

# Responding to Public Health Emergencies

## NEW JERSEY'S STRATEGY



Governor Chris Christie  
Lt. Governor Kim Guadagno



**Public Health**  
Prevent. Promote. Protect.



**NEW JERSEY**  
DEPARTMENT  
of  
**HEALTH**  
and  
**SENIOR SERVICES**



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## Executive Summary

**T**he public health role in emergency preparedness and response is diverse and critical. An effective public health effort can prevent or diminish the effect of any event that might result in human morbidity and mortality.

- ❖ The responsibilities and actions of public health agencies and healthcare organizations are defined in a series of interrelated documents.

### Guiding Documents

- **Emergency Health Powers Act**
- **New Jersey Emergency Response Plan**
- **Emergency Support Function 8 (ESF-8)**
- **DHSS Health Emergency Preparedness and Response Strategy and Master Plan**
- **Standard Operating Procedures (SOP)**

- ❖ There are three primary sources of authority in New Jersey which permit the State to address public health emergencies by implementing a wide panoply of control measures, all of which are subject to the constraints of due process. These are the Disaster Control Act, the Emergency

Health Powers Act, and the authority granted to the Commissioner under the statutes to declare an epidemic and to issue administrative orders. Local boards of health have concurrent jurisdiction under these statutes. However, upon declaration of a public health emergency under the Emergency Health Powers Act, the Commissioner assumes primary jurisdiction.

- ❖ This **Strategy** document for health emergency preparedness and response describes the Department's capabilities and activities to carry out the tasks defined in the ESF-8 in order to enhance New Jersey's ability to manage a terrorist threat, infectious disease outbreak, and all other events that affect the health of the State's inhabitants and visitors. These actions emphasize preparedness and prevention in order to minimize or negate the need for a response. However, should a response be necessary, DHSS possesses significant capability to monitor, coordinate or direct, and support health emergency operations.
- ❖ This Strategy for New Jersey's response to any public health emergency is based on a **systems approach** that incorporates the capabilities of individual health entities into a



coordinated State health response. This ensures that the weight of an escalated health burden is distributed among capable and available organizations.

❖ **Network-Centric Health Emergency Response (NCHER)**

is the central concept around which DHSS has organized this Strategy. NCHER focuses on linking health emergency preparedness and response personnel, platforms, and systems into highly integrated local and wide-area electronic and social networks. DHSS believes that NCHER will dramatically improve public health and healthcare delivery response capability and efficiency.

❖ NCHER will be implemented through the **Network-Centric Health Response System (NCHRS)**, which is comprised of four key core components:

- Cooperative Engagement Health Response System (CEHRS)
- Command and Control Network
- Situational Awareness Network Software (Hippocrates)
- Regionalized Emergency Response Assets

❖ This document describes each of the core components of the NCHRS. It also describes the specific strategies adopted by the DHSS in each of the operational areas that correspond to the particular functions that must be performed in emergency situations, as well as the overarching capabilities required to support all of these programs in completing their respective missions.

❖ The purpose of this document is to communicate to all stakeholders the principles and organizational structure that have been developed by the DHSS in order for it to carry out its public health emergency response mission. The framework described in this document will be used by the DHSS as the basis for development of a **Master Plan** for health emergency preparedness and response in the coming months. The Master Plan will define the specific actions to be undertaken in order to operationalize, maintain and continuously improve the preparedness and response programs. Upon adoption of the Master Plan, each of these programs will develop **Standard Operating Procedures (SOPs)** describing the detailed sequence of actions to be taken in emergency situations.





## Introduction

**“A robust system for public health preparedness and response is vital to the nation’s security.”**

### **WORLD AT RISK:**

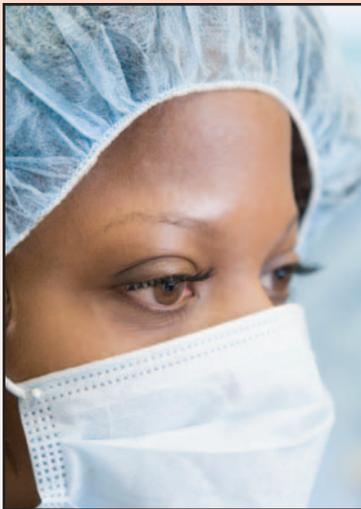
**The Report of the Commission on the Prevention of WMD Proliferation and Terrorism; December 2008.**

**T**he public health role in emergency preparedness and response is diverse and critical. An effective public health effort can prevent or diminish the effect of any event that might result in human morbidity and mortality.

Health emergency preparedness is a part of the overall responsibility health systems have for the well-being of the community. Public health must provide for the preparedness and response to natural disasters, emerging disease, and other public health emergencies including planning and

preparedness for the health-related consequences of any act of terrorism. Only through attention to the entire environment of health threats are we able to ensure a comprehensive response that will reduce the morbidity and mortality of any health emergency.

Public health capabilities include surveillance, detection, diagnosis and response. The responsibilities and actions of public health agencies and health care organizations are defined in a series of interrelated guidance documents.



### **Guiding Documents**

- ❖ **Emergency Health Powers Act - N.J.S.A. 26:13-1 et seq.**
- ❖ **State of New Jersey Emergency Response Plan**
- ❖ **Emergency Support Function 8 (ESF-8) – Public Health and Medical Services Annex**
- ❖ **DHSS Health Emergency Preparedness and Response Strategy**
- ❖ **DHSS Health Emergency Preparedness and Response Master Plan**
- ❖ **Standard Operating Procedures (SOP) for each health emergency preparedness and response program**



There are three primary sources of authority in New Jersey which permit the State to address public health emergencies by implementing a wide panoply of control measures, all of which are subject to the constraints of due process. First, the Governor has broad authority under the Disaster Control Act to declare an emergency and to issue necessary orders. Next, the Commissioner of Health and Senior Services has authority under the Emergency Health Powers Act to implement control measures after the Governor has declared a public health emergency. The Commissioner also has authority to take certain steps prior to the declaration of a public health emergency. Finally, the Commissioner, under the statutes pre-dating the Emergency Health Powers Act, has authority to declare an epidemic and to issue administrative orders. Local boards of health have concurrent jurisdiction under these statutes. However, upon declaration of a public health emergency under the Emergency Health Powers Act, the Commissioner assumes primary jurisdiction. The Act provides the legal structure fundamental to enabling a rapid and effective response to threats to the public health.

The planning and actions of the DHSS are based on a systems

approach by which the principles of preparedness, prevention and response are employed as the tools of public health against the threat of a public health emergency. By adhering to these principles, the Department provides a standardized and coordinated approach when preparing for or responding to any threat that might cause trauma, illness, or death to humans.

Acknowledging that interagency interaction for planning as well as cooperative partnerships for response are key elements of a successful approach, all of DHSS' planning documents are developed to be consistent with State, regional and city Emergency Operations Plans (EOPs), coordinated with appropriate entities, and consistent with the Unified Command and Emergency Operations Center concepts, as well as the legal authority provided by the Emergency Health Powers Act. The DHSS' strategy is also consistent with the recommendations of the *World at Risk* report of the Commission on the Prevention of WMD Proliferation and Terrorism, in that it includes measures designed to prevent bioterrorism and to enhance New Jersey's capabilities for a rapid response to





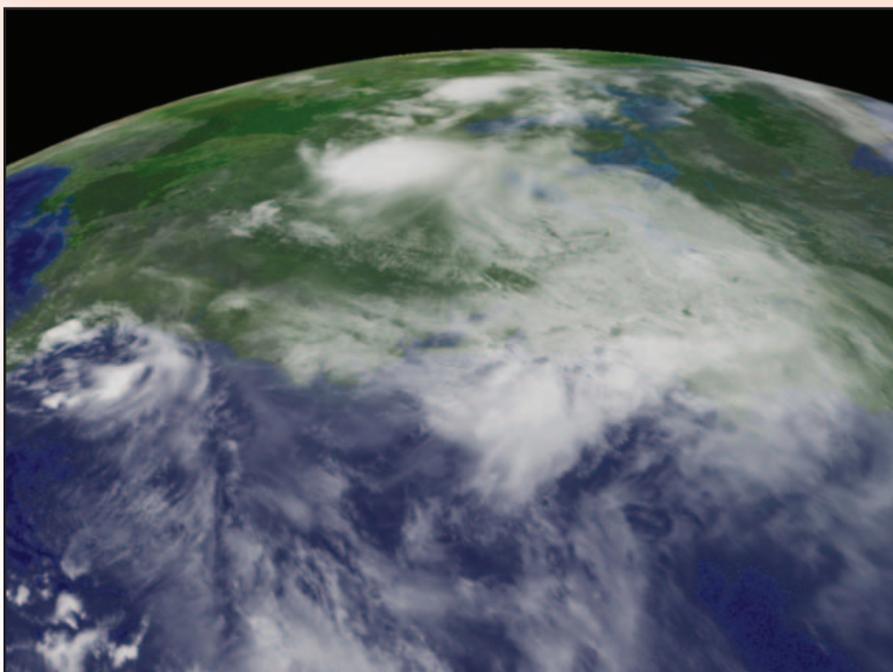
prevent biological attacks from inflicting mass casualties.

DHSS is the lead agency for **Emergency Support Function 8 (ESF-8) – Public Health and Medical Services Annex** of the **New Jersey State Emergency Response Plan**. The State Plan lists ninety-eight (98) tasks delegated to DHSS in support of statewide health emergency response.

This **Strategy** for health emergency preparedness and response describes the Department’s capabilities and activities to carry out the tasks defined in the ESF-8 in order to

enhance New Jersey’s ability to manage a terrorist threat, infectious disease outbreak, and all other events that affect the health of the State’s inhabitants and visitors. These actions emphasize preparedness and prevention in order to minimize or negate the need for a response. However, should a response be necessary, DHSS possesses significant capability to monitor, coordinate or direct, and support health emergency operations.

The purpose of this document is to communicate to all stakeholders the principles and organizational structure that have been developed by the DHSS in order for it to carry out its public health emergency response mission. The framework described in this document will be used by the DHSS as the basis for development of a **Master Plan** for health emergency preparedness and response in the coming months. The Master Plan will define the specific actions to be undertaken in order to operationalize, maintain and continuously improve the preparedness and response programs. Upon adoption of the Master Plan, each of these programs will develop **Standard Operating Procedures (SOPs)** describing the detailed sequence of actions to be taken in emergency situations.





## Guiding Principles

- **Provide the State of New Jersey with preparedness, prevention and response capabilities for addressing all public health incidents and emergencies, with a focus on the reduction of morbidity and mortality rates.**
- **Create social and technology network-centric systems to enable continuance of the integrity of the public health and health care system during periods of stress, surge and overload.**
- **Facilitate interdependency of healthcare delivery, public health and emergency management in order to effect an integrated approach to preparedness and response.**
- **Promote integration of grassroots resources (including the private sector, government and community-based) through partnerships in order to provide consistency and ensure integration of State and national plans.**







## Network-Centric Health Emergency Response

**T**he foundation for New Jersey's response to any public health emergency is a systems approach that incorporates the capabilities of individual health entities into a coordinated State health response. This ensures that the weight of a health burden that exceeds the capabilities of a single facility or group is distributed among capable and available organizations.

