

FINAL

***EMPIRE COUNTY
COMPREHENSIVE EMERGENCY MANAGEMENT PLAN***

PANDEMIC INFLUENZA ANNEX



**A Sample Plan to Assist Counties in Developing a
Pandemic Influenza Annex to the
County Comprehensive Emergency Management Plan**

**Prepared by the
New York State Emergency Management Office.**

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Foreword

In March of 2006, the New York State Department of Health distributed Pandemic planning guidance to all county health departments in the State. The guidance, which identifies planning concepts similar in scope to that of the State Department of Health *Pandemic Influenza Plan* and the U.S. Department of Health and Human Services *Plan for Pandemic Influenza*, is to serve as resource in assisting local health departments (LHDs) in preparing for a Pandemic. While the guidance has proven to be beneficial, it is limited in scope and in its application by addressing actions specific to the health sector. Through discussions and a variety of exercises, it is clear that additional guidance is needed to support comprehensive emergency preparedness at the county and local level.

In support of the State Disaster Preparedness Commission (DPC), the State Office of Emergency Management has developed a Pandemic Annex to the State Comprehensive Emergency Management Plan. The Annex utilizes the capabilities of the State Department of Health *Pandemic Influenza Plan*, as well as the capabilities of the agencies and functional groups that comprise the State's Disaster Preparedness Commission. In this approach, the State is supporting the planning endeavors of the State Department of Health in a multi-agency setting and extending well beyond the scope of the health sector, including safety and security, county/state/federal coordination and utilizing the Incident Command System in responding to and recovering from a Pandemic. The State recognizes that counties may need assistance in taking a similar approach in their planning endeavors to adequately prepare for a Pandemic.

This sample plan can be used as a guide for applying local health pandemic planning efforts in a comprehensive, multi-agency setting. This document should assist in determining subjects and issues appropriate in developing a Pandemic Annex to the county CEMP and a possible format to use. Further, this document is based upon common planning elements and planning methodologies that are consistent with planning in New York State. Lastly, this document includes job aids (prompt boxes) to guide a county in their planning endeavors and utilizes the planning efforts that have been ongoing within the public health arena.

It should be identified that developing a sample plan for every conceivable disaster situation and county is virtually impossible. However, the concepts and components outlined in this document have a broad range of applicability which county governments should find useful in developing a Pandemic Influenza Annex to their CEMP. Further, this document follows the same methodology, but to a lesser extent, as the concepts identified in the Pandemic Annex to the State Comprehensive Emergency Management Plan.

This document is **NOT** intended to be a "boiler-plate," requiring only a change in the county name. Every county is different in identifying its available resources, capabilities, needs, surge capacities, and in demographics. We encourage each county to use due diligence in the planning process and utilize the references at the end of this document to support the development of a plan specific to the county.

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Empire County Comprehensive Emergency Management Plan

Pandemic Influenza Annex

Section I: General Considerations and Planning Guidelines

This section of the Annex should serve as the preamble as to why you are developing this document. Among the key elements, such as authorities and assumptions, this section should include some background information that you have formulated from your research in developing this annex.

A. Introduction

Although remarkable advances have been made in science and medicine during the past century, we are constantly reminded that we live in a universe of microbes that are forever changing and adapting themselves to the human host and the defenses that humans create. While science has been able to develop highly effective vaccines and treatments for many infectious diseases that threaten public health, the United States faces a burden of influenza that results in approximately 36,000 deaths and more than 200,000 hospitalizations each year. In addition to this human toll, influenza is annually responsible for a total cost of over \$10 billion in the United States¹.

A pandemic could dwarf this impact and has the potential to cause more death and illness than any other public health threat². The last three pandemics, in 1918, 1957 and 1968, killed approximately 40 million, 2 million and 1million people worldwide, respectively. If a pandemic influenza virus with similar virulence to the 1918 strain emerged today, in the absence of intervention, it is estimated that 1.9 million Americans could die and almost 10 million could be hospitalized over the course of the pandemic, which may evolve over a year or more.

Empire County leadership recognizes the threat of a pandemic on the county's population, critical infrastructure sectors, the private sector, the economy and our way of life. The Empire County Health Department has already commenced planning endeavors based on guidance from the State Department of Health. These efforts are identifying policies, issues and mechanisms in preparing for and responding to this type of threat in the public health arena.

¹ *National Strategy for Pandemic Influenza*, Homeland Security Council; November, 2005.

² U.S. Department of Health and Human Services *Plan for Pandemic Influenza*; December, 2005.

This Annex outlines the county's strategy in preparing for, responding to and recovering from a pandemic in a collective, multi-agency approach.

B. Purpose

Simply stated, identify why you are developing this Annex. In doing so, identify or reference the overarching authorities in the county CEMP, and how you intend to utilize those authorities and mechanisms in developing this Annex. Don't reinvent the wheel! Utilize the capabilities in the CEMP and build upon them.

The Empire County Comprehensive Emergency Management Plan (CEMP) contains four main, interconnected sections. These are:

- Section I: General Considerations and Planning Guidelines.
- Section II: Risk Reduction (some may also have All-Hazard Mitigation Plans)
- Section III: Response
- Section IV: Recovery

The purpose of the CEMP is to identify the county's overarching policies, authorities and response organizational structure that will be implemented in an emergency or disaster situation. In addition, the CEMP identifies the lines of coordination and the centralized coordination of resources that will be utilized in directing the county's response agencies and requesting State assistance. Further, the CEMP serves as the foundational framework for the county's response levels, and serve as the operational basis of which other functional and hazard-specific annexes will build upon.

The purpose of this Annex is to ensure that the strategic and broad-based nature of the Empire County CEMP is more defined to allow the county to adequately prepare for, respond to and recover from a pandemic. This will include utilizing county agency activities and the interoperability with the State in its response. State planning efforts identify the key mechanisms in coordinating with the local response and identify the lines of coordination to interoperate with the federal response, including the U.S. Department of Health and Human Services *Plan for Pandemic Influenza*, via the National Response Plan.

C. Scope

The scope of the CEMP is very broad and, for the most part, is strategic in nature. In developing this Annex, the scope needs to be narrowed to apply response concepts specific to a pandemic. In addition, it is important to identify that the LHD has ongoing planning efforts for coordinating pandemic activities in the health and hospitals sector, as well as for the general public. As mentioned in the Foreword, this Annex should incorporate the LHD planning and support it with a multi-agency response.

In March, 2006, the State Department of Health disseminated planning guidance to all Local Health Departments (LHDs) for pandemic planning. The guidance takes a comprehensive and in-depth approach in assisting public health officials and health care providers in preparing for and responding rapidly and effectively to a pandemic, consistent with State and national guidance. The scope of this plan focuses on the response activities of local public health officials in the public health sector. The primary concepts include, but are not limited to, surveillance and laboratory testing, healthcare planning, infection control, clinical guidelines and vaccine procurement, distribution and use.

This Annex applies to any pandemic influenza that warrants a response beyond the normal, day to day operations of the Empire County Health Department. This Annex applies to all county agencies and authorities that may be directed to respond to such an event, and builds upon the process and structure of the Empire County Comprehensive Emergency Management Plan.

It is important to note that the effective implementation of this Annex will likely encompass the mechanisms of other county functional and/or hazard-specific annexes to the CEMP. Most, if not all, counties should have protocols in place for mass vaccinations, Isolation/Quarantine, Mass Fatalities, and the use of PODs and for accessing the Strategic National Stockpile (SNS). These other annexes may need to be implemented in responding to a Pandemic. Therefore, it is critical that these plans are ready to implement and not in need of any major repair or rewrite. Also, note that the following text identifies those plans, citing them as a reference, and does not rewrite the plan components in this document. Again, don't reinvent the wheel – just reapply it.

It is important to note that several other county plans may be utilized to support the implementation of this Annex. For the purposes of redundancy, such plans are not reiterated here, but referenced. For example, the activation of this Annex may warrant the need for the county to request pharmaceutical assets from the State. The State, in turn, may request the Strategic National Stockpile (SNS) from the CDC to fulfill those needs or manage the facilitation of those needs. Response operations identifying how the county will utilize the SNS are identified in the *Empire County Terrorism Annex, Appendix for the SNS*. The county also maintains a Point of Dispensing (PODs) plan that may be utilized as well.

