



Rev. Final

Date: March 2020

ESF #8 Public Health and Medical Services

ESF Coordinating Agency:
Department of Health (DOH)

DPC Support Members:
Department of Agriculture and Markets (DAM)
Department of Environmental Conservation (DEC)
Department of Corrections and Community
Supervision (DOCCS)
Department of Health – Bureau of Emergency
Medical Services and Trauma Life Support (DOH-
BEMSATS)
Department of Labor (DOL)
Office of Mental Health (OMH)
Office of Addiction Services and Supports (OASAS)

Non-DPC Members:
State University of New York (SUNY)
Governor’s Office of Employee Relations (GOER)

EXECUTIVE SUMMARY

Emergency Support Functions (ESFs) provide the structure for coordinating response activities for disasters or emergencies that go beyond the capability of the local resources. The ESFs are a mechanism used to group functions most often needed to respond to incidents. At the State level, ESF #8 provides the structure for coordinating State multi-agency response activities during a public health or medical emergency or in response to a disaster that creates public health issues and challenges. State ESF #8 interfaces with Federal agencies and non-governmental organizations, as needed, in support of local and State response efforts.

SECTION I: General Considerations and Planning Guidelines

Introduction

Emergency Support Function (ESF) #8 Public Health and Medical Services provides New York State with the ability to protect public health throughout the State and to supplement local public health services, healthcare facilities, and emergency worker safety and health in the event of a public health or medical disaster.

The coordinating agency for ESF #8 is the NYS Department of Health (NYSDOH). NYSDOH will coordinate the actions of ESF #8 among the other supporting member agencies when activated. ESF #8 will activate when there is an event that requires a multi-agency response to public health.

Critical Capability

ESF #8 would support the following Critical Capabilities in New York State: Planning, Health Emergency Preparedness, Emergency Medical Services Operations, and Fatality Management.

Purpose

ESF #8 outlines the State's emergency response organization and responsibilities in the event caused by or resulting in public health or medical emergency to protect lives, property, and the environment.

The State Comprehensive Emergency Management Plan (CEMP) has been structured into three distinct, but interconnected volumes. These are:

- Volume 1: All-Hazard Mitigation Plan
- Volume 2: Response and Short-Term Recovery Plan
- Volume 3: Long-Term Recovery Plan

The CEMP serves as the foundational framework for the State's response levels and as the supporting structure for ESF, functional, and hazard-specific annexes. ESF #8 is an Annex to Volume 2.

Scope

The ESF #8 Annex applies to emergencies requiring the management and coordination of State agencies to provide response and short-term recovery assistance to localities. The State Office of Emergency Management (State OEM) can activate ESF #8 to coordinate the response to a public health emergency in support of the NYSDOH, or in response to a larger incident that has health-based consequences and warrants a multi-agency approach.

The ESF #8 Annex will support local efforts in the following core functional areas: assessment of public health and medical needs; health surveillance; medical surge; health/medical/veterinary equipment and supplies; patient transport and care; safety and security of drugs, biologics, and medical devices; blood and tissues; food safety and defense; agriculture safety and security; all-hazards public health and medical consultation, technical assistance, and support; mental and behavioral healthcare; public health and medical information; vector control; guidance on potable water/wastewater and solid waste disposal; emergency worker safety and health; mass fatality management, victim identification, and decontaminating remains; veterinary medical support; and coordinate emergency medical services and medical shelters.

The intent of this annex is not to usurp or circumvent any existing public health plans. Instead, this Annex should be used as a vehicle to support the implementation of health-based response plans under the State Department of Health.

Situation

A public health emergency can be the result of a natural, manmade, or technological disaster event or could be a disastrous event independently. Emergencies can include, but are not limited to, an epidemic (rapid spread of an infectious disease within a certain area); pandemic (rapid spread of an infectious disease across regions or continents, such as the H1N1 Flu in 2009); or an event resulting in mass fatalities and morbidities. The consequences of such events can deplete a local jurisdiction's resources, which can result in the overcrowding of hospitals, overwhelming of the medical examiner's office, exhausting of first responder manpower, and drug shortages. Another consequence of a disaster that would involve ESF #8 is the mental health ramifications. ESF #8 may be activated when a local government can no longer provide the services and assets required for protecting the population from further injury or devastation resulting from the disaster situation.