The central concept around which DHSS has organized this Strategy is the **Network-Centric Health Emergency Response (NCHER)**. NCHER focuses on using computers, high speed data links, networking software and processes to link health emergency preparedness and response personnel, platforms, and systems into highly integrated local and wide-area electronic and social networks. Within these networks, personnel will share large amounts of critical information on a rapid and continuous basis. DHSS believes that NCHER will dramatically improve public health and healthcare delivery response capability and efficiency.

NCHER is operationalized through the **Network-Centric Health Response System**

(NCHRS). NCHRS is comprised of four key core components:

- ❖ Cooperative Engagement Health Response System (CEHRS)
- ❖ Command and Control Network
- ❖ Situational Awareness Network Software (Hippocrates)
- ❖ Regionalized Emergency Response Assets.





## Cooperative Engagement Health Response System

New Jersey is operating under the concept of a **Cooperative Engagement Health Response System (CEHRS)**, defined as the integration of public health and health care delivery organizations able to provide the necessary pharmaceutical, medical and mental health response to a public health emergency through a process of measured, coordinated and escalating cooperation. CEHRS relies on the cooperation and interaction of public, private and not-for-profit organizations.



CEHRS is based on the principle that during emergencies of large magnitude, individual facilities will eventually reach a culmination point – a point where resources or will of the facility can no longer provide the necessary response. In order to address this situation and enable sustained adequate response, a designated command structure coordinates and maintains the activities of the individual CEHRS entities below individual culmination points, while through combined and coordinated efforts providing a system response equal to or exceeding what is required for an emergency.

The goal of CEHRS is to reduce the need for individual facilities to expend resources and stockpile large quantities of rarely used equipment, instead relying on

sharing or handoff of responsibilities during an emergency to CHERS partners before any reach their culmination point.

CEHRS provides the framework for coordination of the public health community, healthcare delivery entities, Emergency Medical Services (EMS), laboratories, and State health and mental health assets during a public health emergency. It includes the development of plans which describe the responsibilities of these organizations, the relationships to each other and the command and control umbrella for statewide health coordination during an emergency. It provides a standardized, coordinated, efficacious all-hazards preparedness and response capability for New Jersey through integration of the public health, healthcare delivery and emergency management systems - the “Health Emergency Triad” (Figure 1). It also integrates the components of New Jersey’s health system into the State’s emergency management system and provides capabilities for integration into federal response.

## Cooperative Engagement Health Response System



### Components of the NJ CEHRS include:

- ❖ The DHSS, including the Health Command Center, Medical Coordination Center system, emergency medication and medical supply caches, Laboratory, Communicable Disease and Emergency Response;
- ❖ New Jersey's Acute Care Hospital System, including Level 1 Trauma Centers, Level 2 Trauma Centers, and a burn center; and specialty hospitals such as rehabilitation, psychiatric and long term acute care hospitals
- ❖ Federally Qualified Health Care Centers (FQHCs);
- ❖ Nursing homes and assisted living facilities;
- ❖ Home health and hospice agencies;
- ❖ Local health departments, including LINCS public health agencies;
- ❖ Emergency Medical Services: EMS Task Forces, Dispatch, Basic Life Support (BLS) and Advanced Life Support (ALS) systems;

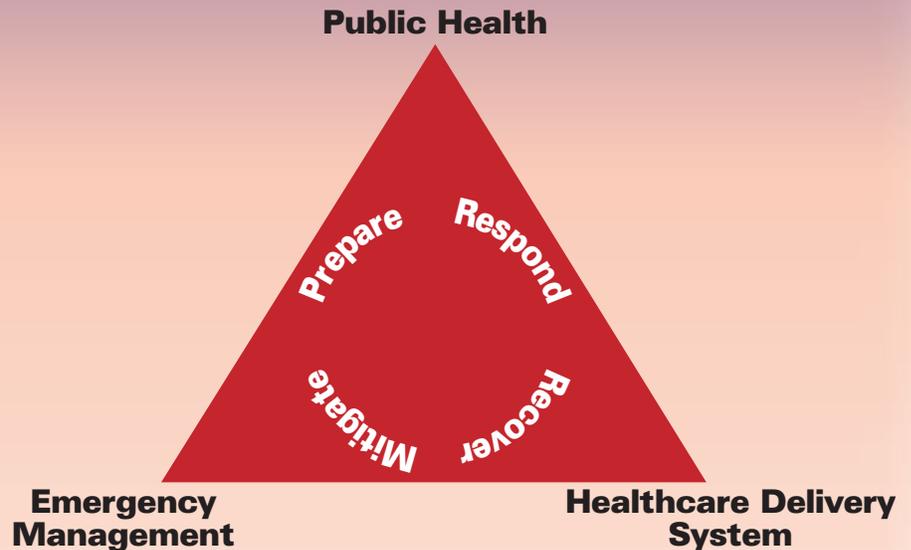


Figure 1.  
Health Emergency Triad

- ❖ Partner Health Associations (NJ Hospital Association, NJ Primary Care Association, Health Care Association of NJ, NJ Association of Homes and Services for the Aging, and the Home Care Association of NJ);
- ❖ New Jersey Medical Reserve Corps; and
- ❖ Offices of Emergency Management at the State, county and local levels.



### Command and Control Network

#### DHSS Emergency Structure

In order to expand organizational capacity commensurate with the magnitude of its responsibility, and co-locate functionally and mission-similar units to build efficiencies and synergies, DHSS created the Division of Health Infrastructure Preparedness and Response (HIPER). HIPER provides a central coordination and oversight structure for public health emergency preparedness and response. The mission of the Division is to provide leadership, coordination, and support in all prevention, preparedness, detection, response, and recovery activities related to the health consequences of any emergency event.

HIPER, under the leadership of the Senior Assistant Commissioner, consists of programs responsible for Preparedness and Emergency Response Policy, Emergency Planning and Operations, Emergency Preparedness Initiative Development, and Health Infrastructure Preparedness. This last organizational unit covers Health Care System Preparedness, Emergency Medical Services, and Public Health Infrastructure. HIPER coordinates its activities with other organizational units of the DHSS that have responsibilities related to emergency preparedness and response, including the Communicable Disease Service, the Consumer and Environmental Health Service, the Public Health and Environmental Laboratories, Senior Services and Health Systems, and the Office of Communications.

#### Health Command Center

In order to provide command, real time information, communication and coordination for New Jersey's public health and healthcare continuum during health related emergencies, the DHSS operates the Health Command Center (HCC). The HCC supports the State Emergency Operations Center (SEOC), is an integral component of the Incident



## Command and Control Network

Command System (ICS), and is the sole authority for dispensing of DHSS resources. The principal role of the DHSS HCC is to provide real-time intelligence/information, communication and coordination for the Commissioner of Health and Senior Services and/or designee, the New Jersey public health and healthcare continuum and the SEOC during emergency events. The HCC is connected to the command and control nodes of local, county, State, and federal departments and agencies. This connection is through telephone, fax, e-mail, satellite and radio systems.

The Health Command Center specific responsibilities include:

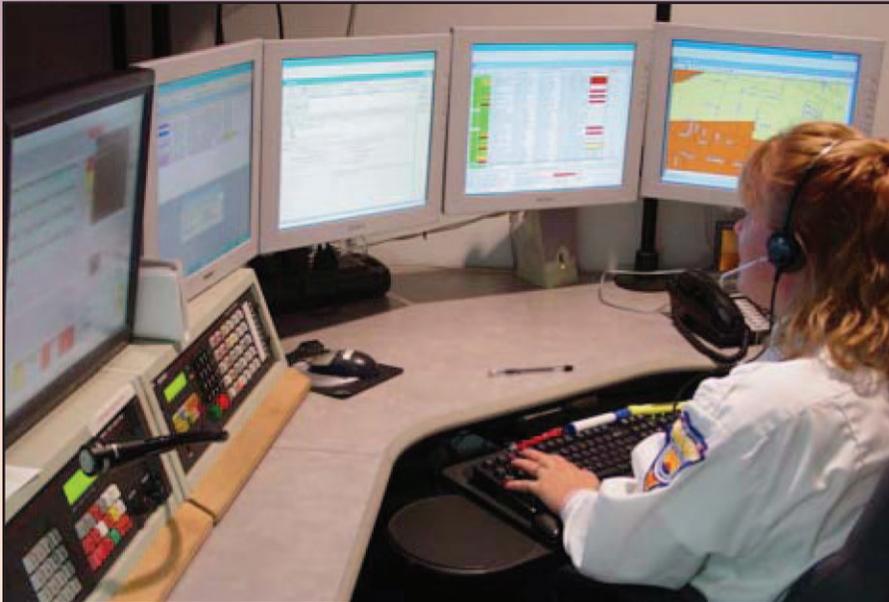
- ❖ Coordination of DHSS health emergency management operations.
- ❖ Collection, analysis and dissemination of daily health system statistics, using DHSS information technology, to appropriate authorities/agencies within the healthcare continuum.
- ❖ Providing accurate and concise information to DHSS leadership during times of public health emergencies and other events affecting or potentially affecting the State's public health and healthcare continuum.

- ❖ Monitor responsibilities of, and information from, the regional Medical Coordination Centers (MCCs), individual hospitals, FQHCs, LINCS agencies, local health departments and EMS during a health emergency.
- ❖ Monitor and disseminate information from the New Jersey Office of Emergency Management (OEM) and/or the Regional Operations Intelligence Center (ROIC).
- ❖ Monitor and disseminate information to and from partner New Jersey State agencies, federal agencies and others as necessary regarding the State's public health and healthcare issues.
- ❖ Maintaining communication avenues with DHSS personnel assigned to the SEOC through which information and/or data is transmitted and received.

### Emergency Communication Call Centers

Emergency communication call centers are a key component of DHSS's communications strategy, providing enhanced capabilities to disseminate public health information during events with heightened public and professional interest and concern (e.g. H1N1 outbreak). DHSS





maintains two call centers as resources for New Jersey's residents and visitors that would like specific information regarding an ongoing event. The inquiries received by the call centers are reviewed by DHSS management in order to identify messaging or other response activities that require modification and/or augmentation.

1. DHSS Hotline: The DHSS Hotline is activated by the Commissioner to respond to inquiries from the general public related to a specific

event. Using a toll-free phone number, the public are able to speak directly with trained operators that will provide specific event related information. The operators work from detailed scripts developed by DHSS's health educators, answering questions and providing information on available resources. The primary site of the DHSS Hotline is the Central West MCC with other MCCs providing expansion/backup capabilities.

2. Emergency Communications Center (ECC): The Emergency Communications Center (ECC), staffed by DHSS personnel, responds to inquiries from New Jersey's public health and healthcare professionals. This information includes, but is not limited to: emergency response activities, treatment recommendations for physicians, disease surveillance activities and guidance on educational information for patients.



## Hippocrates: Health Information Technology System

**Hippocrates** is a web-based application developed by the DHSS to enhance situational awareness, assisting with the preparation for, response to, and recovery from natural and man-made health threats and emergencies.

Hippocrates is a unique software package able to integrate static and dynamic data, geospatially display this data, provide analysis capability and support emergency command and control. This integration of static and real time data on New Jersey's health system in a one-stop portal allowing users to make informed decisions during an emergency. Hippocrates is also used to monitor New Jersey's daily health system status, to inform planners and to conduct exercises.

Hippocrates is an umbrella application with modules that collect and analyze health system data.

