

NORTH REGION IN-PERSON NEW JERSEY HEALTHCARE COALITION MEETING

North Region Sign-In



THURSDAY, MARCH 19, 2026

NORTH NJHCC LEADERS:
STEVE SARINELLI & TOM CALIMANO

This meeting is supported with funds provided by the New Jersey Department of Health.



Meeting Focuses

Outstanding NJHCC Budget Period 2 Deliverables Updates

NJHCC By-Laws Review

NJHCC Response Plan Checklists / Annexes

FIFA World Cup 2026 Updates

FIFA World Cup 2026 Open Discussion

NJHCC Member Updates

Close Out



Outstanding NJHCC Budget Period 2 Deliverables Updates

Response Plan **(In-Progress)**

- Resource Management Checklist **(2nd Draft)**
- Medical Surge Support Checklist **(1st Draft)**
- Special Pathogens Checklist **(1st Draft)**
- Information Sharing Plan **(2nd Draft)**
- Burn Annex **(NJDOH Review)**
- Chemical Annex **(NJDOH Review)**
- Radiological Annex **(NJDOH Feedback Received)**
- Pediatric Annex **(NJDOH Feedback Received)**

Recovery Plan **(1st Draft)**

Cybersecurity Assessment **(2nd Draft)**

Extended Downtime Assessment **(2nd Draft)**

Federal Patient Movement Exercise

(In Development - Participating)

Medical Response Surge Exercises (MRSE)

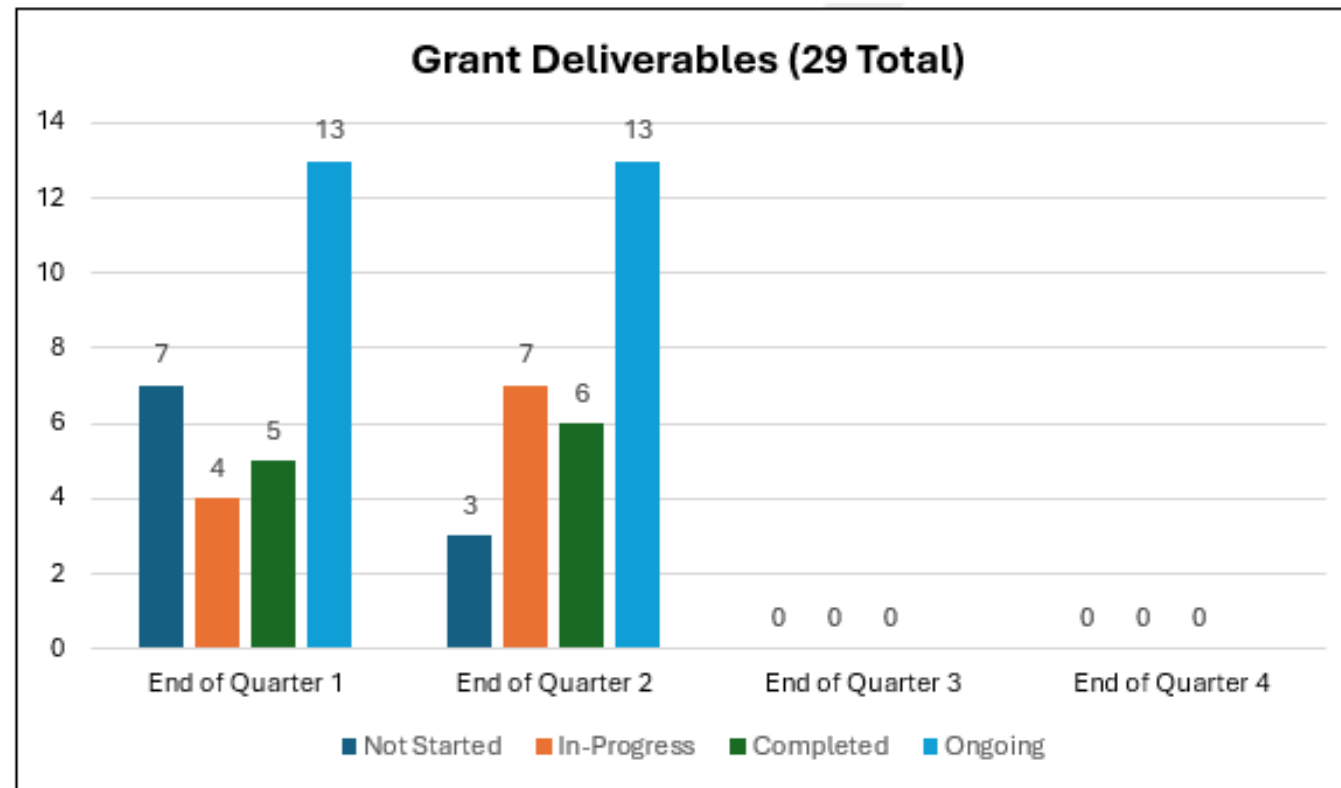
(In Development - Developing)

Quarterly Reports **(Q3 In Progress)**

Statewide Exercise **(TBD)**



Outstanding NJHCC Budget Period 2 Deliverables Updates Continued



Proposed NJHCC By-Laws BP2 – 2025/2026

Article I – Management & Administration (pages 1-2)

❖ Section 1 – Organizational Structure

- ❖ The New Jersey Health Care Coalitions (Coalition) **shall be comprised of three (3) regional New Jersey Healthcare Coalitions (NJHCCs), based on the geographical regions of the State of New Jersey: North, Central, and South.** The Coalition Boundaries shall be the same as the New Jersey Office of Emergency Management (NJOEM) boundaries.

❖ Section 2 – Operational Role

- ❖ **The New Jersey Hospital Association’s Emergency Management Team (NJHA EM Team) shall serve as the coordinator and facilitator of all Coalition activities.** The NJHA EM Team will include a Regional Coalition Manager (RCM) for the NJHCCs, who is responsible for carrying out core functions such as coordinating working groups, securing subject matter expertise, and information sharing. **All HCC initiatives, projects, and readiness activities should seek NJDOH approval before execution to ensure HPP alignment. All HCC responses and operational activities will be at the direction of and in collaboration with NJDOH.**

❖ Section 3 – Leadership Roles

- ❖ **Each NJHCC shall, as described below in-depth, elect Coalition Leader(s), and a Deputy Coalition Leader, from among its membership, to support and guide the activities of the NJHCC.** The Coalition Leadership will work in concert with the NJHA EM Team to support the goals of the Coalition.



Proposed NJHCC By-Laws BP2 – 2025/2026 Continued

- ❖ Section 4 – Clinical Expertise

- ❖ The NJHCCs will utilize the clinical expertise of its membership, to support the activities of the Coalition.

