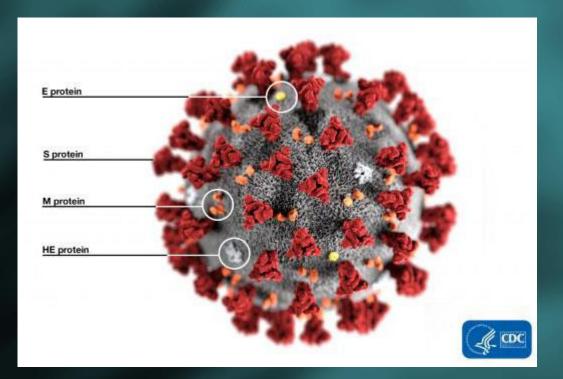
COVID-19 and other Unknown viruses Legal Issues

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COVID-19







The information contained in this seminar does not constitute legal advice. Legal advice can only be obtained from an attorney knowing all of the relevant facts and circumstances of your situation.



Who's in charge?

Legally where are we now?

Are we in a State of Emergency?



IS IT GONE?



IT IS NOT GONE IT IS JUST BEGINNING!!!



CDC Definition-Pandemic

A pandemic is the **worldwide spread of a new disease**. An influenza pandemic occurs when a new influenza virus emerges and spreads around the world, and most people do not have immunity. Viruses that have caused past pandemics typically originated from animal influenza viruses.



CDC's Role

Under Code of Federal Regulations 42 parts 70 & 71, CDC is authorized to detain, medically examine, release persons arriving into the US and traveling between states who are suspected of carrying a communicable disease.

CDC routinely monitors persons arriving at US land border crossings and passengers and crew arriving at US ports of entry for signs or symptoms of communicable disease.

When alerted about an ill passenger or crew member on plane or ship may detain passenger or crew to investigate.



The CDC has issued guidelines it will follow in determining who will be detained and who will be subject to monitoring. These have changed several times.



Public Health Practice Standards of Performance for Local Boards of Health in New Jersey Subchapter 12. Diagnosis and Investigation of Health Problems and Hazards NJAC 8:52-12.1 Scope and purpose This subchapter addresses the epidemiological identification of emerging health threats; public health laboratory capability to support prevention efforts; active infectious disease prevention and control efforts; and technical capacity for epidemiological investigation of disease outbreaks and patterns of chronic disease and injury.



THE FEDERAL GOVERNMENT

- Acts to prevent the entry of communicable diseases into the US. Quarantine and isolation may be used at US ports of entry
- Is authorized to takes measures to prevent the spread of communicable diseases between states
- May accept state and local help in enforcing Federal quarantine
- May assist state and local authorities in preventing spread of communicable diseases



CDC is in charge of people arriving at port, border crossing or airport until through customs

Then State or local is in charge



THE STATE'S AUTHORITY





Emergency Health Powers Act



Statutes Title 24 and 26 can be found on NJDOH website



NJS 26:13-1 (2)

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

a. is caused or is reasonably believed to be caused by any of the following: (1) bioterrorism or an accidental release of one or more biological agents;
(2) the appearance of a novel or previously controlled or eradicated biological agent; (3) a natural disaster; (4) a chemical attack or accidental release of toxic chemicals; or (5) a nuclear attack or nuclear accident; and

NJS 26:13-1 (2) (con't)

b. population. poses a high probability of any of the following harms: (1) a large number of deaths, illness, or injury in the affected population; (2) a large number of serious or long-term impairments in the affected population; or (3) exposure to a biological agent or chemical that poses a significant risk of substantial future harm to a large number of people in the affected





Isolation, quarantine procedures



Pursuant to Section 13 the Commissioner can issue and

Enforce orders to individuals to submit a specimen for physical examinations or tests

Search Warrant?



Commissioner can take over a use health care facilities and equipment and supplies

Section 9 Taking of property without compensation? Section 25



Conduct investigation as to source and transmission of disease Section 5 (b)

What is the obligation of the individual to tell the truth or say anything at all?



Powers granted to the Commissioner of Health to coordinate all actions



Any person or entity assisting in dealing with the emergency is immune for liability for their acts except where they may have caused the public health emergency

Section 19



The Public Health Emergency order will only last for 30 days, unless renewed by the Governor Section 3(b)



Commissioner may require in State medical personnel to render care and assistance.

May suspend any licensing requirement for out of State medical personnel to render care and assistance.

Section 18



Commissioner has access to medical information, but that information may not be disclosed without written permission Section 17

Watch out what is disclosed to the press!



NJAC 8:52-12.2 Emergency response capabilities

(a) Each local health agency shall ensure its capacity to immediately respond to a public health emergency in accordance with applicable State and Federal requirements. Each local health agency shall also:

1. Maintain a mechanism which allows for emergency communication 24 hours per day, seven days per week, including weekends and holidays;



NJAC 8:57-1 (con't)

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

NJAC 8:52-12.2 (con't)

2. Develop a preparedness plan with the local public health system to address public health emergencies. The plan shall be consistent with and be integrated with the Health Alert Network; and

3. Orient and train their staff (through exercises) to their roles and responsibilities under the plan at least annually.