- ❖ The Command Center Console (CCC) provides real-time tracking and management tools for events, incidents, and command centers throughout the State.
- ❖ The Healthcare System Resources (HSR) module maintains the capability to obtain information, bed status, and contact information for New Jersey's healthcare facilities.
- ❖ Hippocrates data is synthesized in the GIS-based Interactive Mapping module, pulling data

from the CCC and HSR as well as other sources, including the Emergency Preparedness Inventory System providing stockpile inventory; the Emergency Medical Service status system (called JEMSTAT) tracking hospital diversions, weather and traffic, and the NJ Medical Reserve Corps registry of volunteers.

- ❖ The Communications Channel module provides users with the capability to exchange information in real time.

Current Hippocrates users include:

- ❖ DHSS
- ❖ Health Command Center (HCC)
- ❖ Regional Medical Coordination Centers (MCCs)
- ❖ Healthcare Associations
- ❖ Acute care facilities & corporate healthcare systems
- ❖ Local Information Network and Communication System (LINCS) agencies
- ❖ Local health departments
- ❖ NJ State Police (State Emergency Operations Center; Regional Operations Intelligence Center)
- ❖ Federal agencies (USDHHS Region II, FBI)
- ❖ External partners

The Hippocrates program supports expansion to include additional State, Federal and private sector partners.



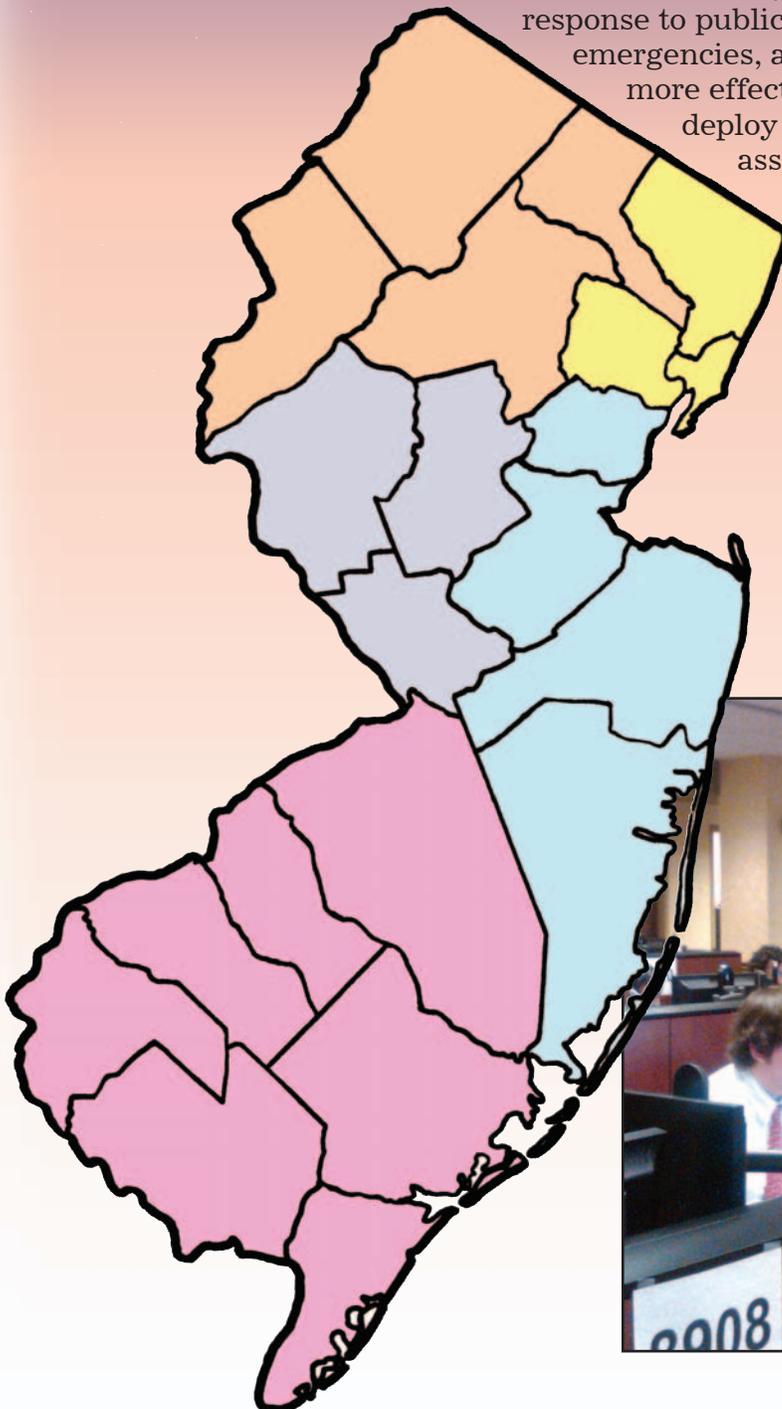


## Regionalized Emergency Response Assets

In order to minimize any gaps between State, county and local response to public health emergencies, and to more effectively deploy DHSS assets, the

DHSS has designated five public health regions covering the 21 counties of New Jersey. These regions are:

- ❖ **Northeast** – Bergen, Essex and Hudson counties
- ❖ **Northwest** – Morris, Passaic, Sussex and Warren counties
- ❖ **Central East** - Middlesex, Monmouth, Ocean and Union counties
- ❖ **Central West** – Hunterdon, Mercer and Somerset counties
- ❖ **South** – Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, and Salem counties.



## Regionalized Emergency Response Assets



### Regional Health Infrastructure Program

The **Regional Health Infrastructure Program (RHIP)** is designed to enhance the capability and maintain the integrity of New Jersey's public healthcare system in order to minimize morbidity and mortality during public health emergencies. RHIP will accomplish this mission through regional planning for the coordination and management of medical and medically related activities and resources that will be integrated and synchronized with public health and emergency management systems.

#### **RHIP major responsibilities**

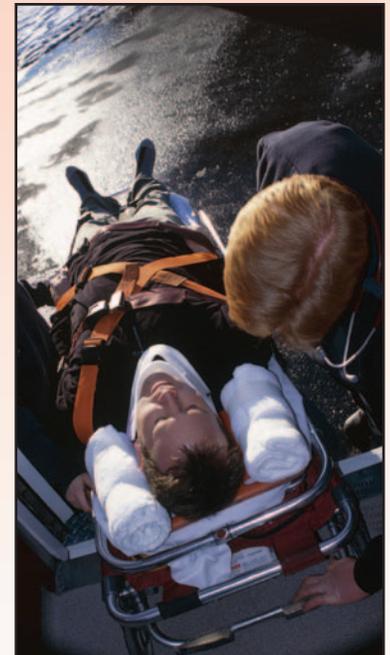
- ❖ Assessment
- ❖ Regional Planning
- ❖ Grant Administration
- ❖ Relationship Building
- ❖ Exercise Strategy & Implementation
- ❖ Response
- ❖ Training Coordination
- ❖ Support of State efforts
- ❖ Identification of regional gaps

In support of the RHIP, the DHSS has supported the development of nine Medical Coordination Centers (MCCs). The MCCs provide an operational tool for implementing this mission through use of technology, community resources and regional command, control and communication capabilities. The purposes of the MCCs are to coordinate information and effectively communicate emergency information, to assist

with the coordination of patient transportation, and to monitor public health activities to enhance the statewide capability to maintain the integrity of New Jersey's healthcare systems. The integration of these systems include, but is not limited to such agencies as acute care hospitals, home care, primary care, long term care, federally qualified health care centers (FQHCs), emergency medical services and outpatient/ambulatory care centers.

One MCC has been established in each of the five regions. In addition, four specialized MCCs have been established as resources for the coordination of events involving New York City, the Newark Liberty International Airport and Port Newark / Port Elizabeth area, the Shore area, and large numbers of burn victims.

The day-to-day responsibilities of the RHIP are to assist in the development of regional health planning, training, and exercising throughout the public health regions. The MCC will assist in gathering information/communication within the municipal, county and State public health, healthcare and emergency management systems. Implementation of this structure allows for statewide standardization as well as specialization within the five public health/healthcare regions around the State.



## Network-Centric Health Emergency Response (NCHER)



During an event, the MCCs, in coordination with the State HCC, provide accurate, real time situational awareness to the leadership responsible for responding to public health emergencies. The MCCs will gather, communicate and share information to maximize the medical surge capacity and capability to effectively respond to an incident. To assist with surge capacity information and to maximize surge capacity and

capability in a real event, each MCC has the ability to obtain real time information on hospital diversion status, healthcare facility bed status, pharmaceutical stockpile availability, medical epidemiological information, as well as, EMS systems status through the Hippocrates data system. This real time access to data enables the MCCs and the healthcare facilities and entities within the specific public health/healthcare region, to determine, direct and transport patients as needed to maximize surge capability and capacity in the event of a disaster. Surge capacity information is collaboratively shared with other MCCs, the Health Command Center (HCC), and the State Emergency Operations Center (SEOC).



As each public health/healthcare region is unique in population and demographics, a Regional Advisory Council has been established in each region. Those represented on these Councils include EMS, hospitals, long term care, home care, primary care, emergency management, FQHCs, ambulatory care, local public health departments, LINCS agencies, law enforcement, fire service, Medical Reserve Corps, and additional subject matter experts, as appropriate.

## Regionalized Emergency Response Assets



### Regional Coordination of Public Health Agencies

New Jersey is likely to face public health emergencies that expand beyond the single municipality reaching the county level and beyond, however, the impact of these emergencies will be felt locally and any response will include local involvement.

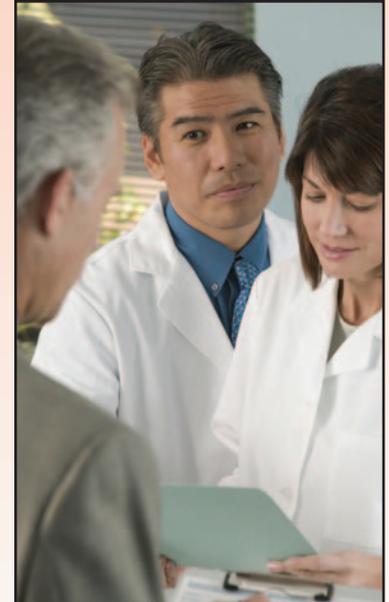
Local health departments (LHDs) are the base of the public health system in New Jersey and are relied on for the initial response to any public health emergency. Public health is a municipal responsibility by State law. Municipalities may meet this responsibility by creating a municipal health department, making an agreement with another municipality for coverage by its health department, joining a Regional Health Commission, or coming under the jurisdiction of a county health department (as counties are also permitted to assume public health responsibilities). This mix of arrangements has resulted in a network of 111 LHDs covering New Jersey's 566 municipalities.

Pursuant to New Jersey law, the local health department, operating under the authority of a local Board of Health or the local governing body, and under the direction of a licensed Health Officer, has the primary responsibility and authority at the local level for investigating reports of communicable diseases and responding to a public health emergency. The *Emergency Health Powers Act* grants the Commissioner of Health and Senior Services the authority to use these same powers during a declared

statewide public health emergency. But absent such a declaration, the local boards of health share concurrent jurisdiction with the Commissioner, but the primary responsibility will rest on the local Health Officer.

Recognizing that public health emergencies may be regional in scope, and that many smaller municipal health departments lack the resources and specialized expertise to respond to large scale public health threats, DHSS has designed systems to provide for the regional planning and coordination of a public health response.

