, requiring a physical examination or the provision of specimens of body secretions, excretions, fluids and discharge for laboratory examination of any person suspected of having a disease or health condition that necessitates an investigation under this subsection, except where such action would be reasonably likely to lead to serious harm to the affected person.

In instances involving an overlap agent or toxin, the Department of Agriculture shall be the lead agency with respect to surveillance, testing, sampling, detection and investigation related to animals, plants or crops under the jurisdiction of the Department of Agriculture pursuant to the provisions of Title 4 of the Revised Statutes, and shall coordinate its activities with all appropriate local, State and federal agencies.

b. A health care provider or medical examiner shall report to the department and to the local health official all cases of persons who harbor or are suspected of harboring any illness or health condition that may be reasonably believed to be potential causes of a public health emergency. Reportable illnesses and health conditions include, but are not limited to, any illnesses or health conditions identified by the commissioner.

c. In addition to the foregoing requirements for health care providers, a pharmacist shall, at the direction of the commissioner, report:

(1) an unusual increase in the number or type of prescriptions to treat conditions that the commissioner identifies by regulation;
(2) an unusual increase in the number of prescriptions for antibiotics; and
(3) any prescription identified by the commissioner that treats a disease that is relatively uncommon or may be associated with terrorism.

d. The reports shall be made to such State and local officials in accordance with the method and time frame as specified by the commissioner. The reports shall include the specific illness or health condition that is the subject of the report and a case number assigned to the report that is linked to the patient file in possession of the health care provider or medical examiner, along with the name and address of the health care provider or medical examiner. Based on any such report, where the commissioner has reasonable grounds to believe that a public health emergency exists, the health care provider or medical examiner shall provide a supplemental report including the following information: the patient's name, date of birth, sex, race, occupation, current home and work addresses, including city and county, and relevant telephone contact numbers; the name and address of the health care provider or medical examiner and of the reporting individual, if different; designated emergency contact; and any other information needed to locate the patient for follow-up.

e. The provisions of this section shall not be deemed or construed to limit, alter or impair in any way the authority of the Department of Environmental Protection pursuant to "The Radiation Accident Response Act," P.L.1981, c.302 (C. 26:2D-37 et seq.), or of the State Office of Emergency Management in the Division of State Police, Department of Law and Public Safety. Any powers of inspection of buildings and conveyances for sources of radiation that are granted to the commissioner shall only be exercised upon the concurrence of the Commissioner of Environmental Protection.

f. The provisions of this section shall not be deemed or construed to limit, alter or impair in any way the authority of the Department of Agriculture pursuant to its jurisdiction under the laws and policies governing that department.

C.26:13-5 Duties of commissioner relative to public health emergency.

5. Where the commissioner has reasonable grounds to believe a public health emergency exists, the commissioner shall: ascertain the existence of cases of an illness or health condition that may be potential causes of a public health emergency; investigate all such cases for sources of infection and ensure that they are subject to proper control measures; and define the distribution of the illness or health condition. To fulfill these duties, the commissioner shall identify exposed individuals as follows:

a. The commissioner shall identify individuals thought to have been exposed to an illness
or health condition that may be a potential cause of a public health emergency.
b. The commissioner shall counsel and interview such individuals where needed to assist in
the positive identification of exposed individuals and develop information relating to the source
and spread of the illness or health condition. The information shall include the name and address,
including city and county, of any person from whom the illness or health condition may have
been contracted and to whom the illness or health condition may have spread.

C.26:13-6 Emergency Health Care Provider Registry.
6. The commissioner may establish a registry of health care workers, public health workers
and support services personnel who voluntarily consent to provide health care, public health
services and support logistics during a public health emergency. This registry shall be known
as the Emergency Health Care Provider Registry.

The commissioner may require training related to the provision of health care, public health
services and support services in an emergency or crisis as a condition of registration.
a. The commissioner may issue identification cards to health care workers, public health
workers and support services personnel included in the registry established under this section
that:
   (1) Identify the health care worker, public health worker or support services personnel;
   (2) Indicate that the individual is registered as a New Jersey emergency health care worker,
       public health worker or support services personnel;
   (3) Identify the professional license or certification held by the individual; and
   (4) Identify the individual's usual area of practice if that information is available and the
       commissioner determines that it is appropriate to provide that information.
b. The commissioner shall establish a form for identification cards issued under this section.
c. The commissioner may identify all or part of a health care facility or other location as an
   emergency health care center. Upon the declaration of a public health emergency, an emergency
   health care center may be used for:
      (1) Evaluation and referral of individuals affected by the emergency or crisis;
      (2) Provision of health care services, including vaccination, mass prophylaxis, isolation and
          quarantine; and
      (3) Preparation of patients for transportation.

The commissioner may direct designated LINCS agencies, or their successors, and local
public health authorities to identify emergency health care centers under this subsection.
d. In the event the Governor declares a public health emergency, the commissioner may
direct health care workers, public health workers and support services personnel registered under
this section who are willing to provide health care services on a voluntary basis to proceed to
any place in this State where health care services or public health services are required by reason
of the public health emergency.
e. An emergency health care worker, public health worker and support services personnel
   registered under this section may volunteer to perform health care or public health services at
   any emergency health care center.
f. In the event the Governor declares a public health emergency, the commissioner may
   waive health care facility medical staff privileging requirements for individuals registered as
   emergency health care workers, and hospitals shall permit registered emergency health care
   workers to exercise privileges at the hospital for the duration of the public health emergency.
g. An emergency health care worker, public health worker and support services personnel
   registered under this section who provides health care services on a voluntary basis shall not be
   liable for any civil damages as a result of the person's acts or omissions in providing medical care
   or treatment related to the public health emergency in good faith and in accordance with the
   provisions of this act.

C.26:13-7 Actions during state of public health emergency, coordination.
7. During a state of public health emergency or in response to a public health emergency:
a. The commissioner, State Medical Examiner and Commissioner of Environmental
   Protection shall coordinate and consult with each other on the performance of their respective
functions regarding the safe disposition of human remains, to devise and implement measures which may include, but are not limited to, the following:

1. To take actions or issue and enforce orders to provide for the safe disposition of human remains as may be reasonable and necessary to respond to the public health emergency. Such measures may include, but are not limited to, the temporary mass burial or other interment, cremation, disinterment, transportation and disposition of human remains. To the extent possible, religious, cultural, family, and individual beliefs of the deceased person or his family shall be considered when determining disposition of any human remains;

2. To determine whether there is a need to investigate any human deaths related to the public health emergency, and take such steps as may be appropriate to enable the State Medical Examiner, or his designee, to take possession or control of any human remains and perform an autopsy of the body under protocols of the State Medical Examiner consistent with safety as the public health emergency may dictate;

3. To direct or issue and enforce orders requiring any business or facility, including but not limited to, a mortuary or funeral director, authorized to hold, embalm, bury, cremate, inter, disinter, transport and dispose of human remains under the laws of this State to accept any human remains or provide the use of its business or facility if such actions are reasonable and necessary to respond to the public health emergency and are within the safety precaution capabilities of the business or facility; and

4. To direct or issue and enforce orders requiring that every human remains prior to disposition be clearly labeled with all available information to identify the decedent, which shall include the requirement that any human remains of a deceased person with a contagious disease shall have an external, clearly visible tag indicating that the human remains are infected and, if known, the contagious disease.

b. The person in charge of disposition of any human remains shall maintain a written or electronic record of each human remains and all available information to identify the decedent and the circumstances of death and disposition. If human remains cannot be identified prior to disposition, a person authorized by the State Medical Examiner shall, to the extent possible, take fingerprints and photographs of the human remains, obtain identifying dental information, and collect a DNA specimen, under protocols of the State Medical Examiner consistent with safety as the public health emergency may dictate. All information gathered under this subsection shall be promptly forwarded to the State Medical Examiner who shall forward relevant information to the commissioner.

c. The commissioner and State Medical Examiner shall coordinate with the appropriate law enforcement agencies in any case where human remains may constitute evidence in a criminal investigation.

C.26:13-8 Powers of commissioner relative to facilities, property; hearing.

8. During a state of public health emergency, the commissioner may exercise the following powers over facilities or property:

a. Facilities. To close, direct and compel the evacuation of, or to decontaminate or cause to be decontaminated, any facility of which there is reasonable cause to believe that it may endanger the public health.

(1) Concurrent with or within 24 hours of decontamination or closure of a facility, the commissioner shall provide the facility with a written order notifying the facility of:

a. the premises designated for decontamination or closure;

b. the date and time at which the decontamination or closure will commence;

c. a statement of the terms and conditions of the decontamination or closure;

d. a statement of the basis upon which the decontamination or closure is justified; and

e. the availability of a hearing to contest a closure order of a health care facility, as provided in paragraph (2) of this subsection.

(2) A health care facility subject to a closure order pursuant to this section may request a hearing in the Superior Court to contest the order.

Upon receiving a request for a hearing, the court shall fix a date for a hearing. The hearing shall be held within 72 hours of receipt of the request by the court, excluding Saturdays, Sundays
and legal holidays. The court may proceed in a summary manner. At the hearing, the burden of proof shall be on the commissioner to prove by a preponderance of the evidence that the health care facility poses a threat to the public health and the closure order issued by the commissioner is warranted to address the threat.

(3) If, upon a hearing, the court finds that the closure of the health care facility is not warranted, the facility shall be released immediately from the closure order and reopened.

(4) The manner in which the request for a hearing pursuant to this subsection is filed and acted upon shall be in accordance with the Rules of Court.

b. Property. To decontaminate or cause to be decontaminated, or destroy, subject to the payment of reasonable costs as provided for in sections 24 and 25 of this act, any material of which there is reasonable cause to believe that it may endanger the public health.

c. In instances involving an overlap agent or toxin that causes a public health emergency, the department and the Department of Agriculture shall be responsible for their roles under their respective jurisdictions.

C.26:13-9 Powers of commissioner relative to health care, other facilities, property, roads, public areas.

9. During a state of public health emergency, the commissioner may exercise, for such period as the state of public health emergency exists, the following powers concerning health care and other facilities, property, roads, or public areas:

a. Use of property and facilities. To procure, by condemnation or otherwise, subject to the payment of reasonable costs as provided for in sections 24 and 25 of this act, construct, lease, transport, store, maintain, renovate or distribute property and facilities as may be reasonable and necessary to respond to the public health emergency, with the right to take immediate possession thereof. Such property and facilities include, but are not limited to, communication devices, carriers, real estate, food and clothing. This authority shall also include the ability to accept and manage those goods and services donated for the purpose of responding to a public health emergency. The authority provided to the commissioner pursuant to this section shall not affect the existing authority or emergency response of other State agencies.

b. Use of health care facilities.

(1) To require, subject to the payment of reasonable costs as provided for in sections 24 and 25 of this act, a health care facility to provide services or the use of its facility if such services or use are reasonable and necessary to respond to the public health emergency, as a condition of licensure, authorization or the ability to continue doing business in the State as a health care facility. After consultation with the management of the health care facility, the commissioner may determine that the use of the facility may include transferring the management and supervision of the facility to the commissioner for a limited or unlimited period of time, but shall not exceed the duration of the public health emergency. In the event of such a transfer, the commissioner shall use the existing management of the health care facility.

(2) Concurrent with or within 24 hours of the transfer of the management and supervision of a health care facility, the commissioner shall provide the facility with a written order notifying the facility of:

(a) the premises designated for transfer;
(b) the date and time at which the transfer will commence;
(c) a statement of the terms and condition of the transfer;
(d) a statement of the basis upon which the transfer is justified; and
(e) the availability of a hearing to contest the order, as provided in paragraph (3) of this subsection.

(3) A health care facility subject to an order to transfer management and supervision to the commissioner pursuant to this section may request a hearing in the Superior Court to contest the order.

(a) Upon receiving a request for a hearing, the court shall fix a date for a hearing. The hearing shall be held within 72 hours of receipt of the request by the court, excluding Saturdays, Sundays and legal holidays. The court may proceed in a summary manner. At the hearing, the burden of proof shall be on the commissioner to prove by a preponderance of the evidence that
transfer of the management and supervision of the health care facility is reasonable and necessary to respond to the public health emergency and the order issued by the commissioner is warranted to address the need.

(b) If, upon a hearing, the court finds that the transfer of the management and supervision of the health care facility is not warranted, the facility shall be released immediately from the transfer order.

(c) The manner in which the request for a hearing pursuant to this subsection is filed and acted upon shall be in accordance with the Rules of Court.

(4) A health care facility which provides services or the use of its facility or whose management or supervision is transferred to the commissioner pursuant to this subsection shall not be liable for any civil damages as a result of the commissioner's acts or omissions in providing medical care or treatment or any other services related to the public health emergency.

