

**TOWNSHIP OF DENNIS
BOARD OF HEALTH
REGULAR MEETING AGENDA
November 15, 2022
5:30 P.M.**

1. **CALL TO ORDER:** Frank L. Germanio, Jr., Chairperson
2. **MEETING NOTICE PURSUANT TO N.J.S. 10:4-6 to 10:4-21.**
3. **ROLL CALL:** ____ Z. Matalucci, ____ F. Germanio, ____ S. Turner, ____ T.VanArtsdalen
____ M. Cox, ____ J. Justice

4. **PLEDGE OF ALLEGIANCE FOLLOWED BY MOMENT OF SILENCE**

5. **ITEMS THAT ARE PENDING:**

A. **CORRESPONDENCE:**

1. 10/31/2022 – Cape May County Health Department – COVID Mobile Vaccine Clinics Dates, Information and Consent Form.

Approved by: ____ Z. Matalucci, ____ F. Germanio, ____ S. Turner,
____ T.VanArtsdalen, ____ M. Cox, ____ J. Justice

B. **COUNTY INSPECTIONS/VIOLATIONS:**

1. 10/18/2022 Notice of Violation – 37 Doe Drive, Dennisville.

C. **DOG REPORT:**

1. There have been 306 dog licenses issued to date for 2022.

D. **NOTICE OF CONFINEMENT OF DOMESTIC ANIMAL(S) WITH KNOWN OR SUSPECTED EXPOSURE TO RABIES:**

None.

E. **SUSPECTED HAZARDOUS SUBSTANCE DISCHARGE NOTIFICATION:**

36 Clermont Dr. – exceedance of zinc.

F. APPROVAL OF BOARD OF HEALTH REGULAR MEETING MINUTES:

October 25, 2022 regular meeting minutes.

Approved by: _____ Z. Matalucci, _____ F. Germanio, _____ S. Turner,
_____ T. VanArtsdalen, _____ M. Cox, _____ J. Justice

6. COMMENTS:

7. MOTION TO ADJORN MEETING:

Cape May County Vaccine Clinics

Vaccine Clinic Paperwork:

1. [COVID-19 Spanish Consent Form](#)
2. [COVID Vaccination Consent Form English](#)

Types of Vaccine Offered: Cape May County Department of Health will be offering Moderna and Bivalent Booster. **Clinics are for 18 years and older only.** No appointment is needed. For additional information call (609) 465-1187.

Third Dose: CDC recommends that individuals who are moderately to severely **immunocompromised** (have a weakened immune system) receive third dose of an mRNA COVID-19 vaccine (Pfizer-bioNTech or Moderna). Individuals with a weakened immune system should receive a third dose 4 weeks after original series and then two boosters for added protection. Cape May County Department of Health is offering a third dose to those who qualify. Please talk to your health care provider about your medical condition, and if getting an additional dose is right for you. We ask that you bring your vaccine card and ID. Please note the third dose is separate from the booster that has been released for the general population. For additional information on third dose, boosters and timing visit [COVID-19 Vaccines for People who are Moderately or Severely Immunocompromised | CDC](#)

COVID-19 Bivalent Booster: The CDC recommends individuals who received [Pfizer or Moderna series wait at least 2 months before booster](#). If you received a booster, it is also recommended to wait 2 months before receiving the Bivalent Booster. For those who received [J&J single dose wait at least 2 months before booster](#). Recommendations also allow individuals to mix and match dosing for booster shots.

Individuals must bring their vaccine card and identification to receive their booster.

Cape May County Department of Health does not offer Pfizer vaccine. Vaccine clinics are for individuals 18 years and older.

No appointments are needed for any COVID-19 clinics.

Vaccine Clinic Information

Type: Mobile Clinic

Age: 18 years and older

Date: November 15, 2022

Time: 11:00 a.m.-1:00 p.m.