- ❖ Section 5 – Funding Structure

- ❖ **The Coalition shall be sponsored through the New Jersey Department of Health (NJDOH) grant funds supported through the United States Department of Health and Human Services (US-HHS) – Administration for Strategic Preparedness and Response (ASPR).** The New Jersey Department of Health currently provides funding to support the expansion and enhancement of the North, Central, and South regional health care coalitions (HCCs) in New Jersey. **Funding is contingent upon the receipt of funds through the U.S. Department of Health and Human Services (HHS) - Administration for Strategic Preparedness and Response (ASPR), Office of Health Care Readiness - Hospital Preparedness Program (HPP).** Within this current structure, other funding opportunities to support the coalitions can be explored.



Proposed NJHCC By-Laws BP2 – 2025/2026 Continued

Article II – Membership (pages 2-4)

❖ Section 1 – Members

- ❖ Eligibility for **Coalition membership, which is organization based and not individual based is limited to those organizations which: (1) operate a health care facility licensed by the State of New Jersey; or (2) are a healthcare or emergency management related agency at the municipal, local, county or state level.** All operating health care organizations and agencies located in the State of New Jersey are eligible for membership.

❖ Section 2 – Membership Types

- ❖ There shall be two types of members: Core Members & General Members



Proposed NJHCC By-Laws BP2 – 2025/2026 Continued

- ❖ Core Members – The Health Care Coalition shall have Core Members who shall have the **right to vote in the election of Coalition Leadership**, the **right to have their representatives serve in all Coalition leadership roles**, the **right to participate in Coalition activities by way of voting on issues at regular Coalition meetings**, and the **right to advise and guide Coalition strategy**. Core Members are defined as **acute care hospitals** (facilities under hospital license number), **county EMS** organizations, **public health** agencies, and **emergency management agencies**. Any member that meets this criteria but is located outside of the New Jersey Healthcare Coalition jurisdictional boundaries, will be considered a general member.
- ❖ General Members – The Coalition also has General Members who shall have the **right to participate in Coalition activities by way of voting on issues at regular Coalition meetings**, the **right to advise and guide Coalition strategy**, and **may have their representatives serve as Deputy Coalition Leaders**. General Members may include **private health care providers**, **nonprofit organizations**, **county mental health care agencies**, **community health centers**, **Federally Qualified Health Centers (FQHCs)**, **long-term care facilities**, **home health**, **hospice**, and **dialysis providers**. General membership may also include members who provide strategic benefits to the Coalitions by addressing gaps and needs identified by membership.

Proposed NJHCC By-Laws BP2 – 2025/2026 Continued

❖ Section 3 – Member Responsibilities

- ❖ To ensure Coalition business is conducted in a professional, participatory, and efficient manner, all **Members are expected to: (1) participate regularly in coalition meetings, (2) participate in strategic planning, training, drill, workgroup, and key function activities, and (3) conform with expectations of member conduct.**

❖ Section 4 – Voting Rights

- ❖ To be eligible to vote on coalition matters, including the election of NJHCC leadership roles, **a member must have participated in 75% of standing and annual scheduled coalition meetings** (or the equivalent participation in workgroups and committees) during the preceding twelve-month period, as tracked and approved by the NJHA EM Team.

❖ Section 5 – Voting List

- ❖ The NJHA EM Team shall maintain a complete list of the Members entitled to vote at a meeting of the Members.



Proposed NJHCC By-Laws BP2 – 2025/2026 Continued

Article III – Meetings of Members (pages 4-7)

❖ Section 1 – Standing Meetings

- ❖ Meetings of Membership shall be convened regularly, with virtual or hybrid formats permitted as necessary to accommodate member participation. **Business at standing meetings shall be open to matters brought forth by either Membership, the NJDOH, or the NJHA EM Team.** Standing meetings may include, but are not limited to, regularly scheduled coalition meetings, NJDOH calls with the Commissioner, and/or coalition steering committees.

❖ Section 2 – Annual Meetings

- ❖ **The Annual Meetings of Members for the election of Coalition Leaders and Deputy Coalition Leaders and for the transaction of such other business as may properly come before the meeting shall be held each year at such time and place as may be designated by the NJHA EM Team in partnership with coalition members.** Standing Meetings are permitted to be conducted concurrently with Annual Meetings.



Proposed NJHCC By-Laws BP2 – 2025/2026 Continued

❖ Section 3 – Special Emergency Meetings

❖ **Special and Emergency meetings of the Members may be called by or at the direction of the NJHA EM Team and/or the NJDOH to address specific or emergent topics and including at the request of Coalition Leaders.** Special and Emergency meetings shall be held at such time and place within or outside the State of New Jersey as shall be designated in the notice of the meeting. Special meetings may include, but are not limited to, strategic planning sessions, workgroup meetings, and NJDOH coordination meetings. **Emergency meetings are called in response to urgent or evolving circumstances.** Business at special or emergency meetings shall be limited to the matters stated in the notice.

❖ Section 4 – Voting Rights & Issue Escalation

❖ **The voting process shall be facilitated by Coalition Leaders, who are responsible for presenting such matters to their respective regional members and gathering consensus.** Issues or matters deemed significant, as determined by the Coalition Leader, the NJHA EM Team or NJDOH, shall require approval of the whole of the Coalition, and shall be submitted for a vote. **Each Coalition organization shall cast one (1) vote per licensed facility. If an organization has more than one (1) location, one (1) vote shall be cast per licensed facility. Each member organization shall be allowed to coordinate its respective vote(s) internally, such as for example, permitting individual votes to be cast per facility or permitting one (1) representative to coordinate all votes cast for the entire organization. The location of a given facility shall determine which regional coalition that facility's vote is assigned to, regardless of where the rest of the parent system's other facilities are located.**

Proposed NJHCC By-Laws BP2 – 2025/2026 Continued

❖ Section 5 – Quorum

- ❖ **A simple majority of Member Organizations with Voting Rights shall constitute a quorum for the transaction of business at any meeting of the Members.** The action of a majority of the Members present at a meeting at which a quorum is present shall be the action of the individual Coalition. At the discretion of the NJHA EM Team, members may participate in a meeting of the Members by means of virtual meeting platform, conference telephone, or similar communications equipment whereby all persons participating in the meeting can hear each other and participation at a meeting in this manner shall constitute presence in person at the meeting. Members may provide their votes or action via written proxy.

❖ Section 6 – Meeting Notice

- ❖ **Meeting notice of the time and place of any meeting of Members and, in case of a special meeting of Members the purpose or purposes for which the meeting is called, shall be published in writing at least one (1) week before the date on which the meeting is to be held,** either personally, by mail, or by electronic mail, by or at the direction of the Coalition Leader, the NJHA EM Team, and/or the NJDOH. No notice shall be necessary for any adjourned meeting.

