

7.0 Operations

7.1. Concept of Operations/General

7.1.1. The NJ State Pandemic Influenza Annex is based on a tailored response to situations describing the emergence of a novel strain of influenza (See Figure 5). These situations may occur sequentially, simultaneously, or in non-sequential order and the NJ response to each condition may be independent of the response to previous or subsequent conditions. Situations 1-2 exclude human infection, Situations 3-4 reflect minimal human infection, and Situations 5 and higher indicate a virus that significantly threatens humans.

Situation	Description	Actions (To be added after exercise)
Situation 1	Novel (new) influenza virus in birds or other animal outside the U.S.	
Situation 2	Novel (new) influenza virus in birds or other animal in the U.S. / N.J.	
Situation 3	Human case of novel (new) influenza virus (no human spread) outside of the U.S.	
Situation 4	Human-to-human spread of novel (new) influenza outside the U.S. (no widespread human transmission)	
Situation 5	Clusters of human cases outside the U.S.	
Situation 6	Human case of novel (new) influenza virus (no human spread) in the U.S. /N.J.	
Situation 7	First case of human-to-human spread of novel (new) influenza in the U.S. / N.J.	
Situation 8	Clusters of cases of human spread in the U.S./N.J.	
Situation 9	Widespread cases of human to human spread of novel (new) influenza outside the U.S.	
Situation 10	Widespread cases of human to human spread of novel (new) influenza in the U.S./N.J.	

Figure 6 NJ Situations for a Novel Influenza Virus

7.1.2. The goals of the federal response to an influenza pandemic include to: (1) stop, slow, or otherwise limit the spread of the pandemic to the United States; (2) limit the domestic spread of the pandemic and mitigate the disease, suffering, and death; and, (3) sustain infrastructure and mitigate impact to the economy and functioning of society.

7.1.3. The objectives of the New Jersey Plan are to: (1) reduce morbidity and mortality as a result of infection with a novel influenza virus; (2) provide the optimum quality of ethical care to those sickened or effected by the influenza virus; (3) maintain the healthcare system's ability to treat patients with illness and injury other than that caused by the influenza virus during a pandemic; (4) minimize the effects of a pandemic on the daily activities of New Jersey's residents, visitors and business community; (5) maintain critical infrastructure, (6) provide continuity of operations during the pandemic and position the state for recovery post-pandemic; and, (7) maintain social order.

7.1.4. The strategy of the Plan is to: (1) present the public and medical providers with the most current information on an influenza pandemic before, during, and after a pandemic; (2) detect, as early as possible, infections and exposure to the novel influenza virus; (3) rapidly intervene with appropriate medical prophylaxis and treatment during an influenza outbreak; (4) contain the outbreak to the smallest geographic area and population; (5) protect those who are likely to be exposed to a novel influenza virus; (6) provide augments and alternatives to existing healthcare infrastructure during a pandemic in order to maintain the integrity of the healthcare delivery system; (7) slow the spread of the pandemic in order to reduce the numbers of patients requiring direct health care per day; (8) implement business continuity alternatives in support of health responses activities; (9) coordinate the statewide response to a pandemic among all state agencies, commercial and private industry, and for-profit and not-for-profit organizations; and (10) identify, prioritize and maintain critical infrastructure during the pandemic.

7.1.5. The mechanisms for implementing this strategy and attaining the objectives include: containment, social distancing, prophylaxis (when available and appropriate), mass vaccination (when available), and patient care. These mechanisms rely on the supporting functions of public information, security, and most significantly, execution of continuity of operations plans.

7.1.6. An influenza pandemic has the ability to cripple society in two major ways; (1) through significant morbidity and mortality, and, (2) degradation of critical infrastructure due to staff shortfalls and changes in methods of business operations. The New Jersey Plan places a response to these effects as a key priority.

7.2. Concept of Operations/Critical Infrastructure

7.2.1. Identification of essential goods and services provides a means for prioritized asset allocation, tasking, and decision-making.

7.2.1.1. During influenza pandemic planning the DSPTF Executive Group is responsible for providing a prioritized list of critical assets and infrastructure thought necessary during a pandemic response to the Pandemic Influenza Response Team Policy Group (See Section 8.2).

7.2.1.2. During a pandemic, the Pandemic Influenza Response Team Policy Group (See Section 8.2) provides a prioritized list to the Governor of critical assets and infrastructure necessary for a pandemic response.

7.2.2. New Jersey identifies essential life sustaining services, essential public safety and essential government as areas that will receive priority attention during a pandemic. Attachment A (To be determined by completion of Draft based on community input and state agency caucus) provides detailed information on the State's priorities during a pandemic.

7.3. Concept of Operations/Continuity of Government (COG) and Continuity of Operations Plan (COOP)

7.3.1. Fundamental Understanding

7.3.1.1. State, County, and Municipal governments are responsible for continuing to provide essential services that assure the safety and well-being of their populace during all disasters, including a long-term influenza pandemic. Successfully fulfilling this responsibility requires effective planning prior to events to assure that all core operations (Public Safety, Healthcare Delivery, Utilities Maintenance, and Food Supply) required in this Plan can be consistently conducted at levels necessary to assure basic support over an extended period to all of New Jersey's populace.

7.3.1.2. All NJ state agencies, counties and municipalities have been directed by the Director, NJ Office of Homeland Security and Preparedness, to prepare viable COOP/COG Plans. These plans will include the following elements: identification of essential functions, orders of succession, delegation of authority, personnel management, vital records protection/maintenance, alternate facilities identification and preparations, interoperable communications, devolution, resumption of operations, and relevant training, testing, and exercising to validate and improve upon these essential COOP/COG Plan elements. Relevant COOP/COG training and a common template have been provided to representatives selected by each state agency, county and municipality.

7.3.1.3. Counties are expected to support their respective municipalities and critical private sector entities with the technical assistance/leadership necessary to assist their planning to remain operational during an influenza pandemic and any other catastrophe that will affect their residents/employees. State assistance in these efforts will be provided upon request and as available.

7.3.2. COOP/COG Assumptions

7.3.2.1. Pandemic Flu COOP/COG Planning is different from traditional disaster scenarios that place an emphasis on destruction/denial of physical assets (i.e. buildings, communications, and material goods). During an influenza pandemic, physical infrastructure is expected to remain unaffected pending other catastrophes. An influenza pandemic's primary impact is the loss of the people required to assure successful completion of core functions. These personnel losses may be of several weeks duration due to personal and or family illness and care requirements and or mandated social distancing, or permanent due to death. Changes in lifestyle in response to a pandemic may stress systems in non-traditional ways. IT infrastructure will be stressed and may

become unavailable for extended and sporadic periods due to “overloading” from telecommuting. Economic viability will face challenges as less of the population ventures into public areas. Food services (production and distribution) are susceptible to loss of staff and loss of customer base. Therefore, for the purposes of effective COOP/COG Planning, the following elements of a complete plan must be prioritized, kept current, trained to and exercised frequently by all governmental and private agencies:

- Identification of Core Operations.
- Identification of Essential Functions required to complete the mandated core operations
- Identification of personnel who will have responsibilities for accomplishing the Essential Functions.
- Identification of external dependencies that may also be affected by a pandemic.
- Orders of Succession several levels down to assure operational continuity.
- Delegation of Authority commensurate with Orders of Succession to assure that potential in-charge designees have the legal capacity necessary to complete their duties; i.e.: signature authority; Powers of Attorney; indemnification; etc.
- Personnel policies to support operations in a Pandemic Flu environment; i.e.: telecommuting policy, work plans, and equipping/training telecommuting designees; payroll activities; benefits tracking and administration; etc.
- Vital records safeguarding and maintenance so that critical government, business, and personnel functions can be sustained.
- Devolution planning so that the essential government entities can maintain staffing through cross-use of pre-designated staff from other departments/agencies/municipalities, etc.
- Training of personnel to accept responsibilities for which they are not prepared via education, skills, and or experience to include development of just-in-time training programs.
- Testing and exercising of the abilities of State Departments and governments at every level to accomplish their essential functions/core operations under Pandemic Flu stress.

