NEW YORK STATE
COMPREHENSIVE EMERGENCY MANAGEMENT PLAN

PANDEMIC ANNEX

PREPARED BY THE MEMBER AGENCIES OF
THE NEW YORK STATE
DISASTER PREPAREDNESS COMMISSION

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List of Plan Revisions

Date of Revision	Subject Matter	Reviewed by	Page(s)
January, 2007	Administrative Change (Gov.)	Planning Section	Title Page
January, 2007	GOER HR Guidance Memo	Planning Section	New Attachment (#5)
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January, 2012	Entire Document review	Planning Section	All
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January 2013	Annual Review	Planning Section	All
March 2015	Annual Review/Ebola Virus	Planning Section	All
March 2016	Annual Review	Planning Section	All

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New York State Comprehensive Emergency Management Plan
Pandemic Annex

Section I: General Considerations and Planning Guidelines

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 States[1].

A pandemic could dwarf this impact and has the potential to cause more death and illness than any other public health threat[2]. The last three pandemics, in 1918, 1957 and 1968, killed approximately 40 million, 2 million and 1 million 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.

New York State leadership recognizes the threat of a pandemic on the State's population, critical infrastructure sectors, the private sector, the economy and our way of life. Multiple planning endeavors are underway or are already complete in identifying policies, issues, mechanisms and responsibilities in preparing for and responding to this type of threat and emergency. Further, both agency-specific and multi-agency planning efforts that have recently been completed will continue to build upon the foundation of the State's collective response.

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

[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.

B. Purpose

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
- Volume 3: Long-Term Recovery Plan

The purpose of the CEMP is to identify the State's overarching policies, authorities and response organizational structure that will be implemented in an emergency or disaster situation that warrants a State response. In addition, the CEMP identifies the lines of coordination and the centralized coordination of resources that will be utilized in directing the State's resources and capabilities in responding to and recovering from a disaster. Further, the CEMP serves as the foundational framework for the State's response levels, and serves 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 State Comprehensive Emergency Management Plan is more defined to allow the State to adequately prepare for, respond to and recover from a pandemic. This will include utilizing individual agency activities as well as the activities of the State's Functional Branches, as appropriate. Further, this Annex identifies the key mechanisms in coordinating with the local response and identifies the lines of coordination to interoperate with the federal response, including the U.S. Department of Health and Human Services (HHS) *Plan for Pandemic Influenza,* via the National Response Framework (NRF).

C. Scope

In March, 2014, the State Department of Health released the updated New York State Department of Health *Pandemic Influenza Response Plan*. This guidance was initially released in 2006. The plan takes a comprehensive and in-depth approach in assisting public health officials and healthcare providers in preparing for and responding rapidly and effectively to a pandemic, consistent with national guidance. The scope of this plan focuses on the response activities of State and 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 standard agency statutory obligations to a collective State Disaster Preparedness Commission (DPC) response. This Annex applies to all State agencies and authorities that may be directed to respond to such an event, and builds upon the process and structure of the State Comprehensive Emergency Management Plan by addressing unique policies, situations, operating concepts and responsibilities. Response operations to this type of event will encompass the efforts of the New York State Department of Health *Pandemic Influenza Response Plan* and utilize existing capabilities of other functional and hazard-specific annexes to the State Comprehensive Emergency Management Plan. Further, this Annex acknowledges that local and State response capabilities may be exceeded, necessitating the use of Federal agencies and resources.

In the event that a potential novel strain of virus is evident in animals in the State, State response operations for animal depopulation shall be coordinated as stated in Appendix 1 of the Animal Protection Annex to the State Comprehensive Emergency Management Plan, *Appendix for Emerging Infectious Diseases in Non-Human Populations.*

D. Situation

Influenza pandemics occur when a novel influenza virus with little or no natural immunity emerges and has the potential to infect a large populous through efficient human to human transmission; resulting in a potential widespread illness. Animals are the most likely reservoir and vector for these emerging viruses. Historically, 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 year.[3]

Advanced planning and preparedness are critical components necessary to mitigate the impact a pandemic might have on the populous. A pandemic is likely to come in waves or phases, each lasting weeks or months. The unique characteristics of a pandemic may strain local, State, and Federal resources. It is unlikely that there will be sufficient personnel, equipment, and supplies to adequately respond and overwhelm our health and medical capabilities.