In the event that a potential novel strain of a flu virus is evident in migratory birds or other animal in the county, the county will interoperate with the State response as stated in the *Annex for Emerging Infectious Diseases in Non-Human Populations*.

In April 2001, the NYOEM published and disseminated a sample plan for counties to use in planning for animal diseases entitled *Annex for Emerging Infectious Diseases in Non-Human Populations*. This sample plan addresses the eradication and disposal of infected animals. If you do not have a copy, contact your NYSOEM Regional Office.

D. Situation

The Situation should paint the picture of what entails of planning for a Pandemic. While some of the text is informational and background in nature, other pieces, such as tables #1 and #2, support the development of planning assumptions and formulate the concept of applying the activation levels of the county CEMP to the Pandemic Phase Levels. These phase levels are being used by the World Health Organization and the State of New York in their planning and response. Section III (Response) identifies response activities tied to the phase level and EOC level.

Pandemics happen when a novel influenza virus emerges that infects and can be efficiently transmitted between humans. Animals are the most likely reservoir and vector for these emerging viruses. In fact, avian viruses played a role in the last three influenza pandemics. Two of these pandemic-causing viruses remain in circulation and are responsible for the majority of influenza cases each year³.

The current pandemic threat stems from an unprecedented outbreak of avian influenza in Asia and Europe, caused by the H5N1 strain of the Influenza A virus. It is expected that migratory birds may carry the virus to the United States.

It is important to note that a feature of the H5N1 virus is its ability to infect a wide range of hosts, including birds and humans. Unlike the annual influenza virus, at this time, H5N1 has no ability to transmit efficiently between humans. However, there is concern that it will acquire this capability through genetic mutation or exchange of genetic material with a human influenza virus. The widespread nature of H5N1 in birds, coupled with the likelihood of mutations over time, raises concern that the virus will become transmissible between humans, with potentially catastrophic consequences.

A pandemic is likely to come in waves or phases, each lasting weeks or months. The unique characteristics and events of a pandemic will strain local, state, and federal resources. It is unlikely that there will be sufficient personnel, equipment, and supplies to adequately respond and overwhelming our health and medical capabilities. Further, while a pandemic will not cause any “physical” damage, it will ultimately threaten all critical infrastructures by removing essential personnel from the workplace for a period of time. This warrants planning efforts to consider a strategy that extends well beyond the health and medical sector, to include sustaining critical infrastructure, private-sector activities, the movement of goods and services, and economic and security considerations.

³ Source: U.S. Centers for Disease Control

The World Health Organization (WHO) published guidance for pandemic influenza and defined the phases of a pandemic. This schema is designed to provide guidance to identify preparedness and response for pandemic threats and pandemic disease. This schema has been utilized by the U.S. Department of Health and Human Services in the development of the federal plan and the State of New York in developing *Pandemic Influenza Annex* to the New York State Comprehensive Emergency Management Plan and the State Department of Health *Pandemic Influenza Plan*. The goal of the schema is to assist public health officials and health care providers in preparing for and responding rapidly and effectively to an influenza pandemic, consistent with national guidance⁴. Each of these plans identifies response actions relative to a “phase” of the pandemic. Table 1 below identifies the WHO classification system of a pandemic.

Interpandemic Period	Phase 1	No new influenza virus subtypes in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.
	Phase 2	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.
Pandemic Alert Period	Phase 3	Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.
	Phase 4	Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.
	Phase 5	Larger cluster(s) but human-to-human spread is still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).
Pandemic Period	Phase 6	Pandemic phase: increased and sustained transmission in the general population.

Table 1: WHO Pandemic Phases-Source: U.S. Department of Health and Human Services Plan for Pandemic Influenza; December, 2005

It is important to note that the WHO does not identify a post-pandemic period to the phase schema. Although not part of the WHO Phases for tracking the emergence of a pandemic, mitigation and recovery should be a part of every emergency response plan. Mitigation and recovery actions should be focused on continuing public health actions including communication with the public on issues such as when public gatherings can resume, and continued monitoring of possible outbreaks of infection.

The severity of a pandemic will be based on the virulence of the virus that presents itself. While the virulence of the virus cannot be predicted, two scenarios may be considered based on historical pandemics. Table 2 below identifies the potential number of indexed cases, deaths, and healthcare utilizations with moderate and severe pandemics.

⁴ U.S. Department of Health and Human Services *Plan for Pandemic Influenza; December, 2005*

Characteristic	Moderate (1958 / 68 - like)	Severe (1918 – like)
Illness	90 Million (30%)	90 Million (30%)
Outpatient Medical Care	45 Million (50%)	45 Million (50%)
Hospitalization	865,000	9,900,000
ICU Care	128,750	1,485,000
Mechanical Ventilation	64,875	742,000
Deaths	209,000	1,903,000

Table 2. Number of Episodes of Illness, Healthcare Utilization, and Death Associated with Moderate and Severe Pandemic Influenza Scenarios. These estimates based on extrapolation from past pandemics in the United States. Note that these estimates do not include the potential impact of interventions not available during the 20th century pandemics- Source: U.S Department of Health and Human Services.

It is clear that a pandemic will have far-reaching effects on the population as well as a variety of critical infrastructure sectors⁵, especially the public health sector. This is especially true when noting that the modalities that were present in previous pandemics pale in comparison to those of the twenty-first century. The potential severity of such an event, and its impact on the society as a whole, is sobering.

Note that the next paragraph identifies that the WHO schema will be tied to response levels that should be in each county CEMP. If your current CEMP does not use response levels, consider incorporating the use of response levels for the purposes of this Annex.

Lastly, this Annex will attempt to tie additional response activities to the WHO Phases for tracking to the Empire County Emergency Operations Center (EOC) activation levels as identified in Section III of the Empire County Comprehensive Emergency Management Plan.

E. Assumptions

The Planning Assumptions should serve as the technical planning basis of what the county needs to plan for. In addition, to the extent practical, the assumptions should encompass what the anticipated impacts of an emergency may be on the county, and should consider the hazard as a worst-case scenario.

1. A pandemic is a public health emergency that rapidly takes on significant political, social, and economic dimensions. A pandemic is likely to affect all sectors of the critical infrastructure, public and private.
2. Susceptibility to the pandemic influenza subtype will be universal. The clinical disease attack rate will be 30% in the overall population. Illness rates will be highest among school-aged children (about 40%) and decline with age. Among working adults, an average of 20% will become ill during a community outbreak.

⁵ National Strategy for Pandemic Influenza Implementation Plan; May, 2006

3. Of those who become ill with influenza, 50% will seek outpatient medical care. The number of hospitalizations and deaths will depend on the virulence of the pandemic virus. Estimates differ about 10-fold between more and less severe scenarios.
4. Multiple waves (periods during which community outbreaks occur across the country) of illness are likely to occur with each wave lasting 2 to 3 months. Historically, the largest waves have occurred in the fall and winter, but the seasonality of a pandemic cannot be predicted with certainty.
5. The public healthcare system itself will likely be overwhelmed. This may have a cascading effect on those seeking medical attention for other (non-pandemic) illnesses and diseases.
6. Workforce support for all levels of government and the private sector will be a necessary, if not vital, resource to acquire.
7. New York's public health system relies on LHDs with authority and responsibility for public health preparedness and response at the local level. While the State Department of Health provides leadership, support, and coordination of this effort, all jurisdictional responsibilities are maintained.
8. The county may need to implement protective actions (non-medical containment) that will likely be unfavorable to the general public. This may include closing schools, restricting travel, suspending mass gatherings and imposing isolation or quarantine measures on the general public.
9. The typical incubation period (interval between infection and onset of symptoms) for influenza is approximately 2 days. Non-medical containment will likely be covering the span of the incubation period until symptoms are presented.
10. Non-medical containment measures will be the principal means of disease control until adequate supplies of vaccine and/or antiviral medications are available.
11. Response actions need to be swift and decisive, necessitating the use of a variety of county and state statutes and authorities to effectively respond to and recover from a pandemic.
12. Vaccination and antiviral treatment are anticipated to be the most effective medical strategies for reducing pandemic influenza morbidity and mortality. However, effective vaccines or antiviral medications may be non-existent or in limited supply. The county will coordinate the use of vaccines and/or antivirals based on their availability and the best scientific evidence at the time.
13. Activities identified in any given pandemic phase are not necessarily assumed to be completed during that phase; activities started in one phase may continue into

subsequent phases or reoccur as additional waves of the pandemic become evident.