Proposed NJHCC By-Laws BP2 – 2025/2026 Continued

❖ Section 7 – Agenda

- ❖ **The order of business at meetings of the Coalition shall be fixed by the Coalition Leader and/or Deputy Coalition Leader** in collaboration with the NJHA EM Team.

❖ Section 8 – Meeting Documentation

- ❖ Meeting announcements shall detail the time, location (including virtual login credentials if applicable), and purpose of the meeting. Agendas shall be prepared and disseminated in advance. **Minutes shall be recorded and shared with the membership by request.**

❖ Section 9 – Conflict Resolution Process

- ❖ **In the event of a conflict or disagreement regarding Coalition business, the matter shall be brought to the attention of the Regional Coalition Manager(s) (RCM).** The RCM(s) shall determine the appropriate committee or work group to address the issue. **If unresolved, then the matter shall be elevated to the general membership at a regular meeting for further discussion and resolution.**

Proposed NJHCC By-Laws BP2 – 2025/2026 Continued

Article IV – Coalition Leadership (pages 7-10)

❖ Section 1 – Principal Officers

- ❖ **The principal officers of the Coalition shall be a Coalition Leader and a Deputy Coalition Leader. All leaders shall be elected for a term of two (2) years by the members at the Annual Meeting by closed ballot.** A Coalition Leader or Deputy Coalition Leader, upon the expiration of their term in office, **may become eligible for reelection.** Coalition Leaders and Deputy Coalition Leaders shall hold office for their term or until their successors are elected and qualified, unless they shall resign or be removed sooner.

❖ Section 2 – Coalition Leader

- ❖ **The Coalition Leader shall provide strategic leadership of the Coalition’s business and affairs, as informed by consultation with the Members. They shall preside at all meetings of the Members.** With the support of the NJHA EM Team, they shall present a written report on the conditions and affairs of the Coalition at the Annual Meeting. **They shall take on other tasks and responsibilities that may be required of them by these Bylaws and to support the success of the Coalitions.** These responsibilities include, but are not limited to: (1) engaging in robust participation in Coalition activities, and promoting and building the engagement of other members in Coalition activities; (2) encouraging interagency collaboration among Coalition members and partners, (3) representing the Coalitions in regional and state-level committee engagements, (4) working with the Regional Coalition Managers to implement and oversee Coalition goals, (5) guiding the development and execution of strategic plans, and (6) maintaining impartiality, inclusiveness, and transparency in decision-making.



Proposed NJHCC By-Laws BP2 – 2025/2026 Continued

❖ Section 3 – Deputy Coalition Leader

- ❖ **The Deputy Coalition Leader shall perform specified functions and duties as they shall be designated by the Coalition Leader and such other duties as they may be designated by the Members from time to time.** The Deputy Coalition Leader shall also perform the functions and duties of the Coalition Leader during the absence or disability of the Coalition Leader.

❖ Section 4 – Nomination & Election

- ❖ **The nomination and election of Coalition Leaders shall take place every second year at the Annual Meeting of the Coalition Members.**

- ❖ *Nomination Process:* The period for nominations shall be initiated seven (7) weeks prior to the closing of election polls with a **nomination form sent out to all members.** Members shall have at least (2) weeks to make nominations. The **NJHA EM Team shall collect and organize these submissions** over this period.
- ❖ *Finalization of Ballot:* Following the completion of the nomination process, **the NJDOH and NJHA EM Team shall confirm the interest, qualifications, and expectations of the candidates, and finalize a ballot of candidates** for dissemination.
- ❖ *Election:* The **finalized ballot shall be disseminated to the membership at large,** one (1) week prior to election polls opening at the Annual Meeting. Members shall be given until 11:59PM the night of the Annual Meeting to complete and submit the form back to the NJHA EM Team for finalized tabulation and eventual communication of results to NJDOH and members.



Proposed NJHCC By-Laws BP2 – 2025/2026 Continued

❖ Section 5 – Eligibility for Office

- ❖ Candidates for the Coalition Leader position **must be a representative from a qualified Acute Care Core Member. General Members are not permitted to run for the Coalition Leader position. All Members, Core or General, are permitted to run** as candidates for the **Deputy Coalition Leader** Position. Any Coalition Leader or Deputy Coalition Leader, upon the expiration of his or her term of office, may become eligible for reelection.

❖ Section 6 – Term of Office

- ❖ Each **Coalition Leader and Deputy Coalition Leader shall serve for a term of two (2) years** and until their successor has been appointed and qualified, or until their earlier resignation or removal.

❖ Section 7 – Vacancies & Absence

- ❖ **Any office which becomes vacant, by resignation, removal, or unforeseen conditions, may be filled by the Coalition at any regular or special meetings of the Coalition, conducted in accordance with the above stipulations regarding process.** The Members of the Coalition shall, by affirmative vote of a majority of that region's Members, present at a meeting at which a quorum is present, fill the vacancy. **If the Coalition Leader and Deputy Coalition Leader shall be absent, an acting Coalition Leader shall be appointed by NJDOH and the NJHA EM Team, as appropriate.**



Proposed NJHCC By-Laws BP2 – 2025/2026 Continued

❖ Section 8 – Resignation & Removal

- ❖ Any **Coalition Leader or Deputy Coalition Leader** may resign from their position at any time by giving written notice to the **NJHA EM Team** and, unless otherwise specified therein, the acceptance of such resignation shall not be necessary to make it effective. **Coalition Leaders or Deputy Coalition Leaders may be removed with or without cause by affirmative vote of a majority of the Members present at a meeting at which a quorum is present.**

❖ Section 9 – Compensation

- ❖ No individual shall be compensated for their service as either Coalition Leader or Deputy Coalition Leader.



Proposed NJHCC By-Laws BP2 – 2025/2026 Continued

Article V – Workgroups & Committees (page 10)

❖ Section 1 – Workgroups

- ❖ **Workgroups shall be formed as and if necessary to conduct specialized tasks in alignment with Coalition goals.** These workgroups shall meet as needed and report outcomes to the full Coalition during scheduled meetings.

❖ Section 2 – Committees

- ❖ **The Coalition shall establish standing or ad hoc committees to address specific needs or regulatory requirements.** These committees shall meet as needed and report outcomes to the full Coalition during scheduled meetings. The subjects of these committees may include, but are not limited to, required HPP deliverables and/or other readiness efforts.

Proposed NJHCC By-Laws BP2 – 2025/2026 Continued

Article VI – Community Engagement & Response Operations (page 11)

❖ Section 1 – Community Engagement

- ❖ **The Coalition shall coordinate with New Jersey’s health and public health stakeholders.** This approach shall be guided by the principles of shared responsibility among healthcare and community providers, inclusive engagement through sustained and targeted outreach, a focus on social determinants of health, best practices of resilience and preparedness, and integration across sectors such as law enforcement or nonprofits.