In addition, 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.

In 1999, the World Health Organization (WHO) published guidance that defined the phases of an influenza pandemic. Updated guidance was published in 2005 and again in 2013 to redefine these phases. The most recent publication in 2013 provides a significant amount of data from the 2009 influenza A (H1N1) pandemic. Diagram 1 on the following page identifies the current WHO classification system of a pandemic.

[3] Source: U.S. Centers for Disease Control and Prevention

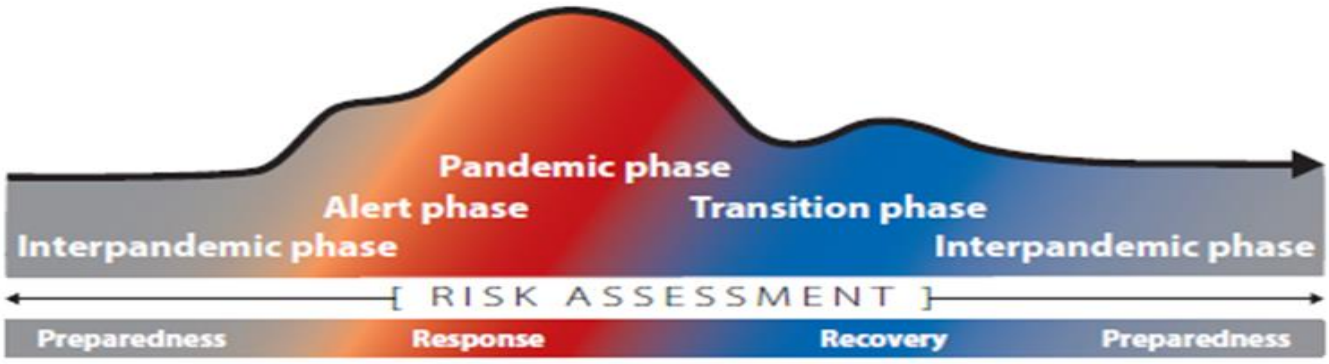

Diagram 1: World Health Organization, *Pandemic Influenza Risk Management: WHO Interim Guidance; June, 2013.*

The recent WHO guidance introduced a risk based management approach to pandemic influenza; anchored in preparedness, response, and recovery, the conceptual framework encourages members to develop flexible plans based on a national risk assessment. Afterward, the Center for Disease Control and Prevention (CDC) published their updated response framework in September 2014.

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.

Presented in six (6) pandemic intervals, the CDC intervals provide a general framework for continuity purposes, but also accommodates unique planning considerations and flexibility to execute at all levels; federal, state, and local. The CDC intervals are outlined in Diagram 2 below.

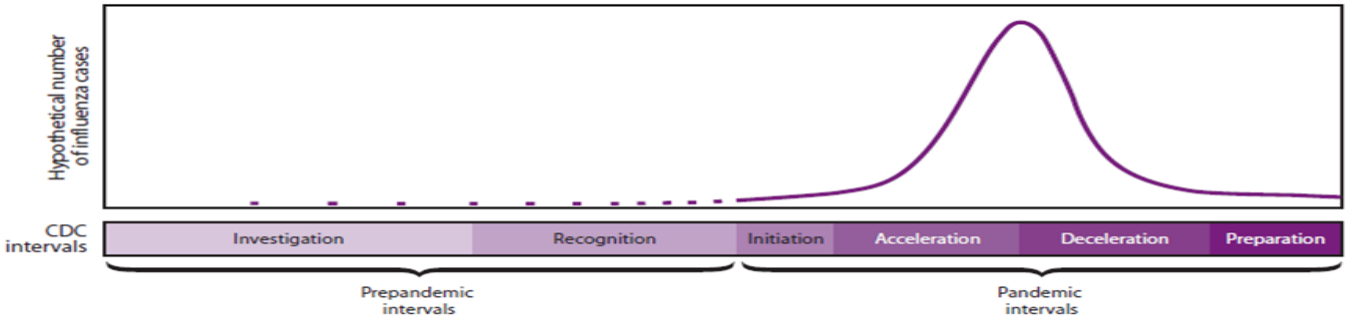

Diagram 2: *CDC Intervals*-Source: U.S. Centers for Disease Control and Prevention, *Updated Preparedness and Response Framework for Influenza Pandemics; September, 2014.*