(5) For the duration of a state of public health emergency, the commissioner shall confer with the Commissioner of Banking and Insurance to request that the Department of Banking and Insurance waive regulations requiring compliance by a health care provider or health care facility with a managed care plan's administrative protocols, including but not limited to, prior authorization and pre-certification.

c. Control of property. To inspect, control, restrict, and regulate by rationing and using quotas, prohibitions on shipments, allocation or other means, the use, sale, dispensing, distribution or transportation of food, clothing and other commodities, as may be reasonable and necessary to respond to the public health emergency.

d. To identify areas that are or may be dangerous to the public health and to recommend to the Governor and the Attorney General that movement of persons within that area be restricted, if such action is reasonable and necessary to respond to the public health emergency.

C.26:13-10 Powers of commissioner relative to safe disposal of infectious waste.

10. Notwithstanding the provisions of P.L.1989, c.34 (C.13:1E-48.1 et seq.) to the contrary, during a state of public health emergency the commissioner may exercise in consultation with, and upon the concurrence of, the Commissioner of Environmental Protection, for such period as the state of public health emergency exists, the following powers regarding the safe disposal of infectious waste including, but not limited to, regulated medical waste as defined under P.L.1989, c.34.

a. To issue and enforce orders to provide for the safe disposal of infectious waste as may be reasonable and necessary to respond to the public health emergency. Such orders may include, but are not limited to, the collection, storage, handling, destruction, treatment, transportation, and disposal of infectious waste, including specific wastes generated in a home setting or in isolation or quarantine facilities.

b. To require any business or facility authorized to collect, store, handle, destroy, treat, transport and dispose of infectious waste under the laws of this State, and any landfill business or other such property, to accept infectious waste, or provide services or the use of the business, facility or property if such action is reasonable and necessary to respond to the public health emergency, as a condition of licensure, authorization or the ability to continue doing business in the State as such a business or facility. The use of the business, facility or property may include transferring the management and supervision of such business, facility or property to the department for a limited or unlimited period of time, but shall not exceed the duration of the public health emergency.

c. To procure, by condemnation or otherwise, subject to the payment of reasonable costs as provided for in sections 24 and 25 of this act, any business or facility authorized to collect, store, handle, destroy, treat, transport and dispose of infectious waste under the laws of this State and any landfill business or other such property as may be reasonable and necessary to respond to the public health emergency, with the right to take immediate possession thereof.

d. To require that all bags, boxes or other containers for infectious waste shall be clearly identified as containing infectious waste, and if known, the type of infectious waste.

C.26:13-11 Powers of commissioner relative to medications, medical supplies; rationing.
11. a. During a state of public health emergency, the commissioner may purchase, obtain, store, distribute or take for priority redistribution any anti-toxins, serums, vaccines, immunizing agents, antibiotics and other pharmaceutical agents or medical supplies as may be reasonable and necessary to respond to the public health emergency, with the right to take immediate possession thereof.

b. If a state of public health emergency results in a Statewide or regional shortage or threatened shortage of any product under subsection a. of this section, the commissioner may issue and enforce orders to control, restrict and regulate by rationing and using quotas, prohibitions on shipments, allocation or other means, the use, sale, dispensing, distribution or transportation of the relevant product necessary to protect the public health, safety and welfare of the people of the State.

c. In making rationing or other supply and distribution decisions, the commissioner may give preference to health care providers, disaster response personnel, mortuary staff and such other persons as the commissioner deems appropriate in order to respond to the public health emergency.

C.26:13-12 Measures to prevent transmission, exposure.

12. With respect to a declared state of public health emergency, the commissioner may take all reasonable and necessary measures to prevent the transmission of infectious disease or exposure to toxins or chemicals and apply proper controls and treatment for infectious disease or exposure to toxins or chemicals.

C.26:13-13 Orders to submit specimen for diagnostic purposes.

13. a. During a state of public health emergency, the commissioner may issue and enforce orders to any person to submit a specimen for physical examinations or tests as may be necessary for the diagnosis or treatment of individuals to prevent the spread of a contagious or possibly contagious disease, except where such actions are reasonably likely to lead to serious harm to the affected person, and to conduct an investigation as authorized under section 5 of this act.

b. Any person subject to an order to submit a specimen or for physical examination may request a hearing in the Superior Court to contest such order. The commissioner shall provide notice of the right to contest the order. The court may proceed in a summary manner. At the hearing, the burden of proof shall be on the commissioner to prove by a preponderance of the evidence that the person poses a threat to the public health and that the order issued by the commissioner is warranted to address such threat.

c. The commissioner may issue and enforce orders for the isolation or quarantine, pursuant to section 15 of this act, of any person whose refusal of medical examination or testing, or the inability to conduct such medical examination or testing due to the reasonable likelihood of serious harm caused to the person thereby, results in uncertainty regarding whether the person has been exposed to or is infected with a contagious or possibly contagious disease or otherwise poses a danger to public health.

C.26:13-14 Powers of commissioner during public health emergency.

14. During a state of public health emergency, the commissioner may exercise the following powers as necessary to address the public health:

a. Require the vaccination of persons as protection against infectious disease and to prevent the spread of a contagious or possibly contagious disease, except as provided in paragraph (3) of this subsection.

(1) Vaccination may be performed by any person authorized to do so under State law.

(2) No vaccine shall be administered without obtaining the informed consent of the person to be vaccinated.

(3) To prevent the spread of a contagious or possibly contagious disease, the commissioner may issue and enforce orders for the isolation or quarantine, pursuant to section 15 of this act, of persons who are unable or unwilling to undergo vaccination pursuant to this section.

b. Require and specify in consultation with and upon the concurrence of the Department of Environmental Protection and the State Office of Emergency Management, the procedures for
the decontamination of persons, personal property, property and facilities exposed to or
contaminated with biological agents, chemical weapons or release of nuclear or radiological
devices.

c. Require, direct, provide, specify or arrange for the treatment of persons exposed to or
infected with disease.

(1) Treatment may be administered by any person authorized to do so under State law.

(2) To prevent the spread of a contagious or possibly contagious disease, the commissioner
may issue and enforce orders for the isolation or quarantine, pursuant to section 15 of this act,
of persons who are unable or unwilling for reasons of health, religion or conscience to undergo
treatment pursuant to this section.


15. The following isolation and quarantine procedures shall be in effect during a state of
public health emergency:

a. The commissioner may exercise, for such period as the state of public health emergency
exists, the following emergency powers over persons:

(1) to designate, including an individual's home when appropriate, and establish and maintain
suitable places of isolation and quarantine;

(2) to issue and enforce orders for the isolation or quarantine of individuals subject to the
procedures specified in this section; and

(3) to require isolation or quarantine of any person by the least restrictive means necessary
to protect the public health, subject to the other provisions of this section. All reasonable means
shall be taken to prevent the transmission of infection among the isolated or quarantined
individuals, as well as among the personnel maintaining and caring for individuals in isolation or
quarantine.

b. The following standards shall apply for quarantine or isolation.

(1) Persons shall be isolated or quarantined if it is determined by a preponderance of the
evidence that the person to be isolated or quarantined poses a risk of transmitting an infectious
disease to others. A person's refusal to accept medical examination, vaccination, or treatment
pursuant to section 13 or 14 of this act shall constitute prima facie evidence that the person
should be quarantined or isolated.

(2) Isolation or quarantine of any person shall be terminated by the commissioner when the
person no longer poses a risk of transmitting an infectious disease to others.

c. (1) To the extent possible, the premises in which persons are isolated or quarantined shall
be maintained in a safe and hygienic manner, designed to minimize the likelihood of further
transmission of infection or other harm to persons subject to isolation or quarantine. Adequate
food, clothing, medication, means of communication, other necessities and competent medical
care shall be provided.

(2) An isolated person shall be confined separately from a quarantined person, unless
otherwise determined by the commissioner.

(3) The health status of isolated and quarantined persons shall be monitored regularly to
determine if their status should change. If a quarantined person subsequently becomes infected
or is reasonably believed to have become infected with a contagious or possibly contagious
disease, the person shall promptly be moved to isolation.

d. (1) A person subject to isolation or quarantine shall obey the commissioner's orders, shall
not go beyond the isolation or quarantine premises, and shall not put himself in contact with any
person not subject to isolation or quarantine other than a physician or other health care provider,
or person authorized to enter the isolation or quarantine premises by the commissioner.

(2) No person, other than a person authorized by the commissioner, may enter the isolation
or quarantine premises. Any person entering an isolation or quarantine premises may be isolated
or quarantined.

e. (1) Except as provided in paragraph (4) of this subsection, the commissioner shall petition
the Superior Court for an order authorizing the isolation or quarantine of a person or groups of
persons.

(2) A petition pursuant to paragraph (1) of this subsection shall specify the following:
(a) the identity of the person or group of persons, by name or shared characteristics, subject to isolation or quarantine;
(b) the premises designated for isolation or quarantine;
(c) the date and time at which the commissioner requests isolation or quarantine to commence;
(d) the suspected contagious disease, if known;
(e) a statement of the terms and conditions of isolation and quarantine;
(f) a statement of the basis upon which isolation or quarantine is justified; and
(g) a statement of what effort, if any, has been made to give notice of the hearing to the person or group of persons to be isolated or quarantined, or the reason supporting the claim that notice should not be required.

(3) Except as provided in paragraph (4) of this subsection, before isolating or quarantining a person, the commissioner shall obtain a written order, which may be an ex parte order, from the Superior Court authorizing such action. The order shall be requested as part of a petition filed in compliance with paragraphs (1) and (2) of this subsection. The court shall grant an order upon finding by a preponderance of the evidence that isolation or quarantine is warranted pursuant to the provisions of this section. A copy of the authorizing order shall be provided to the person ordered to be isolated or quarantined, along with notification that the person has a right to a hearing pursuant to paragraph (5) of this subsection.

(4) Notwithstanding the provisions of paragraphs (1) through (3) of this subsection to the contrary, the commissioner may issue a verbal order, to be followed by a written order requiring the immediate, temporary isolation or quarantine of a person or group of persons, including those persons who have entered an isolation or quarantine premises, without first obtaining an order from the court if the commissioner determines that any delay in the isolation or quarantine of the person would significantly jeopardize the ability to prevent or limit the transmission of infectious or possibly infectious disease to others. The commissioner's written order shall specify:
(a) the identity of the person or group of persons, by name or shared characteristics, subject to isolation or quarantine;
(b) the premises designated for isolation or quarantine;
(c) the date and time at which the isolation or quarantine commences;
(d) the suspected contagious disease, if known;
(e) a statement of the terms and conditions of isolation and quarantine;
(f) a statement of the basis upon which isolation or quarantine is justified; and
(g) the availability of a hearing to contest the order.

The commissioner shall provide notice of the order for isolation or quarantine upon the person or group of persons specified in the order. If the commissioner determines that service of the notice required is impractical because of the number of persons or geographical areas affected, or other good cause, the commissioner shall ensure that the affected persons are fully informed of the order using the best possible means available. A copy of the order shall also be posted in a conspicuous place in the isolation or quarantine premises.

Following the issuance of the commissioner's order directing isolation or quarantine, the commissioner shall file a petition pursuant to paragraphs (1) through (3) of this subsection as soon as possible, but not later than 72 hours thereafter.

(5) The court shall grant a hearing within 72 hours of the filing of a petition when a person has been isolated or quarantined pursuant to paragraph (3) or (4) of this subsection. In any proceedings brought for relief under this subsection, the court may extend the time for a hearing upon a showing by the commissioner that extraordinary circumstances exist that justify the extension.

(6) The court may order consolidation of individual claims into a group of claims where:
(a) the number of persons involved or to be affected is so large as to render individual participation impractical;
(b) there are questions of law or fact common to the individual claims or rights to be determined;
(c) the group claims or rights to be determined are typical of the affected individuals' claims
or rights; and
(d) the entire group will be adequately represented in the consolidation, giving due regard
to the rights of affected individuals.
f. (1) Following a hearing as provided for in paragraph (5) of subsection e. of this section, on
or after a period of time of no less than 10 days but not more than 21 days, as determined by
the commissioner based on the generally recognized incubation period of the infectious disease
warranting the isolation or quarantine, a person isolated or quarantined pursuant to the
provisions of this section may request a court hearing to contest his continued isolation or
quarantine. The court may proceed in a summary manner.
The hearing shall be held within 72 hours of receipt of the request, excluding Saturdays,
Sundays and legal holidays. A request for a hearing shall not act to stay the order of isolation
or quarantine. At the hearing, the commissioner must show by a preponderance of the evidence
that continuation of the isolation or quarantine is warranted because the person poses a
significant risk of transmitting a disease to others with serious consequences.
(2) A person isolated or quarantined pursuant to the provisions of this section may request
at any time a hearing in the Superior Court for injunctive relief regarding his treatment and the
terms and conditions of the quarantine or isolation. Upon receiving a request for either type of
hearing described in this paragraph, the court shall fix a date for a hearing. The court may
proceed in a summary manner. The hearing shall be held no later than 10 days after the receipt
of the request by the court. A request for a hearing shall not act to stay the order of isolation or
quarantine.
(3) If, upon a hearing, the court finds that the isolation or quarantine of the individual is not
warranted under the provisions of this section, then the person shall be immediately released
from isolation or quarantine. If the court finds that the isolation or quarantine of the person is
not in compliance with the provisions of subsection c. of this section, the court may fashion
remedies appropriate to the circumstances of the state of public health emergency and in keeping
with the provisions of this section.
g. (1) The petitioner shall have the right to be represented by counsel.
(2) The manner in which the request for a hearing under this section is filed and acted upon
shall be in accordance with the Rules of Court.