❖ Section 2 – Response Operations

- ❖ **All preparedness, operations, and response efforts should be in alignment with HPP deliverables, in collaboration with NJDOH, and/or at the direction of NJDOH. The Coalition shall support response operations by adopting New Jersey’s ESF-8 Plan for health care response in, acting as the guiding document for each of the state’s three (3) regional Coalition groups.** The NJHA EM Team shall incorporate updates into the Coalition’s Response Plan and subsequent annexes when NJDOH and the other key stakeholders make changes. Response operations shall be based on the National Incident Management System (NIMS), which includes the operational use of the Incident Command System (ICS).

Proposed NJHCC By-Laws BP2 – 2025/2026 Continued

Article VII – Amendments (pages 11-12)

❖ Section 1 – Bylaws

- ❖ These Bylaws, or any part thereof, may be amended, revised, or rescinded. **Any proposed amendments, revisions, or rescissions of these Bylaws should be proposed to the NJHA EM Team who will review the proposed changes with NJDOH and the Coalition Leaders.** These changes may be presented to the membership by the Coalition Leaders at any regular or special meetings of the Coalition and will be effective upon the affirmative vote of a two-thirds majority of the Members thereof present. A general statement of the proposal to amend, revise, or rescind as aforesaid shall be included in the notice of the meeting.

❖ Section 2 – Access to Resources & Agreements

- ❖ **Coalition Members shall have access to key documents and protocols via a secure public facing page or by written request sent to the NJHA EM Team.** Such documents shall include but are not limited to: (1) State Emergency Support Function #8, (2) Regional Preparedness & Response Plans, (3) Memoranda of Understanding (MOUs), Memoranda of Agreement, and other relevant contracts.

❖ Section 3 – Suppression Clause

- ❖ This document shall not supersede existing mutual aid agreements. It shall not be interpreted to create a legal relationship, partnership, joint venture, or entity among member organizations. No member shall have authority to bind another, nor shall any member be obligated to indemnify or defend another member for actions or omissions by any Coalition representative.



NJHCC Response Plan Checklists

Resource Management

NJHCC Response Plan – Resource Management Checklist

NJHCC Response Plan – Resource Management Checklist

The initial response to an emergency begins with recognition that an incident is likely to impact or disrupt routine operations, specific to Resource Management and response involvement outside of an organization and among Acute Care, Offices of Emergency Management, EMS, Federally Qualified Health Center Key management issues involving situational status, incident characteristics determined and communicated amongst response partners to establish a common checklist does not replace an organization's Emergency Operations Plan (EOP).

Operational Period: 0 – 12 Hours (Immediate Response)

1. Activation & Initial Notifications

- A. Recognize and confirm incident(s) impacting healthcare operations and/or
- B. Activate the facility's Emergency Operations Plan (EOP) and Incident Command
- C. Notify internal leadership and department heads.
- D. Notify local Office of Emergency Management (OEM) of incident status and
- E. Notify county OEM and county health departments, as appropriate.
- F. Contact the New Jersey Hospital Association's (NJHA) Regional Coalition via the 24/7 Hotline, 1 (800) 457-2262.
- G. Coordinate with the New Jersey Department of Health (NJDOH) Emergency (ESF)-S for situational awareness.

2. Command, Control & Situational Awareness

- A. Establish healthcare ICS structure and assign command and section leads.
- B. Assess incident characteristics, operational impacts, and immediate response.
- C. Begin internal situation reporting and documentation.
- D. Share initial status reports with coalition partners, as requested.

3. Immediate Resource Management – Supplies & Equipment

- A. Conduct rapid inventory of critical supplies, equipment, pharmaceuticals, and
- B. Implement conservation, substitution, and reuse strategies, as appropriate
- C. Attempt procurement through existing vendors and mutual aid agreement
- D. Request assistance through local and county OEMs if shortages are identified
- E. Submit resource requests through NJDOH systems if local and county effort insufficient.
- F. Request assistance through the New Jersey Healthcare Coalitions (NJHCC) equipment list if all other systems are insufficient.

4. Staffing & Workforce Stabilization

Note: This Checklist is based on the NJHCC Response Plan – Resource Management: Leaders, New Jersey Department of Health, and other subject matter experts' know
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NJHCC Response Plan – Resource Management Checklist

NJHCC Response Plan – Resource Management Checklist

- A. Assess staffing levels and identify immediate shortages.
- B. Implement internal staffing contingency plans (extended shifts, reassignment, call-back)
- C. Coordinate with county and state partners for emergency staffing support if needed.
- D. Track staff availability, credentials, and hours worked.

5. Communication & Reporting

- A. Maintain regular communication with local, county, and state partners.
- B. Document all actions, requests, and decisions for reimbursement and after-action
- C. Work with Public Information Officer (PIO) on media reporting, PR relations and surveillance of misinformation on social media / media outlets.

Operational Period: 12 – 24 Hours (Sustained Response)

6. Ongoing Coordination & Regional Engagement

- A. Participate in regional healthcare coalition calls and briefings.
- B. Provide updated situation reports to NJHA, NJDOH, and OEM partners.
- C. Coordinate with neighboring healthcare facilities for mutual aid and patient movement required.

7. Expanded Resource Management

- A. Reassess supply burn rates and projected shortages.
- B. Submit formal requests for regional or state-level resource support, as needed.
- C. Coordinate delivery, receipt, tracking, and accountability of incoming resources.
- D. Track ownership, storage, rotation and decontamination of shared resources.
- E. Request assistance through NJHCCs to obtain lists of vendors, if needed

8. Staffing & Volunteer Support

- A. Expand staffing pool using per-diem, agency, or emergency credentialed staff.
- B. Coordinate with NJDOH on supplemental staffing resources.
- C. Utilize volunteer registration programs when authorized.
- D. Monitor staff fatigue and implement staff wellness measures.

9. Clinical & Specialty Considerations

- A. Coordinate behavioral health response with appropriate state and regional partners.
- B. Plan for mass fatality management in coordination with county and state medical exam offices, if applicable.
- C. Address pediatric, access and functional needs (AFN), and other vulnerable population considerations.

Note: This Checklist is based on the NJHCC Response Plan – Resource Management Plan / Annex Leaders, New Jersey Department of Health, and other subject matter experts' knowledge and expertise
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NJHCC Response Plan – Resource Management Checklist

NJHCC Response Plan – Resource Management Checklist

D. Address telemedicine considerations, if needed and applicable.

10. Alternate Care & Surge Strategies	Date/Time	Initials
A. Assess need for patient surge strategies and alternate care sites.		
B. Coordinate with public health, county OEM, and state partners for crisis response center or alternate care site activation.		
C. Coordinate with the Red Cross, if needed.		