Location:

Cape Hope

1304 NJ-47 Unit L

Rio Grande, NJ 08242

Type: Adult Vaccine Clinic

Age: 18 years and older

Date: November 22, 2022

Time: 3:00 p.m.-5:00 p.m.

Location:

Cape May County Department of Health

6 Moore Road

CMCH, NJ 08210

Type: Mobile

Age: 18 years and older

Date: November 29, 2022

Time: 11:00 a.m.-1:00 p.m.

Location:

Seaville Fire Department

36 NJ-50

Ocean View, NJ 08230

Type: Mobile

Age: 18 years and older

Date: December 13, 2022

Time: 3:00 p.m.-5:00 p.m.

Location:

Cape May County Department of Health

6 Moore Road

CMCH, NJ 08210

Type: Mobile

Age: 18 years and older

Date: December 20, 2022

Time: 11:00 a.m.-1:00 p.m.

Location:

Cape May County Department of Health

6 Moore Road,

CMCH, NJ 08210



Cape May County COVID-19 Patient Vaccination Form

FOR OFFICIAL USE ONLY	
<input type="checkbox"/> Moderna Primary/Immuno	<input type="checkbox"/> J&J Primary
<input type="checkbox"/> Booster	<input type="checkbox"/> Booster

Name: _____ DOB: ___/___/___ Age: _____ Sex: Male Female

Home Address: _____ City: _____ State: ____ Zip: _____

Print Guardians Name (if under 18yr.) _____ Cell Phone: _____ Child's Stated Weight: _____

Race: (Circle one)

American Indian or Alaska Native/ Asian/ Black or African American/ Native Hawaiian or Other Pacific Islander/ White/ Other/ Prefer not to Specify

Ethnicity: (Circle one)

Hispanic/Latino/ Non-Hispanic/ Prefer not to Specify

Historical Shot Information:

Verified Card

1 st Dose-Date _____	Brand: _____	Lot #: _____
2 nd Dose-Date _____	Brand: _____	Lot #: _____
3 rd Dose-Date _____	Brand: _____	Lot#: _____
4 th Dose-Date _____	Brand: _____	Lot#: _____
5 th Dose-Date _____	Brand: _____	Lot#: _____

I am electing to receive a vaccination against Coronavirus. I am taking this vaccine voluntarily and consent to the vaccination being given to me. I have read / received the most current EUA Fact Sheet for Moderna or Janssen. I understand the risks and benefits of this vaccine. I have had an opportunity to ask questions which have been answered to my satisfaction. I hereby waive any claim for damages that I or anyone claiming on my behalf may have against the County, Health Department, clinic, employees and/or agents on account of any injury or misfortune I may suffer as a result of this vaccination. I further understand information will be entered into the New Jersey Immunization Information System.

Today's Date ___/___/___ Patient / Guardian Signature _____

Today's Date ___/___/___ Vaccine Administrator Signature _____

Medical staff use only: Site: <input type="checkbox"/> LD <input type="checkbox"/> RD <input type="checkbox"/> L Thigh <input type="checkbox"/> R Thigh	MODERNA J&J
	AFFIX STICKER HERE

Prevaccination Checklist for COVID-19 Vaccination



Name _____

For vaccine recipients (both children and adults):

The following questions will help us determine if there is any reason COVID-19 vaccine cannot be given today. If you answer "yes" to any question, it does not necessarily mean the vaccine cannot be given. It just means additional questions may be asked. If a question is not clear, please ask the healthcare provider to explain it.