C.26:13-16 Reinstatement of employment after isolation, quarantine.
16. a. Any person who has been placed in isolation or quarantine pursuant to an order of the
commissioner and who at the time of quarantine or isolation was in the employ of any public or
private employer, other than a temporary position, shall be reinstated to such employment or to
a position of like seniority, status and pay, unless the employer's circumstances have so changed
as to make it impossible or unreasonable to do so, if the person:
(1) receives a certificate of completion of isolation or quarantine issued by the department
or the authorized local health department;
(2) is still qualified to perform the duties of such position; and
(3) makes application for reemployment within 90 days after being released from isolation
or quarantine.
b. If a public or private employer fails or refuses to comply with the provisions of this
section, the Superior Court may, upon the filing of a complaint by the person entitled to the
benefits of this section, specifically require the employer to comply with the provisions of this
section, and may, as an incident thereto, order the employer to compensate the person for any
loss of wages or benefits suffered by reason of the employer's unlawful action. A person
claiming to be entitled to the benefits of this section may appear and be represented by counsel,
or, upon application to the Attorney General, request that the Attorney General appear and act
on his behalf. If the Attorney General is reasonably satisfied that the person so applying is
entitled to the benefits, he shall appear and act as attorney for the person in the amicable
adjustment of the claim, or in the filing of any complaint and the prosecution thereof. No fees
or court costs shall be assessed against a person so applying for the benefits under this section.
Attorney fees shall be awarded to the Attorney General or to the counsel for a person entitled
to benefits under this section, who prevails in the proceeding.
c. The Attorney General may apply to the Superior Court and the court may grant additional relief to persons placed in isolation or quarantine under section 15 of this act, which relief may include, but is not limited to, relief similar to that accorded to military personnel under P.L. 1979, c.317 (C.38:23C-1 et seq.).

C.26:13-17 Access to medical information.

17. With respect to a state of public health emergency:
   a. Access to medical information of individuals who have participated in medical testing, treatment, vaccination, isolation or quarantine programs or efforts by the commissioner pursuant to this act shall be limited to those persons having a legitimate need to acquire or use the information to:
      (1) provide treatment to the individual who is the subject of the health information;
      (2) conduct epidemiologic research;
      (3) investigate the causes of the transmission;
      (4) assist law enforcement agencies in the identification and location of victims of the public health emergency; or
      (5) provide payment by a responsible party for treatment or services rendered.
   b. Medical information held by the commissioner shall not be disclosed to others without individual written, specific informed consent, except for disclosures made:
      (1) directly to the individual;
      (2) to the individual's immediate family members or personal representative;
      (3) to appropriate federal agencies or authorities pursuant to federal law;
      (4) to local health departments assisting in the epidemiological investigation or disease containment countermeasures;
      (5) to law enforcement agencies, including the State Medical Examiner, investigating the circumstances giving rise to the public health emergency, or in the identification and location of victims of the public health emergency;
      (6) pursuant to a court order to avert a clear danger to an individual or the public health; or
      (7) to identify a deceased individual or determine the manner or cause of death.
   c. Strictly for the purposes of controlling and containing the public health emergency, the commissioner may provide medical information to a health care facility about an employee who has participated in medical treatment or testing which may impact upon the public health emergency. This information may include, but is not limited to, medical testing, treatment, vaccination, isolation or quarantine programs or efforts by the commissioner pursuant to this act when the commissioner deems that the health care facility should be advised of such medical information in order to take actions necessary to protect the health and well being of its patients, residents or other health care employees.

Nothing in this subsection shall be construed to allow for the release of medical information that is not related to the public health emergency or is protected under federal or State law.


18. During a state of public health emergency, the commissioner may exercise, for such period as the state of public health emergency exists, the following emergency powers regarding health care personnel:
   a. To require in-State health care providers to assist in the performance of vaccination, treatment, examination or testing of any individual;
   b. To appoint and prescribe the duties of such out-of-State emergency health care providers as may be reasonable and necessary to respond to the public health emergency, as provided in this subsection.

(1) The appointment of out-of-State emergency health care providers may be for such period of time as the commissioner deems appropriate, but shall not exceed the duration of the public health emergency. The commissioner may terminate the out-of-State appointments at any time or for any reason if the termination will not jeopardize the health, safety and welfare of the people of this State.
(2) The commissioner may waive any State licensing requirements, permits, fees, applicable
orders, rules and regulations concerning professional practice in this State by health care providers from other jurisdictions; and

c. To authorize the State Medical Examiner, during the public health emergency, to appoint and prescribe the duties of county medical examiners, regional medical examiners, designated forensic pathologists, their assistants, out-of-State medical examiners and others as may be required for the proper performance of the duties of the office.

(1) The appointment of persons pursuant to this subsection may be for a limited or unlimited time, but shall not exceed the duration of the public health emergency. The State Medical Examiner may terminate the out-of-State appointments at any time or for any reason.

(2) The State Medical Examiner may waive any licensing requirements, permits or fees otherwise required for the performance of these duties, so long as the appointed emergency assistant medical examiner is competent to properly perform the duties of the office. In addition, if from another jurisdiction, the appointee shall possess the licensing, permit or fee requirement for medical examiners or assistant medical examiners in that jurisdiction.

d. (1) An in-State health care provider required to assist pursuant to subsection a. of this section and an out-of-State emergency health care provider appointed pursuant to subsection b. of this section shall not be liable for any civil damages as a result of the provider's acts or omissions in providing medical care or treatment related to the public health emergency in good faith and in accordance with the provisions of this act.

(2) An in-State health care provider required to assist pursuant to subsection a. of this section and an out-of-State emergency health care provider appointed pursuant to subsection b. of this section shall not be liable for any civil damages as a result of the provider's acts or omissions in undertaking public health preparedness activities, which activities shall include but not be limited to pre-event planning, drills and other public health preparedness efforts, in good faith and in accordance with the provisions of this act.

C.26:13-19 Definitions relative to, and immunity from liability.

19. a. As used in this section:

"Injury" means death, injury to a person or damage to or loss of property.

"Public entity" includes the State, and any county, municipality, district, public authority, public agency, and any other political subdivision or public body in the State. Public entity also includes any foreign governmental body, which is acting in this State under the authority of this act.

"State" means the State and any office, department, division, bureau, board, commission or agency of the State.

b. (1) A public entity and the agents, officers, employees, servants or representatives of a public entity, including volunteers, shall not be liable for an injury caused by any act or omission in connection with a public health emergency, or preparatory activities, that is within the scope of the authority granted under this act, including any order, rule or regulation adopted pursuant thereto. An agent, officer, employee, servant, representative or volunteer is not immune under this section, however, for an injury that results from an act that is outside the scope of the authority granted by this act or for conduct that constitutes a crime, actual fraud, actual malice, gross negligence or willful misconduct.

(2) A public entity or agent, officer, employee, servant or representative or volunteer, shall not be liable for an injury arising out of property of any kind that is donated or acquired according to the provisions of this or any other act for use in connection with a public health emergency. An agent, officer, employee, servant, representative or volunteer is not immune under this section, however, for an injury that results from an act that is outside the scope of the authority granted by this act or for conduct that constitutes a crime, actual fraud, actual malice, gross negligence or willful misconduct.

c. (1) A person or private entity who:

(a) owns, manages or controls property that is used in connection with a public health emergency shall not be liable for an injury with respect to the property, unless the injury is a result of gross negligence or willful misconduct. The immunity applies whether the person or entity owning, managing or controlling the property permits the use of the property voluntarily,
with or without compensation, or the State or another public entity exercises the condemnation powers in this or any other act with respect to the use of the property;

(b) acting in the performance of a contract with a public entity in connection with a public health emergency shall not be liable for an injury caused by the person or entity's negligence in the course of performing the contract, unless the injury is a result of gross negligence or willful misconduct; and

(c) in connection with a public health emergency, renders assistance or advice to a public entity or public employee or donates goods and services shall not be liable for an injury arising out of the person or entity's assistance, advice or services, or associated with the donated goods, unless the injury is a result of gross negligence or willful misconduct.

(2) A person or private entity and the employees of the entity shall not be liable for an injury caused by any act or omission in connection with a public health emergency, or preparatory activities, provided that the action of the person or entity is undertaken pursuant to the exercise of the authority provided pursuant to this act, including any order, rule or regulation adopted pursuant thereto. A person, entity or employee of the entity is not immune under this section, however, for an injury that results from an act that is outside the scope of the authority granted by this act or for conduct that constitutes a crime, actual fraud, actual malice, gross negligence or willful misconduct.

(3) The immunities established under this subsection shall not apply to a person or private entity whose act or omission caused or contributed to the public health emergency.

(4) As used in this subsection, "private entity" includes, but is not limited to, a health care provider.

d. The immunities established under this section shall be liberally construed to carry out the purposes of this act and shall apply to all public health preparedness activities, including pre-event planning, drills or other public health preparedness efforts. The immunities are in addition to, and shall not limit or abrogate in any way, other statutory immunities, common law immunities, statutory conditions on maintaining a lawsuit such as the notice provisions of the "New Jersey Tort Claims Act," N.J.S.59:1-1 et seq., or other defenses available to those who participate in responding to, or preparing for, a public health emergency.

C.26:13-20 Protective action relative to radiological emergency, conditions.

20. The commissioner may authorize any school, health care facility, child care center or youth camp to provide potassium iodide as a supplemental protective action during a radiological emergency to residents, staff members, minors or other persons present in such facility, if:

a. prior written permission has been obtained from each resident or representative of a resident, staff member, or parent or guardian of a minor for providing the potassium iodide; and

b. each person providing permission has been advised, in writing: (1) that the ingestion of potassium iodide is voluntary only, (2) about the contraindications of taking potassium iodide and (3) about the potential side effects of taking potassium iodide.

C.26:13-21 LINCS agencies to serve as planning, coordinating agency for local government entity.

21. a. In order to assist the department with comprehensive Statewide planning and coordination of all activities related to public health preparedness, LINCS agencies shall, at the direction of the commissioner, serve as the planning and coordinating agency for all municipalities and local health agencies within the county or city, as applicable.

b. The commissioner, either directly or through the LINCS agencies, shall coordinate the activities of all local health agencies in the county with regard to public health protection related to preparing for and responding to public health emergencies. The LINCS agency shall notify each local health agency in its jurisdiction of the nature and extent of the emergency, except that nothing in this subsection shall be construed to prevent the commissioner from notifying a local health agency directly.

c. The LINCS agency and all other local health agencies within the county shall be subject to the direction and authority of the commissioner, and shall perform such activities as are directed by the commissioner, in accordance with the provisions of this act.
d. The LINCS agencies shall be responsible for performing human disease surveillance, terrorism response and public health emergency response-related activities in such a manner as the commissioner may direct, and for reporting to the commissioner on the conduct of these activities as performed in the county or city, as applicable.

e. The commissioner may utilize the LINCS agencies to disseminate such information to the other local health agencies in the county, and to collect such information from those agencies, as the commissioner deems necessary; and the LINCS agencies shall transmit the information to the commissioner or the other local health agencies as directed by the commissioner.

f. The commissioner is authorized to use available federal funds received by the State to offset the costs incurred by LINCS agencies in implementing the provisions of this act, and shall reimburse local health agencies, subject to the approval of the State Treasurer and in accordance with the provisions of this act.

C.26:13-22 Definitions relative to biological agents, Biological Agent Registry.