DHSS has developed the **Local Information Network and Communication System (LINCS)** as a concept for specialized regional public health services. Currently, 21 strategically positioned local health departments are designated as LINCS agencies to serve as the State's regional public health partners in coordination of disease surveillance, communications, data/information exchange, and public health emergency planning and response. The LINCS agencies carry out these functions in cooperation with other local health departments, hospitals, physicians, emergency responders, and a variety of community organizations in their jurisdictions. There are LINCS agencies covering each county (one agency covers two counties) and the City of Newark has its own LINCS agency.



## Network-Centric Health Emergency Response (NCHER)



The LINCS agencies have been provided federal and State grant funding to build infrastructure and expertise for disease surveillance and response coordination. These LINCS agencies are actively involved, in cooperation with the DHSS, in the development and implementation of countywide or multi-countywide coordinated planning, surveillance, specimen/sample collection and handling, and education for bioterrorism, West Nile virus, and influenza. Activities include: the formation of public health planning taskforces, serving as a resource for essential data and information, coordinating response to unusual occurrences of emerging infections, providing technical assistance to local/county agencies and organizations, coordinating passive and active infectious disease surveillance, using GIS and database technologies to analyze data and identify disease trends, determining appropriate levels of local response to control diseases and hazards, establishing relationships with physicians, hospitals, and other healthcare providers to facilitate accurate and timely disease reporting, providing quality assurance for specimen/sample collection and submission, coordinating regional public and professional education, disseminating information and educational materials, developing informational websites, and ensuring 24/7 public health emergency response services. Each LINCS agency also supports and manages a Medical Reserve Corps Unit.

LINCS agencies have been instrumental in developing the statewide Health Alert Network (HAN) that provides frequent public health information, updates, advisories, and alerts to local health departments, physicians, hospitals, emergency responders, and others in community, health care, and public health sectors. Routine activity and summary reports such as weekly Influenza Surveillance Reports are distributed to the target audiences. LINCS agencies are responsible for the expansion and maintenance of their respective Community Health Alert and Information Networks (CHAIN) and serve as the communication “hub” in the dissemination and response to priority public health information.

In addition, the DHSS has encouraged the formation of a Governmental Public Health Partnerships (GPHP) in each county which has more than one LHD. The GPHPs are designed to facilitate the development of countywide collaboration among the LHDs. Currently, there are GPHPs in ten counties, and a regional GPHP among the eight LHDs in the seven-county southern region. While the GPHPs focus on all aspects of public health, the some GPHPs have initiated activities related to public health emergency preparedness, including joint planning, exercises, and mutual aid agreements among their member LHDs.





## Operational Categories

**T**he specific strategies adopted by the DHSS to prepare for and respond to public health emergencies are categorized into operational areas that correspond to the particular functions that must be performed in emergency situations. In some cases these functions correspond with specific programs in the DHSS organizational structure. In other cases, these functions are accomplished through the cooperative efforts of multiple DHSS programs. The following section describes the guiding strategy for each operational area.



Many of these operational categories correspond with the national Target Capabilities List developed by the U.S. Department of Homeland Security. Together with the National Preparedness Guidelines, the Target Capabilities List establishes an all hazards framework for the national preparedness system. The Target Capabilities provide the means to accomplish a mission and to achieve desired outcomes by performing critical tasks, under specified conditions, to target levels of performance.



## Surveillance and Investigation

The DHSS Communicable Disease Service (CDS) is responsible for surveillance and investigation of reportable communicable diseases (including foodborne, vectorborne, and zoonotic diseases) and emerging infectious disease issues (including antimicrobial resistance and avian influenzae). In addition, CDS develops plans that specifically address diseases of particular concern.

CDS has developed procedures to systematically examine data from several surveillance systems. The primary surveillance system is the Communicable Disease Reporting and Surveillance System (CDRSS), a web-based database for notifiable communicable diseases. Over 900 local public health and healthcare partners (including hospital and laboratory staff) statewide use CDRSS for electronic reports of notifiable communicable conditions. CDS staff and regional epidemiologists at each of the LINCS agencies routinely monitor reportable communicable diseases. Follow-up activities on disease reports include case and contact interviews, characterization of outbreaks, and implementation of infection control measures as indicated (e.g., post-exposure prophylaxis recommendations, appropriate isolation for cases, quarantine of exposed and potentially infected asymptomatic contacts) in collaboration with the staff of local health departments. CDS epidemiologists evaluate all CDRSS reports for appropriate

public health management and completeness. The New Jersey Immunization Information System (NJIS) is also designed to track vaccination coverage rates, including influenza

Additionally, CDS epidemiologists monitor BioSense data from LabCorp and federal sources, including the Veterans Administration and the Department of Defense. The epidemiologists examine these data for illnesses (e.g. fever illness, rash, lymphadenitis) and syndromes (e.g. gastroenteral, respiratory, neurologic) of public health concern. CDS epidemiologists also monitor daily hospital emergency visit and admission volume to detect unusual hospital emergency/admission activity. CDS and regional epidemiologists in seven counties monitor the Epicenter surveillance system which provides real-time tracking and analysis of emergency department visits. CDS routinely provides summaries of reportable disease findings to local health and healthcare partners.

DHSS collaborates with the New Jersey Department of Agriculture (NJDA) in surveillance of animal diseases that potentially threaten human health. Enhancements to NJDA's Agriculture's Reportable Animal Disease Database System (RADDs) may enable sharing of animal disease reports from veterinarians and animal healthcare facilities between RADDs and CDRSS.



## Medical Surge

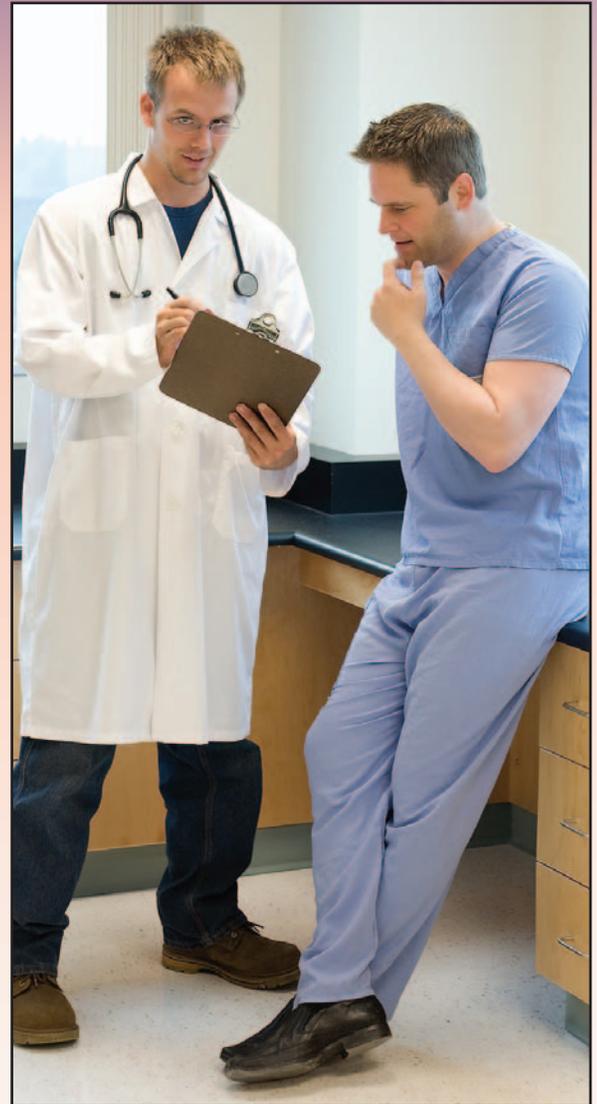
DHSS has addressed the unique characteristics of New Jersey's healthcare system to enhance medical surge by developing a command, control, coordination, and communications network across the health system, increasing stockpiles of medical surge equipment at the State, regional, local and individual healthcare facilities levels, and implementing training programs for the healthcare system.

All acute care facilities in New Jersey have Emergency Operations Plans that outline how a facility would respond during an event. Facilities have stockpiled equipment and supplies that would be needed to support specialized patient care or a surge in patient volume during a terrorism event, a natural disaster, or a naturally occurring disease outbreak. Additionally, DHSS maintains a State stockpile of equipment and supplies that will be deployed to healthcare facilities to augment the surge capacity.

Acute care facilities were also required to develop pandemic influenza plans and prophylaxis plans for facility staff and for the family members of staff. In order

to provide for their personnel, many healthcare facilities have stockpiled supplies of antibiotics for use by first receivers and household members.

Healthcare facilities, including acute care, long-term care, home care and primary care, have formal and informal mutual aid agreements, especially facilities within one healthcare system or one geographic location. These agreements provide for the sharing of staff and equipment and include arrangements for patient transfers. In addition, some agreements exist between acute care facilities to share responsibility for alternate care sites.





DHSS and the LINCS agencies have worked with medical facilities to identify alternate care sites. Long-term care facilities and Federally Qualified Health Centers (FQHCs) are being used as alternate care sites in the event of a mass casualty event. FQHCs have been asked to serve as screening, triage and treatment sites to relieve the burden on acute care hospitals and emergency rooms during an influenza pandemic.

DHSS has directed its State level efforts on the development of mobile medical facilities and assets. DHSS acquired a mobile medical facility, the Western Shelter Gatekeeper System, which can provide care for up to 100 individuals. The facility will be maintained and mobilized by the New Jersey EMS Task Force. The facility can be deployed for medical surge anywhere in the State as an ad-hoc medical evaluation/ quarantine facility. Medical Reserve Corps (MRC) volunteers will support the staff structure for the facility along with the EMS Task Force. Specialized teams of health care professionals and support staff selected from the NJMRC program will be created to meet the staffing needs for the Mobile Care Facility. In addition, DHSS has developed arrangements to coordinate use of this facility with other medical surge assets in the State, including the UASI region Mobile Emergency Department initiative and Hackensack University Medical Center's mobile medical assets.



## Mental Health

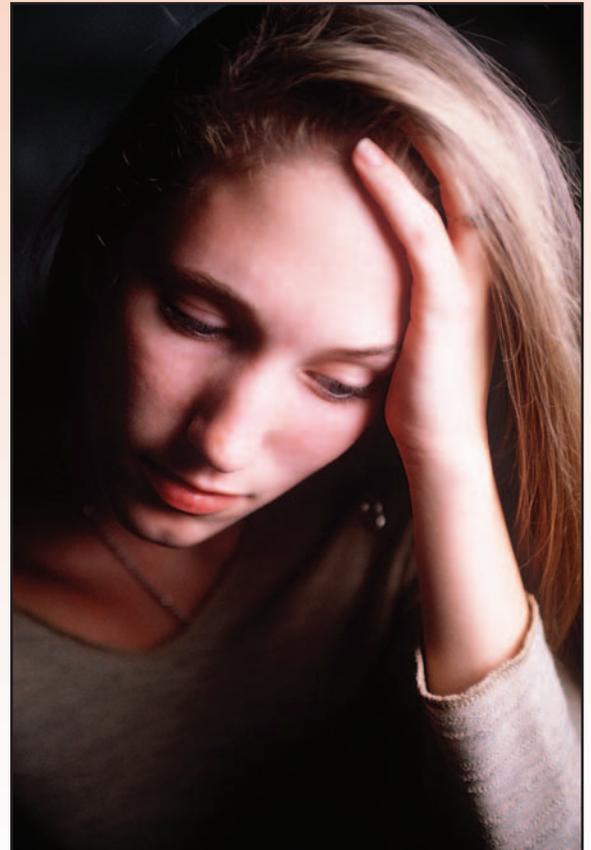
The DHSS collaborates with the New Jersey Department of Human Services (NJDHS) to assure that the mental health needs of emergency responders, care providers and the general public are included in the planning for and response to public health emergencies.