This schema has been utilized by the U.S. Department of Health and Human Services in the development of the Federal plan and by the New York State Department of Health (NYSDOH) in developing the Department of Health *Pandemic Influenza Response Plan.* The goal of the schema is to assist public health officials and healthcare providers with preparedness, response, and recovery should an influenza pandemic occur. Each of these plans identifies response actions relative to a "phase" or "intervals" of the pandemic. (See Table 1 on the following page)

TABLE. Preparedness and response framework for novel influenza A virus pandemics: World Health Organization phases and CDC intervals, with federal and state/local indicators

World Health Organization phases	CDC intervals	Federal indicators for CDC intervals	State/Local indicators for CDC intervals
Interpandemic phase: Period between influenza pandemics **Alert phase:** Influenza caused by a new subtype has been identified in humans	**Investigation:** Investigation of novel influenza A infection in humans or animals	Identification of novel influenza A infection in humans or animals anywhere in the world with potential implications for human health	Identification of novel influenza A infection in humans or animals in the United States with potential implications for human health
	Recognition: Recognition of increased potential for ongoing transmission of a novel influenza A virus	Increasing number of human cases or clusters of novel influenza A infection anywhere in the world with virus characteristics, indicating increased potential for ongoing human-to-human transmission	Increasing number of human cases or clusters of novel influenza A infection in the United States with virus characteristics indicating increased potential for ongoing human-to-human transmission
Pandemic phase: Global spread of human influenza caused by a new subtype	**Initiation:** Initiation of a pandemic wave	Confirmation of human cases of a pandemic influenza virus anywhere in the world with demonstrated efficient and sustained human-to-human transmission	Confirmation of human cases of a pandemic influenza virus in the United States with demonstrated efficient and sustained human-to-human transmission
	Acceleration: Acceleration of a pandemic wave	Consistently increasing rate of pandemic influenza cases identified in the United States, indicating established transmission	Consistently increasing rate of pandemic influenza cases identified in the state, indicating established transmission
	Deceleration: Deceleration of a pandemic wave	Consistently decreasing rate of pandemic influenza cases in the United States	Consistently decreasing rate of pandemic influenza cases in the state
Transition phase: Reduction in global risk, reduction in response activities, or progression toward recovery actions	**Preparation:** Preparation for future pandemic waves	Low pandemic influenza activity but continued outbreaks possible in some jurisdictions	Low pandemic influenza activity but continued outbreaks possible in the state

Table 1: *Preparedness and response framework for novel influenza A virus: World Health Organization phases and CDC intervals, with federal and state/local indicators*-Source: U.S. Centers for Disease Control and Prevention, *Updated Preparedness and Response Framework for Influenza Pandemics; September, 2014.*

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.

Characteristic	2009 H1N1 Flu (U.S. final estimates, April 2009 – April 2010)	Moderate (1958 / 68 - like)	Severe (1918 – like)
Illnesses	60.8 Million	90 Million (30%)	90 Million (30%)
Outpatient Medical Care	Not Reported	45 Million (50%)	45 Million (50%)
Hospitalizations	274,304	865,000	9,900,000
ICU Care	Not Reported	128,750	1,485,000
Mechanical Ventilation	Not Reported	64,875	742,000
Deaths	12,469	209,000	1,903,000

Table 2: Number of Episodes of Illness, Healthcare Utilization, and Deaths Associated with H1N1 Influenza and 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-*Sources: U.S Department of Health and Human Services, Centers for Disease Control and Prevention (CDC).*

It is clear that a pandemic may have far-reaching effects on the population as well as a variety of critical infrastructure sectors[4], 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.

