

.90  
5128  
1979b

# EMERGENCY RESPONSE PLAN



# **NJSDH**

**NEW JERSEY STATE DEPARTMENT OF HEALTH  
JOHN FITCH PLAZA  
TRENTON, NEW JERSEY 08625**

**Joanne E. Finley, M.D., M.P.H.**  
Commissioner



## Emergency Response Plan

### Table of Contents

	<u>Page</u>
A. Purpose of the Plan	1
B. When to Call the Department of Health	3
C. What the Department Can Do	5
D. Who to Call - Department First Responders-List (See Green Section)	7
E. State Department of Health Specialist Staff	9
F. Notification of other Agencies	13

(At the end of this report as Appendix A are Guidelines for Federal Involvement in Health Aspects of Environmental Exposures; Page 2 lists instances when the U. S. Center for Disease Control will provide assistance.)

## A. Purpose of the Plan

Many agencies of state government are involved in emergency problems. Those involving health hazards may involve federal, state and local governmental agencies. These incidents vary widely and the responsible or lead agency will also vary with the type and magnitude of the emergency. Lists of other agencies and personnel usually concerned with health hazards are found in Section F of this document.

This plan describes the manner in which the State Health Department can be of assistance and lists the individuals assigned to respond 24 hours a day, seven days a week. It also mentions health department staff with special skills to be activated by first responders, i.e. for communicable diseases, pesticide exposure, emergency facility needs, and others.

The Health Department will assume primary responsibility in some situations, and a helping role in others. Traditionally, Department involvement has involved the infectious disease area such as required removal of contaminated food products from circulation, temporary closure of an establishment responsible for an outbreak of disease, and application of appropriate immunization and chemoprophylaxis to prevent spread of infections such as measles and meningitis. Usually involvement in these episodes has been limited to state and local health departments.

Today chemical exposures have become a regular concern of the Department of Health, sometimes in providing primary response, usually in assisting other agencies. We have been cooperatively involved with the Department of Environmental Protection in acute episodes involving potable water, stream pollution, solid waste disposal and pesticide control, and in follow-up management and epidemiological studies when necessary.

Here are some examples of the Department's current involvement:

January 5: Fire in chemical storage warehouse, Newark. Follow-up revealed two firemen with chemical pneumonia, eleven firemen with transient liver function abnormalities.

January 10: Fire in the pharmaceutical and pesticide warehouse, Camp Kilmer, New Jersey.

February 16: Examination of unemployment office, Union City, New Jersey, due to toxic fumes.

March 1-3: Fire in the plastics warehouse, Lalor Street, Trenton.

March 28: Explosion and fire at GAF, Linden.

March 29: Measles in military installations, investigation and immunization program.

April 28: Complaints of fumes in residential community surrounding chemical company (Berkeley Heights).

May 29: Explosive hazard from methane gas surrounding Southhampton Township sanitary landfill.

June 1979: Salmonellosis at three different parties all traced to cake from one bakery.

August 1979: Hepatitis, possibly related to one fast food restaurant.

August 1979: Aseptic meningitis and viremia in infants due to ECHO 11 virus.

September 1979: Pneumonia caused by the bacteria, Mycoplasma pneumoniae, in an institution.

The purpose of this plan, therefore, is to set forth how we will respond so that our resources may be used in an effective way by agencies of state and local government. The aim is to serve New Jersey citizens exposed to new and dangerous products.

On thing the plan cannot accomplish - it cannot predict the origin of calls with complete certainty. However, it has been distributed to those with whom we are primarily involved in substantial multi-agency emergencies; the Department of Environmental Protection, the State Police, and Local Health Departments. Members of all sections of the State Department of Health, available for consultation, have their personal copies. Also copies for reference have been given to the Governor's Office and other State Agencies.

## B. When to Call the Health Department

If an acute episode that presents a potential hazard to the physical health of the public should occur and assistance of the State Department of Health is requested, someone listed in this plan is available.

It should be noted that the governmental unit with major responsibility for health at the local level is the local health department. There are 117 organized local health agencies. They are all listed in Section F following the Department list of first responders. When an emergency hazard occurs, the local department closest to the scene which usually deals with local governmental officials may be the first called. If so, the local department can activate the state agencies listed. Sometimes the State Department of Health is called directly; at other times another State Department originates the call.

In any case, each episode is unique, so that judgment frequently will be needed as to whether a health hazard exists, and whether to call us.

The following are examples of situations where the State Department of Health should be notified. Some have been mentioned above in Section A. It should be emphasized that this list is not all inclusive:

- 1) Episodes where existing health care facilities and personnel are actually unable to cope with the demands placed upon them. Hospitals, rescue squads and medical personnel all expect to deal with emergency situations and are equipped to do so. However, when the magnitude or the specialized aspects of an episode exceeds the ability of the local area, the Department is in a position to aid in making additional health care resources available.

It is part of the responsibility of the State Health Department's Division of Health Facilities Evaluation to be well informed about the acute care resources in New Jersey. We are in a position to determine availability of beds and personnel, need for referral to other communities and to assist in organizing such an effort.

- 2) Episodes involving infectious disease.
- 3) Situations where there are food borne outbreaks, fires and other sudden disruptions of hospitals and nursing home facilities.
- 4) Contamination of public water supplies, or interruptions in service of public water supplies. Although the primary responsibility for maintenance of public water supplies rests with the Department of Environmental Protection, contamination or interruption of public water supplies also has consequences for health. We are prepared to evaluate those effects.
- 5) Contamination of recreational waters is in the same category of shared responsibility with the Department of Environmental Protection, which has the major role in eliminating the hazard.
- 6) Contamination or potential contamination of food or drugs.

- 7) Exposure of the public to toxic chemicals. Except for minor spills of gasoline and hydrocarbon fuels where no imminent hazard to public health exists, notification should be given. This is especially true where there is a serious risk of fire or explosion, or where there is exposure of the public or emergency personnel to fumes, gases, combustion by-products or contaminated water. Here again many agencies are involved, but we want to be called to assure protection of both the residents and emergency response personnel (police, firemen.)
- 8) All episodes involving pesticides, both in instances where humans have been exposed or where there has been environmental damage from pesticides. The Department of Environmental Protection regulates pesticides but the Health Department plays the most active role in management of human exposure under the provisions of Federal contractual obligations.
- 9) Whenever laboratory services are required to support the investigation of acute episodes. Specifically, the State Health Department Laboratory is equipped to perform, or can obtain, the necessary laboratory services in all instances involving infectious disease. In the area of toxic hazards, the laboratory is prepared to perform or secure analyses of material from exposed people and many environmental specimens, such as water and soil. Since the Department licenses laboratories and conducts a professional testing program, it is in a position to assure the adequacy of other sources whenever it does not have the necessary analytical capacity.
- 10) Whenever emergency supplies of vital medical products are required, such as vaccines or drugs to combat a disease outbreak, blood for transfusions, potassium iodide which may be needed for radiation exposure, and other similar items.

#### Role of the State Police

The State Police is responsible for a Civil Defense and Disaster Control Program, which may be considered the central overall response mechanism for major emergencies of all kinds. Their program staff includes three regional coordinators and a coordinator in each county, who are activated by the State Police as needed. In addition, there are 75 State Police Officers throughout the State trained as Emergency Medical Technicians by the Department of Health and given instruction by the Department of Environmental Protection.