22. a. As used in this section:

"Biological Agent" means:

(1) any select agent that is a microorganism, virus, bacterium, fungus, rickettsia or toxin listed in Appendix A of Part 72 of Title 42 of the Code of Federal Regulations;

(2) any genetically modified microorganism or genetic element from an organism listed in Appendix A of Part 72 of Title 42 of the Code of Federal Regulations, shown to produce or encode for a factor associated with a disease;

(3) any genetically modified microorganism or genetic element that contains nucleic acid sequences coding for any of the toxins listed in Appendix A of Part 72 of Title 42 of the Code of Federal Regulations, or their toxic subunits;

(4) high consequence livestock pathogens and toxins as determined by the U.S. Department of Agriculture and the New Jersey Department of Agriculture;

(5) any agents defined pursuant to R.S. 4:5-107 et seq. and N.J.A.C. 2:6-1.1 et seq. and the Secretary of Agriculture;

(6) any other agent as determined by the commissioner to represent a significant risk to human and animal health.

" Possess or maintain" includes, but is not limited to, any of the following: development, production, acquisition, transfer, receipt, stockpiling, retention, ownership or use of a biological agent.

"Registry" means the Biological Agent Registry established pursuant to this section.

b. The commissioner, in coordination with the Secretary of Agriculture, shall establish a Biological Agent Registry and administer a program for the registration of biological agents. The registry shall identify the biological agents possessed or maintained by any person in this State and shall contain such other information as required by regulation of the commissioner pursuant to this section.

c. A person who possesses or maintains any biological agent required to be registered under this section shall report the information to the department by submitting a duplicate of the form required under Part 331 of Title 7, Part 121 of Title 9, and Parts 72 and 73 of Title 42 of the Code of Federal Regulations. Forms submitted pursuant to these provisions shall not be reproduced by photographic, electronic or other means, and shall be stored in a manner that is both confidential and secure.

d. Except as otherwise provided in this section, information prepared for or maintained in the registry shall be confidential.

(1) The commissioner may, in accordance with rules adopted by the commissioner, utilize information contained in the registry for the purpose of conducting or aiding in a communicable disease investigation.

(2) The commissioner shall cooperate, and may share information contained in the registry, with the United States Centers for Disease Control and Prevention, the Department of Homeland Security, the New Jersey Department of Agriculture, and State and federal law enforcement agencies pursuant to a communicable disease investigation commenced or conducted by the department, the New Jersey Domestic Security Preparedness Task Force established pursuant
to P.L.2001, c.246 (C.App. A:9-64 et seq.), or other State or federal law enforcement agency having investigatory authority, or in connection with any investigation involving the release, theft or loss of a registered biological agent. Access to this information shall terminate upon the completion of the investigation.

(3) Release of information from the registry as authorized under this section shall not render the information released or information prepared for or maintained in the registry a public or government record under P.L. 1963, c.73 (C. 47:1A-1 et seq.) and P.L.2001, c.434 (C.47:1A-5 et al.).

e. Any person who willfully or knowingly violates any provision of this section is liable for a penalty not to exceed $10,000 per day of the violation, and each day the violation continues shall constitute a separate and distinct violation. A penalty imposed under this section may be recovered with costs in a summary proceeding before the Superior Court pursuant to the "Penalty Enforcement Law of 1999," P.L.1999, c.274 (C.2A:58-10 et seq.).

f. The commissioner shall adopt rules and regulations pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.) that are consistent with Part 331 of Title 7, Part 121 of Title 9, and Parts 72 and 73 of Title 42 of the Code of Federal Regulations, to carry out the purposes of this section; except that, notwithstanding any provision of P.L.1968, c.410 to the contrary, the commissioner may adopt, immediately upon filing with the Office of Administrative Law, such regulations as he deems necessary to implement the provisions of this section, which shall be effective for a period not to exceed six months and thereafter be amended, adopted or readopted by the commissioner in accordance with the requirements of P.L.1968, c.410.

The regulations shall include, but not be limited to:

(1) a list of the biological agents required to be registered pursuant to this section;

(2) designation of the persons required to make reports, the specific information required to be reported, time limits for reporting, the form of the reports, and the person to whom the report shall be submitted;

(3) provisions for the release of information in the registry to State and federal law enforcement agencies, the Centers for Disease Control and Prevention, the Department of Homeland Security and the New Jersey Department of Agriculture pursuant to paragraph (2) of subsection d. of this section;

(4) establishment of a system of safeguards that requires a person who possesses or maintains a biological agent required to be registered under this section to comply with the federal standards that apply to a person registered to possess or maintain the agent under federal law;

(5) establishment of a process for a person that possesses or maintains a registered biological agent to alert appropriate authorities of unauthorized possession or attempted possession of a registered biological agent, and designation of appropriate authorities for receipt of the alerts; and

(6) establishment of criteria and procedures for the commissioner to grant exemptions to the requirements if it is determined that the public benefit of such exemption outweighs the need for regulation.


a. The commissioner shall develop and implement a New Jersey Vaccine Education and Prioritization Plan, as provided in subsection b. of this section, when the commissioner determines that: (1) an emergent condition exists and there is clear evidence that adverse and avoidable health outcomes from a preventable and acute communicable disease are expected to affect identifiable categories of high-risk individuals throughout the State; and (2) in order to protect or treat such individuals, assistance with the administration of vaccine is warranted due to a vaccine shortage.

b. To protect the public health during a vaccine shortage, the commissioner shall issue an order to implement a New Jersey Vaccine Education and Prioritization Plan, which shall comprise:

(1) procedures for the assessment of available vaccine Statewide;
(2) procedures for the distribution and administration of vaccines that shall apply to
physicians, nurses, health care facilities, pharmacies and others that dispense vaccines. The procedures shall include, but not be limited to, a definition of high-risk groups for priority protection or treatment in the event a vaccine shortage is imminent or existent; and

(3) procedures for: (a) mobilizing public and private health resources to assist in vaccine distribution and administration; and

(b) reallocating available supplies of vaccine to most effectively meet the needs of the State's high-risk groups, if necessary.

c. As used in this section, "vaccine" includes vaccines, immune products and chemoprophylactic and treatment medications.

d. A person who willfully or knowingly violates the New Jersey Vaccine Education and Prioritization Plan or any procedures contained therein shall be liable for a civil penalty of $500 for each violation. The penalty shall be sued for and collected by the commissioner in a summary proceeding before the Superior Court pursuant to the "Penalty Enforcement Law of 1999," P.L.1999, c.274 (C.2A:58-10 et seq.).

e. The commissioner shall notify the appropriate professional or occupational licensing board or licensing authority, in the case of a facility, of repeated violations of the procedures by a health care professional or licensed facility.


24. a. There is hereby established in the Department of Health and Senior Services a State Public Health Emergency Claim Reimbursement Board. The board shall include the following members: the Commissioner of Health and Senior Services, who shall be the presiding officer, the Attorney General, the Adjutant General of the Department of Military and Veterans' Affairs, the State Director of Emergency Management, the Secretary of Agriculture, the Commissioner of Banking and Insurance, the Commissioner of Environmental Protection, the Commissioner of Community Affairs, the State Medical Examiner, and the State Treasurer, or their designees. The members of the board shall serve without pay in connection with all such duties as are prescribed in this act.

b. The board shall meet at such times as may be necessary to fulfill the requirements set forth herein. The Commissioner of Health and Senior Services shall convene the board within 45 days of the filing of a complete petition. The concurrence of six members of the board shall be necessary for the validity of all acts of the board.

c. Subject to available appropriations, the board shall have the authority to award reasonable reimbursement, as determined by the board, for any services required of any person under the provisions of this act, which shall be paid at the prevailing established rate for services of a like or similar nature as determined by the board. Subject to available appropriations, the board shall have the authority to award reasonable reimbursement, as determined by the board, for any property employed, taken or used under the provisions of this act.

d. All awards shall be paid from any funds appropriated by the State, any political subdivision of the State, or the federal government, for such purpose. In awarding reimbursement under this section, the board shall take into account any funds, or any other thing of value, received by a claimant from any other source, including but not limited to private donations, contributions and insurance proceeds. The board shall not award reimbursement unless the claimant has demonstrated, to the satisfaction of the board, that the claimant has first sought reimbursement for any loss incurred due to the declaration of a public health emergency from any and all appropriate third party payers.


25. a. Any person making a claim for reimbursement for private property or services employed, taken or used for a public purpose under this act shall, subsequent to the termination of the public health emergency, file a petition for an award with the State Public Health Emergency Claim Reimbursement Board, established pursuant to section 24 of this act, through the Commissioner of Health and Senior Services. The petition shall be signed by the claimant and shall set forth the following:

(1) a description of the services or property employed, taken or used;
(2) the dates of the employment, taking or usage;
(3) the person or entity ordering the employment, taking or usage;
(4) such additional information as the petitioner deems relevant to a full consideration of the claim; and
(5) any additional information that the board may require.

b. The board may establish such forms, documents and procedures as may be necessary to expedite the processing of claims, and all claimants shall utilize and follow the forms, documents and procedures, if so established. Subsequent to the filing of an initial petition, the board may request such additional information as it deems necessary from any claimant and may require the claimant, and any other person with knowledge of facts and circumstances relevant to the claim, to appear before the board for a hearing. No petition shall be filed with the board more than 180 days from the last date the services or property were employed, taken or used, except that this deadline may be extended by the board as is necessary to further the purposes of this act.

c. The board’s determination concerning a claimant’s petition for reimbursement shall be transmitted to the claimant in writing. The claimant may appeal the decision to the Superior Court subject to the Rules of Court regarding the review of State agency actions.

d. Any person seeking reimbursement under this act shall proceed in accordance with the provisions of this section unless the declaration of public health emergency which gives rise to the claim or petition for reimbursement is superseded by order of the Governor pursuant to P.L.1942, c.251 (C.App.A:9-33 et seq.). Upon the declaration of an emergency by the Governor pursuant to P.L.1942, c.251 which supersedes the declaration of a public health emergency, the person shall proceed in accordance with the provisions of P.L.1942, c.251 and the person’s rights, remedies and entitlement to reimbursement shall be limited to that which is afforded in that act.

e. Notwithstanding the provisions of this section to the contrary, in the event funds are otherwise made available for reimbursement, a person shall not be required to file a petition for an award with the board pursuant to this section.

C.26:13-26 Material not considered public, government record.

26. Any correspondence, records, reports and medical information made, maintained, received or filed pursuant to this act shall not be considered a public or government record under P.L.1963, c.73 (C. 47:1A-1 et seq.) and P.L.2001, c.404 (C.47:1A-5 et al.).


27. The commissioner shall have the power to enforce the provisions of this act through the issuance of orders and such other remedies as are provided by law.


28. The provisions of this act do not explicitly preempt other laws or regulations that preserve to a greater degree the powers of the Governor or commissioner, provided such laws or regulations are consistent and do not otherwise restrict or interfere with the operation or enforcement of the provisions of this act.

C.26:13-29 Additional powers of State Medical Examiner.

29. The powers granted in the act are in addition to, and not in derogation of, powers otherwise granted by law to the State Medical Examiner.


31. R.S.26:4-2 is amended to read as follows:

Powers of State department and local board.

26:4-2. In order to prevent the spread of disease affecting humans, the Department of Health
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and Senior Services, and the local boards of health within their respective jurisdictions and subject to the State sanitary code, shall have power to:

a. Declare what diseases are communicable.
b. Declare when any communicable disease has become epidemic.
c. Require the reporting of communicable diseases.
d. Maintain and enforce proper and sufficient quarantine, wherever deemed necessary.
e. Remove any person infected with a communicable disease to a suitable place, if in its judgment removal is necessary and can be accomplished without any undue risk to the person infected.
f. Disinfect any premises when deemed necessary.
g. Remove to a proper place to be designated by it all articles within its jurisdiction, which, in its opinion, shall be infected with any matter likely to communicate disease and to destroy such articles, when in its opinion the safety of the public health requires it.

In the event the Governor declares a public health emergency, the department shall oversee the uniform exercise of these powers in the State and the local board of health shall be subject to the department's exercise of authority under this section.

32. R.S.26:8-62 is amended to read as follows:

Certification, certified copy of records, search fee; uniform forms for vital records.