The Division of Mental Health Services (DMHS) within the NJDHS is home to a specialized mental health Disaster and Terrorism Branch (DTB) located within the Office of Planning, Evaluation and Technology. The Director of the Disaster and Terrorism Branch is responsible for activating the State's mental health disaster response plan during a declared disaster, in coordination with the NJDHS Emergency Social Services Coordinator and the New Jersey Office of Emergency Management.

Each New Jersey county maintains a county-specific all hazards mental health disaster plan which can be activated by the County Mental Health Administrator in coordination with the county Office of Emergency Management and in collaboration with the State partners. The services available through the Disaster and Terrorism Branch include: individual crisis counseling; psychological first aid; written or

verbal psycho-educational information on disaster stress management; group crisis counseling; consultation and training; information and referral services; and toll free help line services.

The Disaster and Terrorism Branch developed a Rapid Assessment, Deployment and Response (RADAR) Team to provide a coordinated response to the mental health needs of all affected populations in the wake of a disaster or terrorist event. The RADAR Team serves as a forward response group comprised of representatives from the mental health and first responder communities. Upon notification, the RADAR team responds as soon as possible to Emergency Operations Centers (EOCs) to provide technical assistance to decision-makers in assessing the need for disaster mental health services and in coordinating the deployment of crisis counselors, peer-support





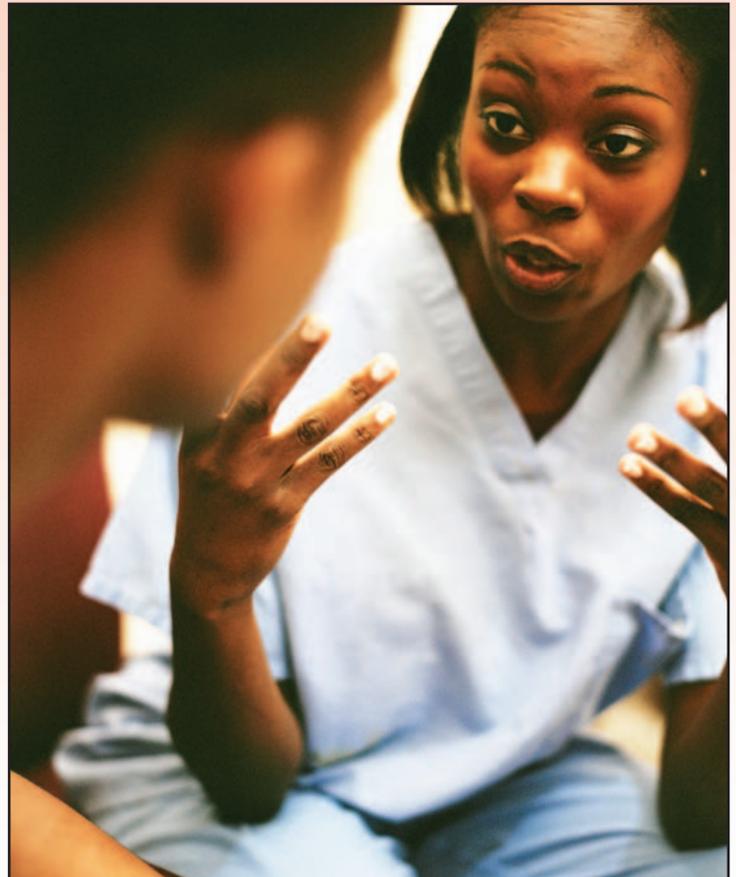
personnel and other specialized disaster mental health resources.

In response to declared disasters, DMHS in its role as the State mental health authority applies to FEMA for crisis counseling grant programs. The grants fund community-based outreach programs to assist individuals affected by disasters. Any individuals offering mental health or crisis counseling services should be credentialed by the DTB. Crisis

counselors are registered through the credentialing process which includes: an application, background check, interview, reference checks, and completion of required training, at which time, the counselor is assigned to a specific level of competence to accommodate a range of skills.

The Disaster and Terrorism Branch maintains a disaster mental health website [www.disastermentalhealthnj.com](http://www.disastermentalhealthnj.com) to

share relevant information with the public and with mental health professionals, and publishes the e-newsletter, the *New Jersey Crisis Counselor*, in order to provide close collaboration with representatives from public health, law enforcement, emergency management, and other professionals at the local, State and federal level to coordinate mitigation, planning, response and recovery efforts.



## Mass Prophylaxis

In the event of a public health emergency, DHSS is the lead agency responsible for pharmaceutical distribution. The *DHSS Strategic National Stockpile and Pharmaceutical Distribution Plan* provides the specifications for request, receipt, and distribution of vaccines and/or pharmaceuticals in order to rapidly dispense medications with the most efficient utilization of available workforce.

When fully implemented, the plan is capable of providing pharmaceuticals to the approximately 8.5 million residents of New Jersey. The plan also provides partial activation planning to quickly administer prophylaxis in the event of a more localized incident.

These capabilities support mass prophylaxis to be conducted with State resources and, when necessary, federal resources provided by the CDC. DHSS maintains a Strategic State Stockpile (SSS) including antibiotics, antivirals, personal protective equipment as well as assets from CDC's CHEMPACK

Program. When this cache cannot meet the public health needs of the response, DHSS will notify the Governor's Office to request Strategic National Stockpile (SNS) assets through CDC.

DHSS has developed a three-tiered approach to address the goal of providing medications to the State's population within 48 hours: a First Responder Plan,





Fixed Facility Plan and five alternate points of dispensing (POD) modalities. The First Responder Plan provides medications to the first responders and their family members. This is necessary to ensure that these individuals are available to assist in the distribution efforts for the general public. The Fixed Facility Plan incorporates planning efforts for those identified facilities such as private industry, colleges and universities, defined communities



(senior citizens complexes), correctional facilities, and hospitals. DHSS has also explored alternate modalities to address dispensing medications quickly to the remaining

public, including special needs populations, which are not covered under the other two approaches. DHSS has developed planning templates for local health departments providing them with a model that describes alternative methods to provide medications to the entire population.

Each LINCS Agency, in coordination with OEM and local health departments where applicable, has developed a mass prophylaxis plan meeting the goal of providing medications to their jurisdictions within 48 hours. In the event that prophylaxis is needed for a smaller number of individuals standardized points of distribution (POD) operations would be used. The POD manual developed by the DHSS would be used as an operational guide. Each LINCS Agency will coordinate POD activation in its jurisdiction in consultation with DHSS and other local health officers where applicable.

Numerous entities and departments, including State and local agencies and the Medical Reserve Corps work in coordination to move materials throughout the State, and to ensure the public has the appropriate standard of care. A web-based Emergency Preparedness Inventory System tracks medications and supplies from the point of receipt to the point of distribution.

## Isolation / Quarantine

Local Health Officers and the DHSS have the authority to impose isolation/quarantine. This authority is established by the New Jersey Administrative Code, which states that:

**“A health officer or the Department, upon receiving a report of a communicable disease, shall, by written order, establish such isolation or other restrictive measures required by statute or rule to prevent or control disease. If, in the judgment of the health officer or the Department, it is necessary to provide adequate isolation, a health officer or the Department shall promptly remove, or cause to be removed, a person who is ill with a communicable disease to a hospital. Such order shall remain in force until terminated by the health officer or the Department.”**

**N.J.A.C. 8:57 –1.9.**

The Emergency Health Powers Act (N.J.S.A. 26:13-1 et seq.) reinforces the DHSS’ authority to implement isolation and quarantine procedures. The Act formally clarifies and organizes powers enumerated in previous pieces of legislation. Upon the Governor’s declaration of a public health emergency, the Commissioner of Health and Senior Services is empowered to take a number of actions to protect the health of the public, including ordering the isolation and/or quarantine of persons as required.

The mechanism to activate isolation/quarantine has been established and has been utilized for several real-life events in New Jersey. The local health

departments are responsible for monitoring those individuals in isolation/quarantine outside of a healthcare facility. Enforcement of isolation/quarantine orders is the responsibility of the Department of Law and Public Safety, the Office of the Attorney General, the State Office of Emergency Management, County Prosecutors, and county/local Offices of Emergency Management.

The authority and responsibility to screen international travelers and implement travel restrictions rests with the federal government, and has been assigned to the CDC Global Migration and Quarantine (DGMQ). DHSS and other State and local agencies have been working closely with DGMQ to understand existing federal plans and to support DGMQ as necessary.





## Emergency Medical Services

## Operational Categories

The **Office of Emergency Medical Services (OEMS)** is the State Emergency Medical Services (EMS) coordinator and the lead coordinating agency for all EMS assets during times of need as directed by ESF# 8. During activation, OEMS staff report to the State Emergency Operations Center (SEOC). OEMS has taken an active approach to fulfilling its role and works closely with the County Office of Emergency Management EMS Coordinators. During times of activation, an

OEMS representative also staffs the HCC to serve as the EMS expert and liaison.

OEMS staff are available for field response should the need arise. OEMS has acquired a Mobile Communication Platform vehicle that will allow for not only interoperability in the field, but also provides the ability to send streaming video from an incident to an internet web site and to the HCC. The platform is also equipped with VHF, UHF, 800 MHz, and HAM radios in

addition to cellular and landline capabilities.

During activation, OEMS continues in-house operations by manning the office phones and providing technical support to individuals. In the past, providers have inundated the office with calls requesting information including treatment protocols and personal protection guidelines on the ongoing incident.

A statewide New Jersey Triage Tag has been adopted and OEMS supplies the EMS agencies statewide with standardized triage tags at no cost. To date, in excess of 500,000 tags have been distributed.

OEMS, in conjunction with NJ PEOSH, has implemented a Respiratory Protection Program to all of the EMS agencies throughout the State. OEMS had created a training poster titled Personal Protective Equipment for EMS Agencies that was issued to every agency in October 2007. This poster is part of educational poster series for EMS providers, which also includes: *New Jersey Disaster Triage Tag*, *Homeland Security Threat Assessment for EMS*, and *CBRNE for EMS Agencies*.

OEMS maintains and continues to orient agencies to the JEMSTAT Hospital Diversion website.



## Emergency Medical Services



JEMSTAT provides real time information to the EMS community about which hospitals are on diversion status and identifies why the hospital needs to be on diversion. JEMSTAT is being incorporated into Hippocrates.

By statute, DHSS is responsible for ensuring a statewide poison control center. Through OEMS, the Department has ensured this capability through recognition of the New Jersey Poison Information and Education System (NJPIES) located at the University of Medicine and Dentistry of New Jersey. NJPIES operates a 24/7/365 poisoning hotline (as part of a national network) that provides assistance to the public and health care professionals and tracks the calls it receives to determine patterns and trends in incidents of poisoning. These capabilities enable NJPIES to act as an early warning system to detect incidents of intentional spread of toxins and to assist those affected

with immediate countermeasures and linking to the EMS system.