These officers go to the scene of any emergency, be it fire, civil disaster, spill, natural disaster, etc. They evaluate the situation, make contact with local and state agencies, and then communicate directly with their headquarters. If the situation warrants, the Central Emergency Operation Center (EOC) is activated, to coordinate activities related to the emergency. The Departments' first responder roster is a part of the extensive agency lists used by the State Police. Thus, in emergencies of major public concern the Department may receive its first notice by the State Police and cooperate under the plan which is directed through the Emergency Operations Center. This procedure was used successfully in the Three Mile Island Nuclear Generating Plant accident in Pennsylvania. To illustrate further the EOC has overnight facilities and Department first responders have remained in the center over a 24-hour period when necessary. (Skylab reentry.)

### C. What the Department Can Do

To terminate the health emergency as soon as possible the Department makes available a team of first responders which is on 24-hour alert and listed in Section D, and a back-up staff of experts with specialized skills listed in Section E.

As stated previously, we cannot predict the origin of calls. They may originate from State Police, the Department of Environmental Protection, a Local Health Department, other state and local agencies, the media or individuals. The 24 hour answering service is a back-up access point to activate Department response (609) 392-2020.

Regardless of the origin of a call, the first responder will be notified and has the responsibility to make a rapid determination of the nature of the problem in the following sequence:

#### Response Phase I

When a call is received, usually only limited information is available about the nature of the problem, its location, magnitude and the people at risk. The first responder's review will include the following:

- a) Calling the local health department covering the area to obtain as much information as possible. (See list, Section F.)
- b) Calling other sources of information as necessary.
- c) Calling the State Police if the incident involves serious risks to a substantial number of people if they have not been alerted previously.
- d) Developing a plan of response with the Emergency Response Plan Supervisor, or his alternate.
- e) A site visit, if he considers this necessary.

#### Response Phase II

At this stage, the Emergency Response Plan Supervisor (Section D) will assume this responsibility. He will notify the First Deputy Commissioner or the State Commissioner of Health at an appropriate time when information and plans about the incident are developed. The First Deputy or Commissioner will be informed about the notification of the State Police or other agencies, and will alert the press relations staff.

The Emergency Response Supervisor will alert other members of the State Department of Health whose expertise is necessary. A list of appropriate program personnel in the various areas of the Department is shown in Section E. For example, members of the Pesticide Project would be called if the situation involves exposure to pesticides; Occupational Medicine would be called in a problem related to workers in industry or emergency personnel exposed at the site of a toxic spill or accident. Health Facilities will be called whenever an incident requires expertise in the area of health care resources; Consumer Health Services will be alerted if

the problem concerns contamination of food or drugs; very often the laboratory will be called upon to perform a variety of tests to identify the offending material; and Communicable Diseases or Special Epidemiology would be contacted if the situation involves exposure to infectious or toxic agents. In addition to notification of appropriate colleagues, this step involves discussion of the problem, clarification of information still to be gathered and, an initial formation of a response plan.

### Response Phase III

- a) If it is necessary to expand and coordinate a larger State Department of Health response requiring an ongoing team effort across divisional lines over a period of weeks, the Emergency Response Plan Supervisor will consult the Commissioner of Health or First Deputy. For example, if there is a chemical contamination involving an industrial plant which requires occupational health (Dr. Gochfeld), Biological Services (Dr. Patel), Epidemiology and the Laboratory (Dr. Ross), the Commissioner or First Deputy will be consulted to determine whether direction of the team should be assumed by the Commissioner's Office.

However, when an investigation of a salmonella outbreak is in process which involves a local health department, Consumer Health Services, Epidemiology and the Laboratory, and this is a short term affair, the Commissioner or First Deputy need not assume direction but should be kept informed.

- b) In large scale episodes with potentially very serious consequences, the State Commissioner of Health will direct the team activities, coordinate with all other agencies involved, including federal authorities, and notify the Governor's Office as necessary. For example, during the Three Mile Island emergency or when water supplies in Trenton were interrupted, it was necessary to place widespread Department resources under the direct control of the Commissioner.

D. Who to Call - Department First Responder List  
October 1, 1979

The following individuals are designated to receive calls concerning acute emergencies involving potential health hazards, including calls for laboratory services. Attempts should be made to reach these individuals in the order listed. If a first responder is not reached personally, it is recommended that the next individual on the list be called.

<u>NAME</u>	<u>OFFICE TELEPHONE</u>	<u>HOME TELEPHONE</u>
Frank J. Marshall, B.S.	(609) 292-4046	(609) 586-5907
Michael J. Thun, M.D.	(609) 292-4046	(609) 883-8487
Marie R. Griffin, M.D.	(609) 292-7300	(215) 295-3778
John D. Slade, M.D.	(609) 292-4046	(609) 883-1890
Terry L. Schulze, Ph.D.	(609) 292-7608	(201) 446-3184
Fred Hebeler, M.P.H.	(609) 292-4304	(201) 928-1440
Dhun B. Patel, Ph.D.	(609) 392-1180	(609) 829-9040
Ronald Ulinsky, M.S.E.H.	(609) 292-7834	(201) 322-9172
Michael Gochfeld, M.D.	(609) 292-8106	(609) 921-1598
Jane Voscek, R.N.	(609) 292-8106	(609) 393-4366
Robert W. Hung, M.S.	(609) 292-0782	(609) 448-0863
William E. Parkin, D.V.M.	(609) 292-4046	(609) 799-3239
Ronald Altman, M.D.	(609) 292-4046	(609) 883-4333
Martin T. Zanna, M.D.	(609) 292-8106	(609) 799-0788
<u>Deputy Commissioner</u>		
Allen N. Koplin, M.D.	(609) 292-7839	(609) 896-0615
<u>State Commissioner of Health</u>		
Joanne E. Finley, M.D.	(609) 292-7837	(609) 921-6498
<u>Health Department Answering Service</u>		
	(609) 392-2020	
<u>Emergency Response Plan</u> <u>Supervisor</u>		
Ronald Altman, M.D.	(609) 292-4046	(609) 883-4333
<u>Alternates</u>		
William E. Parkin, D.V.M.	(609) 292-4046	(609) 799-3239
John D. Slade, M.D.	(609) 292-4046	(609) 883-1890
Michael J. Thun, M.D.	(609) 292-4046	(609) 883-8487
Terry L. Schulze, Ph.D.	(609) 292-7608	(201) 446-3184

This roster is applicable for a 12-month period, and is posted throughout the Department and supplied to senior staff, local health agencies and other state agencies.

Dr. Ronald Altman, Director, Epidemiologic Services, is designated as the Emergency Response Plan Supervisor. Dr. Altman or his alternate, is responsible for the efficient functioning of the emergency response plan of the Department, and will remain in command until the response is of such magnitude as to be assumed by the State Commissioner of Health. Dr. Altman, or his alternate, can be reached at the number listed.

The Director of Local Health and Regional Operations (Ronald Ulinsky) will assist in coordinating communications with Local Health Departments.