(b) Each local health agency shall work with their municipal and county Office of Emergency Management to ensure the coordination and integration of public health and emergency management planning and response activities.



NJAC 8:52-4 (con't)

- 2. Designated laboratories shall be licensed by the Department pursuant to the provisions of P.L. 1975, c.166, N.J.S.A. 45:9-42.26 et seq. and regularly participate in quality assurance programs offered through the Department.
- (b) Each local health agency shall ensure access to epidemiological services that support countywide or multi-countywide assessment, planning, surveillance, and prevention activities in accordance with the provisions set forth at N.J.A.C. 8:52-3.4.



NJAC 8:52-12.3 Surveillance

- (a) Each local health agency shall collect data and information pursuant to N.J.A.C. 8:52-5.2(e).
- (b) Each local health agency shall ensure that valid and reliable surveillance systems are in place to monitor the occurrence of diseases and indicators of health. The indicators shall be in accordance with "Healthy New Jersey 2010," the health objectives developed through the Community Health Improvement Plan, and for health conditions determined to be priorities by the Department.

NJAC 8:52-12.3 Surveillance (con't)

(c) Each local health agency shall investigate the cause of illnesses or health threatening conditions and shall implement control measures to prevent the spread of disease or to address the known risk factors in the population served. (d) Each local health agency shall ensure that there is a mechanism to receive reports and to respond to immediately reportable communicable diseases and conditions in accordance with N.J.A.C. 8:57-1.5. This mechanism shall be capable of operating 24 hours per day, seven days per week, including weekends and holidays



NJAC 8:52-12.4 Technical capacities

(a) Each local health agency shall ensure access to public health laboratory analyses in order to support disease control and environmental health activities within its jurisdiction.

1. Designated laboratories shall meet all State and Federal requirements for technical competency and safety in accordance with the Federal Clinical Laboratory Improvement Amendment of 1988, Final Rule at 42 C.F.R. 493, and Clinical Laboratory Services, N.J.A.C. 8:44 and 8:45.



II. Communicable Disease Activities

Reportable diseases

(a) The local board of health shall conduct a program for the surveillance, investigation and control of reportable diseases and shall:

1. Document episodes of reportable diseases including occupational diseases and/or incidents and transmit the information to the State and other agencies as required by chapter 2, Reportable Diseases (*N.J.A.C.* 8:57-1) of the State Sanitary Code and *N.J.S.A.* 26:4;



NJS 26:4-2 Powers of State department and local board.

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

a.Declare what diseases are communicable.

b.Declare when any communicable disease has become epidemic.

c.Require the reporting of communicable diseases.

d.Maintain and enforce proper and sufficient quarantine, wherever deemed necessary.

e.Remove any person infected with a communicable disease to a suitable place, if in its judgment removal is necessary and can be accomplished without any undue risk to the person infected

Reportable diseases (con't)

- 2. Conduct prompt investigations of reportable illnesses as well as unusual manifestations of disease not listed as reportable in chapter 2 of the State Sanitary Code (N.J.A.C. 8:57-1) and institute appropriate control measures and promptly report all findings to the Department of Health and Senior Services;
- 3. Disseminate and exchange information relative to outbreaks of disease with physicians, hospitals, boards of education, and other responsible health agencies as appropriate; and

Reportable diseases (con't)

 4. Analyze reported data to provide a basis upon which to plan and evaluate an effective program for the prevention and control of infectious diseases.



ISOLATION AND QUARANTINE

ISOLATION separates sick people with a contagious disease from people who are not sick

QUARANTINE separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick

Above are CDC definitions



NJAC 8:57-1 Appendix B

Quarantine and Isolation-Model Rules for Local Boards of Health

"Isolation" means the physical separation and confinement of an individual or group of individuals who are infected or reasonably believed to be infected, based on signs, symptoms or laboratory analysis, with a contagious or possibly contagious disease from nonisolated individuals to prevent or limit the transmission of the disease to non-isolated individuals.



NJS 26:4-2 Powers of State department and local board (con't)

f.Disinfect any premises when deemed necessary.

g.Remove to a proper place to be designated by it all articles within its jurisdiction, which, in its opinion, shall be infected with any matter likely to communicate disease and to destroy such articles, when in its opinion the safety of the public health requires it.

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



Spread of COVID-19

Learn more about CDC's Response to COVID-19

- CDC is aggressively responding to the global outbreak of COVID-19 and preparing for the potential of community spread in the United States.
- Preparing first responders, healthcare providers, and health systems



- Establishing visibility across healthcare systems to understand healthcare use, particularly surges in demand for medical care and associated resources.
- Conducting extensive outreach to clinical and hospital professional organizations to ensure health system preparedness.
- Producing more than <u>23 guidance documents</u> on infection control, hospital preparedness assessments, personal protective equipment (PPE)
 supply planning, and clinical evaluation and management (as of February 22, 2020).