14. County agencies supporting this Annex may need to fully develop and implement agency-specific continuity of operations plan. Plans should include lines of succession at least three persons deep.
15. Government at all levels will likely be overwhelmed in a pandemic. This may have an adverse effect on the ability for the county to acquire support from the State or federal support under the National Response Plan.

F. Concept of Operations

The purpose of this section is to identify an anticipated chain of events during an emergency. The thought process should include the initial recognition of a hazard and the notification and activation of the response organization. These include the response mechanisms that could be activated along the way, the height of the response, what you expect to occur, the demobilization of the response and the transition into recovery. It is important to note that not all counties will have the same LHD services or capabilities. As such, you need to identify how the response will be initiated in your county.

1. Initial notification of avian flu cases (in non-humans) may be realized through federal or State agricultural agencies. This information will be quickly disseminated throughout the State of New York via agricultural and cooperative extension agencies.
2. If avian influenza is discovered in the county (in non-humans), response actions will commence as identified the Annex for *Emerging Infectious Diseases in Non-Human Populations*. Surveillance in the public health sector will be elevated to identify potential cases of the virus in humans.
3. Initial notification of a potential case of pandemic influenza in county will likely come from practitioners, the health departments or from hospital emergency departments. This information will be realized through a variety of formal information and reporting mechanisms that exist within the health and hospital networks, overseen by the State Department of Health.
4. Samples for testing and surveillance taken by the provider will be sent to a local or State laboratory for analysis and confirmation.
5. Upon receipt of a confirmation that a potential pandemic has started or is imminent, notifications will be made to county public health sector via the mechanisms managed by the State Department of Health. The county health department will, in turn, notify the county emergency management office.

6. Upon receipt, the Empire County Emergency Manager will consult with the county health and other county agencies, as appropriate, to determine if conditions warrant a collective county response. At this point, the Group will consider the demographics and implications of the potential event and explore the anticipated response issues and consequences specific to the disease. The discussion should determine if the event can be mitigated through daily statutory-type responses (at the local level) or if the response warrants an activation of the county Emergency Operations Center (EOC).
7. If conditions warrant the activation of the EOC, the county emergency manager will notify other appropriate county agency representative and the NYSOEM Regional Office.
8. The county may implement a variety of protective actions in responding to the event. These include imposing isolation and quarantine, distributing vaccine and antivirals (if available) through the use of traditional and/or non-traditional points of dispensing (PODs), implementing movement restrictions and controls, and responding to human needs issues.
9. The county chief elected official may declare a local State of Emergency and promulgate emergency orders to assist in the overall management of the incident.
10. If the county is overwhelmed, the county emergency manager will request state assistance from NYSOEM, who will coordinate the multi-agency State response activities in support of the State Department of Health.
11. State assistance will be supplemental to local efforts. Support may include providing public health and emergency medical support, mortuary support, implementing traditional and/or non-traditional points of dispensing (PODs) for vaccine, providing security in quarantine and isolation, providing human-needs support and requesting/supporting operations of the Strategic National Stockpile (SNS).
12. The Governor could exercise his authority in declaring a State Disaster Emergency, directing any and all State agencies to provide assistance under the coordination of NYSOEM on behalf of the State Disaster Preparedness Commission.
13. NYSOEM will coordinate with the Department of Homeland Security (DHS)/Federal Emergency Management Agency (FEMA) in implementing the activation of the National Response Plan (NRP) and federal Emergency Support Functions (ESF) #8 (Health and Medical) and other ESFs as needed.
14. The county will interoperate with the State's response through the use of a variety of command elements consistent with the National Incident Management System

(NIMS) and Homeland Security Presidential Directive (HSPD) 5. These include coordinating with the State Incident Management Assistance Team (IMAT), Area Command, a Joint Information Center (JIC) and the State EOC.

15. Disaster recovery in the county will be coordinated by the Empire County Emergency Management Office in coordination with NYSOEM.

G. Authorities

This authority to develop this Annex and implement specific response actions to effectively respond to a pandemic can be found in a variety of New York State Laws and regulations, including:

1. Local and State Authorities

NYS Executive Law: Article 2b.

NYS Public Health Law: Multiple Articles and sections.

NYS Code Rules and Regulations: Title 10, multiple citations.

Counties need to fully understand the authorities in State Law and Regulations that empower the State Health Commissioner or LHD to implement special powers necessary to protect public health. A listing of these authorities can be found in the Attachment 1 of this plan.

H. Plan Maintenance and Updating

Outdated plans are dangerous! Plan updates are key and should be done at least once per year.

This Annex will be routinely updated and supplemented as federal, State, and local plans and procedures evolve. Plan changes may be based upon experiences and lessons-learned from exercises, or from real-world events. Ongoing planning efforts will focus on ensuring that the necessary and appropriate contacts with local and State officials have coordinated their response.

Empire County Comprehensive Emergency Management Plan

Pandemic Influenza Annex

Section II: Risk Reduction

This section of the Annex identifies all of the actions the county is taking to prevent or mitigate a Pandemic occurring in the county. This includes planning, training, exercising and risk communications that the county may be actively involved in. Below are actual awareness and surveillance nodes and planning activities that are occurring at the State and federal level. Also included are some sample concepts for county usage. Identify the activities that are occurring in your county—don't just utilize the sample text to identify any or all of the activities your county is conducting.

A. Preparedness

To some extent, risk reduction measures are taken on an on-going, routine basis. While more risk reduction activities will be implemented during a pandemic alert phase and pandemic period, recent events throughout the world have resulted in additional preparedness measures in a variety of ways.

1. Awareness and Surveillance

- A. The U.S. Department of Health and Human Services (HHS) conducts extensive surveillance and monitoring through the U. S. Centers for Disease Control (CDC). Surveillance nodes include state-level information as well as outpatient surveillance, mortality surveillance, hospital surveillance and virologic surveillance.
- B. In the United States, surveillance for avian influenza is conducted by states, the poultry industry, and the U.S. Department of Agriculture (USDA) Animal and Plant Health Inspection Service (APHIS).
- C. The New York State Department of Health utilizes several disease surveillance networks that actively collect and analyzes information to determine an outbreak of a disease, including a pandemic. Empire County Health is actively involved in the surveillance in the county.

- D. The New York State Department of Environmental Conservation conducts bird disease surveillance for wild (free-ranging) birds. County Cooperative Extension representatives are involved as part of the ongoing surveillance.
- E. In coordination with the State Department of Health, the county health department has, and will continue to promote pandemic awareness throughout the public health sector.

Identify how your county is participating in any pandemic awareness activities.

2. Planning and Training

- A. State-Level planning includes the *New York State Department of Health Pandemic Influenza Plan*, which applies public health support to local government and the health sector. In addition, the State of New York has developed a Pandemic Annex to the State CEMP, which coordinates response activities to other sectors in a multi-agency setting.
- B. The State Department of Health and NYSOEM have both developed sample planning guidance for use by local government. Empire County has utilized both planning guidance documents. The sample plan for local health assisted in the development of the health sector-specific planning, and the emergency management guidance was used in developing this Annex to the county comprehensive emergency management plan.
- C. The county health plan identifies that county health will promote and institute a variety of training throughout the public health sector before, during and after a pandemic.
- D. The county has participated in several exercises, which have served as training and planning components in preparing for a pandemic.
- E. The county has developed points of dispensing (PODs) plans to provide vaccinations, and possibly antivirals, in times of emergencies. This capability can be utilized during a pandemic as the vaccine or antivirals become available.
- F. Hospitals in New York State are already assessing surge capacities and mortuary issues, including an assessment of refrigeration capabilities that will provide valuable input into a needs assessment for Empire County.
- G. The county has identified county facilities that have some refrigeration capabilities to provide for the safe storage of cadavers until a proper disposition of the death can be established. Efforts have included establishing

Letters of Agreement (LOA) with private companies that have a refrigeration capability that can be utilized and/or mobilized to store cadavers.