## E. State Department of Health Specialist Staff

As stated above, as part of an emergency response, individuals in the Department with specialized expertise will be available to first responders and for follow-up supervision of particular segments of the problem. Ordinarily the immediate response person will try to communicate with the Emergency Response Plan Supervisor who will call on the appropriate program leaders. They will report to him/her to assist in developing the plan of response. In some cases the specific specialist may be alerted by the first responder.

### a) LIST OF PROGRAM STAFF

	<u>OFFICE TELEPHONE</u>	<u>HOME TELEPHONE</u>
<u>CHEMICAL PROBLEMS</u>		
Frank J. Marshall	(609) 292-4046	(609) 586-5907
Michael J. Thun, M.D.	(609) 292-4046	(609) 883-8487
John D. Slade, M.D.	(609) 292-4046	(609) 883-1890
Dhun B. Patel, Ph.D.	(608) 392-1180	(609) 829-9040
Michael Gochfeld, M.D.	(609) 292-8106	(609) 921-1598*
<u>COMMUNICABLE DISEASE PROBLEMS</u>		
Marie R. Griffin, M.D.	(609) 292-7300	(215) 295-3778
William E. Parkin, D.V.M.	(609) 292-4046	(609) 799-3239
John D. Slade, M. D.	(609) 292-4046	(609) 883-1890
Ronald Altman, M.D.	(609) 292-4046	(609) 883-4333
<u>EMERGENCY HEALTH PERSONNEL AND FACILITIES</u>		
Bruce Vladeck, Ph.D	(609) 292-8772	(201) 257-2456
Fred Hebel, M.P.H.	(609) 292-4304	(201) 928-1440
Robert Hung, M.S.	(609) 292-0782	(609) 448-0863
Roy Nickels, R.N., M.P.H.	(609) 292-0782	(609) 896-1860
<u>PESTICIDE PROBLEMS</u>		
Terry L. Schulze, Ph.D.	(609) 292-7608	(201) 446-3184
Peter N. Hauge	(609) 292-7608	(201) 364-4931
Girolamo Cuppari, M.D.	(201) 433-2295	(201) 276-7598
<u>OCCUPATIONAL HEALTH</u>		
Michael Gochfeld, M.D.	(609) 292-8106	(609) 921-1598*
Peter Gann, M.D.	(609) 292-8106	(215) 843-4448
Jane Voscek, R.N.	(609) 292-8106	(609) 393-4366
Linda Glazner, R.N.	(609) 292-8106	(201) 479-4424
Alan Fleischman, Ph.D.	(609) 292-2235	(201) 744-5719

\* Weekends-may be reached at 201-828-9390

	<u>OFFICE TELEPHONE</u>	<u>HOME TELEPHONE</u>
<u>LABORATORY</u>		
Bernard Taylor, Ph.D.	(609) 292-5605	(609) 392-0394
Oscar A. Ross, M.D.	(609) 292-5605	(215) 667-5730
<u>CHEMISTRY</u>		
Shahiedy I. Shahied, Ph.D.	(609) 984-2513	(609) 771-9078
Joseph F. Wallin	(609) 292-7749	(609) 758-2620
Beatrice Leventhal	(609) 292-5846	(609) 396-8542
<u>VIROLOGY</u>		
Wayne Pizzuti	(609) 292-4030	(609) 587-8076
<u>BACTERIOLOGY</u>		
Donald Moulton	(609) 292-4061	(609) 882-4520
Elaine Dalley	(609) 292-4061	(201) 254-0449
<u>PRESS RELATIONS</u>		
Mitchell Leon	(609) 292-7834	(609) 799-3655
<u>ASSISTANT COMMISSIONERS</u>		
Donald S. Kwalick, M.D.	(609) 292-4043	(609) 882-3668
Oscar A. Ross, M.D.	(609) 292-5605	(215) 667-5730
<u>POISONINGS</u>		
Edmond Duffy	(609) 292-5666	(609) 386-0958
Roy Nickels	(609) 292-0782	(609) 896-1860
<u>SOUTHERN REGION</u>		
Mathew J. Bonese, D.V.M.	(609) 662-7033	(609) 478-2225
Alice Lyons	(609) 662-7033	(609) 429-4195
<u>NORTHERN REGION</u>		
Madeline Uhde	(201) 648-4300	(201) 763-5891
Mary A. Boushor	(201) 648-4300	(201) 677-1160
<u>LOCAL HEALTH DEPARTMENTS</u>		
Ronald Ulinsky	(609) 292-7834	(201) 322-9172

b. List of Emergency Program Activities of Specialist Staff

1. Consumer Health Services

- a) Field investigation and evaluation of human risks associated with toxic substances in the environment, and contamination of foods, drugs or cosmetics.
- b) Collect specimens for appropriate laboratory examination.
- c) Embargo contaminated food or drugs that are contaminated.
- d) Assist in the inspection of water supplies.
- e) Maintain liaison with the U.S. Food and Drug Administration.

2. Health Personnel and Facilities

- a) Coordinate efforts with provider agencies and State Police to assure services and facilities are available in an emergency/disaster situation; e.g. evacuation of ill or injured, on site medical response services, hospital bed availability assessment, plans for transfer to appropriate institutions.
- b) Coordinate the acquisition of equipment and supplies required for use in State, county and municipal disaster relief operations; e.g. mobile hospitals or other treatment facilities, blood, plasma, medications and dressings.
- c) Maintain close communication with the Emergency Operations Center of the State Police.

3. Communicable Disease and Special Epidemiology Programs

- a) Investigate disease problems, related to infectious or toxic environmental hazards.
- b) Perform appropriate epidemiologic investigation (e.g. questionnaire surveys and analyses) of outbreaks of diseases.
- c) Collect appropriate specimens for laboratory analysis.
- d) In conjunction with local health department and other agencies, arrange for application of appropriate control measures.

4. Occupational Health Programs

- a) Two kinds of workers may be involved in an episode - those in a particular plant and those responding at the scene (e.g. firemen, police, ambulance squads, etc.) The Occupational Health Program will supply staff to investigate reports of occupationally-related illness in both categories, or to advise on protective measures.

- b) Participate in necessary epidemiologic studies leading to recommendations for the future.
  - c) Communicate with National Institute of Occupational Safety and Health of the U.S. Department of Health, Education and Welfare and the Occupational Safety and Health Administration of the U.S. Department of Labor.
5. Pesticide Project
- a) Investigate all reports of human pesticide exposure and poisoning, as well as reports of environmental damage from pesticides.
  - b) Assist in the management of patients with pesticide poisoning, including clinical referral and provision of appropriate laboratory services.
  - c) In conjunction with other agencies, arrange for application of appropriate control measures.
6. Laboratories
- a) Provide for rapid, complete laboratory service, including overtime work as necessary, for all specimens appropriate to investigations of acute episodes.
  - b) Recommend which specimens are appropriate for a particular investigation and the proper collection and handling of such specimens.
  - c) Provide for shipment of specimens to other appropriate laboratories in those instances where it is expeditious to have the analyses performed elsewhere.
7. Poison Control
- a) Establish Poison Control Centers in various locations statewide.
  - b) Refers inquiries to appropriate centers capable of providing assistance for patients, doctors and others for cases ingesting dangerous substances. Centers will determine material involved and provide advice on immediate remedy or antidote, and referral sources for definitive treatment.
8. Press Relations
- a) Provide for dissemination of important State Department of Health public messages on the episode to appropriate news media.
  - b) Coordinates information (responses) for media to assure consistent course of action.