7.4. Core Operations: Public Safety, Health, Utilities, Energy Food, Telecommunications

Core operations are those essential functions critical in providing New Jersey residents safety and health. As a means for focusing efforts during a pandemic, New Jersey identifies law enforcement, fire response, emergency management, healthcare delivery, water, sanitation, energy, and food supply as core functions necessary during the initial crisis situations of a pandemic. These sectors must plan for a 50% reduction in available workforce when developing operational plans. A summary of activities by situation for each of these sectors is provided below; full description of activities is referenced in each section:

7.4.1. Health Response (healthcare delivery, EMS, public health, mental health)

7.4.1.1. Pharmaceutical Interventions

7.4.1.1.1. Pharmaceutical Interventions include antiviral agents, vaccine, and other supportive medications that will prevent or lessen the effect of an influenza infection.

7.4.1.1.2. Strategic State Stockpile: NJDHSS maintains a stockpile of just over 900K courses of antiviral medications (85% Tamiflu/ 15% Relenza). Additionally, the Strategic National Stockpile maintains approx. 1.2M doses of antiviral pharmaceuticals specifically designated for New Jersey.

7.4.1.1.3. NJDHSS does not stockpile pandemic influenza vaccine and does not anticipate availability of an influenza vaccine during the first pandemic wave. When vaccine is first available, the amount of vaccine will initially be limited.

7.4.1.1.4. NJDHSS will release state held antiviral agents only when routine logistic chains are exhausted, or in attempting to contain an outbreak early in a pandemic.

7.4.1.1.5. Determination of prioritization for antiviral agent or vaccine distribution is dependent on federal recommendations, the ability to minimize morbidity and mortality, maintenance of state critical infrastructure needs, epidemiologic and surveillance data, and pharmaceutical availability. The PIRT Policy Group will provide the Office of the Governor, antiviral and vaccine prioritization recommendations and allocations. The Governor is the authority for final determinations of prioritization.

7.4.1.1.6. Once authorized for distribution, the NJDHSS Antiviral Drug Distribution and Use Plan and the Vaccine Distribution and Use Plan, Attachments within ANNEX 1, are the governing documents for government directed distribution and use of government held antivirals and vaccine.

7.4.1.2. Non-Pharmaceutical Interventions (NPI)

7.4.1.2.1. The Centers for Disease Control and Prevention (CDC) “Interim Pre-pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States” document provides the guidelines for a targeted and layered use of Non-Pharmaceutical Interventions (NPIs). This document may be found at www.pandemicflu.gov.

7.4.1.2.2. Non-Pharmaceutical Interventions provide a means for reducing the harm of an influenza outbreak without, or as a supplement to, vaccine and antiviral agents.

7.4.1.2.3. NPIs may slow the spread of an epidemic by preventing disease transmission.

7.4.1.2.4. CDC recommends that an NPI strategy include, “an early, targeted, layered application of multiple partially effective non-pharmaceutical measures. It is recommended that the measures be initiated early before explosive growth of the epidemic and, in the case of severe pandemics, that they be maintained consistently during an epidemic wave in a community.”

7.4.1.2.5. CDC defined NPIs include:

- Isolation of all persons with confirmed or probable pandemic influenza. Isolation may occur in the home or healthcare setting, depending on the severity of an individual’s illness and/or the current capacity of the healthcare infrastructure.

- Voluntary home quarantine of members of households containing confirmed or probable influenza case(s) and consideration of combining this intervention with the prophylactic use of antiviral medications, provided sufficient quantities of effective medications exist and that a feasible means of distributing them is in place.
- Dismissal of students from school (including public and private schools as well as colleges and universities) and school-based activities and closure of childcare programs, coupled with protecting children and teenagers through social distancing in the community to achieve reductions of out-of-school social contacts and community mixing.
- Use of social distancing measures to reduce contact between adults in the community and workplace, including, for example, cancellation of large public gatherings and alteration of workplace environments and schedules to decrease social density and preserve a healthy workplace to the greatest extent possible without disrupting essential services.
- Enable institution of workplace leave policies that align incentives and facilitate adherence with the NPIs outlined above.

7.4.1.3. The NJ Commissioner of Health and Senior Services shall provide the PIRT with recommendations regarding NPIs as they relate to influenza pandemic response. The PIRT will provide the Governor the implications of these NPIs to the State. The Governor is the approval authority for implementation of NPIs.

7.4.1.4. Patient Distribution

7.4.1.4.1. Determination of flu patients in New Jersey during an influenza pandemic is based on a 35% attack rate of the influenza virus (maximum scenario) and based on a NJ population of approximately 8 million with demographics shown in Figure.

Age Group	Population
0-17 yrs	2,087,558
18-64 yrs	5,213,656
+ 65 yrs	1,113,136

Figure 7 New Jersey Demographics and Hospital Bed Capacity

7.4.1.4.2. As of December 2006, NJ staffed beds, ICU staffed beds, and ventilators are:

Total staffed beds:	21,178
Staffed ICU beds:	1,790
Total number of ventilators:	1,790

Figure 8 CDC Modeling of Pandemic Outbreak vs. Health System Resources

(Source: NJDHSS survey 2006)

7.4.1.4.3. The CDC Pandemic Influenza “Flu Surge” model (www.pandemicflu.gov/tools.html) for NJ predicts, at peak, approximately 8,000 hospital admissions per week with just over 8,000

patients occupying hospital beds (See Note 4 of Figure 7) and approx. 1,800 patients/week requiring Intensive Care Unit (ICU) treatment. These numbers equate to flu patients occupying 39% of NJ's staffed hospital beds, 96% of NJ hospitals' ICU beds, and 48% of the hospital system's respirators (Figure 7).

7.4.1.4.4. NJDHSS is responsible for the critical task of identifying acute care facilities filled to capacity, those facilities able to receive patients, and the logistics of statewide patient distribution.

7.4.1.4.5. The statewide system for entering and monitoring bed status is HIPPOCRATES (see Section 9.5.2.1) with regionalized monitor at Medical Coordination Centers (section 9.4.1) and centralized monitoring at the NJDHSS Health Command Center (section 9.3.4).

7.4.1.4.6. NJDHSS will coordinate with the state's regional EMS dispatch centers for statewide bed status, diversion, and recommended facility information.

7.4.1.5. Alternate Patient Care Activities

7.4.1.5.1. MCC Activities (in development, capability not currently available): In coordination with LINCIS agencies and local health departments, and supervised by a LINCIS Health Officer, MCC's would activate and staff regional hotlines and direct operations in support of specialized regional health response. These hotlines, accessed through a single statewide 2-1-1 and electronically transferred to appropriate regional phone banks, will provide general medical information to NJ residents, provide guidance to those with ILI symptoms, and arrange and dispatch home health visits for those populations with special health needs and those unable to either leave their home or gain transportation to health care facilities. The MCC home visit program is dependent on medical and public health volunteers and requires local law enforcement support. Full description of the MCC response to a Pandemic is in ANNEX 1.