**The New Jersey Emergency Medical Services Task Force** (NJEMSTF) was established to provide a coordinated emergency response to major emergencies and catastrophic disasters. The NJEMSTF is a DHSS-led statewide initiative that is organized into three regions (North, Central and South). Its mission is to provide an organized response during any major incident. The NJEMSTF provides a specialized force that combines the best of New Jersey's various





EMS resources, including career and volunteer Basic Life Support (BLS) services, hospital-based Advanced Life Support (ALS) services, commercial ambulance providers and EMS communications centers.

The NJEMSTF provides the mechanism for a coordinated response and is intended to supplement existing emergency management plans. Its mission is to provide incident planning, specialized assets and incident support. The NJEMSTF is activated at the request of local EMS agencies through their respective County OEM-EMS Coordinator. All deployments of staff and equipment are authorized and coordinated by DHSS.

Staging and accountability is at the foundation of any successful large scale response. The NJEMSTF, in conjunction with the New Jersey State Association of County OEM-EMS Coordinators, has developed a Statewide Staging Area Management Plan which

provides for a common approach to staging, accountability and tasking. There are four strategically located Regional Staging Areas as well as numerous County Staging Areas. Air Medical assets are managed and staged via a Statewide Helibase Management Plan.

Major NJEMSTF assets include Mass Care Response Vehicles and Mass Care Trailers, incident support vehicles, Staging and Accountability Trailers, tow vehicles, patient moving equipment, radio caches and communications vehicles. Each of these specialized assets is staffed by trained volunteers.

The NJEMSTF also provides the ability to provide inter-state response capability through the Federal Emergency Management Agency (FEMA) Emergency Management Assistance Compact (EMAC) Program. It is also available for deployment to New York City through activation of a Mutual Aid Agreement between the City of New York and the State of New Jersey.



## Laboratory

The Division of Public Health and Environmental Laboratories (PHEL) is responsible for provision and coordination of laboratory services to detect and/or confirm disease organisms and chemical agents. Laboratory services related to emergency preparedness and response are provided through four units: the BioThreat Response Laboratory (BTRL) and the Virology Laboratory within the Public Health Laboratory Services (PHLS), the Environmental and Chemical Laboratory Services (ECLS), and the Laboratory Outreach Program (LOP) within the Office of Policy Planning and Regulatory Compliance (OPPRC).

The ECLS maintains a chemical and radiological test capability that may be used for the analysis of clinical specimens, environmental samples and food samples for chemical agents and contaminants. ECLS has a full service water testing laboratory, which maintains the testing capability to analyze drinking water and water pollution samples for bacteriological, inorganic, organic and radiological contaminants. The laboratory has expanded its testing coverage to include toxins and poisons in food products, as well as chemical agent metabolites in clinical specimens. The laboratory participates in the CDC's

Laboratory Response Network – Chemical (LRN-C), the Food and Drug Administration's (FDA) Food Emergency Response Network (FERN) and the US Environmental Protection Agency's (EPA) Emergency Laboratory Response Network (eLRN). As a CDC LRN-C laboratory, the ECLS established a Level 2 Laboratory testing capability to analyze clinical specimens for toxic metals, cyanide, organophosphate nerve



agent acid metabolites and volatile organic compounds. PHEL has established partnerships with other LRN facilities for surge support or in the event of a catastrophic loss of facility.



The BioThreat Response Laboratory (BTRL), which operates in the BSL-3 Modular Facility, is able to provide presumptive (i.e., screening) and confirmatory results for select agents and other pathogens of public health significance. The BTRL, as the only LRN reference laboratory in New Jersey, provides 24/7/365 service to public health departments, the FBI, State and local law enforcement, fire departments, HAZMAT teams, hospitals, and healthcare

providers.

Additionally, the laboratory supplies diagnostic support to the New Jersey Biowatch Program.

The Virology Program maintains testing capacity for the Orthopox family of viruses. The Virology laboratory possesses both molecular and non-molecular platforms to perform testing for other rash illnesses, including Varicella-Zoster virus (VZV), herpes simplex virus (HSV), Enterovirus using Real-time PCR, and culture in conjunction

with fluorescent antibody staining to rule-out smallpox in low risk and medium risk patients and to support vaccination programs. The Virology laboratory is also capable of performing serological testing for IgM antibody against VZV. The Virology laboratory also participates in surveillance initiatives for influenza virus, West Nile virus and Eastern Equine Encephalitis (EEE) virus.

The Laboratory Outreach Program (LOP) focuses on development of partnerships with 65 LRN sentinel and 91 clinical chemistry laboratories in New Jersey. These partnerships are maintained through meetings, training programs, an LRN webpage, preparedness inspections, exercises, and monitoring of sentinel laboratory participation in the College of American Pathologists (CAP) Laboratory Preparedness Survey. Training for the State's LRN sentinel and clinical chemistry laboratories is provided by LOP in collaboration with the National Laboratory Training Network (NLTN), a jointly sponsored program of the CDC and the Association of Public Health Laboratories (APHL).





## Animal Disease

In New Jersey, three State departments have jurisdictional responsibilities over animals.

- ❖ The New Jersey Department of Agriculture (NJDA) has the authority to control and respond to diseases infectious to poultry, livestock, aquaculture, and animals raised for fur.
- ❖ The New Jersey Department of Environmental Protection (DEP) has the authority to control and respond to diseases in wildlife, including native, exotic and endangered animals.
- ❖ The DHSS, through its Infectious Zoonotic Disease Program (IZDP), has the authority to control and respond to diseases in pet stores, kennels, and animal facilities and diseases transmissible to humans from animals.

The Departments perform joint surveillance and sampling activities. For example, as part of avian influenza surveillance, the Departments are collaborating on sampling the bird populations in New Jersey. Each of the Departments is able to conduct animal health epidemiological investigations, including follow-up to determine the source of an animal disease

outbreak and the potentially infected animal populations, and can verify the eventual elimination of the disease.

While all distinct in their responsibilities, the three Departments must all collaborate and communicate because some diseases have the ability to infect and spread from one species to another, including to humans, and/or impact the food supply. This is especially apparent in a foreign animal disease outbreak.



While NJDA will be involved with the immediate response (detection, quarantine, eradication, etc.), DEP will be providing the resources for disposal and decontamination, in



order to share information, trends and concerns regarding diseases in animals.

The DHSS-IZDP works with local health departments, veterinarians, and facility owners on the diagnosis, treatment and prevention of communicable diseases in pet stores, kennels, shelters and pounds, and rabies disease in all animals. The IZDP and local health departments work closely with Animal Control Officers (ACOs), managers of animal shelters, pounds, pet shops and kennels, and veterinarians to investigate diseases that can be transmitted from animals to people (zoonoses) and to institute control measures to prevent transmission of diseases to other animals and people. During an animal disease emergency incident, DHSS veterinarians and staff will work with ACOs and animal facility managers to coordinate the control of stray animals, provide impounded stray domestic animals with housing and care and euthanize affected animals, if warranted.

in addition to mitigating the possible spread to/from wildlife, and DHSS will be involved with the monitoring human health and mitigating the possible spread to humans and pets.

These three Departments also work with their Federal counterparts in an animal disease outbreak: NJDA with the United States Department of Agriculture (USDA), DEP with the US Fish and Wildlife Service, and DHSS with the CDC. Regular meetings are held with federal partners in

The DHSS Public Health and Environmental Laboratories, while not an animal health diagnostic laboratory, conducts diagnostic testing for zoonotic diseases in humans and thus can serve as a rapid means to detect animal diseases.



## Food Safety

The DHSS Food and Drug Safety Program (FDSP) licenses and inspects over 2,500 wholesale food manufacturing and storage facilities in New Jersey. Local health departments (LHDs) in the State have primary inspection and licensing jurisdiction over 55,000 retail food operations. The FDSP has 26 field inspectors positioned around the State to conduct inspections and assist LHDs upon request. The FDSP:

1. Promptly responds to single events involving imminent health hazards and provides guidance to help the license holder resume operation as quickly as possible;
2. Allows license holders to assess food safety within their individual establishment during a widespread emergency;
3. Communicates with the industry during widespread emergencies through mass media, hot lines, web sites, etc.;
4. Conducts surveillance during a widespread emergency to determine if license holders are following the Emergency Action Plan; and
5. Conducts enforcement activity as appropriate to protect public health.

The FDSP responds to an emergency by sending field staff



to conduct food, water and sanitation surveillance inspections of affected licensed wholesale food establishments. Inspectors detain adulterated foods and/or witness voluntary food destructions and distribute food and water emergency information including food establishment





clean-up guidelines and re-opening procedures. The FDSP has the ability to send “blast e-mail” messages containing emergency information and alerts to wholesale food operations throughout the State. If requested by a LHD, FDSP field staff assist with post-event food, water and sanitation surveillance at retail food establishments as well as other locations such as shelters, health care facilities and private residences. The FDSP will also send out food disaster

and retail food clean-up guidance to LHDs during an emergency over the NJ Health Alert Network messaging system.

FDSP’s Food Defense Project developed a “Guidance for Emergency Action Planning for Retail Food Establishments” document. This document was designed to provide guidance in the development of emergency procedures for retail food

establishments. Individual establishments can use the samples and resources in this document to develop procedures that meet the needs of their specific organization.

These guidelines were developed based on similar models that are provided by other State health departments and were tailored to meet the needs of New Jersey retail food establishments. The FDSP has distributed this guidance document to LHDs for further distribution to the retail food sector, New Jersey food trade organizations, and State inspected retail food establishments. The document has also been posted on the FDSP web site.



## Environmental Hazards

DHSS works closely with the New Jersey Department of Environmental Protection (DEP) to assess the health and environmental consequences of any event. Emergency response capabilities exist at DEP through the Emergency Management Program and are integrated with the State Office of Emergency Management. At the county level, county

environmental health agencies, which in most counties are co-located with the LINCS agencies, have emergency response capabilities and have established a network for emergency response with other county and local hazardous materials response units within their county.

DEP administers a wide array of environmental regulatory programs over water, wastewater, solid waste and hazardous waste facilities which provide extensive site-specific expertise regarding these public



facilities. Each has an established emergency response plan which links to the State's existing network of emergency response agencies. This oversight network makes the State very well situated to respond to any form of public health emergency situation and to maintain the provision of basic services.

Response to environmental health hazards requires expertise and competency in environmental modeling, field survey and laboratory sample analysis. The DEP and most



county agencies have plume modeling, grab sample and field analytical capabilities to support this need. Geo-coded data bases already exist for the core environmental health infrastructure such as water and wastewater facilities, solid and hazardous waste facilities, hospitals and other healthcare facilities and associated critical life-line facilities, such as transportation networks and public utilities. The DEP, DHSS and Board of



Public Utilities (BPU) all have assigned field staff capabilities to perform survey/assessment work as needed following an incident. DEP and DHSS provide laboratory services and expertise in sample analysis and interpretation of data. DEP also has emergency response contractors who can be used to support the sampling mission for hazardous material. These contractors are available on a 24/7 basis. Response to environmental hazards is intrinsically linked to decontamination and site clean-up so that both short-term and long-term health effects can be mitigated.



## Public Health Information

To effectively respond to all public health emergencies, DHSS has developed a robust and comprehensive crisis communications plan that addresses the creation, development and assessment of public health information. This plan has been tested both in exercises and during real events.