## F. Notification of Other Agencies

The State Department of Health works closely with other agencies in many emergency situations. When the Health Department is involved in an episode where other agencies have significant responsibilities for investigation and medial action the Emergency Response Plan Supervisor (Dr. Altman) or his alternate, will be responsible for notification. The Director of Local Health and Regional Operations (Ronald Ulinsky) will assist him in coordinating communications with the local agencies.

The following is a list of local, federal, and state private agencies that might need to be notified concerning specific acute episodes. Local Health Officers will probably be involved in all episodes at the community level. They may, in fact, provide the first notice of a problem to the State Department of Health. In some instances, such as contamination of water supplies, the Bureau of Potable Water of the Department of Environmental Protection should be notified of virtually every episode. In other instances where the capability of our Department to handle the problem by itself is of concern, or when the episode has interstate implications, the United States Center for Disease Control will be consulted. This list is not all-inclusive, and consultation with other agencies may be necessary in a particular situation.

LOCAL HEALTH AGENCIES

September, 1979

A DIRECTORY OF LICENSED  
FULL-TIME HEALTH OFFICERS IN  
NEW JERSEY

ATLANTIC COUNTY

Joseph Aiello  
Department of Health and Institutions  
201 South Shore Road  
Northfield, NJ 08225  
Phone: (609) 646-8702

James L. Budd, Jr.  
2314 Pacific Avenue  
Atlantic City, NJ 08401  
Phone: (609) 347-5662

BERGEN COUNTY

John Welch  
Bergenfield Board of Health  
Borough Hall  
Bergenfield, NJ 07621  
Phone: (201) 384-3775

Louis S. Apa  
Closter Board of Health  
Municipal Building  
Closter Boro, NJ 07624  
Phone: (201) 768-1403

Guy Stark  
DuRidge Regional Health Commission  
604 Broad Avenue  
Ridgefield, NJ 07657  
Phone: (201) 943-6062

John Vertino  
Department of Health  
Municipal Building  
Elmwood Park, NJ 07407  
Phone: (201) 796-1072

John Beckley  
Department of Health  
20 South Van Brunt Street  
Englewood, NJ 07631  
Phone: 201) 567-1800

BERGEN COUNTY (cont'd)

Frank X. Brady  
801 Fairlawn Avenue  
Fair Lawn, NJ 07410  
Phone: (201) 796-1700

John Christ  
Assistant Health Officer  
Board of Health  
215 State Street  
Hackensack, NJ 07602  
Phone: (201) 342-3000

Michael Guarino  
Bergen County Health Department  
Community Services Bldg.  
327 East Ridgewood Avenue  
Paramus, NJ 07652  
Phone: (201) 646-2600

Richard Galofaro  
59 Main Street  
Lodi, NJ 07644  
Phone: (201) 778-9435

Miss Ruth C. Dawson  
Health Department  
Health Center  
10 Beaver Avenue  
North Arlington, NJ 07032  
Phone: (201) 991-4367

Murray Muetter  
Boro Hall  
Paramus, NJ 07652  
Phone: (201) 265-2100

Mrs. Joanne Moore  
Board of Health  
Boro Hall  
Ramsey, NJ 07446  
Phone: (201) 825-3400

BERGEN COUNTY (cont'd)

Albert Greco  
Mid-Bergen Regional Health Commission  
201 Continental Avenue  
River Edge, NJ 07661  
Phone: (201) 261-8008

Patrick Carr  
Department of Health  
Municipal Building  
275 Broad Avenue  
Palisades Park, NJ 07650  
Phone: (201) 944-2851

Henry McCafferty  
176 Park Avenue  
Rutherford, NJ 07070  
Phone: (201) 438-1053

Leo B. Wielkocz  
Health Department  
Municipal Building  
Teaneck, NJ 07666  
Phone: (201) 837-1600

Alan C. Hopper  
Northwest Bergen Regional Health  
Commission  
22 West Prospect Street  
Waldwick, NJ 07463  
Phone: (201) 445-7217

Paul DeStefano  
Administration Building  
Westwood, NJ 07675  
Phone: (201) 664-2666

Daniel Levy  
Township of Washington  
Board of Health  
350 Hudson Avenue  
Westwood Post Office, NJ 07675  
Phone: (201) 666-8512

BURLINGTON COUNTY

Walter Trommelen  
Raphael Meadow Health Center  
Woodlane Road  
Mount Holly, NJ 08060  
Phone: (609) 267-0631

CAMDEN COUNTY

Jung H. Cho, D.V.M.  
Department of Health and Welfare  
Municipal Building  
820 Mercer Street  
Cherry Hill, NJ 08002  
Phone: (609) 665-6500, Ext. 240

Joseph Surowiec  
Camden County Department of Health  
1800 Pavilion  
2101 Ferry Avenue  
Camden, NJ 08104  
Phone: (609) 757-8600

CAPE MAY COUNTY

Louis Lamanna  
Public Health Coordinator  
Department of Health  
Cape May Court House, NJ 08210  
Phone: (609) 465-3181

Stanley M. Hornstine  
Department of Health  
Municipal Building  
Wildwood City, NJ 08260  
Phone: (609) 522-2444

CUMBERLAND COUNTY

Manuel Ostroff  
Public Health Coordinator  
Cumberland County Health Department  
County Complex  
800 East Commerce Street  
Bridgeton, NJ 08302  
Phone: (609) 451-8000

CUMBERLAND COUNTY (cont'd)

Louis Cresci, Jr.  
Vineland Board of Health  
City Hall  
111 North Sixth Street  
Vineland, NJ 08360  
Phone: (609) 691-3000

ESSEX COUNTY

Thomas Longo  
383 Washington Avenue  
Belleville, NJ 07109  
Phone: (201) 759-2832

Joseph O. D'Arco  
Board of Health  
Municipal Building  
Bloomfield, NJ 07003  
Phone: (201) 743-4400

David Byrnes  
Department of Health  
City Hall  
East Orange, NJ 07017  
Phone: (201) 266-5480

John J. Ferraioli  
Department of Health and Environmental  
Control  
Municipal Building  
Irvington, NJ 07111  
Phone: (201) 372-2100

Paul R. Jackson  
Department of Health  
Township Hall  
Livingston, NJ 07039  
Phone: (201) 992-5000

Carl Wendel  
Board of Health  
Municipal Building  
Maplewood, NJ 07040  
Phone: (201) 762-8120

ESSEX COUNTY (cont'd)

William Faitoute  
Board of Health  
Town Hall  
Millburn, NJ 07041  
Phone: (201) 376-2030

Vacant  
Department of Health  
65 Chestnut Street  
Montclair, NJ 07042  
Phone: (201) 744-7400

Michael Fratantuno, M.D.  
Division of Health  
94 Williams Street  
Newark, NJ 07102  
Phone: (201) 733-7590

Roy Stanley  
Town Hall  
Kennedy Drive  
Nutley, NJ 07110  
Phone: (201) 667-2800