- Leveraging existing telehealth tools to direct people to the right level of healthcare for their medical needs.
- Working with supply chain partners to understand supply usage, what products are available, and when more aggressive measures may need to be taken to ensure that healthcare workers at highest risk have access to PPE.
- <u>Sharing information with stakeholders</u> to help them recognize when to shift the strategies they
 are using.

- Working closely with healthcare facilities and providers to reinforce that recognize PPE is one component of a larger set of practices that help to limit the spread of disease.
 - Developing a range of respirator conservation strategies, including strategies to make supplies last longer (such as using alternative products like reusable respirators) and extending the use of disposable respirators.



Reinforcing state, territorial, and local public health readiness

Assessing state and local readiness to implement community mitigation measures like home containment, including housing and transportation needs.

Coordinating with states to **identify and mitigate gaps in readiness** that will help reduce the spread of disease in the community while protecting workers, infrastructure, and institutions.

Linking public health agencies and healthcare systems to identify and mitigate stressors to the health system.

Reinforcing state, territorial, and local public health readiness (con't)

- Tracking stockpiles of PPE across jurisdictions.
- Working with state and local public health to use existing <u>Public Health Emergency Preparedness</u> (PHEP) funding to support COVID-19 preparedness and response activities.
- Leveraging funding mechanisms to help states accelerate preparedness activities.
- Providing technical assistance and guidance to states to improve their ability to respond to the outbreak.

Supporting communities, businesses, and schools

- Creating business guidance to help the public and private sectors ensure they are able to operate with adaptations like telework and flexible sick leave policies, as well as how to respond if an employee gets sick.
- Developing guidance for childcare programs, K-12 schools, and colleges/universities to help them plan and prepare for COVID-19 and respond if there is a local outbreak in their community.



Supporting communities, businesses, and schools (con't)

- Providing planning guides for COVID-19 that households, community- and faith-based organizations, event planners of mass gatherings, and public health communicators can use.
- Educating communities about nonpharmaceutical interventions (NPIs) that help slow the spread of illness, like COVID-19.



WHAT IF YOU DON"T HAVE THOSE ASSESTS AND SUPPLIES?

You must practice using scenarios where you do not have the equipment and supplies that you need.



ALL OF THESE SEEM VERY WOODEN

THE PREPARATION MUST BE VERY REAL!



NJAC 8:57-1 Appendix B 1.10 Implementation and enforcement of isolation and quarantine

(a) The Department has primary jurisdiction to isolate or quarantine individuals or groups of individuals if the communicable disease has affected more than one county or has multicounty, statewide, interstate or public health emergency implications.

1. If the Department imposes isolation or quarantine, the board may not alter, amend, modify, or rescind the isolation or quarantine order.

(b) If the Department imposes isolation or quarantine the local boards of health and the local health departments in the affected areas shall assist in the implementation of the isolation or quarantine order.

(c) Any individual who violates a lawful board or Department order for isolation or quarantine, whether written or verbal, shall be subject to a penalty pursuant to N.J.S.A. 26:4-129.

(d) The board may file a civil action in accordance with New Jersey law in a court with jurisdiction to enforce a board order for isolation or quarantine.



NJS 26:4-129 . Liability to penalties in general

Except as otherwise specifically provided in this chapter, a person who violates any of the provisions of this chapter, or fails to perform any duty imposed by this chapter at the time and in the manner provided, shall be liable to a penalty of not less than ten nor more than one hundred dollars for each offense.



NJS 26:4-130. Proceedings for recovery of penalties; disposition

Except as otherwise specifically provided in this chapter, any penalty incurred for a violation of any of the provisions of this chapter shall be sued for and recovered by the State department, or by the local board of the municipality within which the violation occurred.

Every municipal court shall have jurisdiction over proceedings to enforce and collect any such penalty, if the violation has occurred within the territorial jurisdiction of the court. The proceedings shall be summary and in accordance with the Penalty Enforcement Law (N.J.S. 2A:58-1 et seq.). Process shall be either in the nature of a summons or warrant.



NJS 26:4-130 (con't)

The court may cause any defendant who shall fail to pay forthwith the amount of the judgment rendered against him, and all costs and charges incident thereto, to be committed to the county jail for any period not exceeding ninety days.

All moneys recovered in any such proceedings shall be paid to the plaintiff therein and applied by such plaintiff to any purpose for which it may be legally authorized to expend money.









National Center for Emerging and Zoonotic Infectious Diseases (NCEZID)



Infectious and Zoonotic Disease Program NJ

The Infectious and Zoonotic Disease Program (IZDP) is located within the New Jersey Department of Health, Communicable Disease Service (CDS). IZDP strives to improve the quality of life of all New Jersey residents through the reduction and elimination of communicable disease. In general, IZDP is responsible for Foodborne, Vectorborne, and Zoonotic illnesses, as well as Healthcare Associated Infections. IZDP staff also works closely with our colleagues in the Vaccine Preventable Disease Program on diseases that have a vaccine available protection. Officer Course