The crisis communications plan is comprised of:

- ❖ communication protocols for all levels of emergencies;
- ❖ staffing information;
- ❖ pre-approved messages including fact sheets, press release templates, frequently asked questions, pre-populated web pages, talking points and public service announcements; and
- ❖ contact lists for both internal and external partners.

DHSS has developed a highly coordinated network of health educators/risk communicators (HE/RCS) at the county and city LINCS agencies throughout the State. DHSS Office of Communications/ Risk Communications has developed crisis communications educational and training modules, shared information and exercised communication plans with these professionals.



## Overarching Capabilities

**In addition to the specific functional capabilities performed by the programs included in the operational categories, there are overarching capabilities that must be present in all of the programs in order for them to complete their respective missions. The most important of these capabilities include:**

- ❖ Communications
- ❖ Volunteer recruitment and management
- ❖ At Risk Populations awareness and response
- ❖ Exercises

The DHSS maintains specialized capabilities in each of these overarching areas to provide support to its functional programs. These capabilities are described in the following pages.



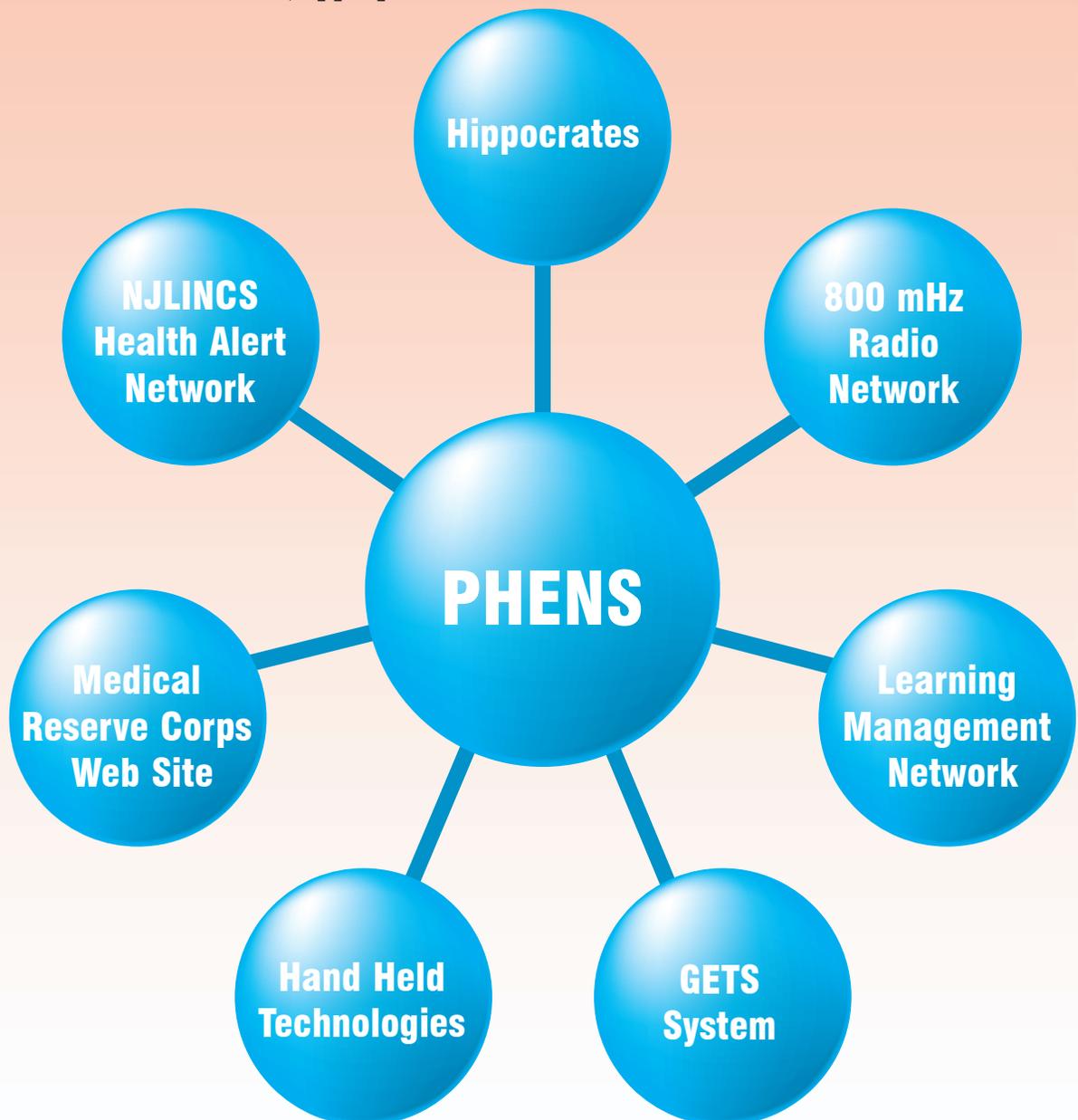


## Communications

## Overarching Capabilities

DHSS established the **Public Health Emergency Notification System (PHENS)** to support public health emergency preparedness and response efforts statewide through the use of effective, appropriate and

redundant information technologies prior to, during and after emergency events. PHENS consists of a number of integrated components, as illustrated in the diagram below.



## Communications



The **New Jersey LINCS Health Alert Network (NJHAN)** is a statewide information and communications system that links together local, State and federal health agencies. Through the NJHAN, local health departments are linked to one another, to other agencies critical to preparedness and response, to the DHSS and to federal agencies. NJHAN maintains a secure internet portal which enables 24/7/365 redundant communications and emergency alerting capabilities among and between DHSS and key public health and healthcare partners. All web portal services have been designed to be accessible during extreme emergency conditions. NJHAN is part of the CDC's nationwide Health Alert Network (HAN).

The NJHAN is able to provide redundant communications through a number of overlapping components:

- Encrypted email system
- Two-way digital cellular communications and text messaging
- Fax
- Reverse 911 (Communicator)
- Video conferencing
- Document sharing (Share Point)
- Public health directories.

Through the partner network, the NJHAN messaging system distributes messages via email to public health departments,



healthcare providers, emergency medical services and other community partners. Messages are prioritized according to importance, including public health information, public health updates, State and federal public health advisories, and public health alerts. The Community Health Alert and Information Network (C.H.A.I.N.) component of the NJLINCS System is currently capable, through a cascading arrangement with the 22 LINCS agencies, of reaching 33,000+ healthcare partners, including all acute care hospitals within the State.



# NJLINGS HEALTH ALERT NETWORK

**Public Health  
Messaging**

**Text  
Messaging**

**Emergency  
Alerting**

**Reverse  
911**

**Document  
Sharing**

**Public Health  
Directory**

**Video  
Conferencing**



The DHSS has also embarked on a statewide initiative to provide redundant communications capability for and between Tier 1 healthcare organizations. The goal is to provide all members of the healthcare continuum (acute care facilities, FQHCs, long-term care, and home health agencies) the ability to communicate and request aid and assistance in any all hazards emergency. With financial assistance from DHSS, acute care facilities and Federally Qualified Health Centers (FQHCs) have invested in systems for redundant communication including internet capability, satellite phones and 800 MHz radios to ensure the ability to communicate with public health and other support providers.

The communications assets of the New Jersey Emergency Medical Services Task Force provide staging area communications and assist in resource management of the NJEMSTG units and other EMS resources. These assets include the following radio systems: 800 MHz conventional repeater or simplex operations system;

- ❖ Conventional repeater or simplex operations systems; and
- ❖ VHF conventional repeater or simplex operations systems.

Portable 800 MHz Statewide Trunked Radios were



programmed and distributed to all 21 County Office of Emergency Management (OEM) EMS Coordinators, State Office of Emergency Medical Services (OEMS) Coordinator, as well as to all NJEMSTF Leaders in order to provide instantaneous statewide communications capability.

**The New Jersey Learning Management Network (NJLMN)** is a web-based network designed to meet the professional development and training needs of public health professionals in New Jersey. Developed through a partnership of DHSS and Rutgers University, the NJLMN provides a catalog of DHSS-approved continuing education courses for public health professionals, access to a nationwide directory of on-



line emergency preparedness courses, and a library of information resources on public health and emergency preparedness. The resources of the NJLMN are also being used for the training of MRC/ESAR-VHP volunteers. In a public health emergency, the NJLMN has the capability of providing reliable incident specific information and training.

PHENS also includes access to the **Government Emergency Telecommunications Service (GETS)**, a means for minimizing the disruption of telecommunications during periods of abnormally high volume of telephone calls. GETS is an emergency phone service provided by the federal Department of Homeland Security to support federal, State, local, and tribal government, industry, and non-governmental organization personnel in performing their national security and emergency preparedness missions by providing emergency access to and priority processing



in the local and long distance segments of the Public Switched Telephone Network (PSTN). It is intended to be used in an emergency or crisis situation when the PSTN is congested and the probability of completing a call over normal or other alternate telecommunication means has significantly decreased.

## Volunteer Management

In order to plan for and respond to medical surge capacity staffing needs in the healthcare and public health sectors, DHSS has developed the New Jersey Medical Reserve Corps (NJMRC) Program, under the Citizen's Corps umbrella, to support surge staffing needs in the healthcare and public health system. The NJMRC consists of both health care professionals and community health volunteers. The health care professional component of the NJMRC Program serves as New Jersey's contribution to the federal Emergency System for the Advanced Registration of Volunteer Health Professionals (ESAR-VHP). The registered volunteers will supplement and assist in meeting the surge capacity needs in the event of a public health emergency.

New Jersey's MRC/ESAR-VHP Program is a statewide county-based system with all 21 counties having units registered with the national organization. In addition, New Jersey has several local units that were developed before the establishment of a county-based system. Each county MRC unit has a Coordinator. In addition, a State Coordinator oversees the entire program and serves as the point of contact with federal authorities. The NJMRC is overseen by an Advisory Board that assists DHSS with policy development.



New Jersey has a web-based MRC volunteer registration system. Volunteers are asked to register for a county/local unit, and are asked if they are willing to be deployed outside the county and/or willing to participate in federally-coordinated emergency response. In addition, applicants are asked if they have volunteered to serve with any other organizations during emergencies. Each local MRC unit has access to its own volunteer database and can activate individuals for local emergencies. The State Coordinator has access to the entire volunteer database and would assist with inter-county and inter-state responses, or responding to any federal requests for volunteer assistance.



## At-Risk Populations

New Jersey is the most densely populated and one of the most ethnically diverse states in the nation. For the general population, these and other characteristics present emergency preparedness planning challenges. However, for certain At-Risk Populations (ARP), the challenges are even more complex. For example, over 30 languages other than English are spoken in New Jersey. In 2006, 24% of the population was under 18 years, 13% was over 65 years

old, 9% were in poverty, and 12% of persons at least five years of age reported a disability. In addition, 20% of the people living in New Jersey were born outside of the United States. Emergency planners face the additional challenge of identifying certain ARP since many of them are dispersed among the general population. Consequently, the needs of these ARP may not be recognized and planned for unless they self identify and state their requirements. Therefore, because certain ARP are at increased risk of harm, proactive on-going attention to their public health and special medical and other preparedness needs is required before, during and after emergencies. These needs are not always addressed and/or coordinated. The DHSS established the Office of Preparedness for At-Risk Populations (OPARP) out of recognition that ARP awareness is an overarching capability that must be present in all HIPER operational programs for their missions to be complete.