Leonard A. Vena  
Department of Health  
City Hall  
Orange City, NJ 07050  
Phone: (201) 266-4068

Jack F. Duelly  
Board of Health  
Village Hall  
South Orange, NJ 07079  
Phone: (201) 762-6000

Michael Festa  
Board of Health  
25 Grove Avenue  
Verona, NJ 07044  
Phone: (201) 239-5370

ESSEX COUNTY (cont'd)

Louis Pilas  
Boro Hall  
30 Clinton Road  
West Caldwell, NJ 07006  
Phone: (201) 226-2300

Mrs. Roberta Halligan  
Boro Hall  
255 Roseland Avenue  
Essex Fells, NJ 07021  
Phone: (201) 226-3400

Robert Hilsen  
Department of Health  
Municipal Building  
West Orange, NJ 07052  
Phone: (201) 325-4120

GLOUCESTER COUNTY

Robert Smith  
Director  
Department of Health  
Box 752  
Woodbury, NJ 08096  
Phone: (609) 845-1600, Ext. 324

HUDSON COUNTY

John P. Sakowski, M.D.  
Director of Health & Welfare  
Board of Health  
City Hall  
Bayonne, NJ 07002  
Phone: (201) 858-6000, Ext. 6104

Arnold A. Saporito  
Board of Health  
Town Hall  
Harrison, NJ 07029  
Phone: (201) 483-2109

Ms. Patricia Mitten  
Health Department  
Health Center  
Hoboken, NJ 07030  
Phone: (201) 420-2364

HUDSON COUNTY (Cont'd)

Walter R. Lezynski  
Division of Health  
City Hall  
Jersey City, NJ 07302  
Phone: (201) 547-5168

Walter Nicol  
Board of Health  
645 Kearny Avenue  
Kearny, NJ 07032  
Phone: (201) 997-0600

Nicholas Rice  
North Bergen Health Department  
4233 Kennedy Boulevard  
North Bergen, NJ 07047  
Phone: (201) 863-8500, Ext. 41

Charles Sheridan  
Department of Health  
714 - 31st Street  
Union City, NJ 07087  
Phone: (201) 348-5607

Robert S. Genduso  
Department of Health  
Health Center  
6028 Broadway  
West New York, NJ 07093  
Phone: (201) 861-7000

HUNTERDON COUNTY

James C. Kovacs  
County Health Department  
County Administration Building  
Flemington, NJ 08822  
Phone: (201) 788-1351

MERCER COUNTY

Daniel DeFrancesco  
Board of Health  
Municipal Square  
Lawrenceville, NJ 08648  
Phone: (609) 896-9400, Ext. 25

MERCER COUNTY (cont'd)

Patrick O. Hanson  
Princeton Regional Health Commission  
Borough Hall  
Princeton, NJ 08540  
Phone: (609) 924-3407

Bruce D. Lundgren  
East Windsor Township Health Department  
Municipal Building  
Ward Street, P.O. Box 276  
East Windsor, NJ 08520  
Phone: (609) 443-4000

Frank Piccola  
West Windsor Township  
P.O. Box 38  
Princeton Junction, NJ 08550  
Phone: (609) 799-2400

Fred DeFrank  
Ewing Board of Health  
Municipal Building  
Trenton, NJ 08618  
Phone: (609) 883-2900

Meyer Levitz  
148 North Main Street  
Hightstown, NJ 08520  
Phone: (609) 443-4455

William Frascella, O.D.  
Department of Health  
Hamilton Township  
2100 Greenwood Avenue  
CN 00150  
Trenton, NJ 08650  
Phone: (609) 890-3564

Richard Salter  
Acting Health Officer  
Division of Health  
City Hall  
Trenton, NJ 08608  
Phone: (609) 989-3243

MIDDLESEX COUNTY

Leonard Hilsen  
Health Department  
1 Jean Walling  
Civic Center  
East Brunswick, NJ 08816  
Phone: (201) 254-4600

A. Peter Capparelli, Pod.D.  
Division of Health  
80 Idlewild Road  
Edison, NJ 08817  
Phone: (201) 287-0900

Robert O. Harris  
Municipal Building  
South Brunswick Township  
Monmouth Junction Road  
Monmouth Junction, NJ 08852  
Phone: (201) 329-4000, Ext.256

Thomas Sikorski  
1 Old Bridge Plaza  
Old Bridge, NJ 08857  
Phone: (201) 721-5600

Laszlo Szabo  
Middlesex County Health Department  
417 Dennison Street  
Highland Park, NJ 08904  
Phone: (201) 828-8100

Harold Hershey  
Health Department  
133 New Brunswick Avenue  
Perth Amboy, NJ 08861  
Phone: (201) 826-0290

Louis W. Surano  
455 Hoe's Lane  
Piscataway, NJ 08854  
Phone: (201) 981-0800

Margaret Manning  
Division of Health  
2 George Frederick Plaza  
Woodbridge, NJ 07095  
Phone: (201) 634-4500

MONMOUTH COUNTY

Martin S. Chomsky  
Health Department  
913 Sewall Avenue  
Asbury Park, NJ 07712  
Phone: (201) 775-0196

Robert Scapicio  
Hazlet Township Board of Health  
319 Middle Road  
Hazlet, NJ 07730  
Phone: (201) 264-1700, Ext. 44

Ray English, Jr.  
Board of Health  
Howell Township  
Municipal Building  
P.O. Box 580  
Howell, NJ 07731  
Phone: (201) 938-4500

H. Fred Schuster, Jr.  
Bureau of Health  
344 Broadway  
Long Branch, NJ 07740  
Phone: (201) 222-7000

William McBride  
Manalapan Township Department of Health  
Englishtown-Freehold Road  
Box 15  
Tennent, NJ 07763  
Phone: (201) 446-3200, Ext. 37

Robert Hary  
Matawan Borough  
145 Broad Street  
Matawan, NJ 07747  
Phone: (201) 566-0740

MONMOUTH COUNTY (Cont'd)

Lester W. Jargowsky  
Monmouth County Health Department  
Hall of Record  
Main Street  
Freehold, NJ 07728  
Phone: (201) 431-7465

R. Chadwick Taylor  
Freehold Township  
Municipal Plaza  
Schanck Road  
Freehold, NJ 07728  
Phone: (201) 462-7900, Ext. 250

Stephen L. McKee  
Board of Health  
Township Hall  
Middletown, NJ 07748  
Phone: (201) 671-3100

William Gill  
Neptune Township  
Board of Health  
25 Neptune Boulevard  
P.O. Box 250  
Neptune, NJ 07753  
Phone: (201) 988-5200

Robert V. Crelin, V.M.D.  
Monmouth County Region No. 1  
P.O. Box 192  
269-B Oceanport Avenue  
Oceanport Village Plaza  
Oceanport, NJ 07757  
Phone: (201) 229-0866

Frederick A. Richart  
Health Department  
Municipal Building  
Red Bank, NJ 07701  
Phone: (201) 842-3546

MORRIS COUNTY

Mark Guarino  
Dover Health Department  
Town Hall  
37 North Sussex Street  
Dover, NJ 07801  
Phone: (201) 366-2200

James Benson  
Morris Township Health Department  
P.O. Box 90  
50 Woodland Avenue  
Convent Station, NJ 07961  
Phone: (201) 539-4880