7.4.1.5.2. Alternate Treatment Facilities (in development, capability not currently available): In an effort to reduce the number of patients presenting at acute healthcare facilities, NJDHSS will consider regional Alternate Treatment facilities specifically for patients with pandemic influenza. Specific discussion regarding alternate care facilities is contained in ANNEX 1.

7.4.1.6. NJ Situation Response Activities

In order to provide a framework for other than health response during an influenza pandemic, this section provides a summary of the major health efforts during a pandemic. The complete health response is detailed in Annex 1.

Situation 1 to 4: NJDHSS will conduct routine influenza surveillance activities, coordinate animal surveillance with the New Jersey Department of Agriculture, and conduct epidemiologic investigations as necessary. Public information will focus on preparedness effort, provide generalized information on influenza pandemics, and will respond to emerging issues.

Situation 5 and Higher: NJDHSS will employ a tiered health response consistent with the degree of outbreak using a toolbox of health capabilities. During early observation of an influenza outbreak in the U.S. and corresponding with Situations 5 or higher of Figure 5, NJDHSS will increase Influenza-Like Illness (ILI) surveillance and epidemiologic investigations using existing state and health assets. Should NJDHSS note evidence of a New Jersey outbreak consistent with

Pandemic Influenza Case Definition, the Commissioner of Health and Senior Services may elect to recommend implementation of social distancing measures and other non-pharmaceutical intervention. (Note: The CDC Pandemic Severity Index (Section 4.3) can assist in determining NPI activities during a particular situation.) Risk Communication efforts will play a key role in reinforcement of previous public information and aggressively provide support to health efforts as a means to gain public confidence and provide the public with needed update.

Situation 7 and Higher: At this point (Situation 7-8) New Jersey would rely on the State's health system, without augmentation or modifications, to monitor and treat those with ILI symptoms. NJDHSS would not (as of Winter 2006) elect to use antiviral pharmaceuticals for prophylaxis with the possible exception of those in direct contact with patients exhibiting ILI. NJDHSS is not expected to have access to a pandemic influenza vaccine. If not already in place, the New Jersey Commissioner of Health and Senior Services will request from the Governor a declaration of a Public Health Emergency in accordance with the New Jersey Emergency Health Powers Act. NPIs will continue.

Situation 8 and Higher: Should there be an increase in the number of New Jersey ILI cases (Situations 8 and beyond), NJDHSS would execute increased counter-measures which might include initiation of regional Medical Coordination Center response activities, stand-up of alternate treatment facility plans, and release of the State Strategic Stockpile antiviral cache. Mental Health Teams coordinated by the DHS Division of Mental Health Services, Disaster and Terrorism Branch monitor and support those involved in the state response to the pandemic and provide assistance as needed. NPIs will continue.

Situations 8 through 10: During this period of a pandemic, NJDHSS anticipates influenza patient populations exceeding the triage, treatment and hospitalization capabilities of New Jersey's healthcare facilities. Management of increased patient load and reduced healthcare capabilities will challenge the State healthcare system. Overarching command and control of patient distribution rests with NJDHSS. Facilities involved in the response to the pandemic will provide patient information to NJDHSS when requested. NPIs will continue.

NOTE: Sections 7.4.2 – 7.6 are in development and will be completed upon receipt of community comment.

7.4.2. Critical Infrastructure Situational Response Activity Outlines

The following sections provide outlines of Critical Infrastructure Sector response activities during a pandemic. Specifics are held by the individual sector organizations.

7.4.2.1. Public Safety (Law enforcement/fire/emergency management)

7.4.2.1.1. Law and Public Safety Support to Non-Pharmaceutical Intervention

7.4.2.1.2. Isolation/Quarantine Orders

7.4.2.1.3. Isolation/Quarantine Enforcement

7.4.2.2. Telecommunications Situation Response Activities

In order to provide a framework for other than health response during an influenza pandemic, this section provides a summary of the major response efforts by the New Jersey Landline Telecommunications sector (Telco) during a pandemic:

Situation 1 to 4

Telco Companies will maintain routine communication and receive periodic updates during these first four situations from appropriate state agencies (DHSS, BPU, etc). Each Telco Company will begin to implement the appropriate response measures (as determined by the company) outlined in their company specific plans (e.g. Pandemic Response, Business Continuity, etc).

Situation 5 and Higher

Telco Companies will maintain regular communication and receive periodic updates during situation as deemed pertinent from appropriate state agencies (DHSS, BPU, etc). Telco Companies will receive and assess state's guidance and direction during situations 5 and higher. Each Telco Company will continue to implement the appropriate response measures (as determined by the company) outlined in their company specific plans (e.g. Pandemic Response, Business Continuity, etc).

Situation 7 and Higher

Telco Companies will maintain heightened communication and receive periodic updates during situation, as well as additional information from appropriate state agencies (DHSS, BPU, etc). Telco Companies will continue to receive and assess state's guidance and direction during situations 7 and higher.

Each Telco Company will continue to implement the appropriate response measures (as determined by the company) outlined in their company specific plans (e.g. Pandemic Response, Business Continuity, etc). Telco Companies may wish to consult with internal or external medical health professionals, if applicable, for additional guidance and direction during these situations.

Situation 8 and Higher

Telco Companies will continue to maintain heightened communication and receive frequent updates during situations from appropriate state agencies (DHSS, BPU, etc). Telco Companies will continue to receive and assess state's guidance and direction during situations 8 and higher. Each Telco Company will continue to implement appropriate response measures (as determined by the company) outlined in their company specific plans (e.g. Pandemic Response, Business Continuity, operational, etc) and may elect to curtail operations to only essential services (as determined by company) based on their current assessment.

Situations 8 through 10

Telco Companies will continue to maintain heightened communication and receive frequent updates during situations from appropriate state agencies (DHSS, BPU, etc). Telco Companies will continue to receive and assess state's guidance, direction, and mitigation measures during situations 8 thru 10. Each Telco Company will continue to implement appropriate response measures (as determined by the company) outlined in their company specific plans (e.g. Pandemic Response, Business Continuity, operational, etc) and may elect to curtail operations to only essential services (as determined by company) based on their current assessment.

7.4.3 Water Sector - Situation Response Activities

The Water Sector includes the drinking water, wastewater, and dams sub-sectors.

This section provides a summary of the major response activities by the Water Sector to Situations for a Novel Influenza Virus identified in Section 7.0 – Operations, of the New Jersey State Pandemic Influenza Response Plan. In general, to promote awareness and response activities within the Sector, Water Sector lead agencies, such as, the New Jersey Board of Public Utilities (NJBPU), New Jersey Department of Environmental Protection (NJDEP), & the New Jersey Office of Homeland Security and Preparedness (NJOHSP), will monitor and disseminate the most current information (as provided by NJDHSS, & other agencies), regarding planning, preparedness, response, and recovery phases to a pandemic, to Sector entities. At a minimum, Water Sector entities will need to review their Continuity of Operations Plan, or equivalent to ensure that it addresses the specific influenza pandemic assumptions and planning issues as presented in this State Plan.