Linkage to other State Plans

ESF #8 will be used to support the New York State Comprehensive Emergency Management Plan (CEMP), Volume 2, Response and Short-Term Recovery, as well as the following: NYS Mass Fatality Annex, NYS Pandemic Annex, and the NYS Radiological Emergency Preparedness (REP) Plan.

Planning Assumptions

1. Emergencies begin and end at the local level.
2. A public health crisis can vary in scale, size, and duration.
3. Public health events can be the incident or a consequence of another incident.
4. The emergency can be the result of an event or could be the event itself.
5. There will be public health emergencies that occur on a day to day basis that NYSDOH handles on its own without the activation of ESF #8.
6. An incident can quickly overwhelm the capabilities of the local government and local private entities, such as hospitals.
7. Emergencies and disasters often place emergency responders in adverse environments (such as exposure to toxins and chemicals, structural and mechanical instability, et al.) that may compromise their safety and health, of which the Safety Officer may not be aware.
8. The enormity of a public health emergency may overwhelm State and local Command Staff's capability to monitor the safety and health of emergency responders during the course of their response activities thereby requiring assistance.
9. ESF #8 can be activated alone or in conjunction with other ESFs if needed.
10. An incident can be in one or more locations.
11. The impact of a public health crisis may not be realized until casualties occur.
12. Jurisdictions will differ on their needs and capabilities.
13. Vulnerable populations (elderly, youth, disabled, medically fragile, facility-based populations, etc.) may be without necessary care in the event of a disaster.
14. Large-scale emergencies or disasters may surge demand at hospital emergency departments and hospital facilities, increase demand for emergency medical services, increase morgue capacity, and necessitate development of non-hospital facilities (such as schools and armories).
15. The psychological impact of a health-related emergency or disaster may affect a broad geographic area well beyond the actual incident site(s).

Concept of Operations

1. A public health incident requiring State-level multi-agency response occurs in New York State. The incident can be a public health emergency that escalates or can be caused by separate emergency, such as a flood.
2. State OEM determines the State Emergency Operations Center (State EOC) activation level based on the severity of the incident.
3. State OEM and ESF #8 coordinators will jointly determine the level of ESF representation needed for the incident.
4. If Federal assistance is requested, ESF #8 will integrate with Federal ESF #8 as outlined under the National Response Framework (NRF).
5. When the incident no longer requires State EOC-level support, State OEM will start the demobilization process and transfer roles and responsibilities to the appropriate Recovery Support Function (RSF) as appropriate.