The State Department of Health *Pandemic Influenza Plan* identifies that the assessment in “G” above is to be conducted by hospitals and local health. Two estimating methodologies are being promoted by public health for planning purposes:

1. FluAid: Provides only a range of estimates of impact in terms of deaths, hospitalizations, and outpatient visits due to pandemic influenza.
2. FluSurge: a spreadsheet-based model which provides hospital administrators and public health officials estimates of the surge in demand for hospital-based services during the next influenza pandemic.

Both of these can be found at: <http://www.cdc.gov/flu/pandemic/healthprofessional.htm#tools>

Your LHD should be the lead in coordinating the usage of these tools at the local level.

Utilize these tools to determine if the county will need additional refrigeration capacities, medical examiners or additional funeral directors. Consider utilizing LOAs with entities (local, county or private) that have refrigeration capabilities that can be used in times of emergency. For example, beverage distributors typically have a large fleet of refrigeration trailers that can be mobilized and easily secured. This is a resource that is generally available and is located in most, if not all counties.

3. Continuity of Operations Planning and Workforce Support

- A. The guidance issued by the New York State Department to LHDs identified workforce support mechanisms that could be used during a pandemic to ensure disaster mental health services are made available during a pandemic. These activities will be coordinated through the county health department.
- B. The county can utilize the Medical Reserve Corps and Citizen Corps to support or augment public health personnel in administering vaccine and antivirals.
- C. The county has endeavored to develop Continuity of Operations Plans (COOP) for county agency representatives.

Does your county utilize Citizen Corps or MRCs? If not, consider other means to augment public health. Also, Section 27 of State Executive Law, Article 2b identifies that local governments must develop Continuity of Government Plans for their usage. This should include a line of succession for each critical employee. If your jurisdiction has not developed COOP/COG plans, now is the time.

Empire County Comprehensive Emergency Management Plan

Pandemic Influenza Annex

Section III: Response

This section identifies the roles, responsibilities and the interagency coordination of the local response network. In aligning responsibilities, consider the alignment under the auspices of NIMS, and utilize any pre-existing groups, task forces or local ESF's that the county may utilize. Also included are the mechanisms that counties should consider in interoperating with the State and, to a lesser extent, the federal response.

A. Overview

In identifying the county's response actions, it is important to note that during a pandemic, the LHD will retain their responsibility. The key functional areas of the pandemic influenza response are surveillance and epidemiologic investigation, vaccine and antivirals operations, non-medical containment, surge capacity, infection control guidance to healthcare facilities, and risk communications. The role of the county emergency management is to provide the coordinative controls and support outside the direct purview or statutory responsibility of the county health department.

B. Alert, Notification and Activation

This section ties the activation of the county EOC to the WHO phases. Each county CEMP should already include utilizing response levels, ranging from normal day to day operations to a full activation. Utilize those levels in depicting which agency or agencies will be called upon to support the response. Be careful not to usurp or undermine what is already in the CEMP; build upon what has already been incorporated into your local plan.

Activation of the Empire County Emergency Operations Center (SEOC) will be as follows:

1. **Level 1:** The Empire County EOC maintains a readiness posture, while conducting normal day-to-day operations, and conducts surveillance and monitoring of any potential emergency. Similarly, diseases surveillance is ongoing at a county and State level.

2. **Level 2:** This level is initiated when the county emergency management office receives notification from the county health department that a potential pandemic may be imminent or is occurring in the region/county and can be identified as being in one of the following phases:

- **Phase 3: Pandemic Alert Period** - Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.
- **Phase 4: Pandemic Alert Period**- Small clusters(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.

At this point, the county may convene a meeting of a local Multi-Agency Coordination (MAC) Group to consider and discuss the implications of the event. The MAC will be composed of members from county and local agencies with direct incident management responsibilities or significant incident management support or resource responsibilities. The county MAC will:

- ensure that each agency involved with incident management or incident support activities (if any) is providing appropriate situational awareness and resource status information to the county emergency manager.
- ensure that each agency establishes priorities in preparing for the event, including identifying available resources, potential resource shortfalls, and the ability to implement an agency-specific continuity of operations plan;
- coordinate and resolve potential legal or policy issues arising from the event, and provide strategic coordination as required.

The MAC may initially include members from the following agencies:

County Manager	County Emergency Management
County Health	County Sheriff
County EMS Coordinator	County Fire Coordinator
Local law enforcement	County Coroner
Red Cross Chapter	School Representative(s)
Tribal Representative (if any)	Cooperative Extension (if animal-borne)

Each county has different capabilities and agencies that it can call upon to support a response. The agencies noted above and in the following section are examples. Utilize ALL of the resources you have available to you, both at the county and municipal level.

3. **Level 3:** This level is initiated when the emergency manager receives notification from the county health department that a potential pandemic may be imminent or is occurring in the region/county and can be identified as being in the following phase:

- **Phase 5: Pandemic Alert Period** - Larger cluster(s) but human-to-human spread is still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk). It begins when notification of the event is realized through disease surveillance (State and local) and/or laboratory testing.

For a Level 3 activation, the emergency management office will request the following agencies to send a representative to the EOC:

County Manager	County Emergency Management
County Health	County Sheriff
County EMS Coordinator	County Fire Coordinator
Local law enforcement	Cooperative Extension (if animal-borne)
Red Cross Chapter	School Representative(s)
Tribal Representative (if any)	

At this level, the following actions may be taken:

- The initiation of Level 3 is based on information received from the county health department.
- The county health department may request emergency measures of Empire County to support local response activities.
- Risk communications will be disseminated to the general public, to include subject matter as identified in the county health department plan. (Guidance was issued to LHDs for risk communications by the State Department of Health).
- Preparations may be made to implement isolation or quarantine measures.
- Travel restrictions may be imposed for the area of concern.
- Schools and public gatherings in the area of concern may be cancelled or closed. Other institutions, such as rehabilitation facilities, hospitals, correctional facilities and universities may impose restrictions on ingress and egress in the area of concern.
- If available, the State may coordinate the distribution of vaccine and antivirals to the population at risk. The Empire County health department will be the lead for coordinating vaccine and antivirals in the county.

4. **Level 4:** This level is initiated when the emergency management office receives notification from the county health department that a pandemic is occurring in the county and can be identified as being in the following phase:

- **Phase 6: Pandemic Period** - Increased and sustained transmission in general population.

For a Level 4 activation, In addition to those identified in Level 3, the county emergency management office will request the following county agencies to send a representative to the State EOC:

Other agencies:

County Attorney	Office for the Aging
Public Works	Purchasing
Civil Service	Consumer Affairs
County Clerk	Economic Development
General Services	Human Resources
Management and Budget	Citizen Corps (if established/available)
Medical Reserve Corps (MRC) representative (if established/available)	

At this level, the following actions may be taken:

- Invoking isolation, quarantine or social-distancing requirements using local and State authorities, as appropriate, and coordinating with the State on measures to prevent the intrastate spread of influenza. Actions may include the closing of schools, cancelling public gatherings and imposing movement restrictions in the general public and institutions, such as rehabilitation facilities, hospitals, correctional facilities and universities.
- Utilizing local facilities that can serve as triage and treatment centers, medical facilities, distribution sites and staging areas.
- Coordinating the implementation of public health and medical response assets (if available) to include drugs and medical supplies such as antivirals, vaccine (if available) and assets from the MERC and/or the Strategic National Stockpile. This may be accomplished through the use of traditional and/or non-traditional PODs.
- Identifying resource shortfalls to coordinate with the State in requesting and acquiring State, and possibly federal, medical staff. State/Federal coordination may include resources identified under the U.S Public Health Services (e.g., National Disaster Medical System, Disaster Medical Assistance Teams and Disaster Mortuary Teams).