The major response activities by the Water Sector during a pandemic are as follows:

Situation 1 to 4

As communicated by NJDHSS, the Water Sector (through the Water Sector IAC, NJDEP, NJBPU, NJOHSP) will disseminate guidance on preparedness efforts, general information on influenza pandemics, and emerging issues, to Water Sector entities. Each Water Sector entity will begin to implement the appropriate measures (as determined by the Sector entity) and as outlined in the Planning Phase of their specific Continuity of Operations Plan, or equivalent.

Situation 5 and Higher

The Water Sector will establish regular communications with NJDHSS (or other Water Sector liaison) to obtain information on NJDHSS surveillance and epidemiologic investigations regarding evidence of a New Jersey outbreak (consistent with Pandemic Influenza Case Definition) and disseminate their guidance as appropriate to Sector entities. In addition, the Water Sector will promote public information efforts by disseminating guidance, recommended by NJDHSS, related to the implementation of social distancing measures and other non-pharmaceutical interventions to Sector entities. Each Water Sector entity will continue to implement the appropriate measures (as determined by the Sector entity) and as outlined in the Preparedness Phase of their specific Continuity of Operations Plan, or equivalent.

Note: The terms regular, frequent, and constant used in this Section are meant to imply an increasing frequency but are not explicitly defined. This position is deliberate in that it allows for sub-sector interpretation and application as deemed appropriate.

Situation 7 and Higher

Upon declaration from the Governor of a Public Health Emergency in accordance with the New Jersey Health Powers Act, the Water Sector will establish frequent communications with NJDHSS (or other Water Sector liaison) to receive and disseminate appropriate State guidance and direction. Each Water Sector entity will implement appropriate response measures as determined by the NJDHSS and as outlined in the Response Phase of their specific Continuity of Operations Plan, or equivalent. In addition, pre-empting a worsening situation and the potential

for a 50% reduction in available workforce, each Water Sector entity will activate essential operational elements/requirements as part of their Continuity of Operations Plan, or equivalent.

At a minimum, the following essential operational elements will be activated at this time:

- a. Assessment of personnel, supplies, and equipment vital to maintaining essential functions/critical operations.
- b. Assessment of how long essential functions/critical operations can expect to continue with current resources and an assessment of priority needs and breaking points.
- c. Assessment of available personnel who will have the responsibilities for accomplishing the essential functions/critical operations.
- d. Assessment of external dependencies that may affect essential functions/critical operations.
- e. Delegation of authorities/orders of succession at several levels down to ensure business/operational continuity.
- f. Implement the capability to transfer authority and responsibility for essential functions/critical operations from an organization's primary operating staff to other employees (devolution) by having written protocols available which establish a complete description of resources, operation and maintenance procedures, and operational requirements.

Situation 8 and Higher

The Water Sector will maintain constant communications with NJDHSS (or other Water Sector liaison) to receive and disseminate appropriate State guidance and direction. Each Water Sector entity will implement appropriate response measures as determined by the NJDHSS. In addition, each Water Sector entity will implement essential operational elements/requirements as part of their Continuity of Operations Plan, or equivalent and may elect to curtail operations to only essential services (as determined by the water sector entity) based upon worker absences and an assessment of the ability to maintain normal functions/operations. The Water Sector will consult with government agencies to address regulatory concerns under a reduced operational capacity. The Water Sector will coordinate with emergency management officials to ensure access to the release of New Jersey's Stockpile anti-viral cache to Water Sector essential personnel, and their family members.

Situation 10

This section depends on worker absences and an assessment of the ability to maintain essential functions/critical operations based on one-to-one and intrastate mutual aid agreements. The Water Sector will identify and propose actions to sustain essential functions/critical operations, supplies, materials, and equipment which may include activation of interstate mutual aid agreements under the Emergency Management Assistance Compact (EMAC) through the New Jersey Office of Emergency Management.

Board of Public Utilities E&G Working Group (Energy Sector)

New Jersey State Pandemic Influenza Response Plan

7.4.4. Electric & Gas Situation Response Activities

In order to provide a framework for other than health response during an influenza pandemic, this section provides a summary of the major health efforts by the New Jersey electric and gas sector (E&G) during a pandemic:

Situation 1 to 4 – E&G Companies will maintain routine communication and receive periodic updates during these first four situations from appropriate state agencies (DHSS, BPU, etc). Each E&G Company will begin to implement the appropriate response measures (as determined by the company) outlined in their company specific plans (e.g. Pandemic Response, Business Continuity, etc).

Situation 5 and Higher

E&G Companies will maintain regular communication and receive periodic updates during situations as well from appropriate state agencies (DHSS, BPU, etc). E&G Companies will receive and assess state's guidance and direction during situations 5 and higher. Each E&G Company will begin to implement the appropriate response measures (as determined by the company) outlined in their company specific plans (e.g. Pandemic Response, Business Continuity, etc).

Situation 7 and Higher

E&G Companies will maintain heightened communication and receive updates during situations as well from appropriate state agencies (DHSS, BPU, etc). E&G Companies will receive and assess state's guidance and direction during situations 7 and higher.

Each E&G Company will begin to implement the appropriate response measures (as determined by the company) outlined in their company specific plans (e.g. Pandemic Response, Business Continuity, etc). E&G Companies may consult with their internal or external (consultants) medical health professionals, if applicable, for additional guidance and direction during these situations.

Situation 8 and Higher

E&G Companies will continue to maintain heightened communication and receive frequent updates during situations as well from appropriate state agencies (DHSS, BPU, etc). E&G Companies will continue to receive and assess state's guidance and direction during situations 8 and higher. Each E&G Company will continue to implement appropriate response measures (as determined by the company) outlined in their company specific plans (e.g. Pandemic Response, Business Continuity, operational, etc) and may elect to curtail operations to only essential services (as determined by company) based on their current assessment.

Situations 8 through 10

E&G Companies will continue to maintain heightened communication and receive frequent updates during situations as well from appropriate state agencies (DHSS, BPU, etc). E&G Companies will continue to receive and assess state's guidance, direction, and mitigation measures during situations 8 thru 10. Each E&G Company will continue to implement appropriate response measures (as determined by the company) outlined in their company specific plans (e.g. Pandemic Response, Business Continuity, operational, etc) and may elect to

curtail operations to only essential services (as determined by company) based on their current assessment.

7.4.5. Food Distribution

1. The New Jersey Department of Transportation, in coordination with the Mass Care Group and the New Jersey Department of Agriculture, will augment transportation of emergency food products to established Mass Care group feeding facilities.
2. Monitor local, county and voluntary organization efforts for the establishment and management of sheltering, feeding, supplemental disaster health services, emergency first aid services, bulk distribution of emergency relief items to the disaster-affected population. Evaluate recommendations from the American Red Cross State EOC Liaison at the State EOC for presentation to the Deputy State Director.
3. Monitor the efforts of the American Red Cross and local/county officials to provide shelter registration lists to family reunification units that may be established by human service agencies. Advise the Deputy State Director of any assistance required from the emergency management community and coordinate support, if appropriate, from other State or Federal agencies.
4. Provide representatives for duty at the Reception Centers and at or Mass Care Facilities if established.
5. Coordinate support services with participating agencies.
6. Coordinate distribution efforts with the American Red Cross and the Salvation Army.
7. Provide support either directly to the State or, upon request, directly to an affected local jurisdiction.
8. Provide representatives as required to the State EOC.
9. Within capabilities, provide or support the following Mass Care services in coordination with NJOEM and the New Jersey Department of Human Services:
 - a. Shelter operations, including registration of shelter residents;
 - b. Meals at fixed locations and provide mobile feeding as required;
 - c. Emergency first aid services in shelters, fixed feeding sites and emergency first aid stations;
 - d. Distribution of bulk emergency relief items when appropriate and available;
 - e. American Red Cross Disaster Welfare Information (DWI) services;
 - f. Transportation and supplies;
 - g. Communications between shelters, feeding units, emergency first aid stations and relief operation locations;
 - h. Crisis counseling and follow-up social services to disaster victims within the scope that the agency provides.