Policy or Authorities

- New York State Executive Law, Article 2-B
 - Establishes the State Disaster Preparedness Commission (DPC) and requires the commission to develop disaster preparedness plans that comprise the CEMP.
- Executive Order # 26.1 of 2006 as amended (NYS Adoption of the Incident Command System)
- New York Codes, Rules and Regulations
 - 10 NYCRR 2.10(a) provides that, when a case of communicable disease occurs in a State institution or a facility licensed under Article 28 of the Public Health Law, the person in charge of the institution or facility shall report the case to the State Department of Health and to the city, county, or district health officer in whose jurisdiction such institution is located.
 - 10 NYCRR 2.11 provides that, if a pathologist, coroner, medical examiner, or other person determines from examination of a corpse or from history of the events leading to death that at the time of death this individual apparently was affected with a communicable disease, he/she shall report the case within 24 hours to the proper health authority according to the manner indicated in 10 NYCRR 2.10 as if the diagnoses had been established prior to death.
- New York State Public Health Law
 - § 1300: Confers on the Commissioner of Health all necessary powers to make investigations and examinations into nuisances or questions affecting the security of life and health in any locality.
 - § 16: Provides that, whenever the Commissioner, after investigation, is of the opinion that any person is causing, engaging in or maintaining a condition or activity which in his or her opinion constitutes a danger to the health of the people, and that it therefore appears to be prejudicial to the interests of the people to delay action for 15 days until an opportunity for a hearing can be provided, the Commissioner shall order the person, by written notice to discontinue such dangerous condition or activity or take certain action immediately or within a specified period of less than fifteen days.
 - Article 21, Title I, § 2105 requires the director or person in charge of each State institution to report immediately an outbreak of a communicable disease in such institution to the State Health Commissioner and as may otherwise be provided in the State sanitary code.
 - Article 13, Title I, § 1301, items 1, 2, and 3, the Governor may require the State Health Commissioner to examine nuisances and order their abatement or removal.
 - Article 2, Title I
 - § 201, item 1 provides that NYSDOH shall receive and expend funds for public health purposes, exercise control over and supervise the reporting and control of disease, exercise control over and supervise the abatement of nuisances affecting or likely to affect public health and supervise and regulate the public health aspects of ionizing radiation and nonionizing electromagnetic radiation.
 - § 206, items 1, 2, and 9 provide that the State Health Commissioner and NYSDOH continue to exercise powers and duties regarding public health matters as provided by law, including supervising local boards of health and health officers; investigating the causes of disease, epidemics, the sources of mortality, and the effect of localities, employments and other conditions upon the public health; entering all grounds and structures; establishing and operating such adult and child immunization programs as are necessary to prevent or minimize the spread of disease and to protect the public health; and deputizing local health officers.
 - § 206 (25)(b): Provides that the Commissioner of Health may require reporting by Article 28 and Article 36 entities, registered pharmacies, manufacturers and distributors of adult immunizing

agents doing business in this state, and others possessing such adult immunizing agents of information needed to respond to an imminent public health emergency.

- New York State Defense Emergency Act of 1951
 - Can be invoked following an “act of war,” defined to include any case involving use of bacteriological or biological means, thereby empowering a State defense council, chaired by the Governor, to exercise a broad range of extraordinary powers.
- Occupational and Safety Health Administration (OSHA): 29 CFR 1910, 1926, 1952, 1956
- New York State Labor Law, Public Employee Safety and Health (PESH) Act, Article 2, § 27-a

Annex Maintenance, Distribution, and Revision Process

The NYS OEM Planning Section has the responsibility for the development, review, and maintenance of all multi-agency response plans under the New York State CEMP. As required under New York State Executive Law Article 2-B, each ESF annex shall undergo an annual review and update on or before February 15th of each year and be posted online (if applicable) no later than March 31st of each year.

During the annual review by the Planning Section for its material, this plan is examined for both content and format. For updates that do not impact operational mechanisms or processes, the appropriate edits are initiated within the Planning Section and do not warrant external involvement. Plan updates will also be conducted based upon experiences and lessons learned from exercises or real-world events, or through administrative changes in government. Planning Section updates and/or edits affecting operational capabilities, responsibilities, or otherwise impacting operations will engage stakeholders in a variety of ways, such as verbally, by document review, meetings, webinars, or any combination thereof. Final drafts will be socialized to all appropriate agencies/personnel upon completion.

SECTION II: Preparedness

Mitigation

Volume 1 of the State Comprehensive Emergency Management Plan is the State Multi-Hazard Mitigation Plan. Pursuant to the requirements of 44 CFR 201.4, the State Multi-Hazard Mitigation Plan is required to focus on natural hazards that are likely to cause a substantial impact on the State. Mitigation planning efforts for technological and human-caused hazards are also recognized and are being implemented throughout the State as well. New York State participates in Federal, State and local mitigation programs and identifies ongoing mitigation opportunities. The State takes maximum advantage of available Federal funding to implement mitigation measures at the State and local levels. Throughout the past several years, a substantial amount of funding has been invested in mitigating the impacts of various disasters in all parts of the State. Volume 1 addresses the overall State hazard mitigation planning process, risk assessment, strategy development and plan maintenance. The State Multi-Hazard Mitigation Plan was Federally approved by DHS/FEMA in December 2018.