This Annex will attempt to tie additional response activities to the CDC Intervals for tracking to the State Emergency Operations Center (SEOC) activation levels as identified in Volume 2 of the New York State Comprehensive Emergency Management Plan, *Response and Short-Term Recovery.* However, the CDC Intervals nationally may not always correspond to SEOC activation levels, since New York State may not be experiencing the same pandemic challenges as other states.

E. Planning Assumptions

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. Other viruses may have different clinical attack rates.

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 may be 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, volunteers 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. The State Department of Health provides leadership, support, and coordination of this effort, including during a multi-jurisdictional emergency. Although pandemic influenza may affect multiple jurisdictions simultaneously, all jurisdictional responsibilities are maintained. The State will provide additional support to leadership at the local level, without usurping the authority of LHDs.

[4] *National Strategy for Pandemic Influenza Implementation Plan;* May, 2006

8. The State 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 incubation period can vary between 2-21 days. Non-medical containment will likely be covering the span of the incubation period until symptoms are presented.

10. Decisions about non-medical containment measures will be made in an atmosphere of considerable scientific uncertainty. Containment measures must be adapted to the epidemiological context of each phase of the pandemic.

11. Non-medical containment measures will be the principal means of disease control until adequate supplies of vaccine and/or antiviral medications are available.

12. Response actions need to be swift and decisive, necessitating the use of a variety of State and Federal statutes and authorities to effectively respond to and recover from a pandemic.

13. 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 State will promote and coordinate use of vaccines and/or antivirals based on their availability and the best scientific evidence at the time.

14. 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.

15. It is possible that the State, in its response, may be eradicating animals that serve as a vector as well as responding to a pandemic impacting the population.

16. State agencies supporting this Annex may need to implement their lines of succession as identified in their agency-specific continuity of operations plan.

17. Government at all levels will likely be overwhelmed in a pandemic. This may have an adverse effect on the ability of the State to acquire support from Emergency Management Assistance Compact (EMAC) partners or acquire adequate Federal support under the National Response Framework (NRF).

18. Federal authorities under the Public Health Services Act allow the Federal government to implement quarantine or isolation measures upon the State and the general population.

F. Concept of Operations

1. Initial notification of novel flu cases (in non-humans) may be realized through Federal or State agricultural agencies. Similarly, initial notification of a potential case of a pandemic in humans may be realized through Federal or State health surveillance networks. In either of the above noted cases, this information will be quickly disseminated throughout the Nation and the State of New York.

2. If a pandemic is discovered in the State (in non-humans), response actions will commence as identified in the *Emerging Infectious Diseases in Non-Human Populations Appendix* to the Animal Protection Annex. Surveillance in the public health sector will be elevated to identify potential cases of the virus in humans.

3. Initial notification of a potential pandemic in New York State will likely come from practitioners, local health departments (LHD) 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 laboratory for analysis and/or sent to the Wadsworth Center and the CDC for confirmation.

5. Upon receipt of a confirmation that a potential pandemic has started or is imminent, notifications will be made to the public health sector via the mechanisms managed by the State Department of Health.

6. Upon receipt of the information, the State Department of Health will initiate the appropriate Health Alert Network (HAN) notifications to State Agencies, including the State Office of Emergency Management (SOEM).

7. Upon receipt, SOEM will consult with the State Department of Health and other State agencies, as appropriate, to determine if conditions warrant a collective State response. At this point, the Principals Group may be initiated to consider the demographics and implications of the potential event. Consideration will be given to activate a multi-agency situation unit to 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 State and/or local level) or if the response warrants an activation of the State Emergency Operations Center (SEOC).

8. If conditions warrant the activation of the SEOC, SOEM will notify other appropriate Disaster Preparedness Commission (DPC) agencies representative and will include the activation of several State Functional Branches, including the Public Health, Animal Protection, the Law Enforcement and Security Branch, and the Human Services Branch. In addition, SOEM will notify the county emergency manager(s), and others as deemed necessary.

9. The State Office of Emergency Management (SOEM) will coordinate response activities in support of the State Department of Health and the Principals Group, being cognizant of response operations at the local level, and may utilize local/regional Emergency Operation Centers (EOCs) to facilitate response activities.