F. Michael Fitzpatrick  
Department of Health and Welfare  
Rockaway Township  
19 Mt. Hope Road  
Rockaway, NJ 07866  
Phone: (201) 627-7200

Thomas M. Craig  
Mt. Olive Township Health Department  
Route 46  
Budd Lake, NJ 07828  
Phone: (201) 347-5280

Robert S. Deasey  
Board of Health  
Hartley Dodge Memorial Building  
Madison, NJ 07940  
Phone: (201) 377-2193

Vacant  
Town of Morristown  
Board of Health Department  
29 Ann Street  
Morristown, NJ 07960  
Phone: (201) 538-3707

Clement Ferdinando  
Randolph Township  
Board of Health  
Municipal Building  
Mt. Freedom, NJ 07970  
Phone: (201) 361-8200

MORRIS COUNTY (cont'd)

Max Schubert  
Board of Health  
Municipal Building  
Parsippany, NJ 07054  
Phone: (201) 334-3600

Frank Fitzpatrick  
Board of Health  
Pequannock Township  
530 Turnpike  
Pompton Plains, NJ 07444  
Phone: (201) 835-5700

Raynour H. Rudolph  
Washington Township  
Health Department  
Municipal Building  
43 Schooley's Mtn. Road  
P.O. Box 216  
Long Valley, NJ 07853  
Phone: (201) 876-3315

OCEAN COUNTY

Charles Kauffman, Jr.  
Ocean County Health Department  
Sunset Avenue  
CN 2191  
Toms River, NJ 08753  
Phone: (201) 341-9700, Ext 210

Robert Gogats  
Jackson Township Health Department  
Municipal Building  
Route 528  
Jackson, NJ 08527  
Phone: (201) 928-1200

Herbert W. Roeschke  
Dover Township Health Department  
54 Washington Street  
Toms River, NJ 08753  
Phone: (201) 341-1000, Ext. 31  
Home: (201) 270-9320

PASSAIC COUNTY

Stuart B. Palfreyman  
Clifton Board of Health  
City Hall Annex  
Clifton, NJ 07011  
Phone: (201) 473-2600, Ext. 11

Robert C. Milligan  
Passaic City Health Department  
City Hall  
330 Passaic Street  
Passaic, NJ 07055  
Phone: (201) 365-5500

Charles H. Leissler  
Board of Health  
Municipal Building  
25 Lenox Avenue  
Pompton Lakes, NJ 07442  
Phone: (201) 835-2622

Robert Callahan  
Health Department  
176 Broadway  
Paterson, NJ 07505  
Phone: (201) 881-3900

Arthur A. Hughson  
Municipal Building  
60 Margaret King Avenue  
Ringwood, NJ 07456  
Phone: (201) 962-7079

Arthur Bartolozzi  
Health Department  
Health Center  
Wayne, NJ 07470  
Phone: (201) 694-1800, Ext. 731

Kenneth R. Hawkswell  
1480 Union Valley Road  
West Milford, NJ 07480  
Phone: (201) 728-7000

SALEM COUNTY

Laurence P. Devlin, Jr.  
Salem County Health Department  
R.D. #2  
Woodstown, NJ 08098  
Phone: (609) 769-2126

SOMERSET COUNTY

Ronald Cohen  
Middle-Brook Regional Health Commission  
Boro Hall  
Middlesex, NJ 08846  
Phone: (201) 356-8090

Michael Meddis  
Municipal Building  
263 Somerset Street  
North Plainfield, NJ 07060  
Phone: (201) 756-5605

John Carlano  
Franklin Township Health Department  
935 Hamilton Street  
Somerset, NJ 08873  
Phone: (201) 873-2500, Ext. 250

Richard Martini  
Bridgewater Township Division of Health  
Box 6300  
Bridgewater, NJ 08807  
Phone: (201) 725-6300

Glen Belnay  
Hillsborough Township  
Board of Health  
330 Amwell Road  
Neshanic, NJ 08853  
Phone: (201) 369-3532

Bruce D. Wolf  
Board of Health  
25 West End Avenue  
Somerville, NJ 08876  
Phone: (201) 725-2300

Vincent Agovino  
Township of Warren  
Board of Health  
46 Mountain Boulevard  
Warren, NJ 07060  
Phone: (201) 753-8000

SOMERSET COUNTY (cont'd)

Daniel Jordan  
Bernards Township Health Department  
15 West Oak Street  
Basking Ridge, NJ 07920  
Phone: (201) 766-2510

SUSSEX COUNTY

Paul Wegmann  
Sussex County Health Department  
R.D. #3, Box 140-A  
Newton, NJ 07860  
Phone: (201) 948-5400

Stephen J. Papenberg  
Boro of Hopatcong Board of Health  
Municipal Building  
River Styx Road  
Hopatcong, NJ 07843  
Phone: (201) 398-5200

UNION COUNTY

Kenneth Sandor  
Division of Health  
City Hall  
Elizabeth, NJ 07201  
Phone: (201) 353-6000

Henry F. Gavan  
Board of Health  
City Hall  
Linden, NJ 07036  
Phone: (201) 486-3800

John Kunze  
Health Department  
P.O. Box 786  
Plainfield, NJ 07061  
Phone: (201) 753-3093

Anthony Deige  
Rahway Board of Health  
City Hall  
Rahway, NJ 07065  
Phone: (201) 381-8000

UNION COUNTY (cont'd)

Richard Proctor  
Municipal Building  
Scotch Plains Township  
Scotch Plains, NJ 07076  
Phone: (201) 322-6700, Ext. 37

Henry Birne, V.M.D.  
Board of Health  
71 Summit Avenue  
Summit, NJ 07901  
Phone: (201) 277-6464

Dennis V. SanFilippo  
Board of Health  
Municipal Building  
Union, NJ 07083  
Phone: (201) 688-2800

Joseph Mottley  
Health Department  
Municipal Building  
Westfield, NJ 07090  
Phone: (201) 232-8000

WARREN COUNTY

Emmett Landiak  
Warren County Health Department  
151 West Washington Avenue  
Washington, NJ 07882  
Phone: (201) 689-6000

STATE AGENCIES

<u>Agency</u>	<u>Individual</u>	<u>Office</u>	<u>Home</u>	<u>Beeper</u>
<u>State Police (Mass Disasters)</u>				
Emergency Services Bureau		(609) 882-4200 (24 hour coverage)		
<u>Department of Environmental Protection (Any Environmental Episode)</u>				
Emergency Response Team		(609) 292-7172 (Hot Line Number)		
Office of Hazardous Substance Control	Karl F. Birns John H. Vernam	(609) 292-5560 (609) 292-5560	(609) 871-4931 (609) 882-0879	(609) 896-6249 (609) 896-6250
Bureau of Air Pollution	Charles Krauss	(609) 984-3036	(201) 364-1346	(609) 896-6251
Bureau of Pesticide Control	Joseph Vitellaro	(609) 292-5891	(609) 394-8436	
Bureau of Hazardous Wastes	Dr. Ronald Buchanan	(609) 292-9877	(609) 695-0922	(609) 896-6255
Bureau of Potable Water	Ronald Williams	(609) 292-5550	(609) 587-2548	
Bureau of Radiation Protection	James Ross	(609) 292-5586	(609) 585-7781	
Division of Water Resources	John O'Dowd Clark Gilman	(609) 292-2373 (609) 984-7944	(609) 737-0851 (609) 587-7494	
Acting Director of Cancer and Toxic Substances	Dr. Sidney Gray	(609) 984-6070	(609) 924-7527	(609) 896-6248
Assistant Commissioner		(609) 292-2907		(609) 896-6247
<u>Department of Law &amp; Public Safety (Accidental Deaths)</u>				
State Medical Examiner	Robert Good, M.D.	(201) 648-3914	(201) 267-1517	