	Yes	No	Don't know
1. How old is the person to be vaccinated? _____			
2. Is the person to be vaccinated sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the person to be vaccinated ever received a dose of COVID-19 vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• If yes, which vaccine product was administered?			
<input type="checkbox"/> Pfizer-BioNTech <input type="checkbox"/> Janssen (<i>Johnson & Johnson</i>) <input type="checkbox"/> Another Product			
<input type="checkbox"/> Moderna <input type="checkbox"/> Novavax			
• How many doses of COVID-19 vaccine were administered? _____			
• Did you bring the vaccination record card or other documentation?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Is the person to be vaccinated have a health condition or undergoing treatment that makes them moderately or severely immunocompromised? <i>This would include, but not limited to, treatment for cancer, HIV, receipt of organ transplant, immunosuppressive therapy or high-dose corticosteroids, CAR-T-cell therapy, hematopoietic cell transplant (HCT), or moderate or severe primary immunodeficiency.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the person to be vaccinated received COVID-19 vaccine before or during hematopoietic cell transplant (HCT) or CAR-T-cell therapies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the person to be vaccinated ever had an allergic reaction to: <i>(This would include a severe allergic reaction [e.g., anaphylaxis] that required treatment with epinephrine or EpiPen® or that caused you to go to the hospital. It would also include an allergic reaction that caused hives, swelling, or respiratory distress, including wheezing.)</i>			
• A component of a COVID-19 vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• A previous dose of COVID-19 vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the person to be vaccinated ever had an allergic reaction to another vaccine (other than COVID-19 vaccine) or an injectable medication? <i>(This would include a severe allergic reaction [e.g., anaphylaxis] that required treatment with epinephrine or EpiPen® or that caused you to go to the hospital. It would also include an allergic reaction that caused hives, swelling, or respiratory distress, including wheezing.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Check all that apply to the person to be vaccinated:			
<input type="checkbox"/> Have a history of myocarditis or pericarditis			
<input type="checkbox"/> Have a history of thrombosis with thrombocytopenia syndrome (TTS)			
<input type="checkbox"/> Have a history of Multisystem Inflammatory Syndrome (MIS-C or MIS-A)?			
<input type="checkbox"/> Have a history of Guillain-Barré Syndrome (GBS)			
<input type="checkbox"/> History of an immune-mediated syndrome defined by thrombosis and thrombocytopenia, such as heparin-induced thrombocytopenia (HIT)			
<input type="checkbox"/> Have a history of COVID-19 disease within the past 3 months?			

Form reviewed by _____

Date _____



State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Emergency Management Program

Bureau of Communications & Response Services

Mail Code 1400-01

P.O. Box 420

Trenton, NJ 08625-0420

609-588-2848

PHILIP D. MURPHY

Governor

SHEILA Y. OLIVER

Lt. Governor

SHAWN M. LATOURETTE

Commissioner

Health Officer

Cape May County Health Department

4 Moore Road, DN-601

Cape May Court House NJ 08210

TWP CLERK

PO BOX 204

DENNIS TWP NJ 08214

October 27, 2022

SUSPECTED HAZARDOUS SUBSTANCE DISCHARGE NOTIFICATION

NJDEP CASE NUMBER: 22-10-26-1720-00

The New Jersey Department of Environmental Protection has received verbal notification of an incident that may have resulted in a discharge of a hazardous substance within your jurisdiction.

Pursuant to N.J.S.A. 13.1K-15 et seq., (P.L. 1984, c. 210) "Hazardous Substance Discharge - Reports and Notices Act" and N.J.A.C. 7:1E-5.1 et seq., "Hazardous Substance Discharge: Reports and Notices," attached is a copy of our Incident Notification Form which contains details of the suspected discharge. Further information concerning this incident may be obtained by contacting:

Water - Southern Regional Office

Water Quality

856-614-3655

Please refer to the above "NJDEP CASE NUMBER" in all correspondence concerning this incident.