Risk Assessment

A variety of mechanisms are used to understand the various risks and associated threats and hazards facing the State. As required by the Homeland Security Grant Program (HSGP) and the National Preparedness Goal, the State must complete an annual Threat Hazard Identification Risk Assessment, or THIRA. The process involves the identification of scenarios that will most stress the State’s capabilities and an assessment of those capabilities. Those capabilities are mapped to the core capabilities in each of these ESF Annexes created under the State Comprehensive Emergency Management Plan. Further, New York State has developed additional programs and methodologies to better understand risk at the local level. This includes a County Emergency

Preparedness Assessment (CEPA), which the State has conducted in each of the 57 counties of New York, and New York City. CEPA provides great insight as to the State's risk profile from a local level perspective.

Training, Exercising, and Testing

The State of New York sponsors and conducts a variety of training to improve knowledge and response capability. This includes varying levels of training in the Incident Command System and the Professional Development Series (PDS) curriculum. The State also participates in a wide variety of specialized training, including training to meet Federal program and grant requirements, such as the Emergency Management Performance Grant (EMPG). Further, many State agencies identify training requirements within their own organization to meet the needs of the agency for that specific discipline.

The State of New York has incorporated the Homeland Security Exercise and Evaluation Program (HSEEP) into its emergency management program. HSEEP consists of both doctrine and policy for designing, developing, conducting, and evaluating exercises. The State has instituted HSEEP into a host of exercise activities, including those that involve tests and activations of the State EOC. Further, some exercises are often linked to a specific grant requirement, while others are conducted as part of ongoing or existing programs, such as those for the Radiological Emergency Preparedness Program.

The State also utilizes an exercise component as part of the planning process to test the effectiveness of an emergency management plan. These exercises vary in scope, and cross several state-level plans or annexes. As a point of reference, the planning process that resulted in the creation of all of the State's ESF annexes included an exercise component. ESF #8 will be socialized through training, exercising, and testing among the ESF Coordinators, Primary Agency, DPC Support Members, and Non-DPC Members.

The State Office of Mental Health (OMH), sponsors and conducts a program of training in Disaster Mental Health to create and maintain resources to provide psychological support following disasters and public health emergencies.

Capability Assessment

As part of the THIRA process, the State was required to assess its capabilities under Presidential Policy Directive (PPD-8). In doing so, the state assessed its Critical Capabilities using the construct outlined in the county emergency preparedness assessment (CEPA) program. The assessment provided the State with information regarding statewide capability trends and potential gaps that can then be planned for and addressed. Those capabilities have been mapped or linked to each one of the ESF annexes under Volume 2 of the State CEMP.

Stockpiles, Supplies, Specialized Equipment, and Resources

NYSDOH maintains a Medical Emergency Response Cache (MERC) containing specific pharmaceuticals, medical equipment and supplies. The MERC program is managed by the NYSDOH Office of Health Emergency Preparedness (OHEP) and assets are intended to supplement local level response or sustain a large event response prior to the arrival of the Strategic National Stockpile (SNS). MERC assets, which are located throughout the State, may be used for immediate treatment of the general public or early prophylaxis of responders that may be required to respond to an emergency. NYSDOH plans to provide MERC assets in New York State within 4 hours of approval.

ESF #8 resources include subject matter experts, a Rapid Reaction Team, and a Division of Safety and Health Crisis Response Team, bottled water, labor recruitment, mapping, vehicles and vehicle operators, public information and communications, language translation assistance, human resources and clerical support, and support for dislocated workers.

Memorandums of Understanding (MOUs)/Letters of Agreement (LOAs)

NYSDOH Health Emergency Preparedness and Response Plan (HEPRP):

MOU among NYSDOH and partner agencies addressing receiving/distribution agreements for strategic national stockpile assets and medical countermeasures.

SECTION III: Response

Alert and Notification

The State Watch Center (SWC) serves as the focal point for receiving or providing notification of incidents in the State. In response to an incident that warrants an increase in State response posture, the SWC will be used to notify agencies that the State EOC is activating.