- Utilizing local funeral directors and the county coroner to expedite the burial process.
- Coordinating with the State in supporting a Joint Information Center (JIC) to inform the public on health-related matters, movement controls and restrictions. The JIC will serve as a coordinating point with local, State and federal authorities on public messages to ensure that communications are consistent and accurate and ensuring that messages address anxieties, alleviate unwarranted concerns or distress, and enlist cooperation with necessary control measures. Risk communications will be disseminated to the general public to include with topics as identified in the county health department plan for Pandemic Influenza. (Guidance was issued to LHDs for risk communications by the State Department of Health).

It is important to reiterate that multiple waves of a pandemic can be anticipated throughout the life cycle of the event. If the county, in its response, identifies that a pandemic is subsiding or is between waves, response efforts will slightly scale back to assess the response and prepare for the next wave, if any. During this time, the EOC activation level will return to a Level 2 with the ability to quickly return to a higher level, if needed.

C. Response Organization

By now, most counties are utilizing and formulating the use of the NIMS ICS into their planning and response efforts. NIMS concepts should be identified in the county CEMP, serving as the foundational pieces in identifying the overall authorities and lines of coordination within the county and with the State. The State's response may include utilizing IMATs, Area Commands, regional EOCs and interoperating with the federal JFO. Similarly, each county needs to utilize the resources they have in standing up their ICS structure to effectively and efficiently manage their response to a pandemic. In defining that structure, remember to leave a coordinative link to interoperate with the State.

The State of New York and Empire County both endorse the use of one response organizational structure that will include all responding agencies: local, State and federal. State agencies will be organized under the framework of the National Incident Management System (NIMS) Incident Command System as required Homeland Security Presidential Directive (HSPD) #5. ICS will be incorporated at the local and federal levels as well. The over-arching structure of the county command and control will be organized as stated in the Section III of the Empire County Comprehensive Emergency Management Plan. Specific to pandemic, the county will utilize a Unified Command structure to coordinate the overall county response and will utilize all of the NIMS components deemed necessary to effectively manage the incident.

Based on incident specifics, the county may utilize the capabilities of the State's Incident Management Assistance Team (IMAT). The IMAT will serve to support on-scene and county EOC interagency coordination between responding disciplines, local governments and the State EOC. The SEOC and the IMAT will interoperate with the Area Command (if established) and the Principal Federal Official (PFO) at the Joint Field Office (JFO), if established. NYS will also be represented at the Joint Field Office to assist in the local/State/federal coordination of federal assets. The county will process requests for assistance to the State EOC, and utilize the IMAT (or Area Command) to for coordination of the asset.

1. Joint Information Center/Public Information

The State will establish a Joint Information Center (JIC) for a pandemic. Regional JICs may be utilized as well to encompass response actions for various regions throughout the State. NYSOEM will initiate and manage the JIC in support of the State Department of Health. Counties are encouraged to participate in the JIC via their public affairs or designee. For your Annex, identify who from the county will be supporting the JIC, if anyone.

A Joint Information Center (JIC) will serve as the sole source of official information regarding all incident activities (federal, State, local). The JIC will provide a forum for the coordinated release of all information. JIC operations will be coordinated by the State Emergency Management Office in support of the State Department of Health and local government. The Empire County Public Affairs Officer will be represented at the JIC to speak on behalf of Empire County and may be augmented by the county commissioner of health.

D. Response Agency Roles / Responsibilities

To reiterate, each county has different capabilities and agencies that it can call upon to support a response. The agencies noted below may be a partial list, or more than, the resources that your county has available. Consider utilizing the capabilities from every county agency, even those that are typically not involved in emergency response. The use of those agencies may bring in capabilities that are currently unknown, and may support the continuity of operations of the county response.

This section reviews existing roles, responsibilities and capabilities of county agencies, and provides an overview of the State response.

1. Overview

The agencies of Empire County will be actively involved in the response, and should be utilized to the fullest extent possible. As previously mentioned, Empire County has a complete comprehensive emergency management plan (CEMP) which provides the framework for the county's response to emergencies and disasters.

Further, based on guidance from the State Department of Health, the Empire County Health Department has also developed a plan to coordinate activities of the public health and hospital sector in the county.

2. Agency Roles and Responsibilities

Agencies that are activated in support of this type of event will utilize the resources available to them pertinent to the operation. In addition, agencies will coordinate their actions cognizant of over-arching policies and authorities, statutory or otherwise, as outlined in each the county CEMP.

The following lists the agency activities specific to this incident. The text identifies only those actions that are unique to this type of event, and are not already identified in each of the above listed documents.

A. Empire County Health, EMS, County Coroner

The Empire County Health Department will likely have the largest set of tasks and responsibilities during a pandemic. Response and recovery operations will encompass the activities from an agency-specific (statutory) standpoint and from a multi-agency disaster response standpoint. Actions include:

- Assess and implement enhanced surveillance in both affected and unaffected localities and activating revised surveillance protocols, as needed.
- Coordinate laboratory testing, providing guidance to local laboratories, and coordinating the use of State and federal labs in an effort to respond to the surge of multiple tests.
- Coordinate with the State Department of Health in developing and disseminating (including to the public, as appropriate) a dynamic, prioritized list of treatment and prophylaxis recommendations, clinical guidelines and priority recipients. Disseminate case and contact management protocols to ensure suspect cases are promptly identified and isolated, and contacts are located, quarantined, and monitored for symptoms, as appropriate. Dissemination will be done through the JIC in coordination with the county EOC and State EOC.
- Coordinate with the State in the usage and distribution of antivirals and federally supplied vaccine (if available) to ensure an adequate supply to priority geographic areas and recipients.
- Coordinate provisions for special needs populations, mobility impaired with the county EMS, the local Red Cross chapter and transportation providers.

- Coordinate the use of volunteers (MRC, Citizen Corps) that can be used at traditional and/or non-traditional PODs and the SNS mobilization center and distribution sites.
- Activate infection control procedures and disseminating guidance to minimize transmission of influenza in homes, the community, healthcare facilities and mass care centers.
- Utilize applicable State laws and regulations to ensure the availability of additional beds and alternate facilities.
- Coordinate with the State in:
 - . Identifying the county public health and medical needs, including an assessment of the health care system/facility infrastructure.
 - . Responding to medical surge capacities; identifying county facilities that may be able to support triage and treatment.
 - . The distribution of the SNS (Managed Inventory), Medical Emergency Response Cache (MERC), and obtaining medical equipment and supplies, pharmaceuticals, and restocking health care facilities.
 - . The local implementation of state and federal medical personnel (USPHS, NDMS, DMAT) to support inpatient hospital care and outpatient services, including in mass care shelters.
 - . As needed, coordinate with the State in utilizing Disaster Mortuary Services (DMORT) in establishing temporary morgue facilities, victim identification, and processing, preparing and disposition of the remains. This will be done in strict coordination with the county coroner.
- Promulgating the most feasible, effective, and enforceable methods of isolation and quarantine to prevent the spread of influenza.
- Coordinate the use of disaster mental health services for victims and their families, including local response agency representatives.

B. County Emergency Manager

- In support of county health, provide the overall management of the EOC and implementation of county response and recovery operations.
- Coordinate the mission assignments and tasks of county response personnel.
- Coordinate with the overall State response structure in the request, acquisition and distributions of state and/or federal assets.
- Coordinate the use of CERT or Citizen Corps that are accessible and available in the county.

C. County Emergency Medical Services

- Coordinate the response of local EMS assets in support of jurisdictions that are overwhelmed or affected by the pandemic.
- Coordinate local EMS assets that will serve mass care centers, adjunct medical facilities and shelter operations. Operations may include assisting in triage, treatment and transport of affected individuals to primary, secondary and tertiary facilities.
- Support the procurement and distribution of antivirals and vaccine (if available) in support of the Empire County Health.
- Coordinate with the State response if statewide EMS assets are needed to support the county response.