26:8-62. a. The State registrar or local registrar shall, upon request, supply to a person who establishes himself as one of the following: the subject of the record of a birth, death, fetal death, certificate of birth resulting in stillbirth, domestic partnership or marriage, as applicable; the subject's parent, legal guardian or other legal representative; the subject's spouse, child, grandchild or sibling, if of legal age, or the subject's legal representative; an agency of State or federal government for official purposes; a person possessing an order of a court of competent jurisdiction; or a person who is authorized under other emergent circumstances as determined by the commissioner, a certified copy, or release of the data and information of that record registered under the provisions of R.S.26:8-1 et seq., or any domestic partnership registered under the provisions of P.L.2003, c.246 (C.26:8A-1 et al.), for any of which, except as provided by R.S.26:8-63, the State registrar shall be entitled to a search fee, if any, as provided by R.S.26:8-64, to be paid by the person. A certification may be issued in other circumstances and shall state that it is for informational purposes only, and is not to be used for identification purposes. The registrar shall authenticate the identity of the requestor and the requestor's relationship with the subject of the vital record. For the purposes of this subsection, any employee of a mortuary registered pursuant to P.L.1952, c.340 (C.45:7-32 et seq.), or a funeral director licensed pursuant to that act who is affiliated with a registered mortuary, if the mortuary was recorded on the original certificate of death, shall be construed to be the subject's legal representative and entitled to obtain full and complete copies of death certificates or certifications thereof.

b. The State registrar shall, upon request, supply to any applicant a certified transcript of any entry contained in the records of the New Jersey State census for which, except as provided by R.S.26:8-63, he shall be entitled to a search fee as provided by R.S.26:8-64, to be paid by the applicant.

c. For each death registration initiated on the NJ-EDRS on or after the first day of the first month following the date of enactment of P.L.2003, c.221 but before the first day of the thirty-seventh month following the date of enactment of P.L.2003, c.221, the State registrar shall be paid a recording fee for each record filed, whether by means of the current paper process or electronically, in an amount to be determined by the State registrar but not exceeding $10, from the account of the funeral home, which may include this amount in the funeral expenses charged to the estate or person accepting responsibility for the disposition of the deceased's human remains and the costs associated therewith; provided however, this fee shall not apply to the death registration of a person who died while in the military or naval or maritime or merchant marine service of the United States whose death is recorded pursuant to section 1 of P.L.1950, c.299 (C.26:6-5.2). The State registrar shall deposit the proceeds from the recording fee into
the New Jersey Electronic Death Registration Support Fund established pursuant to section 17 of P.L.2003, c.221 (C.26:8-24.2).

d. Notwithstanding any other provision of this section to the contrary, the Commissioner of Health and Senior Services shall designate specifications for uniform forms for the issuance of all vital records, which shall be used by registrars beginning on a date established by the commissioner. The form designated for certified copies of vital records shall contain safety features for authentication purposes and to deter forgery, and shall be readily distinguishable from the form designated for certifications of vital records. Local registrars may include in the fee for a certified copy the additional cost of the form containing such safety features.

The commissioner may issue and enforce orders to implement the provisions of this subsection.

33. R.S.34:15-43 is amended to read as follows:

Compensation for injury in line of duty.

34:15-43. Every officer, appointed or elected, and every employee of the State, county, municipality or any board or commission, or any other governing body, including boards of education, and governing bodies of service districts, individuals who are under the general supervision of the Palisades Interstate Park Commission and who work in that part of the Palisades Interstate Park which is located in this State, and also each and every member of a volunteer fire company doing public fire duty and also each and every active volunteer, first aid or rescue squad worker, including each and every authorized worker who is not a member of the volunteer fire company within which the first aid or rescue squad may have been created, doing public first aid or rescue duty under the control or supervision of any commission, council, or any other governing body of any municipality, any board of fire commissioners of such municipality or of any fire district within the State, or of the board of managers of any State institution, every county fire marshal and assistant county fire marshal, every special, reserve or auxiliary policeman doing volunteer public police duty under the control or supervision of any commission, council or any other governing body of any municipality, every emergency management volunteer doing emergency management service for the State, every health care worker, public health worker and support services personnel, registered with the Emergency Health Care Provider Registry pursuant to section 6 of P.L.2005, c.222 (C.26:13-6), and any person doing volunteer work for the Division of Parks and Forestry, the Division of Fish and Wildlife, or the New Jersey Natural Lands Trust, as authorized by the Commissioner of Environmental Protection, or for the New Jersey Historic Trust, and any person doing work related to bioterrorism, or volunteering, for the Department of Agriculture, as authorized by the Secretary of Agriculture, who may be injured in line of duty shall be compensated under and by virtue of the provisions of this article and article 2 of this chapter (R.S.34:15-7 et seq.). No former employee who has been retired on pension by reason of injury or disability shall be entitled under this section to compensation for such injury or disability; provided, however, that such employee, despite retirement, shall, nevertheless, be entitled to the medical, surgical and other treatment and hospital services as set forth in R.S.34:15-15.

Benefits available under this section to emergency management volunteers and volunteers participating in activities of the Division of Parks and Forestry, the Division of Fish and Wildlife, the New Jersey Natural Lands Trust or the New Jersey Historic Trust, shall not be paid to any claimant who has another single source of injury or death benefits that provides the claimant with an amount of compensation that exceeds the compensation available to the claimant under R.S.34:15-1 et seq.

As used in this section, the terms "doing public fire duty" and "who may be injured in line of duty," as applied to members of volunteer fire companies, county fire marshals or assistant county fire marshals, and the term "doing public first aid or rescue duty," as applied to active volunteer first aid or rescue squad workers, shall be deemed to include participation in any authorized construction, installation, alteration, maintenance or repair work upon the premises, apparatus or other equipment owned or used by the fire company or the first aid or rescue squad, participation in any State, county, municipal or regional search and rescue task force or team,
participation in any authorized public drill, showing, exhibition, fund raising activity or parade, and to include also the rendering of assistance in case of fire and, when authorized, in connection with other events affecting the public health or safety, in any political subdivision or territory of another state of the United States or on property ceded to the federal government while such assistance is being rendered and while going to and returning from the place in which it is rendered.

Also, as used in this section, "doing public police duty" and "who may be injured in line of duty" as applied to special, reserve or auxiliary policemen, shall be deemed to include participation in any authorized public drill, showing, exhibition or parade, and to include also the rendering of assistance in connection with other events affecting the public health or safety in the municipality, and also, when authorized, in connection with any such events in any political subdivision or territory of this or any other state of the United States or on property ceded to the federal government while such assistance is being rendered and while going to and returning from the place in which it is rendered.

As used in this section, the terms "doing emergency management service" and "who may be injured in the line of duty," as applied to emergency management volunteers and health care workers, public health workers and support services personnel registered with the Emergency Health Care Provider Registry pursuant to section 6 of P.L.2005, c.222 (C.26:13-6), mean participation in any activities authorized pursuant to P.L.1942, c.251 (C.App.A:9-33 et seq.), including participation in any State, county, municipal or regional search and rescue task force or team, except that the terms shall not include activities engaged in by a member of an emergency management agency of the United States Government or of another state, whether pursuant to a mutual aid compact or otherwise.

Every member of a volunteer fire company shall be deemed to be doing public fire duty under the control or supervision of any such commission, council, governing body, board of fire commissioners or fire district or board of managers of any State institution within the meaning of this section, if such control or supervision is provided for by statute or by rule or regulation of the board of managers or the superintendent of such State institution, or if the fire company of which he is a member receives contributions from, or a substantial part of its expenses or equipment are paid for by, the municipality, or board of fire commissioners of the fire district or if such fire company has been or hereafter shall be designated by ordinance as the fire department of the municipality.

Every active volunteer, first aid or rescue squad worker, including every authorized worker who is not a member of the volunteer fire company within which the first aid or rescue squad may have been created, shall be deemed to be doing public first aid or rescue duty under the control or supervision of any such commission, council, governing body, board of fire commissioners or fire district within the meaning of this section if such control or supervision is provided for by statute, or if the fire company of which he is a member authorized worker receives or is eligible to receive contributions from, or a substantial part of its expenses or equipment are paid for by, the municipality, or board of fire commissioners of the fire district, or if such first aid or rescue squad has been or hereafter shall be designated by ordinance as the first aid or rescue squad of the municipality.

As used in this section and in R.S.34:15-74, the term "authorized worker" shall mean and include, in addition to an active volunteer fireman and an active volunteer first aid or rescue squad worker, any person performing any public fire duty or public first aid or rescue squad duty, as the same are defined in this section, at the request of the chief or acting chief of a fire company or the president or person in charge of a first aid or rescue squad for the time being.

A member of a volunteer fire company, active volunteer first aid or rescue squad worker, county fire marshal, assistant county fire marshal, special, reserve or auxiliary policeman or emergency management volunteer serving a volunteer organization duly created and under the control or supervision of any commission, council or any other governing body of any municipality, any board of fire commissioners of that municipality or of any fire district within the State, or of the board of managers of any State institution, who participated in a search and rescue task force or team in response to the terrorist attacks of September 11, 2001 without the authorization of that volunteer organization's governing body and who suffered injury or death
as a result of participation in that search and rescue task force or team shall be deemed an employee of this State for the purpose of workers' compensation benefits as would have accrued if the injury or death had occurred in the performance of the duties of the volunteer company or squad of which he was a member.

Whenever a member of a volunteer fire company, active volunteer first aid or rescue squad worker, county fire marshal, assistant county fire marshal, special, reserve or auxiliary policeman or emergency management volunteer serving a volunteer organization duly created and under the control or supervision of any commission, council or any other governing body of any municipality, any board of fire commissioners of that municipality or of any fire district within the State, or of the board of managers of any State institution, participates in a national, multi-state, State, municipal or regional search and rescue task force or team without the authorization of that volunteer organization's governing body but pursuant to a Declaration of Emergency by the Governor of the State of New Jersey specifically authorizing volunteers to respond immediately to the emergency without requiring the authorization of the volunteer company or squad, and the member of the volunteer fire company, active volunteer first aid or rescue squad worker, county fire marshal, assistant county fire marshal, special, reserve or auxiliary policeman or emergency management volunteer suffers injury or death as a result of participation in that search and rescue task force or team, he shall be deemed an employee of this State for the purpose of workers' compensation benefits as would have accrued if the injury or death had occurred in the performance of the duties of the volunteer company or squad of which he was a member.

Nothing herein contained shall be construed as affecting or changing in any way the provisions of any statute providing for sick, disability, vacation or other leave for public employees or any provision of any retirement or pension fund provided by law.

34. R.S. 34:15-75 is amended to read as follows:

Compensation for injury, death for certain volunteers.

34:15-75. Compensation for injury and death, either or both, of any volunteer fireman, county fire marshal, assistant county fire marshal, volunteer first aid or rescue squad worker, volunteer driver of any municipally-owned or operated ambulance, forest fire warden or forest fire fighter employed by the State of New Jersey, member of a board of education, special reserve or auxiliary policeman doing volunteer public police duty under the control or supervision of any commission, council or any other governing body of any municipality, emergency management volunteer doing emergency management service, health care workers, public health workers and support services personnel registered with the Emergency Health Care Provider Registry pursuant to section 6 of P.L.2005, c.222 (C.26:13-6) and doing emergency management service for the State, or any volunteer worker for the Division of Parks and Forestry, the Division of Fish and Wildlife, the New Jersey Natural Lands Trust or the New Jersey Historic Trust, shall:

a. Be based upon a weekly salary or compensation conclusively presumed to be received by such person in an amount sufficient to entitle him, or, in the event of his death, his dependents, to receive the maximum compensation by this chapter authorized; and

b. Not be subject to the seven-day waiting period provided in R.S.34:15-14.

35. The commissioner shall adopt rules and regulations pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.) in order to carry out the purpose of this act.

36. This act shall take effect immediately.

Approved September 14, 2005.
New Jersey State
Pandemic Influenza Response Plan
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Executive Summary
The New Jersey State Pandemic Influenza Response Plan provides statewide guidance to governmental, commercial and private agencies and communities for the planning and response to an infectious disease capable of claiming thousands of lives and adversely impacting community infrastructure. This plan provides New Jersey with a description of the operating conditions and response expectations for those addressing the health of the state’s residents and survivability of the state’s infrastructure should there occur an influenza pandemic. This Plan is an attachment to ESF#8, the Public Health Annex to the State Emergency Operations Plan and conforms to NRP/NIMS principles and guidelines.

The Plan relies on acceptance of common assumptions and conditions by response agencies to enable pre-pandemic understanding of necessary and complimentary response activities.

Although the basis of this plan is a public health emergency, the challenge of Continuity of Operations and Continuity of Government is equal to the challenge of treatment of the ill. Consequently, a large portion of this plan concentrates on the maintenance of critical infrastructure when faced with a significantly reduced workforce, atmosphere of apprehension and fear, and threat of continuous illness, disease and death.

This Plan encompasses all of New Jersey’s governmental agencies, and sectors identified by the Domestic Planning Security Task Force Infrastructure Advisory Committee. Additional organizations, both public and private will integrate expected response activities as the plan matures and develops.

This Plan is based on health and supporting agency responses to a pandemic outbreak as defined by the World Health Organization and Federal pandemic influenza phases and further by New Jersey defined pandemic Situations. The State’s Situations are similar; however, not identical to the U.S. Department of Homeland Security Federal Government Response phases and transition from one Situation to another indicates a required change in activities of one or more NJ agencies.

This Plan addresses a zoonotic outbreak with little to no human-human transmission, and, human-human transmission of a novel influenza virus.