The primary responsibility of the OPARP is to provide internal and external coordination and support of statewide preparedness initiatives specific to ARP. Its mission is to ensure that all State and local emergency preparedness plans address



## At-Risk Populations

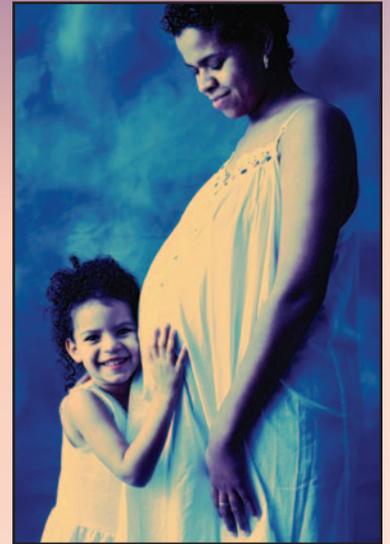
public health, special medical and other pre-and post-disaster needs specific or unique to certain ARP. This is achieved through on-going collaboration with a wide range of stakeholders across disciplines at the federal, State and local levels.

Core activities of the Office primarily, but not exclusively focus on:

- ❖ Defining and redefining At-Risk Populations;
- ❖ Monitoring trends in both the general population and ARP emergency preparedness environments;
- ❖ Serving as the principal DHSS advisor on emergency preparedness issues of ARP;



- ❖ Researching, collecting, analyzing and widely disseminating ARP public health, special medical and other emergency preparedness resources;
- ❖ Identifying and recommending policies and procedures that seek to advance ARP public health, special medical and other emergency preparedness initiatives in New Jersey;
- ❖ Implementing DHSS ARP emergency preparedness priorities;
- ❖ Serving as the DHSS ARP emergency preparedness liaison at various internal and external forums;
- ❖ Supporting internal and external ARP emergency preparedness activities by providing subject matter expertise and programmatic information;
- ❖ Coordinating ARP sections of applications, reports, and other relevant publications; and
- ❖ Building new and strengthening existing stakeholder relationships.





## Exercises

## Overarching Capabilities

The exercise process an essential part of the DHSS' on-going focus on improving and staying abreast of changing situations and new emerging threats. Exercises are critical to test and demonstrate the effectiveness of each operational program's response protocols, plans, policies and procedures.

The mission of the DHSS Exercise Support Team (EST) is to assist the public health and healthcare sectors to identify,

consequences to the residents of New Jersey. The EST designs, conducts, evaluates and/or provides assistance to partner agencies regarding exercises that include but are not limited to Weapons of Mass Destruction (WMD), Chemical, Biological, Radiological, Nuclear and Explosive (CBRNE) agents, and infectious diseases. Through a long-range plan to address emergent issues in carefully designed series of exercises, with reasonable and credible scenarios,

to include terrorist and natural events, the Team supports and guides these many efforts.

In addition to addressing the specific needs of public health and medical professionals, the EST calls into the arena of play the total community so that the integration and collaboration necessary for a comprehensive response to an emergency is not overlooked. The EST directs the exercise program to reflect the building blocks of coordinated and



plan, design, train, conduct and evaluate exercises related to all events that have medical

comprehensive response by beginning with low stress and specific exercises focusing on

## Exercises

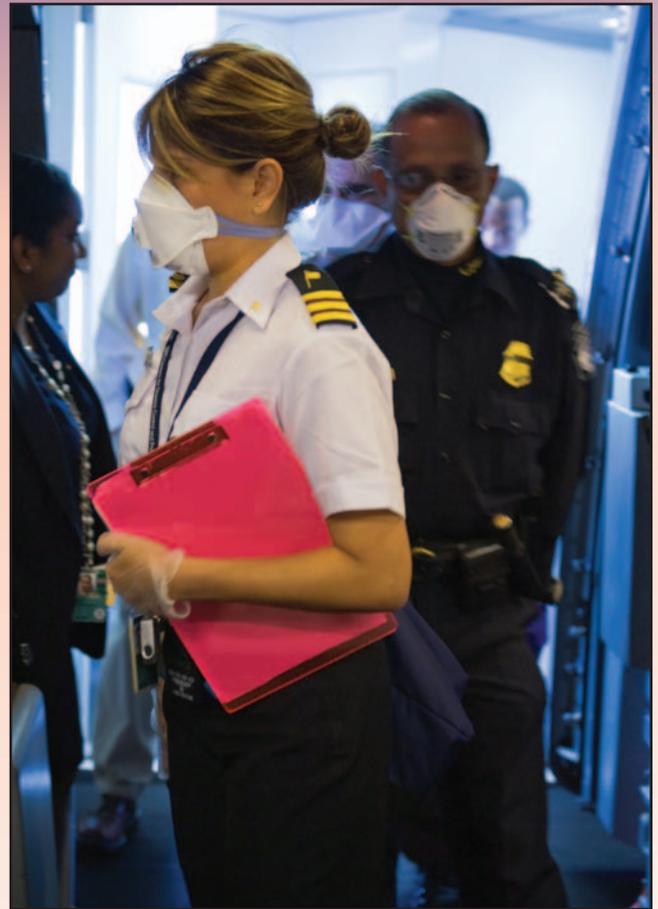
simple and singular incidents, and building to complex and multi-agency responses using the full spectrum of agencies and individuals that may be needed in a catastrophic emergency. The five healthcare regions are used as the venues for conducting DHSS exercises, thereby provide a mechanism for many entities to participate.

The DHSS has developed an Exercise Strategy to guide the exercise process. The foundation for the exercises is the 15 National Planning Scenarios. These serve as the basis for design and provide much of the detail needed to depict the impact and results of the type of event selected. To ensure that the scope of the exercises is realistic and supportive of the overarching effort at improving, the federal Target Capabilities List will be used to pair roles and responsibilities to jurisdiction levels and the Universal Task List will be used to describe the “what”, “who” and “how”. The federal Homeland Security Exercise and Evaluation Program (HSEEP) is the primary process used to design, execute and evaluate all exercises.

The DHSS Exercise Strategy provides a five phase progressive cycle of exercises that will advance the participants in each region from training through tabletop and functional exercises

all the way a major full scale exercise with a focus on multiple jurisdictions, resources and disciplines. Each round of exercises builds on the results of previous exercises and incorporates the improvements recommended in the previous After Action Reports.

In addition to guidance in exercising, the Team also provides help in training and document support for corrections that are needed to improve a process or plan. The EST also conducts follow-up to monitor corrective action and improvement plans and facilitates the examination of these changes through future exercises. This process helps to validate the improvement cycle and adds to the continued effort to always make improvements.





## Glossary

### **ARP - At-Risk Populations**

Groups of people with special health and other preparedness needs, and/or at increased risk of harm in an emergency.

**BioSense** – A federal program designed to improve the nation’s capabilities for real-time biosurveillance by providing access to data from hospitals and healthcare systems in major metropolitan areas.

### **CBRNE - Chemical, Biological, Radiological, Nuclear and Explosive**

Term used to describe the full spectrum of agents potentially involved in a terrorist attack or accidental release incident.

### **CDC – U.S. Centers for Disease Control and Prevention**

### **CDRSS – Communicable Disease Reporting and Surveillance System**

DHSS information system that is used to enter, update and track New Jersey’s reportable communicable disease information.

### **CDS – Communicable Disease Service**

The DHSS service unit responsible for prevention and control of communicable diseases.

### **DEP – New Jersey Department of Environmental Protection**

### **DHSS - New Jersey Department of Health and Senior Services**

### **DMHS – Division of Mental Health Services**

The division of the New Jersey Department of Human Services responsible for State programs promoting mental health.

### **EMAC - Emergency Management Assistance Compact**

National system to coordinate mutual aid among states for emergency response and recovery.

### **EMS – Emergency Medical Services**

### **ESAR-VHP - Emergency System for the Advanced Registration of Volunteer Health Professionals**

Standardized national program for registration of health professionals volunteering to assist in health and medical emergencies.

### **FEMA - Federal Emergency Management Agency**

### **FQHC – Federally Qualified Health Center**

A facility located in a medically underserved area that has been approved by the federal government to provide low cost, preventive primary medical care to Medicare beneficiaries. FQHCs include community health centers, tribal health clinics, migrant health services, and health centers for the homeless.

## Glossary

### **GETS - Government Emergency Telecommunications Service**

An emergency phone service provided by the federal Department of Homeland Security to support federal, State, local, and tribal government, industry, and non-governmental organization personnel in performing their national security and emergency preparedness missions by providing emergency access to and priority processing in the local and long distance segments of the Public Switched Telephone Network.

### **HCC - Health Command Center**

DHSS' emergency operations center.

### **HIPER - Division of Health Infrastructure Preparedness and Response**

Division of the DHSS which functions as the central coordination and oversight structure for public health emergency preparedness and response.

### **Hippocrates**

Information system developed by the DHSS to enhance situational awareness, assisting with the preparation for, response to, and recovery from public health emergencies.

### **ICS – Incident Command System**

Standardized command and control organizational structure designed for response to any type of emergency situation.

### **LINCS - Local Information Network and Communications System**

Network of 22 strategically located public health agencies in NJ responsible for planning, coordination, and delivery of specialized services related to public health emergencies.

### **LRN – Laboratory Response Network**

### **MCC – Medical Coordination Center**

A regional facility which coordinates and communicates emergency information regarding patient care, public health activities and healthcare facilities.

### **MRC – Medical Reserve Corps**

Professional and lay volunteers who have registered to provide assistance during a public health emergency.

### **NJDA – New Jersey Department of Agriculture**

### **NJEMSTF - New Jersey Emergency Medical Services Task Force**

DHSS-led statewide initiative to coordinate emergency medical services response to major emergencies and catastrophic disasters.

**NJHAN – NJ Health Alert Network**

Statewide information and communications system that links together local, State and federal health agencies. NJHAN is part of the CDC's nationwide Health Alert Network (HAN).

**OEM - Office of Emergency Management**

Office within the NJ State Police that plans, directs and coordinates emergency operations. Each county also has an OEM.

**POD – Point of Dispensing**

Term used for a mass prophylaxis clinic.

**RODS – Real-time Outbreak and Disease Surveillance**

A national effort to monitor sales of over-the-counter healthcare products and analyze them for aberrations suggestive of a disease outbreak.

**ROIC - Regional Operations and Intelligence Center**

A division of the New Jersey State Police

**SEOC - State Emergency Operations Center**

State Police command center that coordinates State of New Jersey assets in response to an emergency incident

**SNS – Strategic National Stockpile**

Assets (medicine, medical supplies, equipment and vaccines) supplied to states by the federal government to supplement and replace stocks normally held by healthcare facilities and to support expanded dispensing capabilities in case of a large-scale public health emergency.

**SSS – Strategic State Stockpile**

Medication and medical supply assets maintained by the DHSS.

**UASI – Urban Area Security Initiative**

A federal program that supports regional preparedness in major metropolitan areas. The Northern New Jersey UASI, which encompasses Jersey City and Newark, and the seven counties of Bergen, Essex, Hudson, Middlesex, Passaic and Union, is one of the seven federally-designated Tier 1 urban regions considered at greatest risk of terrorist attack.

Responding to  
Public Health Emergencies

# NEW JERSEY'S STRATEGY