Operational Period: 24 Hours+ (Extended Response & Stabilization)

11. Sustained Operations & Resource Monitoring	Date/Time	Initials
A. Continue daily assessments of operational status and resource sustainability.		
B. Adjust conversation and allocation strategies based on evolving conditions.		
C. Maintain coordination with NJDOH, NJHA, and OEM partners for prolonged support.		
D. Coordinate with state and federal officials in regard to stockpile activation, if applicable.		

12. Financial Tracking & Documentation	Date/Time	Initials
A. Track costs related to staffing, supplies, equipment, and emergency operations.		
B. Maintain detailed documentation to support state and federal reimbursement.		

13. Demobilization Planning	Date/Time	Initials
A. Begin planning for gradual demobilization of emergency operations when appropriate.		
B. Coordinate return or redistribution of borrowed or state-provided resources.		
C. Transition operations back to normal workflows as conditions allow.		

14. Recovery & Improvement Planning	Date/Time	Initials
A. Participate in after-action reviews with internal and external partners.		
B. Identify gaps, best practices, and improvement opportunities.		
C. Update healthcare emergency plans and resource management procedures based on lessons learned.		

Note: This Checklist is based on the NJHCC Response Plan – Resource Management Plan / Annex and NJHCC Members, NJHCC Leaders, New Jersey Department of Health, and other subject matter experts' knowledge and expertise.
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NJHCC Response Plan Checklists

Medical Surge Support

NJHCC Response Plan – Medical & Trauma Surge Support

NJHCC Response Plan – Medical & Trauma Surge Support

The initial response to an emergency begins with the incident is likely to impact or disrupt routine operations, capacity, and may require coordination of efforts from Care Hospitals, Public Health, Long-Term Care, and other healthcare coalition members. Key resource capabilities must be quickly determined to determine the operating picture. Please note that this checklist is intended to serve as a supplement to existing procedures (SOPs), and response plans.

Operational Period: 0 – 12 Hours (Initial Response)

1. Activation & Initial Notifications

- A. Recognize and confirm incident(s) impact
- B. Activate the facility's Emergency Operations Plan
- C. Notify internal leadership and department heads
- D. Notify local/county Offices of Emergency Management
- E. Notify county OEM and local/county health officials
- F. Contact the New Jersey Hospital Association via the 24/7 Hotline, 1 (800) 457-2262.
- G. Coordinate with the New Jersey Department of Health (NJDOH) for situational awareness.

2. Command, Control & Situational Awareness

- A. Establish hospital incident command system
- B. Establish surge activation thresholds and establish surge activation
- C. Assess incident characteristics, operational status, and resource availability
- D. Begin internal situation reporting and documentation
- E. Share initial status reports with local, county, and state partners

3. Immediate Response to Surge Incident – Initial Response

- A. Conduct information gathering efforts via internal and external channels
- B. Notify relevant staff and leadership of a potential surge incident or resource requirements

Note: This Checklist is based on the NJHCC Response Plan, NJHCC Leaders, New Jersey Department of Health, and other subject matter experts' knowledge and expertise.
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NJHCC Response Plan – Medical & Trauma Surge Support

NJHCC Response Plan – Medical & Trauma Surge Support

to determine anticipated resource needs.

F. If time allows, consult relevant drug and resource shortage reports.

7. Communication & Reporting

Action	Date/Time	Initials
A. Maintain regular communication with local, county, and state partners.		
B. Document all actions, requests, and decisions for reimbursement and after-action review.		
C. Work with Public Information Officer (PIO) on media reporting, PR relations and surveillance of misinformation on social media / media outlets.		

8. Clinical Operations – Reminder Actions

Action	Date/Time	Initials
A. Activate established surge triage protocols.		
B. Implement patient prioritization and treatment pathways.		
C. Adjust standards of care if needed (contingency/crisis) – refer to NJ Crisis Standards of Care in the Resource Section below.		
D. Maintain ancillary services (lab, imaging, pharmacy).		

9. Waste & Environmental Services

Action	Date/Time	Initials
A. Manage increased medical waste volume.		
B. Expand waste storage and vendor pickup capacity.		
C. Maintain infection prevention and environmental cleaning protocols.		

10. Communication & Reporting

Action	Date/Time	Initials
A. Maintain regular communication with local, county, and state partners.		
B. Document all actions, requests, and decisions for reimbursement and after-action review.		
C. Work with Public Information Officer (PIO) on media reporting, PR relations and surveillance of misinformation on social media / media outlets.		

Operational Period: 12 – 24 Hours (Sustained Response)

11. Ongoing Coordination & Regional Engagement

Action	Date/Time	Initials
A. Participate in local stakeholder calls, specialized coordination calls, and regional healthcare coalition calls and briefings.		
B. Provide updated situation reports to NJDOH, OEM, NJHCC, and other partners as necessary.		
C. Coordinate with neighboring healthcare facilities for mutual aid and patient movement, if required.		
D. Ensure relevant emergency department diverts, command post/emergency operation center (EOC), and other relevant elements are updated in the state hospital divert system (Juvare EMResource).		

Note: This Checklist is based on the NJHCC Response Plan – Medical & Trauma Surge Support Plan / Annex and NJHCC Members, NJHCC Leaders, New Jersey Department of Health, and other subject matter experts' knowledge and expertise.
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NJHCC Response Plan Checklists Special Pathogens

NJHCC Response Plan – Special Pathogens Checklist

The initial response to an emergency begins with recognition of suspected or confirmed special pathogen or High-Consequence operations, coordination between Acute Care Hospitals, Public Health, EMS, and other healthcare coalition members may be required. This checklist provides operational guidance to support coordination of special pathogen incidents. Please note that this checklist does not cover all possible scenarios.

Operational Period: 0 – 12 Hours (Immediate Response)

1. Activation & Initial Notifications

- Identify suspected or confirmed special pathogen or HCID case.
- Implement facility screening and triage procedures for suspected cases.
- Immediately isolate suspected patient(s) according to infection control procedures.
- Notify internal leadership, infection prevention teams, emergency leadership, and relevant department heads.
- Report suspected or confirmed cases immediately to local health department. If unreachable, contact NIDOH at 609-82-2222 after-hours number 609-392-2020.
- Contact the New Jersey Hospital Association's (NJHA) Region via the 24/7 Hotline, 1 (800) 457-2262.
- Coordinate with the New Jersey Department of Health (NJDOH) for situational awareness. Refer to Region 2 RESPTC plan.