New Jersey’s Pandemic Influenza planning effort is described in five coupled efforts:

1. The New Jersey State Pandemic Influenza Response Plan (this document, the overarching state plan).
2. ANNEX 1: The New Jersey Department of Health and Senior Services Pandemic Influenza Plan (focused on the public health response to a pandemic).
3. ANNEX 2: The New Jersey Hospital Association (NJHA) plan (focused on healthcare facility response to a pandemic).
5. ANNEX 4: Individual business and private sector pandemic plans.
Note: Contents of ANNEX 4 are not held or controlled by the State.

Within this Plan, activities are general in nature and guidance is provided to partners that frames the development of individual plans. When response preparedness or response activities require greater specificity or detail, this Plan references appropriate supporting plans. It is a living document that is designed for growth and modification.
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<th>Subject</th>
<th>Pages</th>
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</table>
1.0 **Purpose**

The purpose of this Plan is to reduce morbidity and mortality, provide continuity of operations and position the state for recovery if attacked by a novel influenza virus that causes large numbers of illnesses and deaths throughout New Jersey.

2.0 **Authority**

Development of this Plan is the responsibility of the New Jersey Department of Health and Senior Services, activation of this Plan is by the Governor of the State of New Jersey or his designated authority, and enactment of this Plan is through the New Jersey Office of Emergency Management (OEM). NJDHSS is the Lead Agency for the Plan.

3.0 **Situation**

According to world and federal health officials, there exists an increased risk of a global influenza pandemic. This infectious disease is capable of claiming thousands of lives and adversely affecting critical infrastructure and key resources. Of major significance is the pandemic’s ability to reduce the health, safety, and welfare of the essential services workforce; immobilize core infrastructure; and induce fiscal instability.

All infrastructure and commercial sectors are susceptible to the effects of an influenza pandemic and all may experience the resulting severe disruption and impediments to the continuity of civil services and commercial operations. The dependence of sectors on each other may add to the disease a force multiplying effect as all sectors experience pandemic consequences nearly simultaneously and lose the ability to provide mutual support. Without an immediate and effective response to a pandemic, a critical health-focused situation may lead to a temporary collapse of government, business and society.

Long term results can be considerable. New Jersey must be prepared to respond aggressively and immediately to a pandemic threat as any unchecked pandemic might result in disruption of local and state infrastructures. The effect of a pandemic on the private sector, which provides the majority of critical infrastructure, is potentially significant.

Although prominent in news and discussion, the current national readiness for an influenza pandemic is insufficient. Only sustained planning, training and exercise of contingency operations across public, private and volunteer sectors will help to reduce the potential of a catastrophic pandemic disaster.

4.0 **Strategy**

This plan provides New Jersey with the framework for governmental and private response to an infectious disease capable of claiming thousands of lives and affecting critical infrastructure. The plan provides governmental and commercial entities a common understanding of the conditions, expectations, responsibilities and activities of organizations responsible for the survival of the state’s residents and infrastructure should a pandemic occur.

The Plan is based on health and supporting agency responses to a pandemic as defined by the World Health Organization phases and federal pandemic influenza stages and further defined by
New Jersey pandemic Situations. The State’s Situations are similar, however, not identical to the U.S. Department of Homeland Security Federal Government Response stages. Transition from one Situation to another indicates a change in activities of one or more NJ agencies.

<table>
<thead>
<tr>
<th>Federal</th>
<th>NJ Situations</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>NJ SITUATION 1</td>
</tr>
<tr>
<td>New domestic animal outbreak in at-risk country</td>
<td>Novel (new) influenza virus in birds or other animal outside the U.S.</td>
</tr>
<tr>
<td>No/Little Human spread</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>NJ SITUATION 2</td>
</tr>
<tr>
<td>Suspected Human Outbreak overseas</td>
<td>Novel (new) influenza virus in birds or other animal in the U.S. / N.J.</td>
</tr>
<tr>
<td>2</td>
<td>NJ SITUATION 3</td>
</tr>
<tr>
<td>Confirmed Human Outbreak overseas</td>
<td>Human case of novel (new) influenza virus outside of the U.S.</td>
</tr>
<tr>
<td>Human-Human spread</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>NJ SITUATION 4</td>
</tr>
<tr>
<td>Widespread human outbreak in multiple locations overseas</td>
<td>Human-to-human spread of novel (new) influenza outside the U.S. (no widespread human transmission)</td>
</tr>
<tr>
<td>4</td>
<td>SITUATION 5</td>
</tr>
<tr>
<td>First Human Case in North America</td>
<td>Clusters of human cases outside the U.S.</td>
</tr>
<tr>
<td>5</td>
<td>NJ SITUATION 6</td>
</tr>
<tr>
<td>Spread in U.S.</td>
<td>Human case of novel (new) influenza virus (no human spread) in the U.S. / N.J.</td>
</tr>
<tr>
<td>6</td>
<td>NJ SITUATION 7</td>
</tr>
<tr>
<td>Recovery and Preparation for subsequent waves</td>
<td>First case of human to human spread of novel (new) influenza in the U.S. / N.J.</td>
</tr>
<tr>
<td>7</td>
<td>NJ SITUATION 8</td>
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<tr>
<td>Spread in U.S.</td>
<td>Clusters of cases of human spread in the U.S./N.J.</td>
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<tr>
<td>8</td>
<td>NJ SITUATION 9</td>
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<tr>
<td>Recovery and Preparation for subsequent waves</td>
<td>Widespread cases of human to human spread of novel (new) influenza outside the U.S./NJ</td>
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<tr>
<td>9</td>
<td>NJ SITUATION 10</td>
</tr>
<tr>
<td>Spread in U.S.</td>
<td>Reduced spread of influenza or end of pandemic</td>
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</table>

Figure 1 Comparison of Federal and New Jersey Pandemic Influenza Phases and Situations

4.1 Pandemic Severity Index

The Centers for Disease Control and Prevention Community Strategy for Pandemic Influenza Mitigation guidance introduces a Pandemic Severity Index which uses the case fatality ratio as the critical driver for categorizing the severity of a pandemic (See Figure 2). The index is designed to enable estimation of the severity of a pandemic on a population to allow better forecasting of the impact of a pandemic and to enable recommendations on the use of mitigation interventions that are matched to the severity of influenza pandemic.
Pandemics will be assigned to one of five discrete categories of increasing severity (Category 1 to Category 5).

![Pandemic Influenza Severity Index](image)

**Figure 2 Pandemic Influenza Severity Index**

### 5.0 Assumptions
This Plan provides for common assumptions to ensure that governmental and private sectors are provided a standard framework for pandemic planning and response. This consistency is necessary for the development of a universal New Jersey plan that accounts for the interdependence of sectors during routine and emergency operations.

**Federal Assumptions**
1. An influenza pandemic will most likely originate overseas and not in the United States.
2. Susceptibility to the pandemic influenza virus will be nearly universal.
3. Efficient and sustained person-to-person transmission will signal an imminent pandemic.
4. The clinical disease attack rate will likely be 30 percent or higher. Illness rates will be highest among school-aged children (about 40 percent) and decline with age. Among working adults, an average of 20 percent will become ill within a community.
5. Some persons will become infected, but not develop clinically significant symptoms. Asymptomatic or minimally symptomatic individuals can transmit infection and develop immunity to subsequent infection.

6. The typical incubation period (interval between infection and onset of symptoms) for influenza will be approximately 2 days.

7. Persons who become infected will shed the virus and may transmit infection as much as a day before the onset of illness. Persons will transmit infection for at least 5 days after the onset of symptoms. Children will shed the greatest amount of the virus and are likely to pose the greatest risk for disease transmission.

8. On average, each infected person will transmit infection to approximately two other people.

9. Fifty percent of those who become ill will seek outpatient medical care. With the availability of effective antiviral drugs for treatment, this proportion could be higher.

10. The number of hospitalizations and deaths will depend on the virulence of the pandemic virus, the effectiveness and availability of antivirals and the availability of vaccine.

11. Risk groups for severe and fatal infection cannot be predicted with certainty, but will likely include infants, the elderly, pregnant women, and persons with chronic medical conditions.

12. Rates of absenteeism in workplaces will depend on the severity of the pandemic. In a severe pandemic, absenteeism in a community will reach 40 percent during the peak weeks of the pandemic, with lower rates of absenteeism during the weeks before and after the peak.

13. Certain public health measures (closing schools, quarantining household contacts of infected individuals, sheltering in place) will increase rates of absenteeism in workplaces.

14. In an affected community, a pandemic will last about 6 to 8 weeks; however, the imposition of community containment measures, in addition to possibly lessening the case/day numbers, may extend the length of the pandemic.

15. Multiple waves of illness may occur with several months in between waves.

Public Health Assumptions

The Department of Health and Senior Services is the lead planning agency for development of these assumptions.

1. Influenza-like illness (ILI) surveillance is being conducted.

2. Communication systems among federal, state and local health care partners are in place.

3. Up to 50 percent of the population will be affected either though illness, caring for those with illness, or changing lifestyle in response to the pandemic.

4. No vaccine for at least 6 months and then there will be limited quantities available on a periodic basis.
5. There will be a supply of antivirals and will be effective if taken in a timely fashion.

6. Antivirals may be effective as a means of prophylaxis if available in enough quantities to support this use.

7. Limited vaccines when available, will be distributed to target groups.

8. The Governor will declare a Public Health Emergency and may declare a State of Emergency, depending on the severity of the pandemic.

9. Support and response services will be required for an extended period of time (months).

10. There will be a large number of hospitalizations and deaths.

11. Medical supplies and staff will be limited.

12. The State will need to be self-sufficient (uncertain federal support).

13. Both health providers/responders and the public will experience significant stress and will require mental health services.

14. Quarantine may be effective under some circumstances.

15. Travel restrictions will not be effective.

**State Assumptions**

The initial focus of the State pandemic influenza plan is a statewide health response aimed at reducing morbidity and mortality, and effecting Continuity of Government (COG) to ensure civil and societal stabilization. The assumptions of this section reflect this focus. However, once the core Plan is drafted, the New Jersey Office of Homeland Security and Preparedness (OHSP) will expand the effort to the private and volunteer sectors which may include modifications to the assumptions with subsequent addressing of operational tasks. OHSP accepts this responsibility and considers this a living document designed for update and modifications.

**Pandemic Influenza Continuum**

In addressing a Pandemic Influenza continuum, this Plan provides two major conditions.

1. Novel influenza virus with *minimal* human-to-human transmission.


**Novel Influenza Virus**

1. Risk Communications will play a critical role in preparing the community for a pandemic and will play a critical role in education, direction and allay of fear during a pandemic.

2. The State will develop in advance of a pandemic, a prioritized list of prophylaxis/treatment based on essential services with focus on reduction of morbidity, mortality and maintenance of business continuity. Until the State develops its own list, New Jersey will use the recommendations developed by the federal government.
3. No human vaccine prior to a pandemic
4. If Avian Influenza (NJ Situation 2 page 7) presents in US/NJ, this may impact the general population through reductions in travel, food supply and economic manifestations. State agencies responding to the Avian Influenza may have expended resources necessary for a subsequent influenza pandemic response

Figure 3 Assumptions during a Novel Influenza Virus outbreak with minimal human to human transmissions

Pandemic
1. Clinical Disease attack rate will be 30% of the population during the pandemic, 30-50% reduction in workforce (sick/scared/care of others)
2. Community/Regional illness will last 6 to 8 weeks, up to 12 weeks
3. Multiple waves are likely
4. Large numbers of deaths

Response
1. Support for goods and services to include medical supplies, medical staff, vaccine and antivirals is uncertain
2. Federal and EMAC support is tentative
3. Vendor support for all classes of supply, food, fuel, repair parts etc may not be available.
4. Using current technology, no human vaccine for at least 6 months/limited vaccine for 6 months subsequent to production
5. Communication exchange is critical
6. The private sector ability to deliver goods and services will be compromised if they do not receive timely information
7. Public concerns of fear/anger/civil and social unrest
8. Social distancing orders likely
9. Overwhelmed health system
10. Isolation and quarantine likely required
11. First Responders are concerned about their families

COOP/COG
1. Viability of State, county, local agencies and private sector’s COOP/COG plans is untested
2. Many people do not prepare, or they do so only if they feel there is an imminent threat
3. State ESFs may not provide full guidance for response

Legal/Ethical
1. Legal authority and legal support system is identified prior to Pandemic
2. Ethical issues will begin to surface as decisions are made about vaccine, antiviral medications, and medical interventions, deceased

Figure 4 Assumptions during Novel influenza virus with sustained human-to-human transmission

6.0 Responsibilities

6.1. State Government

General

1. Develop a statewide influenza preparedness and response plan.

2. Include public and private, health and non-health, agencies in influenza pandemic planning.

3. Integrate public and private, health and non-health capabilities and requirements into the influenza pandemic plan.

4. Establish state pharmaceutical and pandemic health support stockpiles with distribution chains able to augment existing public and private logistical chains.