Activation

State OEM will assess the potential needs and demands of the incident, and then determine the level of activation necessary to effectively manage the response to the incident. The capabilities that are needed to support that activation are also identified, and agencies are notified to staff the State EOC using the ESF construct.

Flexibility will be key in activating this ESF. Not all incidents are the same, and not all activations of this ESF will require the full list of agencies to support the demands of the incident. Therefore, the representation of agencies that will be necessary to support the ESF may vary from incident to incident. The State CEMP identifies four activation levels of the State EOC. This ESF will activate to one of those levels as conditions warrant, with NYSDOH serving as the ESF #8 Coordinator. These are:

NY State EOC Activation Levels

Steady State

Level 4 – Enhanced
Monitoring

Level 3 – Partial Activation

Level 2 – Full Activation

Level 1 – Full State/Federal
Response

Level 4 Enhanced Monitoring: A small, isolated or a potential event that has some indicators that warrant extra attention, enhanced monitoring, or external communication.

- State OEM staff only.
- Agencies may be asked individually to support any remote operations or reporting from their home agency.

Level 3 Partial Activation: An incident or event requiring a partial activation of the State EOC with ESF coordinating agency activation.

- The ESF coordinating agency is activated on as needed basis.
- Additional agencies will be determined at the time of the event.

Level 2 Full Activation: An incident requiring full activation of the State EOC activation with ESF activation.

- The ESF coordinating agency is activated on as needed basis.
- Additional agencies will be determined at the time of the event.
- ESF agencies will work in coordination with the coordinating agency to operate and report under the ESF.

Level 1 Full State/Federal Response: An incident requiring full activation of the State EOC activation with ESF activation, and Federal ESF integration and coordination.

- ESF coordinating agency is activated.
- Most, if not all, member agencies will be activated.

- ESF agencies will work in coordination with the coordinating agency to operate and report under the ESF.
- The activities of the ESF will be integrated with those of their Federal ESF counterparts.

Direction and Control

The State endorses the development of one response organizational structure that will include all responding agencies. State agencies and ESFs will be organized under the framework of the National Incident Management System (NIMS) Incident Command System as required by Executive Order 26.1 of 2006 and HSPD-5. As such, a variety of direction and control components may be utilized to manage and coordinate the State's resources in an efficient and effective manner and to provide the interoperability between the local and Federal response organizations.

The organizational structure of the State's ESFs is inherently different than the Federal construct under the NRF. With the exception of ESF 5 (Planning) and ESF 7 (Logistics), and ESF 15 (External Affairs), the State ESFs will be situated organizationally in the Operations Section, and report directly to the Operation Section Chief (OSC), or Branch Chiefs if established. ESF 5 is assumed by the Planning Section in the State EOC; ESF-7 is assumed by the Logistics Section in the State EOC; ESF-15 is situated in the Command Element.

ESF #8 will provide incident management support and coordination under the NYSDOH. NYSDOH will ensure the activities of the ESF are consistent with this Annex, and that agencies are operating in unison to achieve the common goal or mission of the ESF.

This ESF is assigned under Operations. NYSDOH will be the primary interface with the OSC, and the member agencies of the ESF. All requests for assistance will be managed through the OSC to the ESF coordinating agency for availability of resources/missions. NYSDOH will be given latitude to facilitate the best resource or solution set in response to the request that the State has received. Confirmation or concurrence of that solution will be confirmed to the OSC to ensure the State maintains a centralized coordination of resources and direction of requests for assistance.

Assignments of Responsibilities

The responsibilities for each agency identified in this ESF are listed below. It should be noted that in some cases, the application of the resources below may have application in other emergency support functions. Therefore, the capacities for the resources that are identified below include what the agency has in totality, and should not be interpreted as additional resources if identified in other ESF annexes.