10. The Governor could exercise his authority and issue a State Disaster Emergency Declaration to direct any and all State agencies, including non-DPC agencies, to provide assistance under the coordination of the Disaster Preparedness Commission.

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 State Office of Emergency Management (SOEM) will coordinate with the Department of Homeland Security (DHS)/Federal Emergency Management Agency (FEMA) and other Federal agencies as needed, and will coordinate with Federal Emergency Support Functions (ESF) #8 (Health and Medical) and other ESFs as needed.

G. Legal 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, regulations and Federal authorities, including:

1. State Authorities

NYS Executive Law, Article 2B.
NYS Public Health Law; Multiple Articles and sections.
NYS Code Rules and Regulations; Title 10, multiple citations.

2. Federal Authorities

Section 361 of the Public Health Service (PHS) Act (42 U.S.C. 247d) authorizes the Secretary to make and enforce regulations necessary to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the United States, or from one state or possession into any other state or possession. CDC administers these regulations as they relate to quarantine of humans. Diseases for which individuals may be quarantined are specified by Executive Order 13375, which amended the Executive Order 13295 to include pandemic influenza. Other provisions permit HHS to establish quarantine stations, provide care and treatment for persons under quarantine, and provide for quarantine enforcement.

H. Plan Maintenance and Updating

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, State, and Federal officials have coordinated their response.

Section II: Risk Reduction

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 World Health Organization (WHO) has identified various strains of flu and a potential pandemic as an international priority. The WHO uses an intelligence and surveillance networking from across the globe.

B. The U.S. Department of Health and Human Services (HHS) conducts extensive surveillance and monitoring through the U. S. Centers for Disease Control (CDC). Extensive outreach has been conducted abroad as well as to state health departments in the United States. Surveillance nodes include state-level information as well as outpatient surveillance, mortality surveillance, hospital surveillance and virologic surveillance.

C. In the United States, surveillance for animal-borne influenza viruses is conducted by states and the U.S. Department of Agriculture (USDA) Animal and Plant Health Inspection Service (APHIS). Diagnostic testing is performed by state and industry laboratories, with confirmatory testing by USDA/APHIS Veterinary Services at the National Veterinary Services Laboratories in Ames, Iowa.

D. The New York State Department of Health utilizes several disease surveillance networks that actively collect and analyze information to determine an outbreak of a disease, including a pandemic.

E. Per the New York State Department of Health *Pandemic Influenza Response Plan,* the Department has, and will continue to promote pandemic awareness throughout the public health sector.

2. Planning and Training

A. The World Health Organization (WHO) has developed a plan for international events and has issued guidance to each country. Similarly, the U.S. Department of Health and Human Services (HHS) has developed a national plan for coordinating response and recovery activities of Federal agencies identified in the *U.S. Department of Health and Human Services*

Plan for Pandemic Influenza. This plan also includes planning guidance for states to follow, which was fully utilized by the New York State Department of Health.

B. The State Department of Health has developed the New York State Department of Health *Pandemic Influenza Response Plan.* The plan applies public health support to local government and the health sector. The New York State Department of Health *Pandemic Influenza Response Plan* will be supportive of this Annex to the State CEMP, which coordinates response activities to other sectors in a multi-agency setting.

C. The collective efforts of the State Department of Health and the State Office of Emergency Management (SOEM) will lead to the development of a sample plan for local health and emergency management to use in planning for pandemic influenza. As with the State plan, this local plan will serve as an annex to the county comprehensive emergency management plan.

D. Per the New York State Department of Health *Pandemic Influenza Response Plan,* the Department will promote and institute a variety of training throughout the public health sector before, during and after a pandemic.

E. Several State-level exercises are scheduled, which will serve as training and planning components in preparing for a pandemic.

3. Continuity of Operations Planning and Workforce Support

A. New York State agencies have been actively involved in Continuity of Operations Planning (COOP). Disaster Preparedness Commission (DPC) agencies were provided two guidance document to use to assist in their COOP efforts. The documents, issued by the State Office of Emergency Management, exceeded the minimum benchmarks found in NFPA 1600 (*Standard on Disaster/Emergency Management and Business Continuity Programs*) and guidance from the Federal Emergency Management Agency. Relative to a pandemic, the document identified a mechanism for identifying mission critical activities, mitigation, prioritization of programs and a line of succession of at least three persons deep. Many of the DPC agencies, as well as other State (non-DPC) agencies have used this COOP methodology or something similar via a contractor in their COOP endeavors. Many State agencies have completed their COOP efforts, while others are in varying points of the planning process.