5. Develop a comprehensive pre-pandemic crisis communication and public information plan for statewide distribution and implementation.

6. Develop Continuity of Government plans that address a pandemic situation.

Office of the Governor

1. Direct and ensure the development, completion and implementation of the New Jersey State Pandemic Influenza Plan.

2. Determine essential state governmental functions during periods of reduced staffing and pandemic outbreak.

3. Determine state government workforce policies to include leave and pay, alternate worksite authorizations, mandatory sick leave, and decisions to implement social distancing in the governmental workplace.

4. Authorize statewide social distancing policies to include cessation of public gathering and school closure.

5. Approve for activation of select New Jersey Pandemic Influenza Plan components.

6. Convene Cabinet Level meetings as required.

7. Approve of essential service priorities.

8. Approve of mass prophylaxis, vaccination, and treatment priorities.

9. Engage professional and labor organizations in advance of a pandemic to coordinate acceptable and feasible response activities.

New Jersey Office of Homeland Security Preparedness (OHSP)

1. Coordinate state agency efforts in the development of a New Jersey State Pandemic Influenza Plan.
2. Coordinate plan development with the public and private sector.

3. Assure development of COOP/COG and encourage us of the plan with the public sectors who deliver essential services.

4. Assuring the development and completion of the New Jersey State Pandemic Influenza Plan.

5. Deliver of training plans in support of this Plan.

6. Coordinate the development and dissemination of public information for all levels of government, the private sector and the residents of the State of New Jersey, and through NJDHSS, coordinate the development and dissemination of public health information.

7. Direct State exercise of the Plan and After Action Review.


9. Coordinate the development of recommended essential services priorities for presentation to the Office of the Governor.

10. Coordinate the development of recommended priorities for mass prophylaxis and treatment prior and during an influenza pandemic for recommendation to the Office of the Governor.

**New Jersey State Police (NJSP)**

**New Jersey Office of Emergency Management (OEM)**

1. Incorporate this Plan into the State’s Emergency Operations Plan.

2. Ensure periodic Plan review and TTX.

3. Direct and implement the Plan.

4. Ensure the Plan is consistent with New Jersey Emergency Management protocols and harmonious with expected federal response.

5. Coordinate all Emergency Response activities in the name of the Governor.

**New Jersey Department of Health and Senior Services**

1. Serve as the Lead Agency for Pandemic Influenza preparedness and response.

2. Provide Subject Matter Expertise (SME) during plan development and implementation.

3. Ensure the accuracy of medical and health information related to pandemic influenza as guided by CDC.

4. Coordinate public health department activities.

5. Designate and instruct LINCS authorities.

6. Serve as Liaison with the US Department of Health and Human Services during planning and response activities.

7. Develop a statewide mass vaccination plan.

8. Maintain a State Strategic Stockpile of pharmaceuticals, antivirals, and other medical supplies.
9. Coordinate statewide preparedness and response activities with OHSP and OEM.

10. Develop an operations plan for the health response to an Influenza Pandemic (Annex 1).

11. Convene a panel to provide recommendations to the Commissioner of Health and Senior Services on the ethical issues surrounding mass prophylaxis and treatment issues as related to an influenza pandemic.

12. Provide pharmaceutical and non-pharmaceutical intervention recommendations to the Office of the Governor.

13. Coordinate the provision of healthcare services.

14. Provide health planning and operational guidance to state agencies and the private sector prior to and during a pandemic.

15. Develop and disseminate the public information for all levels of government, the private sector and the residents of New Jersey.

**Commissioner, New Jersey Department of Health and Senior Services**

**State Epidemiologist**

1. Provide consultation to LHDs and healthcare providers, as needed, on suspect novel influenza cases including those suspected to be attributed to animal to human transmitted influenza.

2. Investigate influenza outbreaks in conjunction with LHDs.

3. Work with LHDs and State Laboratories to coordinate influenza testing.

4. Continue work with LHDs to recruit medical providers to create and participate in a New Jersey influenza physician network.

5. Develop materials and help educate healthcare providers about novel and pandemic influenza.

6. Develop protocols for using surge capacity epidemiology staff for surveillance activities.

7. Work with external partners (USHHS, USDA) to remain informed of coordination efforts related to non-human animal disease control.

8. Develop materials and help educate healthcare providers, veterinarians and animal disease responders about pandemic influenza strains.

9. Aggregate and interpret animal disease exposure case-report forms to determine need for modified infection control guidelines.

10. Identify and enumerate communication groups, and communicate regularly with key response partners.

11. Monitor local and state and national syndromic surveillance systems for respiratory and influenza like illness.

12. Monitor mortality surveillance trends, as reported by NJ LINCS agencies forwarding data from 21 counties.

13. Determine and report on a weekly basis the state influenza-activity level to the CDC and disseminate to LINCS agencies and LHDs.
14. Implement system enhancements developed for electronically reporting laboratory influenza surveillance data to LHDs.

15. Maintain updated pandemic influenza screening protocol and screening criteria on State Health Department website.

16. Implement Metropolitan Medical Response System (MMRS) Reporting System, and analyze excess deaths attributable to pneumonia and influenza.

17. Continue to provide updated case definition, protocols or algorithms for case findings, inclusive of clinical data and travel or exposure history.

18. Enhance surveillance to include monitoring of following groups:
   - Perform outreach/monitoring of persons involved in culling birds or animals infected with influenza (single cases and/or clusters).
   - Other persons exposed to birds or animals infected with influenza, e.g., farmers and veterinarians (single cases and/or clusters). Work with NJDA and NJDEP regarding poultry and wild bird population issues.

19. Develop protocols for using surge capacity epidemiology staff for surveillance activities.

20. Work with vaccine preventable diseases to establish system for:
   - Monitor vaccine usage for routine and pandemic strain influenza vaccines, if available.
   - Monitoring adverse vaccine events attributed to pandemic strain vaccine, if available.
   - Collect data for later use in calculation of vaccine effectiveness for the pandemic strain vaccine.
   - Monitoring pneumococcal vaccine use and adverse events associated with its use, if this vaccine is available and being used.

21. Establish system for monitoring antiviral use and adverse events that may be attributed to antiviral use, if applicable.

22. Establish system for monitoring hospital admissions for suspected or confirmed cases of pandemic strain influenza, available for use by LHDs staff.

23. Establish criteria to indicate when to move from one level of surveillance to higher or lower level, and indicators for movement from case-based control measures to community-based control measures.

24. Establish system for revising pandemic case definition, given availability of additional clinical information (WHO will recommend global case definitions according to different global phases).

25. Consider how recovered cases, presumably immune to new virus, can be identified by occupation (e.g., healthcare workers or workers in designated essential services), to facilitate development of resource of workers presumed to be immune.

26. Establish mechanism for data aggregation and interpretation for decision-making.

27. Facilitate dissemination of pandemic influenza surveillance reports to LHDs, partner agencies and public.
28. Ensure mechanism for daily reporting of cases to national authorities, including information on possible source of infection.

**Senior Assistant Commissioner for Health Infrastructure Preparedness and Emergency Response**

As designated by the Commissioner, DHSS and the New Jersey State Deputy Director for Emergency Management, and in coordination with the NJSP Office of Emergency Management, direct the State operational response to an Influenza Pandemic.

**New Jersey Department of Agriculture**

1. Serve as the Lead Agency for Avian Influenza preparedness and response as per the NJDA Avian Influenza Plan.

2. Provide Subject Matter Expertise (SME) during Avian Influenza plan development and implementation.

3. Ensure the accuracy of veterinary information as related to novel influenza viruses of animal origin, in consultation with NJDHSS and DEP.

4. Liaise with the US Department of Agriculture, the NJ Department of Environmental Protection (DEP) and NJDHSS during planning and response activities.

5. Coordinate Avian Influenza statewide preparedness and response activities with OHSP and OEM.

**New Jersey Department of Human Services**

1. Provide command and control of Emergency Support Function #6, Mass Care, Housing and Human Service.

2. Coordinate Non-Governmental Organization support activities for ESF#6.

**Division of Mental Health Services**

1. Coordinate mental health services.

2. Activate phase specific crisis counseling services as outlined in the NJDHSS influenza pandemic flu plan.

3. Provide crisis counseling services and psychological education for individuals, groups, and the community.

4. Provide Subject Matter Expertise to State PIO for communications to public through press releases, brochures, web based forums and hotlines.

**New Jersey Department of Environmental Protection**

1. Support the Department of Agriculture as lead State agency for Avian Influenza contingency planning for packaging, containerization, transport, disposal and decontamination associated with depopulated birds.

2. Assist the Department of Agriculture in bird surveillance and testing for Avian Influenza of wild bird populations.
3. Store and dispatch stockpiled Personal Protective Equipment (PPE) in response to Avian Influenza outbreaks through the DEP Warehouse.

4. Assist the Departments of Health and Senior Services and Agriculture as needed as the State's lead emergency response agency.

5. Assist with coordination of the Mass Fatality Appendix to the State Emergency Operations Plan in conjunction with the Department of Health and Senior Services and the State Medical Examiner.

6. Serve in a coordinating roll to enlist the support of County Environmental Health Act agencies in response to an Avian Influenza or Pandemic Flu outbreak.

7. Support the Departments of Health and Senior Services and Agriculture in managing emergency response calls through the DEP Communications Center Hotline.

8. Provide Subject Matter Expertise (SME) on environmental protection matters.


**New Jersey Department of Military and Veterans Affairs**

1. Assist in the Receipt, Staging and Storage of the Strategic National Stockpile at the USP&FO Warehouse.

2. Provide assistance to law enforcement personnel in providing security at Points of Dispensing (PODs).

3. Provide assistance to law enforcement personnel by providing Military support to Civil Disturbances (MACDIS).

4. Employ force protection measures to inoculate soldiers and their families.

5. ESF#1: Transportation – Assist civilian authorities with public safety and security; move supplies and equipment, vehicles and other hazards to allow passage of emergency, postal and defense vehicles.

6. ESF#2: Communications – Support the NJSP OEM with communications personnel and equipment to augment existing communications networks and/or establish secondary/redundant systems during response and recovery of disasters or other emergency situations if required

7. ESF#3: Public Works and Engineering –emergency power generation; supply & transportation of potable water

8. ESF#5: Resource and Recovery Planning –emergency power generation; supply and transportation of potable water; food service support; search and rescue; assist law enforcement agencies with traffic control and security; and transportation.

9. ESF #9: Law enforcement – Assist law enforcement personnel with staff and equipment to aid with maintaining law and public order and provide response services following a catastrophic event or other civil emergency or natural disaster. Assist with traffic control; area, disaster site or facility security, infrastructure security, Military Assistance for Civil
Disturbances (MACDIS); transportation of law enforcement personnel; and medical or disaster victim evacuation.

10. ESF#10: Support the NJ Department of Environmental Protection with personnel and equipment to assist with cleanup operations, traffic control, transportation of potable water, evacuation and shelter support and liaison with federal military organizations.

11. ESF#11: Support the NJ Department of Agriculture with personnel and equipment to assist with potential quarantine missions of infected poultry farms with the Avian Influenza.

12. Develop MOA with NJDHSS to add National Guard personnel to the inoculation priority list and coordination for the care of military families located on NJ military facilities.

13. When requested, assist NJDHSS in delivery of vaccines and antivirals to PODs and other locations for administration to priority groups.

14. Identify, procure, pre-position and stockpile personal protective equipment (rubber gloves, N95 Surgical face masks, gowns, and personal hygiene supplies).

15. Identify, procure, pre-position and stockpile approved vaccines and approved antiviral drugs for distribution/administration to Guards members and their families.


Division of Fire Safety

1. Assist county fire coordinators in developing response and contingency plans when the fire service is affected by the pandemic.

2. Collect weekly (at a minimum) available staffing reports and analyze this information to ensure adequate fire protection is available.

3. Coordinate with other state agencies to provide for inoculation of firefighters and their families.

4. Develop procedures for responding to quarantined locations and identify actions to be taken in the event of an emergency.

5. Provide regional briefings to the fire service on pandemic influenza planning.

New Jersey Department of Education

Policy Process for School Closure and the Communication Plan for this Decision

One-page summary of the status of current State activities with respect to this priority, including description of recent accomplishments

The New Jersey Department of Education has taken a proactive approach in attempting to plan and prepare for a potential pandemic. The department has implemented three key strategies in preparing public and nonpublic schools for communicating and responding before, during and after a pandemic. First, officials from the department met with all 21 County Superintendents of Schools and the Nonpublic Advisory Council to discuss and disseminated the department’s
emergency communication plan. Second, the department created and disseminated an emergency communication survey to collect information on county and local emergency communication procedures across the state. Third, the department hosted several regional trainings concentrating on crisis and emergency management planning. A key module of these trainings, Preparing Schools for a Pandemic, included statewide, county and local communication protocols and procedures. During this module, chief school administrators, charter school lead persons and nonpublic school administrators were reminded of their responsibilities for closing and opening schools during a pandemic. The training stressed the importance for school administrators to make these decisions in consultation with their county superintendent, local health department and office of emergency management.