NYS Department of Health (NYSDOH)

NYSDOH is responsible for public health within NYS and derives public health authority through State Public Health Law. In the event of a State declared disaster emergency, the Department is responsible for the management, coordination, and prioritization of health services and resources to support the health and medical needs of impacted areas and critical infrastructure personnel (e.g. State government, response agencies). The Department:

- Coordinates with local responders and authorities to provide guidance and support for public health response, triage, treatment, and emergency medical transportation of victims of a regional/county emergency or catastrophic event that impacts or has the potential to impact public health. This includes guidance to healthcare facilities and local health departments on alternate care sites, decontamination, isolation, and quarantine measures and requests for medical resources and supplies.

- Provides coordination, guidance, and support to local health and healthcare partners (including providers, hospitals, long term care facilities, and adult care facilities) via Health Risk Messaging to public and providers and support for call centers.
- Works with State response partners to coordinate and support the implementation of local evacuation operations of patients/residents of a healthcare facility in an impacted area before, during, and after a disaster emergency event.
- Conducts routine surveillance using existing systems to provide data on when and where communicable disease activity is occurring. Data is used to investigate and collect relevant epidemiologic information. This includes vector borne diseases.
- Provides support for public health and healthcare providers and facilities regarding requests for equipment and supplies to support response to health-related emergencies and maintains MERC to include equipment and supplies to support public health and healthcare emergency response.
- Coordinates the management and distribution of medical countermeasures in conjunction with State response partners.
- Coordinates the transport of Critical Specimens to appropriate laboratories and provides laboratory testing.
- Provides subject matter expertise and departmental support for public health responses including incidents involving potential environmental public health hazards (water resources, food safety, chemical contaminants, radiological, etc.).
- Provides subject matter expertise, guidance, coordination, assessment, and support in instances of food related safety concerns or outbreaks and coordinates with appropriate response partners in coordination with ESF #6 and ESF #11.
- Coordinates with appropriate response partners in ESF #11 to provide subject matter expertise and support to the health and safety of livestock and/or food-producing animals and animal feed, as well as the safety of the manufacture and distribution of foods, drugs, and therapeutics given to animals used for human food production.
- Provides oversight of the statewide EMS system and supports the development of local EMS systems.
- Provides support for medical shelters in coordination with ESF #6. Coordinates with local/regional/State partners to provide support for access and functional needs in a shelter environment.

NYS Department of Agriculture and Markets (DAM)

- Coordinates through State ESF #11 to support agriculture safety and security.
- There is a Rapid Reaction Team (RRT) that will be activated and sent to any disaster where food storage may have been affected by water, heat, cold, lack of adequate proper storage due, for example, to loss of electricity.
- Limitations:
 - The Department is a regulatory agency and is limited in what it may provide beyond expert guidance.
 - DAM does not stockpile veterinary medical supplies.
 - DAM does not provide direct veterinary care.
 - The RRT is not equipped for hazardous exposure and is not stand alone. The RRT would require assistance to deploy to and operate in a disaster area.

NYS Department of Governor's Office of Employee Relations (GOER)

- GOER has the capability, as outlined in the *NYS Pandemic Annex*, to work NYSDOH and the NYS Department of Civil Service (DCS), to coordinate meetings regarding response and establish ongoing communication with the unions.

NYS Department of Environmental Conservation (DEC)

- The DEC Division of Materials Management (DMM) would:
 - Work with local municipalities, private facilities, and transporters to properly dispose of regulated medical waste (RMW) and other infectious waste products.
 - Provide education to entities looking to dispose of RMW.
 - Assist in attaining safe and compliant RMW handling operations on-site of medical services installations as needed.
 - Determine which off-site facilities are able (and willing) to accept and manage RMW and other solid waste.
 - Review/authorize emergency facility authorizations, as well as, emergency waste transporter permits obtained through ESF #3.

NYS Department of Corrections and Community Supervision (DOCCS)

- May assist in postmortem photography and fingerprinting.
- May be able to provide limited supplies of cook-chill and shelf stable meals supply linens and bedding as well as clothing to support a medical shelter.