B. In 2002, the State Division of Budget mandated a host of internal control initiatives to State agencies. The mandate included a specific emphasis on disaster planning, recovery and internal auditing for COOP. In addition, the internal controls applied to the review process identified that agencies ensure they have effective policies and procedures for government accountability and continuity, including workforce and succession planning.

C. In January, 2006, the State Office of Emergency Management held a pandemic educational training forum in support of the State Department of Health. This forum provided an opportunity to reiterate the need for COOP planning, specifically applied to a pandemic.

D. The State has a variety of vendors and contractors that could augment State agency personnel during a pandemic. The State Office of General Services maintains the State's contract and procurement mechanism, which includes personnel that can be acquired through staffing services.

E. The New York State Department of Health *Pandemic Influenza Response Plan* has identified workforce support mechanisms that could be used during a pandemic to ensure disaster mental health services training is made available during a pandemic.

F. Section 27 of State Executive Law, Article 2B identifies that local governments must develop COOP for their usage. As of this writing, it is unclear as to how many jurisdictions have COOP plans, and to what depth or level of detail each plan goes into. Planning guidance for pandemic influenza issued jointly by SOEM and DOH has identified COOP elements for local government to consider in their pandemic planning endeavors.

G. In 2014, the State received its accreditation under EMAP; included in the accreditation is a Continuity Plan requirement for the nine (9) DPC agencies.

Section III: Response

A. Overview

In identifying the State's response actions, it is important to note that during a pandemic, LHDs 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 State is to provide the oversight to a locally-generated response and support the activities noted above. In providing support, the State response must posture itself to coordinate with local government to fill response shortfalls and be in a position to fully utilize and coordinate State and Federal assets in the response.

The seven functional annexes to the State CEMP identify multi-agency activities in coordinating a collective State response in support of a specific function or activity. Each Branch is comprised of various agencies that are assembled to coordinate the activities of their own agency in support of the Branch's activities. Agency-specific support of the Branch supplies an individual focus of that agency from the agency representative. Typically, the agency representative will not coordinate agency-specific activities outside the parameters or mission of the Branch. Thus, if an agency is needed to support multiple Branches, and multiple Branches are activated, each agency may send multiple representatives to support the various Branches. There are also activities that may fall outside of the purview of any of the Branches, warranting additional agency representatives to support the response. For example, an agency may be called to support the Human Services Branch in applying disaster health services, but may also have the statutory authority to use a locally-held resource outside the purview of the Branch. Therefore, in identifying response activities, functional branches and individual agencies may be called upon to support the State response, as appropriate.

B. Alert, Notification and Activation

With reference to *Pandemic Response* and the required actions, there are a number of pandemic levels that are identified by both the WHO and CDC that follow a similar progression. Therefore, it is important to understand the relationship between the CDC Intervals, NYS DOH activities and the State EOC activation levels to have an accurate picture of the correlation between the federal and state response plans.

It is important to reiterate that multiple waves of a pandemic can be anticipated throughout the life cycle of the event. If the State, in its response, identifies that a pandemic is subsiding or is between waves, then response efforts may be scaled back to assess the response and prepare for the next wave, if any. On the following page is a chart that will outline the actions of the three organizations as the stages of the pandemic progress.