2. Command & Control

- Activate the facility's Emergency Operations Plan (EOP) and Incident Command System (ICS) as appropriate.
- Notify local or county OEM if the incident may impact operations.
- Establish healthcare response structure and assign command roles.
- Begin internal situation reporting and documentation.
- Assess current patient volumes, isolation capability, staffing levels, and concerns.
- Share initial status reports with NIDOH, public health, and other coalition members.

3. Internal and External Communication

- Provide situational updates to internal leadership and hospital staff.
- Maintain communication with the Local Health Department.
- Coordinate operational updates with the NJHA Regional Coordinator.
- Share relevant operational updates with EMS, OEM, and other coalition members as applicable.

Note: This Checklist is based on the NJHCC Response Plan – Special Pathogens, New Jersey Department of Health, and other subject matter experts' knowledge and expertise.
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NJHCC Response Plan – Special Pathogens Checklist

4. Initial Infection Prevention & Control Actions

- Implement appropriate isolation precautions for suspected cases.
- Confirm availability and appropriate use of PPE. Reinforce and donning.
- Implement visitor restrictions or controlled access measures.
- Coordinate with infection prevention staff regarding monitoring.
- Maintain awareness of NIDOH/CDC/public health guidance.

5. Immediate Resource & Supply Assessment

- Conduct inventory of PPE, pharmaceuticals, and critical supplies.
- Assess supply burn rates and projected shortages.
- Escalate resource shortages through local OEM or NIDOH.

Operational Period: 12 – 24 Hours (Sustained Response)

6. Surveillance, Reporting, & Information Sharing

- Monitor patients under investigation (PUIs) and control operational impact.
- Monitor internal surveillance indicators, staff illness, and other concerns.
- Participate in New Jersey Healthcare Coalitions (NJHCC) reporting.

7. Patient Management & Transfer Coordination

- Assess need for transfer to a higher-capability facility as appropriate.
- Coordinate patient transport with EMS and public health.
- Communicate patient transfer needs with receiving facility.
- Monitor bed availability and isolation capacity within facility.

8. Laboratory, Environmental, & Waste Coordination

- Follow appropriate procedures for specimen handling.
- Coordinate medical waste handling and disposal per regulations.
- Reinforce environmental cleaning and disinfection procedures.
- Address any laboratory testing delays or operational issues.

9. Staffing & Workforce Support

Note: This Checklist is based on the NJHCC Response Plan – Special Pathogens, New Jersey Department of Health, and other subject matter experts' knowledge and expertise.
Version: March 2026 Page 2 of 4

NJHCC Response Plan – Special Pathogens Checklist

10. Strategic Communication & Public Information

- Maintain regular communication with coalition members.
- Coordinate internal and external messaging with the Public Information Officer (PIO).
- Align public messaging with NIDOH guidance.
- Provide internal updates to staff regarding the incident.

11. Medical Countermeasures

- Coordinate with NIDOH/public health regarding medical countermeasures.

12. Special Considerations

- Address pediatric, behavioral health, and other special populations.
- Coordinate with long-term care facilities.
- Support community health partners in response efforts.

13. Demobilization

- Begin planning for gradual demobilization.
- Coordinate return or redistribution of resources.
- Transition operations back to normal.

14. Recovery & Improvement Planning

- Participate in after-action reviews with coalition members.
- Identify gaps, best practices, and improvement opportunities.
- Update healthcare emergency plans based on lessons learned.

Resources

NIDOH

- New Jersey Department of Health (NJDOH)
- Department of Health | Communicable Disease Service | Disease Reporting
- LocalHealthDirectory.pdf
- NJUNCS Health Alert Network
- New Jersey OEM County Coordinators
- New Jersey Emergency Medical Services Task Force (NJEMSTF)
- Emergency Management Mapping & Information Tracking (EMMIT)

RESPTC Bellevue

- Tools & Resources | Region 2 RESPTC
- Partners & Regional Contacts | NETEC

ASPR

- Infectious Diseases | ASPR TRACIE
- Risk Identification and Site Criticality (RISC) Toolkit 2.0

NJHCC

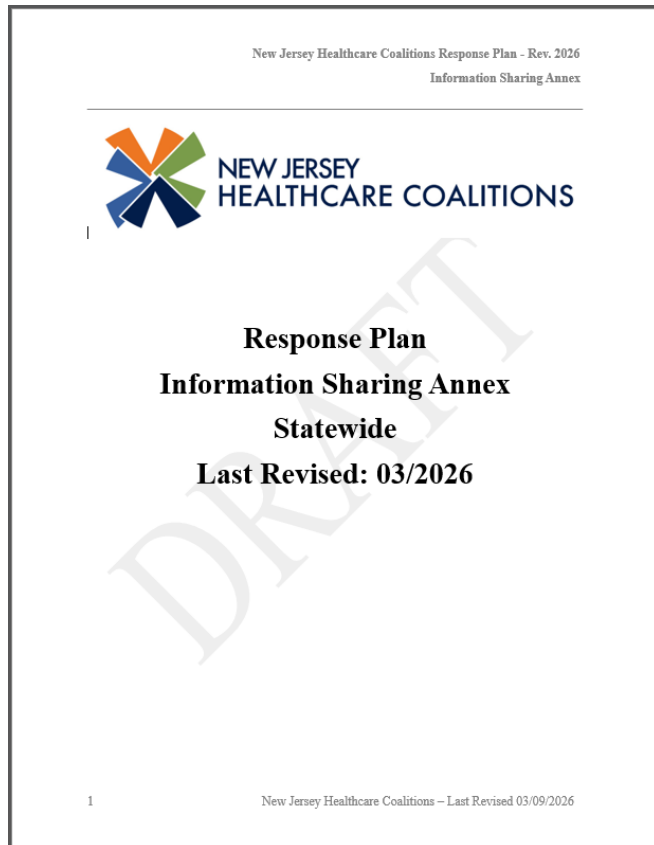
- Juvare EMResource
- Juvare eICS
- New Jersey Healthcare Coalitions (NJHCC) Resource Guide

Note: This Checklist is based on the NJHCC Response Plan – Special Pathogens Plan / Annex and NJHCC Members, NJHCC Leaders, New Jersey Department of Health, and other subject matter experts' knowledge and expertise.
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NJHCC Response Plan Annexes

Information Sharing



New Jersey Healthcare Coalitions Response Plan - Rev. 2026
Information Sharing Annex

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3 New Jersey Healthcare Coalitions - Last Revised 03/09/2026