FEDERAL AGENCIES

<u>Agency</u>	<u>Individual</u>	<u>Office</u>	<u>Home</u>
<u>Center for Disease Control (Infectious Diseases)</u>			
Central Telephone Number		(404) 329-3311	(404) 329-3644 (night)
<u>Bureau of Epidemiology</u>			
Director	Philip Brachman, M.D.	(404) 329-3661	(404) 373-5173
Field Services Division	J. Lyle Conrad, M.D. Stanley I. Music, M.D.	(404) 329-3766 (404) 329-3768	(404) 636-3902 (404) 325-2424
Enteric Diseases Branch	Roger Feldman, M.D.	(404) 329-3753	(404) 634-4427
Botulism Calls	Duty Officer	(404) 329-3754	(404) 329-3644 (night)
Chronic Disease Division	Clark W. Heath, M.D. Glyn G. Caldwell, M.D.	(404) 329-3961 (404) 329-3163	(404) 373-9089 (404) 469-2157

Additional telephone numbers for CDC, Bureau of Epidemiology are available through the State Department of Health, Epidemiologic Services.

National Institute of Occupational  
Safety and Health (Worker Exposures)

General	Philip Landrigan, M.D.	(513) 871-8107	(513) 684-2427
Pulmonary/Mining	William Halperin, M.D. James Merchant, M.D.	(513) 984-4978 (304) 599-7474	(513) 684-3593 (304) 292-7836
Toxicology	Elliott Harris, Ph.D.	(513) 684-8465	(513) 861-8221

<u>Agency</u>	<u>Individual</u>	<u>Office</u>	<u>Home</u>
---------------	-------------------	---------------	-------------

Bureau of Laboratories

Telephone listings for the large number of consultants at the CDC, Bureau of Laboratories are available through the State Department of Health Laboratory and Epidemiologic Services.

Toxicology	Renate Kimbrough, M.D. John A. Liddle, Ph.D	(404) 452-4176 (404) 452-4176	(404) 875-1707 (404) 921-4553
------------	--	----------------------------------	----------------------------------

U.S. Food and Drug Administration  
(Food and Drug Contamination)

Northern New Jersey	Edward Wilkins Fred Carlson	(201) 645-6230 (201) 645-3023	(201) 254-7492 (201) 876-4784
Southern New Jersey Bureau of Radiological Health	Robert Deininger John C. Villforth	(609) 757-5390 (301) 443-4690	(609) 784-1766 (301) 424-5912
FDA Answering Service			(202) 737-0448

U.S. Department of Agriculture (Food Contamination)

	John Prukah, D.V.M. Doug Berndt, D.V.M. James E. Harbottle, D.V.M.	(202) 447-7625 (301) 344-2003 (301) 344-2003	(Answering Service) (301) 345-6888 (301) 345-6888 (301) 345-6888
--	--	--	---

<u>U.S. Coast Guard</u>	(Trenton and South) (North of Trenton)	(609) 456-1370 (212) 264-4800	(609) 456-1370 (212) 264-4800
-------------------------	---	----------------------------------	----------------------------------

U.S. Occupational Safety and Health Administration (OSHA) (Worker Exposures)

Region II Office	(212) 399-5941		
Newark Area Office	Charles Meister	(201) 265-5930	
Belle Mead Area Office	James Conlon	(201) 359-2777	
Camden Area Office	Harry Allendorf	(609) 757-5181	
Dover Area Office	Richard Palmieri	(201) 361-4050	
Hasbrouck Heights Area Office	Robert Hallock	(201) 288-1700	

U.S. Environmental Protection Agency (Problems of Concern to State DEP)

			(Emergency Number) 800-424-8802
Region II Emergency Response Team	Fred Rubel Michael Polito	(201) 351-6657 (201) 321-6652	
Region II Laboratory	Gerard McKenna Dr. Bernard Dudenbostel	(201) 321-6645 (201) 321-6645	

PRIVATE AGENCIES

N.J. Hospital Association (Health Facilities Emergencies)

	Mr. Jack Owen Mr. Louis Scibetta	(609) 452-9280 (609) 452-9280	(609) 924-7158 (609) 921-3262
--	-------------------------------------	----------------------------------	----------------------------------

CHEMTREC		(800) 424-9300	
----------	--	----------------	--

CHEMTREC, a unit of the Manufacturing Chemists Association, is a rapid source of information about hazardous chemicals.

Pesticide Team Safety Network		(513) 961-4300	
-------------------------------	--	----------------	--

In case of spillage or contamination with any Class B Poison Pesticide, call the manufacturer direct or Pesticide Team Safety Network for consultation or assistance in cleanup.

## GUIDELINES FOR FEDERAL INVOLVEMENT IN HEALTH ASPECTS OF ENVIRONMENTAL EXPOSURES

On May 30, 1979, the Surgeon General of the United States Public Health Service (PHS) assigned lead agency responsibility to the Center for Disease Control (CDC) for Federal management of the health aspects of toxic environmental exposures. Under this directive, CDC is available to State and local health agencies as the PHS contact point through which the resources of the Department of Health, Education, and Welfare (HEW) may be mobilized as needed in the event of an environment crisis.

As with other health problems, CDC is prepared to respond on short notice whenever such crises arise. The form and extent of such response, of course, will depend both on the nature of the particular toxic agent and on the nature of the exposure situation. Since there is enormous diversity of possible agents and exposure settings, great flexibility in response will be needed. Many problems will be simple and limited in scope, but others will be complex and extensive. In some settings very rapid action may be required, without opportunity for extensive prior consultation; in others, there will be time for more deliberate discussion and planning.

Depending on circumstances, CDC's role in any given problem may involve 1) referral of the problem to another federal agency or set of agencies for action, 2) active consultation and involvement with other agencies in developing an appropriate response, or 3) action based largely or entirely on CDC's own resources. In reacting to particular situations, CDC will take full cognizance of the statutory responsibilities of different State and Federal agencies. While all requests for assistance will be handled as rapidly as possible, each such request will be carefully screened to assure that appropriate regulatory authorities are fully involved.

The existence at CDC of this centralized PHS response mechanism does not supplant, of course, existing patterns of direct response by individual PHS agencies to problems in their particular jurisdictions. It does, however, provide a backup means for directing such problems to appropriate agencies or for providing assistance where jurisdictions may not be clear or where coordinated multiple agency input is needed.