CDC Intervals	EOC Activation Levels	NYS DOH Actions / NYS OEM Triggers
PRE-PANDEMIC INTERVALS		
Investigation Interval: The investigation interval is characterized by low pandemic influenza activity, although outbreaks might continue to occur in certain jurisdictions	Steady State of Operations	Initial Notification of Pre-Pandemic, coordinate planning activities with bordering jurisdictions and unique Review exercise and modify the plan on a periodic basis A **Steady State of Operations** will remain enhance surveillance of the pandemic virus will be initiated
Recognition Interval: WHO or CDC confirms cluster of novel influenza A with sustained and efficient human-to-human transmission anywhere in the world.		Activate the Interagency Taskforce on Influenza Preparedness and meet with state agency partners to review and modify plan as necessary Review, exercise and modify plan. Make contact with NYS DOH, DEPT of AG; send Health Alert Network (HAN) Notification to Task Force Members
PANDEMIC INTERVALS		
Initiation Interval: Confirmation of human cases of a pandemic influenza virus in the United States with demonstrated efficient and sustained human-to-human transmission.	Level 3	Interface with the appropriate counterparts at the National Level/Monitor Department and Regional Office staffing needs/Participate in HHS/CDC public information briefings/HERDS and program based applications systems are initiated **Level 3:** Receives notification from the State Department of Health that a potential pandemic may be imminent or is occurring in the United States Principles Group Discussion; Possible activation of the Multi-Agency Situation Unit Continue enhance surveillance of the pandemic virus; review, exercise and modify plan; identify potential impacts
Acceleration Interval: Consistently increasing rate of pandemic influenza cases identified in the State, indicating established transmission.	Level 2 or 1	-Monitor and implement recommendations from programmatic or issue based sub groups. -Coordinate communication and recommendations with the NYS DPC Interagency Pandemic Influenza Task Force. --- -In coordination with State and Federal partners, determine the need for activation of the NYS MCMDD Plan and relevant response actions to support operations. -Maintain communications with the NYS Interagency Taskforce on Influenza Preparedness and initiate the appropriate actions per relevant plans **Level 2:** If the event is impacting the population in *New York State* Principles Group Discussion, Branch Representation Decided, Multi-Agency Activated **Level 1:** When notification is received that a potential pandemic may imminent in the state: Principles Activated, IMT Deployed, possible activation of the National Response Framework and emergency support function (ESF) #8 - Health and Medical
Deceleration Interval: Consistently decreasing rate of pandemic influenza cases identified in the State. **Preparation Interval:** Low pandemic influenza activity, although outbreaks possible in the State.	Level 2 or 3	Initiate after-action activities, continue to promote vaccinations, respiratory etiquette, and hand hygiene Based upon the guidance of leadership and Functional Branches the EOC could begin to reduce the activation level retrograde activities are begun Begin after action debriefing process/develop After-Action Report Steady state of operations similar to the activity in the Investigation Interval, after-action review and debriefing is being conducted

Steady-State of Operations

The State EOC maintains a readiness posture, while conducting normal day-to-day, steady- state operations via the Watch Center, including surveillance and monitoring of any potential emergency. Likewise, disease surveillance is ongoing at the state and national level by the State Department of Health and the Center for Disease Control and Prevention (CDC), respectively. The corresponding CDC intervals for this readiness posture would be the *Investigation Interval* and the *Recognition Interval*. Apart from continued surveillance and monitoring of any potential emergency situation, no further action would be taken at this time.

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

- Level 3: This level may be initiated when the State Office of Emergency Management (SOEM) receives notification from the State Department of Health that a potential pandemic may be imminent or is occurring in the United States and can be identified as being in one of the following intervals:

  - *Initiation Interval* - Confirmation of human cases of a pandemic influenza virus in the United States with demonstrated efficient and sustained human-to-human transmission (CDC).

  If the event is impacting the population in *New York State,* the Principals Group may be activated to consider and discuss the implications of the event. In addition, a multi-agency situation unit (MASU) may be activated to explore the anticipated response issues specific to the incident. The Principals Group will be composed of members from agencies with direct incident management responsibilities or significant incident management support or resource responsibilities. The Principals 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 State and local governments;

  - Ensure that each agency establishes priorities in preparing for the event, including identifying available resources, future resources requirements, sector-specific coordination issues and the ability to implement an agency-specific continuity of operations plan;

  - Coordinate and resolve potential policy issues arising from the event, and provide strategic coordination as required.

  The Principals may initially include members from the following agencies:

  Department of Health
  Division of State Police
  Office of Counter Terrorism
  Div. of Military and Naval Affairs
  Other agencies, as necessary
  Department of Agriculture and Markets
  State Office of Emergency Management
  Office of Fire Prevention and Control
  Department of Environmental Conservation

  If a multi-agency situation unit is activated at this point, the agency representation will mirror that of the Principals Group.