D. County Fire Coordinator

- Coordinate the use of fire service assets to provide BLS services in support of the EMS coordinator.
- Coordinate county fire department coverage to provide fire protection in support of jurisdictions that are overwhelmed or affected by the pandemic.
- Coordinate with the State in obtaining and utilizing fire assets and hazardous materials coverage.

E. Cooperative Extension

- In the event that the novel virus is still active in the animal population, the Cooperative Extension will serve as the lead in coordinating with the State in eradication of that vector. This includes:
 - . Coordinating quarantine and eradication.
 - . Providing procedural and diagnostic information to veterinarians practicing in Empire County.
 - . Providing information on local agricultural conditions, producers and resources and providing advice regarding the limits of the infected area.
 - . May assist in the trace-forward or trace-back for an event of this type. This will likely be the case if the novel virus first appears in animals and is zoonotic.

F. County Sheriff, Law Enforcement

- Coordinate support in implementing security measures at the SNS Mobilization center, PODs, and distribution points where medical assets are being distributed to medical personnel.

- Coordinate support to municipal law enforcement agencies that have been overwhelmed or affected by the pandemic.
- Coordinate traffic and access control points for areas where travel restrictions were identified, including interstate thoroughfares.
- Support security at mass care centers, adjunct medical facilities and morgue sites.
- Support security for the transportation of commodities, supplies and relief materiel that may be scarce during a sustained pandemic.

G. Red Cross, Office for the Aging, VOADs:

- Coordinate the identification and access to facilities that may be used as mass care centers, triage and treatment centers and PODs.
- Coordinate the request, acquisition and distribution of food and water to support the general population in areas that have had movement restrictions imposed. This will be done in close coordination with the county sheriff and local law enforcement.
- Identify and secure locations that can be utilized by local and State response personnel as staging areas, base camps or rest and rehabilitation centers.
- In coordination with county health, identify and utilize facilities that may be used to stage medical supplies, SNS (VMI), MERC, antivirals, or vaccine.

H. Public Works, General Services

- Providing guidance for re-routing of traffic in and around affected areas and traffic and access control points.
- Providing support for excavating, soil removal and transport.
- Providing coordination for the passage of local and State assets over the State and local roadways.

I. Purchasing, Consumer Affairs, Economic Development

- Providing purchasing support of commodities, services, labor and emergency purchases.
- Agencies will work collectively to ensure that the businesses in the county can continue to support the general population.

J. Civil Service, County Clerk, Human Resources, Management and Budget

- Identify and disseminate guidance to county agencies in human resources issues, concerns and union-related activities. The guidance should take into account leave accruals and any adjustments the county can make to allow employees to take time to attend to themselves or their families if they become ill.
- Jointly identify staffing capabilities on contract that could support county agency staffing.
- Explore opportunities to expedite the canvass and hiring process, including temporary workers, to fill vacancies in county government.
- Work jointly to coordinate recruitment, classification and assignment of workers to meet essential needs.

K. School Representative

- Utilizing guidance from county health, disseminate safe practices, risk information and sanitary information to the school community at-risk.
- Coordinate the response actions of the schools with county response operations, including the utilization of the school as a public shelter or other function in support of the response.

L. Tribal Representative

- Serve as a liaison to the county in supporting the implementation of county response activities with the affected Nation.
- Serve as the tribal focal point for requests for assistance to the county.

3. Local/State/Federal Coordination under the State Comprehensive Emergency Management Plan and the National Response Plan

A. NYS Comprehensive Emergency Management Plan

The over-arching structure of State command and control will be organized as stated in the Volume 2 of the State Comprehensive Emergency Management Plan, *Response and Short-Term Recovery*. Specific to pandemic, the State will utilize a Unified Command structure to coordinate the overall State response and will utilize a host of NIMS components deemed necessary, including a State Multi-Agency Coordination (MAC) Group, Area Commands and other coordinative elements at forward locations. State response activities will be orchestrated through the implementation of 7 State Functional Groups.

Based on incident specifics, the State may utilize and deploy the State's Incident Management Assistance Team (IMAT) to the area(s) of impact. The IMAT will serve to support on-scene and county EOC interagency coordination between responding disciplines, local governments and the State EOC. The SEOC and the IMAT will interoperate with the Area Command (if established) and the Principal Federal Official (PFO) at the Joint Field Office (JFO), if established. NYS will also be represented at the Joint Field Office to assist in the local/State/federal coordination of federal assets. Lastly, the State of New York will utilize any or all of the ICS capabilities it needs to effectively implement response and recovery operations *regardless* of whether or not the federal government considers this an Incident of National Significance.

B. Department of Homeland Security (DHS)/Federal Emergency Management Agency (FEMA)

The Department of Homeland Security (DHS)/Federal Emergency Management Agency (FEMA) may implement the National Response Plan, which provides a mechanism for organizing, coordinating, and mobilizing federal resources to augment State and local resources. Under the National Response Plan, DHS/FEMA may employ a variety of Emergency Support Functions (ESFs) for coordinating response and recovery activities. Federal response planning efforts have definitively pre-identified that Emergency Support Function (ESF) #8 - Health and Medical, will be activated, with others as needed.

In New York State, the State Public Health Group will be the lead in coordinating with ESF #8. The lines of coordination of all the State Functional Groups will be coordinated through the State EOC to the county via the JFO, the Area Command and the IMAT.

4. Intrastate, Interstate and International Issues

Each county is unique in identifying the borders it shares with other jurisdictions. Many counties in the State share not only borders with other counties, but also share borders with other states. Each county should pre-identify and coordinate with those jurisdictions for the implementation of this Annex.

As with other types of disasters, a pandemic will not stop at borders. In fact, imposing travel restrictions may be one of many primary means of non-medical containment. As such, three types of travel-related coordinative concerns need to be addressed: Intrastate, Interstate and International travel. Key points in coordinating these efforts are as follows:

A. Intrastate Coordination

The recommendation or mandate to impose travel restrictions will be identified by LHDs and/or the State Department of Health. County law enforcement may initiate traffic and access control points with other jurisdictions and the State. Resource support for traffic and access controls and movement restrictions will be coordinated through the county emergency management office to the State EOC via the command structure (i.e., IMAT) in place.

B. Interstate Coordination

The recommendation or mandate to impose interstate travel restrictions will be identified by the State or federal government. As with intrastate coordination, interstate coordination may require support to maintain the traffic and access control points, utilizing the capabilities of the State and local agencies. The resource support and movement restrictions will be coordinated through local government as well as with the neighboring state(s). The coordination with Empire County will be managed through the County Sheriff via the command structure in place in New York. Interstate coordination will be managed through the New York State EOC to the state EOC of the state(s) in question.

C. International Coordination

As with interstate coordination, international coordination may require support to maintain the traffic and access control points, utilizing the capabilities of the local, State and federal resources. The resource support and movement restrictions will be coordinated through Empire County as well as with the neighboring country. The coordination with Empire County in New York State will be managed through the county Sheriff via the command structure in place in New York. International coordination will be managed through the State EOC with federal ESF # 15 – External Affairs.

Empire County Comprehensive Emergency Management Plan

Pandemic Influenza Annex

Section IV: Recovery

The section identifies strategic and conceptual components of the disaster recovery process. It is important to note that typical disaster recovery mechanisms (i.e., PDAs, IA, PA) need not to be fully described here if they already exist in the county CEMP. Rather, utilize those concepts (and the staff to implement those concepts) in serving as the foundation pieces for disaster recovery. Consider new concepts, utilizing all of the authorities you may have in your jurisdiction to alleviate the impact on the population.