NYS Department of Labor (DOL)

- DOL is responsible for the health and safety of public employees including first responders prior to, during and post-mission assignment by, but not limited to, assisting the on-scene Safety Officer to identify hazardous conditions and offering control measure recommendations, providing technical assistance with personal protective equipment (PPE) and fit testing, providing “just-in-time” training for responders as needed for assignment-specific duties, on-site monitoring and observation of health and safety hazards as well as industrial hygiene sampling and monitoring.
- DOL has the authority to suspend operations in which responders are exposed to conditions hazardous to safety and health if left unmitigated.
- DOL Core Capabilities:
 - Division of Safety and Health (DOSH) Crisis Response Team.
 - Additional Support Services including: bottled water, labor recruitment, mapping, public information and communications, language translation assistance, human resources and clerical support, and support for dislocated workers.
 - Vehicle Operators, vehicles and laborers available for response.

NYS Office of Mental Health (OMH)

- Public Information and Warning: provides behavioral health information that may be transmitted to members of the general public and responders who are located in or near areas affected by a public health emergency.
- Fatality Management Services: provides behavioral health support to families of victims during the victim identification and mortuary process.
- Health Surveillance: monitors the behavioral needs of the general population as well as that of response workers and identifies emerging trends related to the disaster.
- Patient Care: provides resources to support behavioral healthcare to survivors with chronic mental illness and those adversely affected by the disaster/public health emergency.
- Public Health and Medical Consultation, Technical Assistance, and Support: Assesses behavioral health, effects resulting from all hazards. Provides disaster mental health support through direct services and/or referrals as necessary.

NYS Department of Health Bureau of Emergency Medical Services and Trauma Systems (DOH-BEMSATS)

- Coordinates State-wide EMS assets during a declared disaster through the Statewide EMS Mobilization Plan.
- Primary point of contact to the National Ambulance Contract.
- Provides coordination for operational assistance for staging, triage, and transport.

Office of Addiction Services and Supports (OASAS)

- Provide immediate support to individuals with opioid addictions, such as methadone treatments by using the NYS Central Registry so an individual can receive treatment anywhere in the State.
- Provide direct services for opioid addictions at the 12 addiction treatment centers.
- Move, as needed, methadone treatment, via guest dosing.
- Certify temporary locations that may need to be moved due to a disaster/emergency.
- Reach out to other opioid treatment providers to bring additional methadone to an area, if needed.
- Authorize take home methadone treatments, if needed.
- Utilize CASAC or Peers to assist someone with an addiction in finding services.
- Has the ability to data map locations of available treatment centers who are certified by OASAS.

State University of New York (SUNY)

- SUNY is a community of about 500,000 people with 80,000 residential students.
- Community colleges are supported and controlled more locally by their sponsoring county.
- SUNY has traditionally hosted shelters in large spaces such as gyms, availability varies. SUNY has also supported large outdoor staging areas.
- Each campus has a university police or campus public safety presence.
- Each State-operated campus has a health center providing medical care and counseling. These services are normally restricted to the student population.
- Campuses may be able to support in public information activities.
- Limitations:
 - Use of facilities is subject to time of year restrictions.

Integration of Federal ESFs

The Federal Government organizes its response resources and capabilities under an ESF construct. Similar to New York State's ESF construct, Federal ESFs are multi-agency operational components that serve as the primary means for coordinating Federal resources and capabilities into New York State. The Federal ESFs bring together a wealth of capabilities of Federal departments and agencies and other national-level assets. In doing so, they are organized to provide the operating structure for building, sustaining, and delivering Federal response core capabilities in support of the State's Critical Capabilities. Integration and coordination is key to leveraging the resources of each Federal ESF. As such, New York State ESF #8 will serve at the primary integration point for Federal ESF #8. The table below summarizes Federal ESF #8 and indicates the response core capabilities that the ESF most directly supports. Detailed response capabilities and activities are listed in each Federal ESF Annex.