Department of Agriculture:

- Provide the Mass Care Group in the State EOC with advice and assistance in coordinating and integrating overall State efforts to provide bulk food support for Mass Care feeding programs.
- Coordinate with Federal, county or municipal officials to determine food needs of Mass Care facilities.

Department of Community Affairs:

- Provide technical assistance to assist in preliminary damage and needs assessment actions as requested by local authorities and/or the State Director of Emergency Management.
- Act as Statewide coordinator for emergency temporary housing.
- Provide assistance in locating emergency or replacement housing for displaced persons in Mass Care facilities.
- Provide personnel, as necessary, for administration or hands-on technical assistance to both elected and appointed local government officials in restoring fiscal stability and safeguarding public funds, documents and records.
- Provide clerical, administrative and bilingual personnel for the administration of Mass Care related programs.

Department of Environmental Protection:

- Obtain emergency environmental waivers as required for repair or construction of Mass Care facilities.
- Survey damage to public drainage, flood control and hydraulic structures, water supply storage and distribution facilities, and sewage collection and treatment facilities which may have an impact on Mass Care operations.

Department of Law & Public Safety:

- Provide law enforcement support as requested for Mass Care facilities.

Department of Military and Veterans Affairs:

- Provide personnel and equipment to assist in upgrading shelters and reception centers.
- Provide equipment for the transportation of potable water and ice within capabilities.
- Provide power generation for Mass Care facilities utilizing military portable power generation equipment.

New Jersey Food Council

- Serves as the representative of more than 1,200 retail food stores.
- Provides critical information on food stocks in member facilities.

- Provides timely data on food items that may cause concern or danger.
- Supports Mass Care efforts through its members by providing food stocks and transportation assets when necessary.

7.4.6. Administration

PLANNING CONSIDERATIONS FOR HEALTHCARE FACILITIES

This is intended to guide healthcare facilities to prepare for catastrophic events such as pandemic influenza outbreak. These facilities should review the activities outlined below and consider them when developing and evaluating their plans.

Assumptions and Recommendations

- The increased demand for healthcare during an influenza pandemic will severely challenge the capacity of the healthcare system in New Jersey.
- Hospitals will be expected to maximize surge capacity. However, when hospital capacity is exceeded, alternate care sites will be needed to expand the availability of acute care. Hospitals should be used for patients requiring the highest level of care.
- The increased demand for healthcare associated with pandemic influenza cannot be managed by healthcare facilities alone. An effective pandemic response must include cooperative strategies that use a variety of healthcare providers, including hospitals, clinics, long-term care facilities, private practice physicians, and home health providers.
- Effective outpatient management may reduce the demand for inpatient care. Expanded clinic services and home health care provided by families who are supported by primary care practitioners, public and home health agencies, or other health professionals will be essential resources during a pandemic.
- Hospitals and other healthcare providers will experience staffing shortages throughout the pandemic and into the subsequent recovery period. Under specific emergency conditions, volunteers, retired healthcare professionals, and trained unlicensed personnel may be used to provide patient care in a variety of healthcare settings.
- During the inter-pandemic and pandemic alert periods, healthcare providers and facilities play an essential role in surveillance for suspected cases of infection with novel strains of influenza virus and should be alert for such cases.
- Hospitals and other healthcare providers should be prepared to report data to local health departments including beds, staffing, and critical supply inventories.
- Current resources for mass fatality care at all levels, including healthcare facilities, county morgues, and mortuaries, may be inadequate to meet the need during an influenza pandemic.
- To maximize healthcare resources and benefits, traditional standards of care may need to be altered. “Sufficiency of care,” or medical care that may be of the same quality as that delivered under non-emergency conditions, but that is sufficient for patient need⁴ may be

the standard of care during an influenza pandemic.

- The pandemic could last for months or years. Local pandemic planning groups and healthcare facilities should meet regularly to assess the effectiveness of their pandemic response and modify efforts as indicated.

Decision-Making and Coordination

Healthcare facilities should:

- Convene a surge planning committee to develop a facility plan for responding to catastrophic events such as pandemic influenza, including:
 - a) incident management and communication protocols for continuity of hospital operations and patient care services;
 - b) specific pandemic influenza planning strategies that incorporate current state and federal guidance; and
 - c) triggers for activating the plan;
 - d) Include on the facility planning committee a local health department representative as an ex-officio member;
 - e) Participate in local pandemic planning groups that include representatives from the local health departments, the Medical Operations Coordinator, the local emergency medical services agency, law enforcement, county medical societies, and other healthcare facilities, including clinics, long-term care facilities, and home health agencies;
- Discuss with community partners patient management strategies to preserve hospital capacity for patients requiring higher levels of care including:
 - a) community education and communication
 - b) public health outreach to promote self care
 - c) expanded clinic use;
 - d) use of home health agencies and in-home health services to facilitate outpatient management;
 - e) collaboration with long-term care facilities to minimize hospital admissions of nursing home patients and to maximize long-term care resources for managing stable, non-contagious hospital patients;
 - f) collaboration among healthcare and community leaders on plans to operate, equip, staff, and transport patients to alternate care sites (e.g., outpatient facilities, veterinary hospitals, non-medical facilities) for triage or management;
 - g) memoranda of understanding or other agreements for procuring and distributing resources and supplies within the jurisdiction;
 - h) vaccine and antiviral dispensing to and use by designated target groups
 - i) Liaison with local, regional, and state officials; volunteer groups; county medical societies; and community-based organizations to plan a surge response, identify potential healthcare volunteers, and exercise local, regional, and state plans.

Legal and Ethical Considerations

The healthcare facility's surge planning committee should include representatives from the facility's ethics or human subjects committee, infection control practitioners, emergency management committee, staffing director, administration, and physician leadership. The surge planning committee should develop policies on:

- Requesting and obtaining emergency waivers of regulatory requirements (e.g., Health Insurance Portability and Accountability Act, Emergency Medical Treatment and Active Labor Act, staffing ratios, scope of practice restrictions);
- Enforcing isolation and quarantine protocols;
- Allocating limited resources, including diagnostics, therapeutic interventions, personnel and beds, and issues related to the "sufficiency of care;"
- Establishing temporary patient care areas and morgue space within the facility;
- Using volunteer and newly recruited personnel;
- Accelerating discharge to alternate care sites or home-based care;
- Deferring elective procedures;
- Interfacing with home health and long-term care facilities.

Facilities

Healthcare facilities should:

- Review and revise high patient census protocols to prepare for an influenza pandemic;
- Review and revise high patient census protocols to prepare for increased demands for isolation capacity;
- Develop plans for use of overflow space to triage, transfer, discharge, and treat patients, including using suspended beds, converting outpatient space for inpatient use, and using non-patient areas for patient care, including obtaining permission from NJDHSS to use these spaces in an emergency;
- Identify strategies such as education, phone advice, and treatment algorithms to minimize emergency department visits and admissions.