This document presents a framework for developing appropriate involvement in particular exposure situations. Included is 1) a listing (not necessarily exhaustive) of the kinds of toxic hazard problems to be addressed, 2) a description of factors (not in any order of priority) that will need to be evaluated whenever decisions are being made concerning potential CDC/PHS involvement in any given situation, 3) an account of procedures and mechanisms to be used in responding to environmental exposures, and 4) a summary of particular areas of technical and professional expertise in which CDC is prepared to provide input. Inevitably such decision making will entail a variety of interesting considerations. It must be stressed, therefore, that no single event--the mere submission of specimens to CDC for laboratory analysis, for instance--will necessarily commit CDC or PHS to involvement in any given episode.

I. Examples of situations in which CDC/PHS assistance may be needed

The following list describes situations in which CDC/PHS assistance may be appropriate. Included are episodes of apparent toxic illness as well as toxic exposure of various kinds. Exposures may occur in either occupational or non-occupational settings, but often will involve combinations of both. Specifically excluded are a) problems of radiation exposure and b) individual cases of drug poisoning for which referrals would be made directly to Poison Control Centers.

- A. Clusters of cases of acute or chronic illness, apparently toxic in origin, which require immediate investigation. While such clusters may well involve abrupt illness of relatively clearcut origin, frequently they will reflect more chronic illness of delayed onset and obscure etiology.
- B. Toxic exposure situations
  - 1. Explosions, fires, spills and other unusual or catastrophic incidents at or around facilities involved in chemical manufacturing, formulation or storage.
  - 2. Transportation accidents:
    - a. Rail--primarily bulk shipments of chemicals.
    - b. Motor freight--bulk shipments of chemicals and containerized cargo.
    - c. Barges and other watercraft--bulk shipments of chemicals and containerized cargo.
    - d. Aerial--crashes involving aircraft transporting or applying chemicals.
  - 3. Disposal sites--leachate discharges and atmospheric emissions from chemical dumps.
  - 4. Chemical contamination from other sources--accidental or intentional discharges or applications of chemicals (food, water, air, soil) so as to pose a threat to public health.

II. Factors to be evaluated in determining CDC/PHS involvement

A. Agent toxicity

The degree of toxicity of the involved agent or agents will be a prime consideration. Obviously the greater the agent's potential human toxicity, the greater will be the urgency for CDC/PHS action.

B. Extent of human involvement

The larger the human population exposed or the greater the potential for population exposure, the more pressing will be the need for CDC/PHS involvement. Potential for human exposure, of course, is largely a function of the mode or vehicle of exposure and the extent of geographic involvement. Modes of exposure encompass the air, ground or surface water supplies, elements of the food chain, and various other sources such as direct soil contact, consumer products, occupational exposures, etc.

C. Availability of resources

The nature of any CDC/PHS response will in part be determined by availability of suitable resources, both in terms of appropriately trained personnel and in terms of laboratory capacities and technical field equipment. Obviously such resources are finite and, therefore, cannot be deployed without limit. The technical complexity of any given request and the size of the problem involved will determine the extent of resources needed. In each case, it will be necessary to balance such needs against resources currently available within CDC/PHS.

D. Health Department request for assistance

No action will be taken by CDC itself unless a clear request for assistance is received from appropriate State and local health authorities. This is standard practice at CDC with respect to any kind of public health assistance. Although many inquiries and requests may be received from a wide variety of private and public sources, no official CDC actions will be taken in the absence of official State and local requests (other than informing other Federal agencies whenever appropriate).

E. Projected impact of CDC/PHS assistance

A further ingredient in each decision concerning CDC/PHS involvement in particular situations will be the different matter of projecting the potential impact of such involvement. Situations of limited local concern, or involving problems for which well-known control measures are readily available, would receive lower priority than widespread exposures or situations where control measures are not well understood or readily available. Gauging the impact of CDC/PHS assistance in such settings will be of particular concern whenever a choice must be made between competing requests.

III. Mechanisms of response

The following procedures will be followed whenever a request for assistance is received, whatever its source.

A. State notification

Requests may come from any conceivable source--State or Federal agencies, local government authorities, private citizens, the press, etc. The first step in following up such requests will be to discuss the

situation with appropriate State and/or local health authorities. If CDC/PHS assistance is requested at that point by those authorities, appropriate actions would be taken. If no assistance is requested, appropriate officials within CDC, the PHS, and other government agencies might be notified so they can be aware of the situation and of the contacts made, and so that agencies with direct regulatory responsibilities can take appropriate action.

B. Federal contacts

Following an official State request for CDC/PHS assistance, telephone contacts would be made with appropriate persons in CDC/NIOSH, other PHS agencies, and other Federal agencies according to the nature of the episode. If the matter is of great urgency, plans for action would be arranged directly during these phone calls. If less urgent, appropriate meetings would be arranged to develop plans. For some situations this might involve merely Bureaus within CDC in Atlanta or between CDC/Atlanta and appropriate Divisions in NIOSH. It also might involve complete referral of the problem to other Federal agencies outside CDC such as the Food and Drug Administration (FDA) or the Environmental Protection Agency (EPA). For more complex situations, arrangements might be needed between CDC, NIOSH, other PHS agencies such as FDA and the National Cancer Institute (NCI), and other Federal agencies such as EPA, Department of Defense (DOD), Department of Transportation (DOT), etc. In situations requiring input of multiple PHS and other Federal agencies, contacts would be made with particular Federal committees, such as the HEW Committee to Coordinate Environmental and Related Programs (CCERP) or the Council for Environmental Quality's National Response Team (NRT), to assist in planning appropriate Federal involvement. To facilitate rapid and effective contact among persons in different Federal, State, and local groups, a listing of addresses and phone numbers (office and home) will be compiled and periodically updated by CDC.

IV. Procedures within CDC

The Chronic Diseases Division (CDD) within the Bureau of Epidemiology has been designated as the primary organizational contact point at CDC for coordination of CDC/PHS responses to toxic environmental exposures. Within CDC the following procedures will be used in developing responses to particular requests for assistance from CDC itself.

- A. Appropriate persons in different parts of CDC will be contacted to discuss possible approaches to the particular problem at hand.
- B. If field studies or other response actions involving CDC resources are undertaken, an Epidemic Aid Memorandum (EPI-1) will be issued informing the various components of CDC of the nature of the request and the course of action being undertaken.
- C. A small group of individuals will be convened to assure inter-Bureau coordination; to map further logistics for responding to the problem and to determine the future course of action to be followed.

- D. Appropriate investigations will be performed and appropriate followup reports (EPI-2) will be prepared and distributed.

V. CDC capabilities

The following list describes particular areas of expertise in which different components of CDC can provide professional consultation and technical assistance for field investigations and appropriate followup activities concerning toxic environmental exposures.

1. Diagnosis and treatment of acute or chronic intoxication cases.
2. Epidemiologic investigations concerning long-or short-term effects of toxic exposures.
3. Personal protective measures.
4. Procedures for decontamination of personnel and exposure sites.
5. Protocols for monitoring environmental substrates.
6. Identification and detection of chemicals in human tissues and environmental substrates.
7. Alternate procedures for disposal of toxic materials.
8. Assistance in preparation of environmental impact statements.
9. Development of appropriate training procedures for use by State and local public agencies in preventing toxic exposures or in immunizing acute or chronic toxic illness if exposures do occur.
10. Development of adequate professional capacity at State and local levels to perform laboratory testing for toxic chemicals.