FIFA World Cup 2026 Updates

FIFA Health & Medical Patient Surge Subcommittee

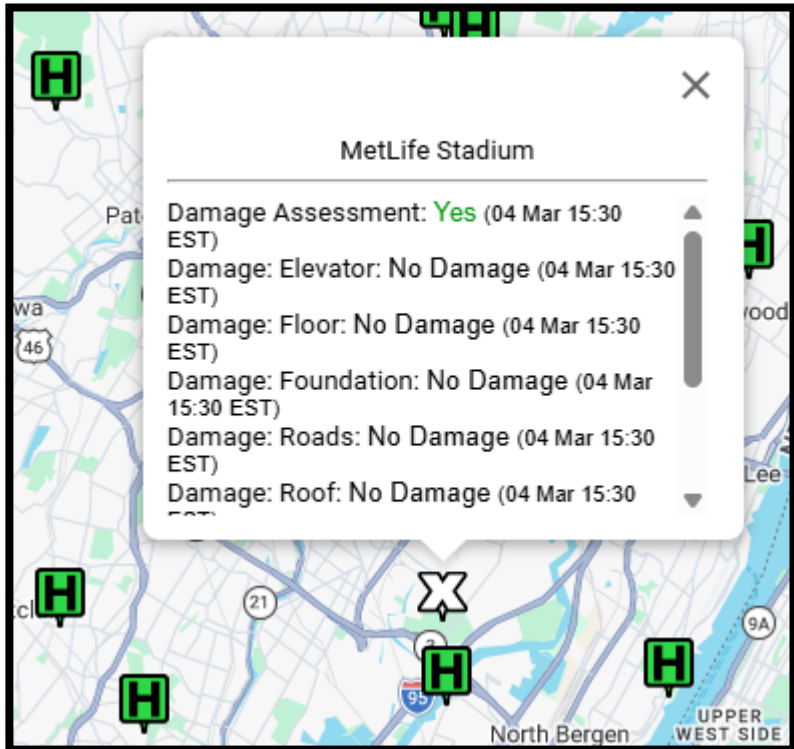
- ❖ Development of Concept of Operations (ConOps) was completed in mid-February
 - ❖ ConOps was submitted to NJDOH for review and feedback
- ❖ Subcommittee proposed Fixed Patient Allocation / Distribution
 - ❖ It was well received by the state and NJDOH
- ❖ The subcommittee reports to the FIFA NJ Health & Medical Steering Committee

New Jersey Healthcare Coalitions (NJHCC)

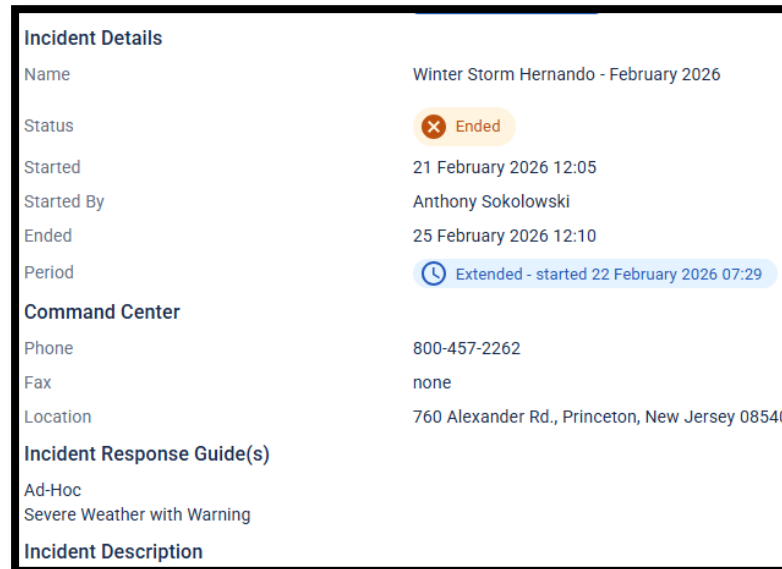
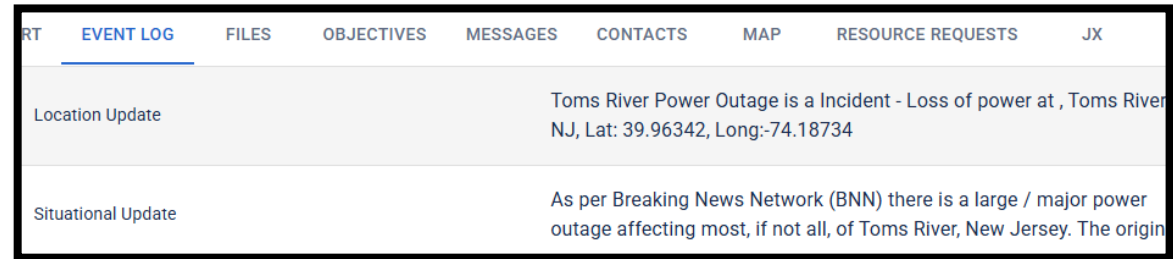
- ❖ NJHCCs are strengthening mapping capabilities within EMResource to incorporate key locations
- ❖ NJHCCs are strengthening information sharing capabilities within eICS to share information in real time
- ❖ NJHCCs are developing several in-person and on-demand Education / Trainings / Webinars
- ❖ NJHCCs are developing three (3) regional Exercises to assist with FIFA preparation



FIFA World Cup 2026 Updates Continued



Map within Juvare EMResource




Examples of features within Juvare eICS





FIFA World Cup 2026 Updates Continued

FIFA World Cup 2026 Match Schedule for PA & NY/NJ				
Event	Date	Match	Location	Stadium
Group Stage	Saturday, June 13, 2026	Brazil v Morocco	New York / New Jersey	New York New Jersey Stadium
Group Stage	Sunday, June 14, 2026	Cote d'Ivoire v Ecuador	Philadelphia, PA	Philadelphia Stadium
Group Stage	Tuesday, June 16, 2026	France v Senegal	New York / New Jersey	New York New Jersey Stadium
Group Stage	Friday, June 19, 2026	Brazil v Haiti	Philadelphia, PA	Philadelphia Stadium
Group Stage	Monday, June 22, 2026	Norway v Senegal	New York / New Jersey	New York New Jersey Stadium
Group Stage	Monday, June 22, 2026	France v FIFA Play-Off 2	Philadelphia, PA	Philadelphia Stadium
Group Stage	Thursday, June 25, 2026	Ecuador v Germany	New York / New Jersey	New York New Jersey Stadium
Group Stage	Thursday, June 25, 2026	Curacao v Cote d'Ivoire	Philadelphia, PA	Philadelphia Stadium
Group Stage	Saturday, June 27, 2026	Panama v England	New York / New Jersey	New York New Jersey Stadium
Group Stage	Saturday, June 27, 2026	Croatia v Ghana	Philadelphia, PA	Philadelphia Stadium
Round of 32:	Tuesday, June 30, 2026	TBD	New York / New Jersey	New York New Jersey Stadium
Round of 16:	Saturday, July 4, 2026	TBD	Philadelphia, PA	Philadelphia Stadium
Round of 16:	Sunday, July 5, 2026	TBD	New York / New Jersey	New York New Jersey Stadium
Final:	Sunday, July 19, 2026	TBD	New York / New Jersey	New York New Jersey Stadium

Key Information

 **Expected Attendance**
More than 1 million visitors are expected to travel through NJ

 **Sold-Out Games**
Several games are anticipated to sell out creating peak ingress/egress demands in the area.

 **Ancillary Events**
Additional events at the stadium, the Fan Festival venues, and non-sponsored events throughout the state will be occurring throughout FIFA.