A. Overview

The nature of a pandemic is such that the event will not likely conclude within a set period of time. Unlike other natural disasters, a pandemic will likely come in waves, causing resurgence in the response until immunity is developed or vaccine has been widely distributed. While the period between waves may be difficult to identify or predict, recovery from an influenza pandemic begins while the pandemic is still in progress, and continues during the periods between waves and following the pandemic. This phase of the response is considered as part of **Phase 6, the Post Pandemic Phase**

B. Demobilization of the Response

The Post Pandemic Phase is a component of the phase schema that is initiated when county emergency management office receives notification from the county health department that a pandemic is subsiding or is between waves. This will be based on disease surveillance from the county and State Department of Health surveillance networks, including federal counterparts. As the pandemic subsides and the county EOC demobilizes, several actions or activities may be realized, including:

- Relaxing quarantine and isolation measures, rescinding the State of Emergency or Emergency Orders, relaxing traffic and access control points, if not already demobilized.
- Demobilizing ICS field components that may have been deployed to coordinate the response.

- Assessing the effectiveness of the response, the coordination, communications and capabilities during the pandemic and adjust as needed in anticipation of the next wave.
- Assessing resources and authorities that may be needed for subsequent pandemic waves.
- Estimating the overall pandemic impact on the county, including mortality, severe morbidity, financial impacts and the disaster recovery mechanisms that can support the general public.
- Continuing virologic surveillance to detect further pandemic waves.
- Assessing vaccine coverage, identify gaps and effectiveness of targeting to priority groups, and efficiency of distribution and administration.
- Assessing vaccine and antiviral efficacy, safety, and the impact the distribution and administration the medicines had during the pandemic.
- Monitoring continued administration of vaccine to persons not previously protected.
- Incorporating mental health messages to facilitate recovery with continuance of self-care messages.
- Communicating with the State, healthcare providers, the media, and the public about any subsequent pandemic waves.
- Conducting an assessment of coordination during the period of pandemic disease and revise response plans, as needed. This may include a formal after-action review of pandemic response activities.

C. The Recovery Process

1. Funding and Compensation

Whenever the Governor finds that a disaster has occurred or may be imminent and local capabilities may be exceeded, the Governor may declare a State Disaster Emergency. Whenever the Governor finds that the event is of such severity and magnitude that the State will be overwhelmed, the Governor can request federal assistance.

Each county CEMP should already have pre-identified county agencies or personnel that can support the disaster recovery process. The sample text below identifies that this has been done and those functions will be applied during the recovery process.

The State Comprehensive Emergency Management Plan outlines the disaster relief funding and programs that would be applicable for an incident of this type. Included are provisions for Public Assistance (PA) and Individual Assistance (IA), which would aid in supporting government response operations and provide some recovery assistance for individuals and their families, businesses and sectors identified in the preceding pages.

The County has provisions to implement disaster recovery mechanisms, including IA and PA, at the local level. County personnel have been identified to support applicant briefings, damage assessments and the administration of other State and/or federal programs. The implementation of the complete recovery process is identified in Section IV of the Empire County CEMP.

In the event that the animal population is impacted by the pandemic, current State and federal statutes provide for some support to the agricultural industry in response to an outbreak of animal disease. While limited, the compensation allows for fair market value of the products that were destroyed to limit the spread of a disease. New York State statutes also contain provisions for indemnity, but are limited the amount of financial support to portions of the agricultural industry.

2. Social and Economic Effects

The economic effects of a pandemic on the county, even on a small scale, may be enormous to the victims and their families, public and private entities, and to subsidiary and support industries of our economy. Employment may be affected over a wide range of sectors, from the farming and subsidiary industries, to distributors, the retail industry, to education and to government. The impact on the sectors that serve as the foundational elements of our way of life may have a cascading effect. The potential exists for many businesses that rely upon or support those sectors to be severely impacted, including local businesses, distributors, health care, and any reliant business, market, or industry. Movement restrictions invoked under local or State authorities during the response may promote erratic prices of common products, services or commodities. This is especially the case in the food service industry where most food providers maintain minimal or “just in time” inventories.

The text below identifies additional concepts to be considered in the recovery process. Every county is different, and as such, each county should identify which agencies have broad authorities that can be utilized in supporting the recovery process. The potential to utilize those authorities should be documented below for this Annex if not already identified in the county CEMP.

The county will need to take proactive measures in reenergizing its economy. A variety of mechanisms to support the economy and the consumer (general public) in times of disaster are already identified in county CEMP (i.e., SBA

Loans) Additional support may be provided for via existing county/State programs through the county agency that has the statutory authority or obligation to implement such programs at the county or local level. These efforts may include:

- Through the county department of economic development, monitoring excessive pricing practices to prevent “price-gouging” and;
- Providing additional assistance to small business with grants and loan programs and assist an even larger group of businesses, through a broad range of services, to help the entire business community.
- Through the department of social services, providing Unemployment Insurance Benefits and personnel services, including job counseling.
- Through the assessor’s office, utilize discretionary powers for abating penalties and extending tax due dates as required by the emergency and;
- Providing advice on tax law provisions for losses related to the disaster.

State planning efforts are also addressing similar concepts as those listed above. The State’s ability to implement such actions, and others, rests with the agency that has the statutory authority to do so. This is also true at the county level as well. In your efforts, identify those county agencies that serve as a conduit to implementing such actions from the State.

3. Continual Mental Health and Workforce Support Services

The local health department planning guidance developed and disseminated by the State Department of Health identifies core concepts for county mental health offices to consider in workforce support. The text below provides the mechanism of how those concepts can be implemented during recovery via the local response structure through the county office of mental health.

While unfortunate, it is recognized that a pandemic will likely result in a number of fatalities. In doing so, a pandemic will not discriminate when impacting the population. As a result, many entities, public and private, large and small, may have workforce support issues that will need to be resolved. The general public may need support from experiencing the loss of loved ones, but also from experiencing movement and restriction controls that are extremely uncommon to our way of life.

During the response phase, disaster mental health services will be provided through the county office of mental health. Mental health is the lead in ensuring that mental health services are available at the local level and is responsible for coordinating State and federal mental health resources that are requested through county emergency management office to NYSOEM.

The Empire County Office of Mental Health has identified workforce support concepts and training materials to support the education of local public health care partners. This includes the capability to provide workforce support and resiliency in providing mental health services to local responders and the general public.

As the response organization demobilizes, county agencies will be afforded an additional opportunity to acquire mental health support from county via the existing response structure. This will allow for a more broad-based coordination of mental health support to county agencies utilizing the coordination and information sharing networks that will be active during the response.

Mental health activities may be ongoing for an extended period of time. Following demobilization, the county health department will serve as the point of contact in providing mental health services. The support will be recognized through pre-existing channels to provide mental health counseling and workforce resiliency. Mental health support will be made available to all of the necessary agencies and sectors as well as to the general public. Lastly, the availability of mental health support should be maintained and consistently disseminated throughout ongoing public information campaigns, coordinated through the county office of mental health, to reach the needed audiences.

4. Risk Reduction in Recovery

The following text identifies the usage of surveillance and awareness in the recovery process. County health and hospital networks need to remain vigilant in conducting ongoing surveillance and reporting following a pandemic wave. In addition, it is equally important that the demobilized response organization can quickly reactivate to respond to the next wave or waves as they become evident. Lastly, addressing the public will be key. Ongoing information campaigns needs to be conducted to educate the public and the “worried well” on pandemic facts, precautions and any potential response actions that may be forthcoming.

A. Surveillance

Surveillance in the post-pandemic phase will be conducted by local, State and federal public health care settings. In the State, ongoing virologic surveillance will be carefully coordinated by the State Department of Health to optimize the available resources and surveillance methodologies. Similarly, in the county, the county health department will be utilizing the public health surveillance systems in the county. The surveillance will be key in quickly identifying any potential imminent waves of the pandemic to allow the county and the State to resume the response posture.

B. Public Awareness

Public awareness and risk communications will be vital in successfully

implementing a cohesive and coordinated response. The JIC will be the primary source of releases to the public to provide factual information on the status of activities, clinical signs and symptoms of pandemic influenza, and what the general public can do to protect themselves. This type of capability needs to continue through the recovery process. Following the demobilization of the JIC, the State Department of Health will be the single point of contact for all pandemic inquiries at the State level. Similarly, the Empire County Health Department will serve as the single point of contact for all pandemic inquiries at the county level. The information that can be provided includes fact sheets on pandemic influenza, travel advisories, risk factors, and recommended steps the public can take to reduce their risk of illness. Further, information and education materials may be disseminated through various means, including media outlets, public health networks, web-based applications and on agency web sites.