Pertinent part(s) of the State’s operational plan for pandemic influenza preparedness. This portion of the plan should address the following item(s):

Criteria determining when/if school closure will occur;

- Schools will be closed if ordered by the Governor.
- If the Governor has not ordered school closures, but the New Jersey Pandemic Influenza Response Task Force (PIRT) or the Department of Health and Senior Services (DHSS) recommends closure, the Commissioner of Education will convene the department’s essential staff (see below) to assess and make recommendations about the needed response. The department in consultation with the governor’s office, PIRT and DHSS will determine if all or some school districts should be directed to close and implement their continuity plans.

List of individuals with the authorities, roles and responsibilities to officially declare schools closed and authorize their reopening; and,

- The Governor may order the Commissioner of Education to close some or all schools.
- The Commissioner of Education will convene the department’s essential staff to assess the situation and make recommendations about the needed response to the Governor. According to the Department of Education’s Governmental Operations Continuity Plan, essential staff include:
  - Chief of Staff
  - Assistant Commissioner, Division of Field Services
  - Assistant Commissioner, Division of Student Services
  - Special Assistant to the Commissioner
  - Director of Administration & Human Resources
  - Director of Information Technology
  - Director of Public Information
  - Manager of Criminal History Review
  - Department of Education Emergency Management Coordinator

- Districts and schools may also be contacted by emergency responders dealing with immediate health related threats. Agencies making such contact include, but are not limited to, local police, State Police, the Office of Emergency Management, and county or local
health departments. CSA/CSLP responds to these contacts consistent with their safety and security plans.

- In the event that the State and/or department has not made a decision on school closures, chief school administrators, charter school lead persons and nonpublic school administrators have the authority to close schools. However, it is expected that this decision will be made in consultation with their County Superintendent of Schools, local Health Department and Office of Emergency Management.

**Policy and action steps regarding stakeholder notification prior to and during an influenza pandemic that local jurisdictions might incorporate into their own plans.**

- In the event that district/school closures are necessary, the Commissioner of Education will implement the following communication plan to notify the appropriate personnel to begin closure procedures.

**NJDOE Pandemic Communication Protocol:**

1. The department is ordered by the Governor to close some or all schools and districts.

2. The department informs the essential staff and begins to implement its business continuity plan if the closure affects NJDOE services.

3. The department notifies county superintendents (CSs) by e-mail and/or phone of the emergency and directs them to notify chief school administrators (CSAs), charter school lead persons (CSLPs) and nonpublic school administrators (NPSAs) of the schools and districts identified for closure. In consultation with the Governor’s office and the Office of Emergency Management announcements will be made via television, radio and email.

4. County Superintendents inform CSAs/CSPs/NPSAs of the emergency using their emergency notification system and directs them to close the schools and districts targeted for closure.

5. CSAs/CSPs/NPSAs follow the districts’/schools’ communication procedures closing schools and districts targeted for closure.

6. Local districts and schools begin their normal process of closing schools and informing students, parents and the community of the closures and other information about the situation.

7. CSAs/CSPs/NPSAs begin to implement their continuity of educational services plan (5, 10, 15, 30 day and long term).

8. NJDOE awaits word from the Governor’s office of when schools may be reopened.

- Throughout a pandemic, the State and NJDOE will use their websites, email, phone, radio, television and the emergency broadcast system to update the school community on the status of the pandemic and school closures.
• The department has emphasized with school districts the importance of communicating during a critical incident. In preparation for a potential pandemic, local school districts have been advised to implement three key phases of communication which includes pre-event, event and post-event. Listed below is guidance for these phases.

Local Pandemic Communication Protocol:

Recognizing that all districts/schools have varying resources, the NJDOE supports local planning and communication systems. Some districts have sophisticated reverse 911 systems to communicate in an emergency and others use radio announcements. In all cases, the school staff and community should be informed about the communication system.

The NJDOE has advised districts/schools and provided training and guidance on the following recommendations:

• Prior to a pandemic:
  o Schools/districts should assess, update and test their plan for communication and dissemination of information to staff, students, families and key stakeholders.
  o A lead spokesperson for Pandemic information should be identified.
  o Educational material and resources on the pandemic should be identified that can be distributed to staff, students and families.
  o Communication templates should be developed (i.e. letters to parents, ‘dark pages’ for website, template script for phone lines, etc.).
  o The schools’/districts’ pandemic plan should be shared with staff and families.
  o Staff and families should be provided with a “Disaster Supplies Kit” Checklist / Family Emergency Communication Plan document to prepare them for a pandemic.
  o Communication within schools should:
    ▪ Emphasize preventing the spread of communicable diseases.
    ▪ Stress infection control and post guidance (hand hygiene, ‘respiratory etiquette’, student spacing, etc.) throughout the school building.
    ▪ Support staff and students’ decisions to stay home, if they are sick.

• During a pandemic:
  o Address the current status of the pandemic.
  o Schools/districts should take guidance from NJDHSS, OHSP, NJDOE via County or Local Health Dept. and/or County Superintendent.
  o Keep records of the current absentee rates (internally and externally).
  o Share with key constituents the following information:
    ▪ Infection control policies and procedures.
    ▪ Information about the disease and how to care for ill family members.
    ▪ Guidance about community mental health and social services resources.
  o Information on the current status of the pandemic must be updated regularly.
  o Information must be culturally and literacy appropriate for community.

• In-between waves or after a pandemic:
  o Stress the importance of resuming ‘new normal’ activities.
  o Emphasize the mental health of staff, students, families and the community.
• Continue to communication with staff, students, parents and the community the status of the pandemic and stress that it safe to return to schools.
• Evaluate the pandemic plan and procedures to prepare for a second/third wave.

• Provide expertise to the State EOC on incorporation of educational facilities and personnel into the Statewide Mass Care plans and procedures.

• Participate with the volunteer service organizations in ongoing programs to identify and certify educational facilities as Mass Care facilities.

• Coordinate with the NJOEM, the N.J. Department of Agriculture, county and municipal schools, and volunteer service agencies on matters pertaining to the use of school emergency inventories of Federally-donated surplus food commodities, to be deployed in mass feeding operations.

• Coordinate school bus transportation in the event of a evacuation.

LINCS Agencies have instituted a surveillance mechanism for reporting a substantial increase in absenteeism among students and faculty.

Each school should identify a chain of command and establish back ups to include an appropriate spokesperson including contact information.

Consider and prepare for how/if the school may function with 30% of the workforce absent.

Consider establishing policies and procedures for implementing containment measures (social distancing, canceling sports events and other mass gatherings).

Consider developing alternative procedures to assure continuity of instruction, distance learning methods.

School cleaning and personal hygiene education.

Educating Students/Staff/Parents to help to eliminate concern.

6.2. Hospitals

Inter-pandemic and Pandemic Alert Responsibilities
• Prepare to treat significantly increased patient numbers during a pandemic influenza.
• Coordinate with NJDHSS during inter-pandemic periods to expand their capabilities for treatment of patients through their internal surge plans and the activation of the EOC.

Pandemic Responsibilities
• Activate internal surge capacity plans.
• Treat patients in existing facilities within capabilities.
• Coordinate with HCC and long-term care facilities to move non-affected patients to long-term care facilities.
• Coordinate with HCC to activate and operate MCC’s.
• Vaccinate staff and their families.
• Provide appropriate personal protective equipment (PPE) to personnel.

**Individual New Jersey State Agencies**

1. Serve as Supporting Agencies to NJ Departments of Agriculture, Health and Senior Services for New Jersey’s Avian Influenza and Influenza Pandemic Plans as noted in this document.
2. Serve as lead and supporting agencies for ESFs and ensuring update of agency ESF, COOP and COG plans as they relate to pandemic and avian influenza planning and response.
3. Serve as Supporting Agencies for OHSP and DSPTF in the development, planning, training and exercise of the Plan.
5. Maintain communications and liaison relationships with associated infrastructure sectors during planning and response.
6. Provide sector Subject Matter Expertise (SME) as appropriate.
7. Develop agency Influenza Pandemic response plans in support of this document, and training and exercising to these plans.
8. Implement actions required under the State EOP in response to conditions created by the pandemic.
10. Prepare for mental health issues associated with mass morbidity and mortality.

**6.3. Private Sector/Critical Infrastructure:**

As a key element in the preparedness and response to an influenza pandemic, the private sector must be included in this plan and their effort coordinated with state operations. Supported by the state, key responsibilities of the private sector include:

1. Establish workplace infection control protocols.
2. Establish continuity of operation plans and contingency systems to maintain delivery of essential goods and services during times of significant and sustained worker absenteeism.
3. Develop information packages to assist workers in dealing with the environment of a pandemic.
4. Establish partnerships with like sector members for mutual support and maintenance of essential services during a pandemic.
5. Establish Employee Flu Awareness and Prevention Programs.
6. Define Personal Protection Equipment (PPE) requirements based on mission and training

7. Engage professional and labor organizations in advance to coordinate acceptable and feasible response activities.

8. Establish of Alternate Worksite Locations and Social Contact guidance and procedures.

9. Prepare for mental health issues associated with mass morbidity and mortality.

**Components of a Private Sector/Critical Infrastructure plan should include:**

1. Definition of Essential Services Provided

2. Identification of first, second and third tier Essential Services Required

3. Reduced Staffing Plans

4. Contact Phone Trees

5. Social Distancing Plans (workplace separations, shutdown of common areas etc)

6. Infection Control Policies and Procedures

7. Employee Support (pay, modifications to vacation/sick leave, family support, mental health support)

**6.4. Critical Infrastructure Inter-dependencies**

Section 6.3 focuses on the individual organization COOP/COG and pandemic specific planning and will play a significant role in ensuring the safety and resiliency of New Jersey during a pandemic. Of equal significance is the coordination of effort and address of inter-dependencies within and across sectors and communities. Planning must compensate for a pandemic’s effect on first tier resources (defined as those resources directly required for a process) and second and third tier (defined as those resources that enable first tier processes). This plan identifies four areas of focus in support of inter-dependency continuity of operations: governmental, regional, business sector, and community.

**6.4.1. Inter-Government:** (municipal, county and State, Federal). The New Jersey Office of Emergency Management is responsible for ensuring the linkage of governmental operations and requirements. During a Pandemic, DHSS, as the lead agency for the Pandemic response operation will, in coordination with OEM, link municipal, county, state and federal agencies though: local Offices of Emergency Management, NJ State Emergency Operations Center (EOC) representatives, Joint Field Office (JFO) and Joint Information Center (JIC) liaisons, and state official’s meetings.

**6.4.2. Regional:** Inter-state governmental linkages including coordination between New Jersey, New York State, New York City, Pennsylvania, Philadelphia and Regional Authorities (Port Authority of New York and New Jersey and the South Jersey Port) are through direct agency-to-agency contact with overarching coordination through the State EOC. During a Pandemic, DHSS is responsible for direct interstate and regional health system efforts and
responsible for ensuring these efforts are coordinated with State EOC operations. When federal agencies are coordinating regional efforts, NJ JFO and JIC liaisons are responsible for linkages to the State EOC.

6.4.3. Business Interdependencies of regional and state critical infrastructure sectors are the responsibility of Infrastructure Advisory Committee through state sector lead agencies.

6.5. Critical Infrastructure Status of Operations

6.5.1. Critical Infrastructure Status Matrix (figure 3)

6.5.1.1. Each Critical Infrastructure Sector shall establish and maintain a matrix of sector key components and functions.

6.5.1.2. OEM will display the Status Matrix on the State EOC information board during pandemic operations.

6.5.1.3. State agency sector leads are responsible for updating status of the Matrix.

6.5.1.4. The Status Matrix will be a chart with color coded circles in each chart cell.

6.5.1.5. Colored circles will indicate the status of the sector component of function with:

<table>
<thead>
<tr>
<th>Health Sector</th>
<th>Facilities</th>
<th>Staff</th>
<th>Transportation</th>
<th>Operations</th>
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</thead>
<tbody>
<tr>
<td>Hospitals</td>
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<td>EMS</td>
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<td>Mass prophylaxis</td>
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Figure 5 Example Matrixes for Health Sector

- Green = fully functional (70-100%),
- Yellow = partially functional (40-70%),
- Red = marginally functional (0-40%)
- Black= non-functional.