 **86 days until the start of FIFA World Cup 2026 in our region**

Planning Notes:

- The following comes from ASPR TRACIE's Planning Assumptions
 - Increased ED volume (20-30%)
 - Increased Inpatient volume (10-20%)
 - Increased Outpatient volume (15-25%)
 - Hospitals / EMS should plan for an influx of heat-related illness

 Games create a continuous 36-day operational surge necessitating long-term response.



FIFA World Cup 2026 Updates Continued



June 17 – June 28

USTA Billie Jean King National Tennis Center NY / NJ World Cup 26 Fan Zone (Sponsored)

Set against the backdrop of the world's borough, this event will serve as a flagship fan destination for the NYNJ region, offering local families, diverse communities, and entrenched soccer fans an immersive celebration of the world's game.

📍 Queens, New York



June – July

Several Non-Sponsored FIFA Fan Festivals

Daily activation spanning the entire tournament duration. Serves as another non-ticketed fan destination with global broadcast integration.

📍 New York, New Jersey, Pennsylvania

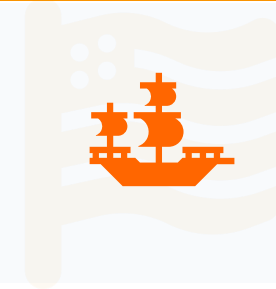


July 4-19

Rockefeller Center NY / NJ World Cup 26 Fan Village (Sponsored)

The iconic Rockefeller Center Rink will transform into a vibrant football pitch surrounded by large screens for live match broadcasts. The celebration will extend across the entire three-block Rockefeller Center campus, including Top of the Rock.

📍 Midtown Manhattan, New York



July 3-4

America250: Sail4th 250 International Parade of Tall Ships

A fleet of U.S. and international Class B tall ships will sail down the East River, beginning at the head of the East River and continuing South to Gravesend Bay, Brooklyn, offering spectators a rare and memorable glimpse of these majestic vessels in motion.

📍 Port of New York and New Jersey



FIFA World Cup 2026 Updates Continued



July 3-8

**International Naval Review
250**

The Navy will host port calls and community outreach engagements in major U.S. cities. The International Naval Review will culminate the events as a maritime highlight.

 Port of New Jersey



July 6

**Homecoming of Heroes: A Ticker
Tape Parade**

Parade Honoring our Post-9/11 Combat Veterans, First Responders and their Families. It will be a historic tribute recognizing the extraordinary service, sacrifice, and resilience of a generation that bore the weight of America's longest war.

 New York, New York



FIFA World Cup 2026 Updates Continued

Nearby Hospitals to New York / New Jersey Stadium, Events, and Team Base Camps	
AHS Chilton Medical Center	RWJBH Cooperman Barnabas Medical Center
AHS Hackettstown Medical Center	RWJBH Jersey City Medical Center
AHS Morristown Medical Center	RWJBH Newark Beth Israel Medical Center
Bergen New Bridge Medical Center	Saint Clare's Denville Hospital
Carewell Health Medical Center	Saine Clare's Dover Hospital
Englewood Hospital	Saint Micheal's Medical Center
HMH Hackensack University Medical Center	St. Joseph's University Medical Center
HMH Mountainside Medical Center	St. Joseph's Wayne Medical Center
HMH Palisades Medical Center	St. Luke's Hospital – Warren Campus
HMH Pascack Valley Medical Center	St. Mary's General Hospital
Holy Name Medical Center	The Valley Hospital
Hudson Regional Health Bayonne University Hospital	University Hospital
Hudson Regional Health Hoboken University Hospital	RWJBH Bayonne SED
Hudson Regional Health Secaucus University Hospital	Saint Clare's Sussex SED
RWJBH Clara Maass Medical Center	---

**Although these hospitals may be the closest in proximity to the stadium, events and, team base camps, NJ Trauma CSC still applies to all patient care needs.*

The list of nearby hospitals to the New York / New Jersey Stadium, FIFA Sponsored events, and FIFA team base camps, was comprised by using the locations and going a distance of roughly 50-55 miles away which loosely translates to 1 hour – 1 hour 15 minutes.



FIFA World Cup 2026 Updates Continued

Risks and hazards to be aware of include, but are not limited to, the following:

- ❖ **Trauma & crowd-related injuries**
- ❖ **Heat illness** (June–July timing)
- ❖ **Alcohol- and substance-related ED visits**
- ❖ **Language and cultural barriers** in clinical settings
- ❖ **Lost medication / continuity-of-care issues** for international visitors
- ❖ **Infectious disease surveillance** (global mixing, travel)
- ❖ **Staffing models and specialty coverage assumptions may not hold**
- ❖ **Cyber threats to vendor and hospital operations** during high-visibility events
- ❖ **Family Reunification** planning and processes



FIFA World Cup 2026 Open Discussion



- ❖ What are some things your organization is doing to prepare for FIFA World Cup 2026?
- ❖ What do you need in terms of trainings, exercises, etc. in advance of FIFA World Cup 2026?
- ❖ What role do you feel NJHA/NJHCC needs to play in FIFA World Cup 2026?

NJHCC Member Updates

- Acute Care
- Assisted Living/Long-Term Care/Post Acute
- Federally Qualified Health Centers (FQHC)
- Public Health
- Offices of Emergency Management (OEM)
- Home Care & Hospice
- Emergency Medical Services (EMS)
- Behavioral/Mental Health
- New Jersey Department of Health (NJDOH)
- Other Stakeholders



Upcoming Meeting Dates & Times

NJHCC Statewide Virtual Meeting

Virtual via Microsoft Teams

Early May 2026

Time – To Be Determined

NJHCC North Region In-Person Exercise

Location – To Be Determined

Thursday, May 21, 2026

Time – To Be Determined



NORTH REGION HEALTHCARE COALITION FUTURE AGENDA ITEMS

IF YOU HAVE TOPICS OR INFORMATION THAT YOU WOULD LIKE REVIEWED /

DISCUSSED, PLEASE REACH US AT:

rhcc@njha.com or **[\(800\) 457-2262](tel:(800)457-2262)**

OR VISIT OUR WEBSITE:

www.NJHCC.org



Post-Meeting Feedback Survey & Resource Repository