External Communications

Healthcare facilities should:

- Assign responsibility (persons or a team) for managing external communications about pandemic influenza;
- Develop contacts, working relationships, and communication plans with local media representatives (e.g., newspaper, radio, television);
- Coordinate communications with local and state health and government officials and other healthcare facilities;
- In collaboration with local health department officials, develop pre-scripted messages and communication templates (e.g., press releases) to address pandemic influenza issues;
- Determine how to respond to or refer public inquiries.
- Acquire current listing of all pertinent 800 MHz contacts

Internal Communications

- Healthcare facilities should develop plans to keep personnel, patients, volunteers, and visitors informed of the impact of the pandemic on the facility and the community.

Supplies

Healthcare facilities should:

- Inventory critical supplies;
- Determine usage levels and consider stockpiling critical supplies;
- Develop memoranda of understanding with vendors for procuring additional supplies including: masks, gloves, gowns, beds and cots, intravenous supplies, portable high efficiency particulate air filters (HEPA), and ventilators;
- Test systems for procuring and storing additional supplies and address stockpile rotation issues;
- Repair durable equipment not in full working order and shorten routine maintenance cycle;
- Coordinate plans with the local pandemic planning group to avoid competing for supplies;
- In conjunction with NJDHSS and those involved in local pandemic planning, develop a community-wide plan for supplying and equipping alternate care sites.
- Seek to resupply immediately in anticipation of nationwide shortage

Hospital Surveillance for Pandemic Influenza

Healthcare providers and healthcare facilities will play an essential role in pandemic influenza surveillance. To detect cases of novel virus infection, hospitals should:

- Conduct surveillance in emergency departments to detect increases in influenza-like illness during the early stages of the pandemic;
- Monitor employee absenteeism for increases that might indicate early cases of pandemic influenza;
- Track emergency department visits and hospital admissions and discharge of suspected or laboratory-confirmed pandemic influenza patients; this information will be needed to:
 - a) support local public health personnel in monitoring the progress and impact of the pandemic;
 - b) assess bed capacity and staffing needs;
 - c) detect resurgence in pandemic influenza that might follow the first wave of cases;
- NJDHSS will receive data from the local health departments (e.g., admissions, discharges, deaths, patient characteristics, such as age, underlying disease and secondary complication; illness in healthcare personnel)
- Conduct pre-event planning with local health departments on protocols for data collection and reporting during the pandemic;

- Establish criteria for distinguishing pandemic influenza from other respiratory illnesses;
- Provide education and exercises on disease identification, testing, and reporting;
- Consider participating in the NJDHSS Immunization Branch Sentinel Provider reporting program;
- Establish priorities for laboratory procedures, including processing specimens;
- Assess communication systems to ensure receipt and dissemination of alerts and bulletins from local, regional, and state infection control partners.

Infection Control

Healthcare facilities should:

- Convene the infection control committee to review and revise infection control policies and plans relevant to the pandemic response, including:
 - a) establishing a system for conducting surveillance for pandemic influenza cases within the facility;
 - b) patient triage systems;
 - c) facility access and restriction of visitors;
 - d) non-pharmaceutical containment strategies;
 - e) respiratory hygiene;
 - f) isolation;
 - g) cohorting patients;
 - h) Workforce issues, such as training, personal protective equipment, and guidelines for “fitness for duty” status; and
 - i) cleaning equipment and environments;
- Review and update staff training in infection control policies and procedures, including training for non-clinical hospital personnel such as housekeepers, admitting clerks, and other critical support staff;
- Require demonstration of staff proficiency in critical infection control techniques;
- Adopt “respiratory hygiene” programs in all patient and visitor waiting areas to include signs about respiratory etiquette, hand cleaning supplies, tissues, masks, and waste receptacles; consider requiring all coughing patients to don a mask;
- Inventory respiratory isolation capacity and assess the integrity of airborne infection isolation room systems;
- Develop strategies for expanding respiratory isolation capacity and cohorting infectious patients.

Vaccine Program and Antiviral Program

Healthcare facilities should:

- Review the current healthcare worker and patient vaccination program for pneumonia and influenza;
- Develop internal policies and protocols to identify high-risk patients for vaccine or antiviral distribution;
- Identify critical hospital personnel for vaccination and antiviral medication,
- Collaborate with local health departments on distribution and dispensing plans for

vaccine and antivirals.

Case Management and Treatment

Healthcare facilities should:

- Adopt treatment guidelines distributed by CDC and NJDHSS;
- Develop standard operating procedures to ensure rapid and consistent application of treatment guidelines and inpatient care protocols in conjunction with the medical staff;
- Train medical staff on treatment priorities, allocating limited resources, and “sufficiency of care” standard;
- Develop systems to rapidly disseminate and update guidance to clinical staff and to revise policies and standard operating procedures accordingly;
- Develop and enforce policies and procedures for dealing with healthcare workers who become ill.

Mass Fatalities

Healthcare facilities should:

- Review current disaster plans for managing remains and handling morgue overflow;
- Develop plans to manage contaminated remains for days;
- Collaborate with local health department and coroner/medical examiner in mass fatality planning;
- Consider memoranda of understanding for surge mortuary supplies (e.g., body bags, refrigerator trucks).

Education and Training

Healthcare facilities should:

- Develop an education and training plan that addresses the needs of staff, patients, family members, and visitors;
- Educate staff, at a minimum, on:
 - a) prevention and control of influenza including potential changes in current practices, policies, and procedures;
 - b) benefits of an annual influenza program;
 - c) implications of an influenza pandemic;
 - d) role of anti-virals in preventing disease and reducing rates and severity of disease;
 - e) infection control strategies and personal protective equipment;
 - f) non-pharmaceutical containment measures (internal and community);
 - g) policies and procedures for the care of the pandemic influenza patient(s);
 - h) pandemic staffing contingency plans and managing employee illness;
 - i) reporting to the local health department; and cross-training and “just-in-time” training of staff to provide essential services;
- Prepare educational materials for patients, family members and visitors in language-

specific and reading-level appropriate materials and develop a plan to distribute information and answer questions during the pandemic, using materials from CDC, CDHS, and local health departments; and

- Conduct periodic exercises to test and evaluate pandemic plans, policies, and procedures.

7.4.6.1. Management of Healthcare Staffing

- Identify critical staff roles, including healthcare workers, medical staff members, housekeepers, dietary and laundry workers, plant operations, security, chaplains and mental health staff, and management, and develop plans to cover these critical roles;
- Develop pandemic-specific triggers for implementing critical staffing procedures; Ensure medical staff participation in the planning for personnel mobilization and surge capacity;
- Develop work force preservation protocols to minimize absenteeism, which may include:
 - a) rosters of staff teams that allow for rotation and rest over the duration of the pandemic;
 - b) employee counseling services to manage grief, exhaustion, anger, fear, physical and mental care of self and loved ones, and resolution of ethical dilemmas;
 - c) support of healthcare workers in need for rest and recuperation;
 - d) housing and food for healthcare personnel who must remain on-site for prolonged periods;
 - e) support for staff with child-care or eldercare responsibilities (e.g., day-care services);
- Prepare to manage volunteer personnel, including:
 - a) granting emergency privileges;
 - b) establishing competency, conducting criminal record clearance, and monitoring performance;
 - c) assigning temporary personnel;
 - d) using retired and volunteer healthcare workers for some patient care roles;
 - e) using community volunteers for non-clinical roles such as transporting specimens, registration, and supply handling;
 - f) training volunteers;
- Coordinate staffing plans with the community pandemic influenza planning group to avoid competing for personnel resources;
- Develop just-in-time training and orientation for temporary and volunteer staff;
- Develop model memoranda of understanding for using temporary personnel.