<p>ESF # 8 – Public Health and Medical Services ESF Coordinator: Department of Health and Human Services</p>
<p>Key Response Core Capability: Public Health, Healthcare, and Emergency Medical Services, Fatality Management Services, Mass Care Services, Critical Transportation, Public Information and Warning, Environmental Response/Health and Safety, Logistics and Supply Chain Management</p>
<p>Coordinates the mechanisms for assistance in response to an actual or potential public health and medical disaster or incident. Functions include but are not limited to:</p> <ul style="list-style-type: none"> • Public health • Medical surge support including patient movement • Behavioral health services • Mass fatality management

SECTION IV: Recovery

Short-Term Recovery

There is no clear delineation of when disaster response activities transition into short-term recovery activities. As with all disaster and emergency-related activities, any transition to a new phase will be dependent upon the needs of the response and the identified needs of the individuals/communities affected. In general, disaster response addresses the immediate aftermath and life safety issues of a disaster or emergency, while short-term recovery activities begin as the need for immediate life-saving activities diminishes. At times, these phases will often overlap with one another.

Demobilization

Demobilization of agencies and ESFs from the State EOC will occur based upon operational needs, and will be jointly determined by State OEM and NYSDOH leadership. Based upon the needs of the operation, ESF #8 may begin to demobilize during the response/short-term recovery phase. However, it should be noted that agencies may be subject to a rapid recall for re-activation of ESF #8 if needed based upon operational needs. In most cases, demobilization of an ESF will include the release of the coordinating agency and all member agencies. However, there may be instances where the ESFs can be partially demobilized, allowing member agencies to be released as the need for their representation and capability in that ESF is no longer necessary. In the process of demobilizing an ESF, all member agencies must ensure that any open or ongoing activities that require cross-coordination with other ESFs are closed out prior to demobilizing. This must be done in a manner to ensure that any dependencies or inter-dependencies of that ESF are properly and effectively communicated across the response organization. In addition, each agency must ensure that they coordinate their demobilization with their agency-specific counterparts that are represented on other ESFs.

Transition to Long Term Recovery

As the urgency of a response lessens, and communities begin to focus their efforts on implementing recovery programs, the State’s focus will also shift to the long-term recovery needs of the affected areas. In Presidential Disaster Declarations, this will likely include the activation of a Federally established Joint Field Office (JFO). JFOs are established, operated and maintained by DHS/FEMA, and will include the temporary recovery organization structure put in place to support recovery. To properly ensure effective integration of State and Federal recovery activities, the State will organize in a similar structure to the Federal structure contained within the National Disaster Recovery Framework.

Implement Recovery Support Functions (RSFs)

As JFO activation occurs, the Federal government will transition out of the Emergency Support Function (ESF) construct and implement the Recovery Support Functions (RSFs). RSFs bring together the core recovery capabilities of Federal departments and agencies to focus on community recovery needs. The RSF structure includes the following: Community Planning and Capacity Building, Economic, Health and Social Services, Housing, Infrastructure Systems, and Natural and Cultural Resources. RSFs are intended to facilitate the coordination and delivery of Federal assistance to supplement the recovery efforts of local and State governments and are designed to operate within a timeframe of months to years.

As the Federal ESFs transition to RSFs, the State's ESF posture will be required to transition into the RSF construct. As such, State agencies will transition from their assigned ESF role to the appropriate Recovery Support Function, as warranted. It is important to note that not all Federally declared disasters will require full RSF activation; and not all RSF activations will require full participation from each agency. The transition from an agency to the RSF construct is situation-based, and dependent upon the agency's role(s) within the State response framework. For planning purposes, it is assumed that in a credible worse case event, the situation may warrant full participation from all agencies that comprise this ESF. In such cases, the following agencies that comprise this ESF will transition to RSF below:

Agency	RSF Assignment					
	Community Planning and Capacity Building	Economic	Health/Social Services	Infrastructure Systems	Natural & Cultural Resources	Housing
NYSDOH	X	X	X	X	X	X
DAM	X	X	X	X	X	
DEC	X	X	X	X	X	X
DOCCS			X	X		
DOH-BEMSATS	No RSF Assignment					
DOL		X	X			X
OASAS			X			
OMH			X			
SUNY		X	X	X		