D. Attachments

Attachment 1: List of References

Attachment 2: List of Acronyms and Glossary

Attachment 1

List of References Used in Plan Development

The following is a list of documents that were reviewed in the preparation of this guidance:

1. The New York State Department of Health *Pandemic Influenza Plan*; February 2006.
2. *Local Health Department Pandemic Influenza Plan Annex Template*, New York State Department of Health; March, 2006.
3. U.S. Department of Health and Human Services *Plan for Pandemic Influenza*; December, 2005.
4. *National Strategy for Pandemic Influenza*; November, 2005.
5. *National Strategy for Pandemic Influenza - Implementation Plan*; May, 2006
6. *National Response Plan*; December, 2004.
7. *Homeland Security Presidential Directive (HSPD) # 5 – Management of Domestic Incidents*; February, 2003.
8. *State and Local Planning Checklist*, U. S. Centers for Disease Control; December, 2005.
9. World Health Organization (WHO) *Global Influenza Preparedness Plan*; May, 2005.
10. World Health Organization (WHO) *Review of Latest Evidence on Risks to Human Health Through Potential Transmission of Avian Influenza through Water and Sewage*; March, 2006.

Legal Authorities:

NYS Executive Law, Article 2B: Section 23 and 24.

NYS Public Health Law: 1303, 2100 (1), 2100 (2)(b), 370 (1),

NYCRR, Title 10: 2.25(d), 2.29, 2.33.

A host of health-related State regulations can be found in the New York State Department of Health *Pandemic Influenza Plan*, beginning in Section 1, Appendix 1-A at: <http://www.nyhealth.gov/diseases/communicable/influenza/pandemic/index.htm>

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Attachment 2

Glossary and List of Acronyms

I. Glossary

Adjuvant: Substances that can be added to a vaccine to increase the effectiveness of the vaccine.

Affected community: An at-risk community experiencing endemic (widespread and recurring) or epidemic (isolated) cases in humans or domestic animals of influenza with human pandemic potential.

Antiviral medications: Medications presumed to be effective against potential pandemic influenza virus strains. These antiviral medications include the neuraminidase inhibitors oseltamivir (Tamiflu®) and zanamivir (Relenza®).

Arrival screening: Medical screening upon arrival to detect individuals who have signs of illness or who are at high risk of developing illness.

Asymptomatic: Without symptoms.

At-risk community: An unaffected community with insufficient medical, public health, or veterinary capacity to prevent, detect, or contain influenza with pandemic potential.

Containment: Contain an outbreak to the affected region(s) and limit of spread of the pandemic through aggressive attempts to contain via isolation, quarantine or social distancing.

Continuity of operations: Refers to the capability to ensure the performance of essential functions during any emergency or situation that may disrupt normal operations.

Countermeasures: Refers to pre-pandemic and pandemic influenza vaccine and antiviral medications.

Domestic animals: Livestock, including poultry, and other farmed birds or mammals; does not include companion animals such as dogs, cats, or pet birds.

Dose sparing strategies: Strategies to increase influenza vaccine immunogenicity and minimize the dose of vaccine necessary to confer immunity.

Epidemic: A pronounced clustering of cases of disease within a short period of time; more generally, a disease whose frequency of occurrence is in excess of the expected frequency in a population during a given time interval.

Essential functions: Functions that are absolutely necessary to keep a business operating during an influenza pandemic, and critical to survival and recovery.

Geographic quarantine: The isolation of localities with documented disease transmission from localities still free of infection.

High-risk community: An at-risk community that is located in proximity to an affected area, or in which a wildlife case of influenza with pandemic potential has been detected.

Highly Pathogenic Avian Influenza (HPAI): An infection of poultry caused by any influenza A virus that meets the World Organization for Animal Health (OIE) definition for high pathogenicity based on the mortality rate of chickens exposed to the virus.

Isolation: Separation of infected individuals from those who are not infected.

Live bird marketing system (LBMS): Live poultry markets in the United States and the poultry distributors and poultry production premises that supply those markets.

Lines of succession: Refers to the sequential order or ranking of individuals who would assume authority and responsibility if the leadership is incapacitated or unavailable.

Pandemic: A worldwide epidemic when a new or novel strain of influenza virus emerges in which humans have little or no immunity, and develops the ability to infect and be passed between humans.

Pandemic vaccine: Vaccine for specific influenza virus strain that has evolved the capacity for sustained and efficient human-to-human transmission. This vaccine can only be developed once the pandemic strain emerges.

Points of Dispensing (PODs): Locations or facilities where state and/or local authorities will be distributing vaccine or anti-viral medications, if available. These type of facilities are considered “traditional PODs”. Non-traditional PODs would be a means to distribute vaccine or antivirals while maintaining social distancing, such as “drive through” centers where occupants of a vehicle do not exit the vehicle but receive the required medication.

Post-exposure prophylaxis: The use of antiviral medications in individuals exposed to others with influenza to prevent disease transmission.

Prophylaxis: The prevention of a disease or of a process that can lead to disease. With respect to pandemic influenza this specifically refers to the administration of antiviral medications to healthy individuals for the prevention of influenza.

Quarantine: Separation of individuals who have been exposed to an infection but are not yet ill from others who have not been exposed to the transmissible infection.

Social distancing: Infection control strategies that reduce the duration and/or intimacy of social contacts and thereby limit the transmission of influenza. There are two basic categories of intervention: transmission interventions, such as the use of facemasks, may reduce the likelihood of casual social contacts resulting in disease transmission; contact

interventions, such as closing schools or canceling large gatherings, eliminate or reduce the likelihood of contact with infected individuals.

Surge capacity: Refers to the ability to expand provision of services beyond normal capacity to meet transient increases in demand. Surge capacity within a medical context denotes the ability of health care or laboratory facilities to provide care or services above their usual capacity, or to expand manufacturing capacity of essential medical materiel (e.g., vaccine) to meet increased demand.

Telecommuting: Working from home or an alternate site and avoiding coming to the workplace through telecommunication (computer access).

Treatment course (antiviral medications): The course of antiviral medication prescribed as treatment (not prophylaxis) for a person infected with an agent susceptible to the antiviral medication.

Treatment course (vaccine): The course of vaccine required to induce protective immunity against the target of the vaccine.

Virulence: Virulence refers to the disease-evoking severity of influenza.

Wave: The period during which an outbreak or epidemic occurs either within a community or aggregated across a larger geographical area. The disease wave includes the time during which disease occurrence increases rapidly, peaks, and declines back toward baseline.

II. List of Acronyms

APHIS	Animal and Plant Health Inspection Service
BLS	Basic Life Support
CDC	U.S. Centers for Disease Control
CEMP	Comprehensive Emergency Management Plan
COOP	Continuity of Operations Planning
DHS	Department Of Homeland Security
DMAT	Disaster Medical Assistance Teams
DMORT	Disaster Mortuary Services
EMS	Emergency Medical Services
EOC	Emergency Operations Center
ESF#8	Emergency Support Function (Health and Medical)
FEMA	Federal Emergency Management Agency
HAN	NYS DOH Health Alert Network
HHS	U.S. Department of Health and Human Services
HPAI	Highly Pathogenic Avian Influenza Virus
HSPD#5	Homeland Security Presidential Directive-5; NIMS
IA	Individual Assistance

IMAT	State Incident Management Assistance Team
JIC	Joint Information Center
JFO	Joint Field Office
LHD	Local Health Department
MAC	Multi-Agency Coordination
MERC	Medical Emergency Response Cache
MI	Managed Inventory
NDMS	National Disaster Medical System
NFPA 1600	Standard on Disaster/Emergency Management and Business Continuity
NIMS	National Incident Management System
NRP	National Response Plan
PA	Public Assistance
PFO	Principal Federal Official
POD	Point of Dispensing
SNS	Strategic National Stockpile
USPHS	U.S. Public Health Service
WHO	World Health Organization