7.4.6.1.1. Staff augmentation

Immediate medical response capabilities are provided by assets both internal and external to NJDHSS from the NJEMSTF. The NJEMSTF will support first responders with an advanced on-call EMS response capability that provides specialized equipment, EMS management support and specialized medical response to mass casualty incidents and chemical, biological, nuclear, radiological and explosive (CBRNE) events.

Supplemental medical personnel can be obtained through the Medical Reserve Corps, Emergency System for the Advance Registration of Volunteer Health Professionals (ESAR-

VHP) and/or EMAC to augment medical and healthcare capabilities and to assist hospitals in support of surge staffing.

NJESF #5 through NJOEM will establish state reception centers for the arrival and processing of out-of-state personnel, including medically trained individuals. Assignments of personnel will be consistent with the NIMS guidelines for briefing, deployment, and demobilization.

The Department of Law and Public Safety (DLPS) and other state licensing agencies ensure that medical personnel licensed outside of the state can be credentialed to practice and facilitate their rapid deployment during times of crisis.

Health/Medical Equipment and Supplies:

7.4.6.1.2. Funding

NJ Department of the Treasury

1. The Department of Treasury is the primary agency for the overall fiscal administration relative to disaster recovery operations.
2. The Department is to assure that adequate financial resources are available to implement the State Disaster Assistance Administrative Plan.
3. Upon activation of this plan, establish within the Department of the Treasury a Disaster Relief Account.
4. If required by the State Office of Emergency Management, set up a disaster location field office staffed by fiscal operations, budget and procurement personnel to facilitate efficient and expedient processing of required payments.

Support Agencies:

Upon the Governor declaring a State of Emergency and activating the financial mechanism of the Plan:

Office of Management and Budget

Exercises general language of the annual appropriations act which allows the Director of OMB to identify and transfer balances from any State Department in the event of any "emergency occasioned by aggression, civil disturbance, sabotage, disaster, or for flood loss expenses for State-owned structures to comply with Federal Insurance Administration requirements". This language is interpreted to extend the provisions to any disaster, disturbance, etc., whereby the Governor extends the State's resources to assist in disaster recovery operations and support.

1. Upon exercising the general provision language identifies and transfers available funds to a Disaster Relief Account established in the Department of the Treasury.
2. To the extent funds available for transfer are insufficient, OMB advises the Governor to appeal to the Legislature for emergency convening to provide supplemental appropriations.

3. Has the overall responsibility of monitoring continuing expenses during the disaster recovery operations.
4. Upon receipt of any federal reimbursement, determines the appropriate reimbursement to agencies whose balances were transferred to fund the relief efforts.
5. To the extent legislative fiscal reports are required, has final authority and responsibility in providing reports.
6. If applicable, certifies reimbursement to various State departments from the Disaster Relief Account.

Department of Treasury, Fiscal and Resources Office

Acts as fiscal consultant in any relief operations

1. Establishes the Statewide Disaster Relief Account. (Account structure, objects, etc. are to be determined.)
2. Issues all checks from the Disaster Relief Account. This includes but is not limited to individual relief, equipment purchases, payroll for relief workers and reimbursement to local governments. All expenses are to be certified as appropriate by the State Office of Emergency Management.
3. Provides reimbursement for any expenses incurred by other State departments from the Disaster Relief Account if certified by the State Office of Emergency Management and OMB.
4. Provides fiscal monitoring and collection of expense information in compliance with the Robert T. Stafford Disaster Relief and Emergency Assistance Act and FEMA regulations.
5. Provides information consistent with FEMA regulations to the State Office of Emergency Management, who in turn appeal to FEMA for applicable reimbursement.
6. Provides OMB with information required for legislative reporting purposes.

7.4.6.1.3. Federal integration

1. This plan is to be implemented upon the activation of the NJ Emergency Operations Plan (NJEOP) or when directed by the Governor, the State Director, the Deputy State Director of Emergency Management or the Commissioner of Health and/or his designee.
2. All resources, public and then private, are to be used in a unified effort to meet the resource requirements generated by a catastrophic disaster or "Declared Emergency".
3. All resource requests are generated through the local office of Emergency Management for the political jurisdiction where the need exists. County and State Departments/Agencies pass their resource requirements directly to their county/State Office of Emergency Management.
4. During a public health emergency, work directly with FEMA with the exception of fiscal matters which is to be done so in conjunction with the State Office of Emergency Management.
5. Every effort is to be made to resolve resource requirements with public sources at the same level of operation that the need exists prior to passing the requirement to the next level of government (including federal) for assistance.

6. When public resources are not available, commercial sources are used to meet emergency-recovery resources' requirements. All procurement (purchase/rental) is to be in accordance with current laws and regulations, including "emergency" provisions.
7. Privately-owned resources are not to be commandeered under the Governor's legal emergency powers except in extreme circumstances and only when specifically directed by the Governor.

7.4.7. Logistics

7.4.7.1.1. Health, Medical and Pharmaceutical Supplies

- Inventory critical supplies;
- Determine usage levels and consider stockpiling critical supplies;
- Develop memoranda of understanding with vendors for procuring additional supplies including: masks, gloves, gowns, beds and cots, intravenous supplies, portable high efficiency particulate air filters (HEPA), and ventilators;
- Test systems for procuring and storing additional supplies and address stockpile rotation issues;
- Repair durable equipment not in full working order and shorten routine maintenance cycle;
- Coordinate plans with the local pandemic planning group to avoid competing for supplies;
- In conjunction with CDHS and the local pandemic planning group, develop a community-wide plan for supplying and equipping alternate care sites.
- Seek to resupply immediately in anticipation of nationwide shortage

7.4.7.1.2. Alternate Care Facilities

- Facilities owned and operated by larger Health Care Systems, will refer to their Emergency Operations Plan which should include integration with their affiliates.
- Privately owned Facilities should have an Emergency Operations Plan including an appendix containing proper protocols and procedures addressing Pandemic Influenza. Many facilities will have a specific plan for Pandemic Influenza.

7.4.7.1.3. Medical Transportation

Hospital and healthcare facilities will activate their emergency operations plans for the timely evacuation of patients and residents to appropriate facilities. In the event that a healthcare facility is overwhelmed or unable to effectuate a timely evacuation, NJESF #8 will coordinate with NJESF #1 – Transportation and federal partners to provide support for the evacuation of seriously ill or injured patients to locations where hospital care or outpatient services are available.

The NJEMSTF may be deployed by the SEOC EMS Coordinator to assist with medical evacuation operations. To minimize the effects of surge on hospital and healthcare facilities, NJESF #8 may request from Federal NJESF #8, the deployment of National Disaster Medical

System (NDMS) assets to conduct patient evacuation to other states. NDMS shall provide patient tracking information to the HCC for all patients evacuated from NJ facilities.