IVAN ALVAREZ

COMMUNICATIONS OFFICER

DEP COMMUNICATIONS CENTER – EMERGENCY MANAGEMENT PROGRAM

**New Jersey Department of Environmental Protection
COMMUNICATION CENTER NOTIFICATION REPORT (A310)**

Received:	26-OCT-22	Comm. Center #:	22-10-26-1720-00
Operator:	91	Reviewed By:	
Incident ID:	845504		

Reporter Type:	Other				
Reported By:	Emily Hansen	Affiliation:	Northstar Marine	Phone:	609-263-6666
Street Address:	36 Clermont Dr,	Municipality:	Dennis Twp	State:	New Jersey

Incident Category:	Other				
Location Description:	Northstar Marine				
Address:	36 Clermont Dr				
Municipality:	Dennis Twp	County:	Cape May	State:	New Jersey
				Zip Code:	08214
Location Type:	Other	Occurred Date:	10/13/2022	Occurred Time:	12:10 PM

Substance Released:

ID	Substance	CAS#	Quantity	Units	Type	HAZMAT	TCPA	State	Contained
Known	ZINC	7440666	60	ug/l	Actual	Yes	No	Liquid	No

Incident Type:	NJPDES			Incident Type 2:					
Injuries:	N	Public Evac:	N	Facility Evac:	N	Public Exposure:	N	Police at Scene:	N
Firemen at Scene:	N	DEP Requested:	N	Road Closure:	N	Wind Speed/Direction:			
Contamination of:	Water								
Watershed:				Other Watershed:	Great Thorofare				
Incident Description:	Caller reporting an exceedance of zinc, permit allows for 30 ug/L and actual was 60 ug/L. Provided NJPDES # NJG0334278 and PI # 989684.								

Responsible Party Name:	Northstar Marine			Responsible Party Phone:	609-263-6666				
Responsible Party Street Address:	36 Clermont Dr								
Municipality:	Dennis Twp	County:	Cape May	State:	New Jersey	Zip Code:	08210		

Officials Notified:

Name	Affiliation	Phone	Date & Time	Action
	Water - South		10/26/2022 06:10 PM	Notification - Email
PST # 11113	DENNIS TWP	609-861-5300	10/26/2022 05:10 PM	Notification - A310
	NJSP-ROIC		10/26/2022 06:10 PM	Notification - Email
	F&W - South		10/26/2022 06:10 PM	Notification - Email

**TOWNSHIP OF DENNIS
BOARD OF HEALTH
REGULAR MEETING MINUTES
October 25, 2022
5:30 P.M.**

MINUTES OF THE REGULAR MEETING HELD ON:

DATE: October 25, 2022
TIME: 5:30 P.M.
PLACE: Dennis Township Municipal Building

Chairperson F. Germanio called the meeting to order reading the notice pursuant to the Open Public Meeting Act.

Secretary, J. Justice conducted a roll call of the members present with, Z. Matalucci, T. VanArtsdalen, F. Germanio, S. Turner and J. Justice present, M. Cox was absent.

PLEDGE OF ALLEGIANCE:

ITEMS THAT WERE DISCUSSED:

CORRESPONDENCE:

1. 10/25/2022 – Cape May County Health Department – Vaccine Clinics Dates, Information and Consent Form.

A motion was made by Z. Matalucci seconded by S. Turner for approval of the correspondence, with 5 ayes and 1 absent (Cox), that the correspondence was approved.

COUNTY INSPECTIONS:

1. 10/18/2022 Notice of Violation - 37 Doe Dr. – Oil Motor.

DOG REPORT:

1. There have been 305 dog licenses issued to date for 2022.

NOTICE OF CONFINEMENT OF DOMESTIC ANIMAL(S) WITH KNOWN OR SUSPECTED EXPOSURE TO RABIES:

None

SUSPECTED HAZARDOUS SUBSTANCE DISCHARGE NOTIFICATION:

None.

A motion was made by T. VanArtsdalen and seconded by Z. Matalucci for approval of the September 27, 2022 regular meeting minutes, with 5 ayes and 1 absent (Cox), that the minutes were approved.

Let the record reflect that there were no public comments.

There being no further business a motion was made by S. Turner and seconded by Z. Matalucci that the meeting be adjourned.

Attest: Jacqueline B. Justice, Secretary

Attest: Frank L. Germanio, Jr., Chairperson