7.5. Fatality Management

General Considerations

- 80,000 panflu deaths in New Jersey are estimated for planning purposes. These will occur in waves over many months.
- A determination will to be made as to whether Medical Examiners in New Jersey will take jurisdiction of panflu cases will be made by the State Medical Examiner in consultation with the DHSS. Unattended deaths at home will trigger ME jurisdiction. The Emergency Health Powers Act confers on the Commissioner power to authorize autopsies.
- The Office of the State Medical Examiner and regional and local medical examiners have mass fatality plans that would be put into effect as the number of dead exceeds normal caseload.
- Livery services may become bottlenecked and Hospitals may be burdened with the remains piling up from large numbers of deaths.

Autopsies

- The State Medical Examiner will develop guidelines as to the need for autopsies under ME jurisdiction, as well as type of autopsy, specimen collection, precautions and body transport. It may be that autopsies are required to confirm putative cases. It may be that cases are not recognized until an autopsy is performed. It may be that autopsies are performed for public health surveillance and mutation tracking purposes. The State Medical Examiner will also develop guidance on body handling.

Where the medical examiner does not take jurisdiction or does not perform an autopsy, then private autopsies (“hospital autopsies”) may be performed at the request of next-of-kin and as they arrange for it.

Preparations for Funeral Homes and Crematoriums

- If the cases do not fall under Medical Examiner jurisdiction, then it would be wise for local Health Departments to develop Memorandum of Understandings (MOUs) with local funeral directors to accommodate the possible overwhelming body count that may be incurred during a pandemic.
- Local funeral homes should be prepared to handle about six (6) months work within a six (6) – 8 (eight) week period (worst case scenario). That may not be a problem in some communities, but funeral homes in larger New Jersey cities may not be able to cope with the increased demand.
- The State Medical Examiner and the Commissioner of Health are to develop a mass fatality disposition plan.

Healthcare Facilities

- Since it is possible that New Jersey (the most densely populated State) could expect a marked increase in deaths in hospitals, nursing homes, and other institutions (including non-traditional sites), one must plan for more rapid processing of bodies.
- All New Jersey healthcare facilities should evaluate their current capabilities, to store the large number of deaths anticipated. The bodies must be labeled, in clean body bags, and refrigerated (~44° F).
- New Jersey medical service providers should also work with the local public health departments, and funeral directors to ensure that they have access to the additional supplies (e.g., body bags) and preplan what can be done to expedite the steps, including the completion of required documents (e.g., vital records), necessary for efficient deceased management during a pandemic.

Planning for Body Storage

- Additional temporary cold storage facilities may be required during a pandemic, for the storage of bodies prior to their transfer to funeral homes. A temporary morgue must be maintained at approximately 46 to 38° F (4 to 8° C).
- Refrigerated trucks can generally hold 12 bodies without additional shelving. To increase storage capacity, temporary wooden shelves can be constructed of sufficient strength to hold the bodies. Shelves should be constructed in such a way that allows for safe movement and removal of bodies (i.e., storage of bodies above waist height is not recommended). To reduce any liability for business losses, municipalities should avoid using trucks with markings of a supermarket chain or other companies, as the use of such trucks for the storage of bodies may result in negative implications for business. These trucks may no longer be usable for their original function after body storage.
- Alternative products exist on the market for mobile, folding, and other means of body cooling.
- Arenas and ice rinks, where the required temperature of approximately 46 to 38° F or 4 to 8° C can be maintained, are other options for temporary morgues.

Death Registration

- Death registration is a local public health/vital records responsibility and each agency has state laws, and regulations, as well as local administrative practices to register a death. Moreover, there is a distinction between the practices of pronouncing and certifying a death.
- In New Jersey only physicians, coroners and medical examiners may certify death. They must certify the death within 24 hours.
- The cause of death should be certified as “epidemic influenza” if that is what is thought to be the cause of death.

- New Jersey requires embalming for transporting out of state by any means if the body will not arrive at its final destination within 24 hours of death. This requirement may be waived under extenuating circumstances.
- If the person's death does not meet any of the criteria for needing to be reported to a medical examiner, then the person could be moved to a holding area soon after being pronounced dead. The body will not be picked up by a funeral home until the death certificate is signed.

Infection Control

- Infection Control and Occupational Health Guidelines provide general recommendations on infection control for health care facilities and non-traditional sites during a pandemic. Specific guidance for handling bodies will be issued.
- It is the responsibility of public health to place restrictions on the type and size of public gatherings if this seems necessary to reduce the spread of disease. This may apply to funerals and religious services. The local public health agency should plan in advance, for how such restrictions would be enacted and enforced, and for consistency and equitability of the application of any bans.
- Families requesting cremation of their deceased relative are much less likely to request a visitation, thus reducing the risk of spreading influenza through public gatherings.

Transportation

- No special vehicle or driver license is needed for transportation of a body. Therefore, there are no restrictions on family members transporting bodies of family members, if they have an official copy of the death certificate.
- Transportation of bodies from their place of death to their place of burial in rural and isolated communities may become an issue, especially if this requires air transport. Local pandemic planners should consult existing plans for these communities and determine what changes can be made to meet the increased demand during a pandemic.

Supply Management

- Fluids can be stored for years, but body bags and other supplies have a limited shelf life.

Mental Health Issues

- Coping with large numbers of deaths represents a key challenge in planning for a flu pandemic. With the increased numbers of deaths occurring at home in a flu pandemic and the prospect that there may be delays in transportation of bodies due to surge in demand and potential coroner involvement, the emotional impact of these experiences may be more traumatic for many. Particularly if there are disproportionately large numbers of children or younger adults who succumb to the flu, the emotional toll is even greater. If there is a high degree of blood or fluid discharge associated with the deaths, the nature of the death experience and the appearance of the body can be even more distressing for family. These concerns and others will require additional planning for response and

recovery efforts associated with any pandemic and especially with highly lethal flu viruses.

- The NJ Department of Human Services has plans for mental health services in the case of a pandemic influenza outbreak.

Special Populations

- A number of religious and ethnic groups have specific directives about how bodies are managed after death, and such needs must be considered as a part of pandemic planning. Different religious groups, and others with specific cultural requirements, have specific directives for the treatment of bodies and for funerals. The wishes of the family will provide guidance; however, if no family is available local religious or ethnic communities can be contacted for information.
- As a result of these special requirements, some religious groups maintain facilities such as small morgues, crematoriums, and other facilities, which are generally operated by volunteers. Religious groups should be contacted to ensure these facilities and volunteers are prepared to deal with pandemic issues. Religious leaders should be involved in planning for funeral management, bereavement counseling, and communications, particularly in ethnic communities with large numbers of people who do not speak the official languages.

7.6. Personal Protective Equipment

During a Public Health Emergency, the NJDHSS Occupational Health Service (OHS) with assistance from the New Jersey Department of Labor and Workforce Development (NJDLWD), Division of Public Safety and Occupational Safety and Health will provide technical assistance, advice and support for evaluating occupational exposures to response and recovery workers.

8.0 Organization

8.1. General

8.2. In response to an Influenza Pandemic outbreak, New Jersey will staff the PIRT. The PIRT will include a Policy Group headed by the Commissioner of the New Jersey Department of Health and Senior Services or his/her designee with a direct report to the Office of the Governor, and an Operations Group that will report to the New Jersey Office of Emergency Management (Figure 9).