At this point, state and local agencies may take an increased role in monitoring the event and its potential impacts, if any, in New York State. Situational reporting and monitoring may be done by the State Department of Health, as conditions warrant.

- **Level 2:**

  - *Acceleration Interval* - Indicated by a consistently increasing rate of pandemic influenza cases identified in the State, indicating established transmission (CDC).

At this level, the following actions may be taken:

- The initiation of Level 2 is based on information received from the New York State Department of Health.

- The State Office of Emergency Management (SOEM) and the Functional Branch leaders will jointly identify which agencies of each Functional Branch are required to support the activation level and the current response.

- The New York State Department of Health may request emergency measures of New York State to support local response activities.

- Risk communications will be disseminated to the general public, to include subject matter as identified in the New York State Department of Health *Pandemic Influenza Response Plan.*

- Preparations may be made to support isolation or quarantine measures in support of the local response.

- 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.

- **Level 1**: This level may be initiated when the State Office of Emergency Management (SOEM) receives notification from the State Department of Health that a potential pandemic may be imminent or is occurring in the State and can be identified as being in the following phase:

  - *Acceleration Interval* - Indicated by a consistently increasing rate of pandemic influenza cases identified in the State, indicating established transmission (CDC).

This level will likely trigger the activation of the National Response Framework and emergency support function (ESF) #8 – Health and Medical.

In addition to those items identified under the Level 2 - *Acceleration Interval* (CDC), SOEM will request the following State Functional Branch leaders and agencies to send a representative to the State EOC:

For a Level 1 activation, SOEM may request the following State Functional Branch Supervisors and agencies to send a representative to the State EOC:

Public Health and Medical Branch: State Department of Health

Law Enforcement and Security Branch: Division of State Police

Animal Protection Branch: State Department of Agriculture and Markets

Emergency Services Branch: Office of Fire Prevention and Control, Department of Environmental Conservation

Human Services Branch: Office of Temporary and Disability Assistance

Transportation Infrastructure Branch: State Department of Transportation, Metropolitan Transportation Authority

Other agencies:
State Education Department

Critical Infrastructure and Key Resources Branch: Office of Counter Terrorism

Other agencies:

Empire State Development	Dept. of Corrections and Community Supervision
State University of New York	NYS Funeral Directors Association
Department of Public Service	Department of Civil Service
Department of Labor	Governor's Office of Employee Relations
Banking Department	State Insurance Department
Taxation and Finance	Tribal Representatives

NYS Energy Research and Development Authority

At this level, the following actions may be taken:

- State Office of Emergency Management (SOEM) and the additional Functional Branch leaders will jointly identify which agencies of each Functional Branch are required to support the activation level.

- Invoking or supporting isolation, quarantine or social-distancing requirements using State and Federal legal authorities, as appropriate, and coordinating with Federal authorities on measures to prevent the interstate 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, State and Federal facilities that can serve as triage and treatment centers and medical facilities. These include non-traditional sites (i.e., school gymnasiums) that may be used to support the response.

- Organizing and releasing State and Federal public health and medical response assets to include drugs and medical supplies such as antivirals, vaccine (if available) and assets from the State's Medical Emergency Response Cache (MERC) and/or the Strategic National Stockpile. This may be accomplished through the use of traditional and/or non-traditional PODs.

- In concert with local government, coordinating the implementation of ESF #8, including capabilities under the U.S. Public Health Services (e.g., National Disaster Medical System, Disaster Medical Assistance Teams and Disaster Mortuary Teams).

- Utilizing the State funeral directors plan, apply private-sector resources to expedite the burial process.

- A Joint Information Center (JIC) may be established 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 and will include, but not limited to, topics as identified in the New York State Department of Health *Pandemic Influenza Response Plan.*

- State agencies will conduct sector-specific outreach to industry providers and the private sector as to the status of their operation and identify any shortfalls in that entity's ability to maintain its operation.

At some point, the EOC activation level may be downgraded to a Level 2 or Level 3 with the ability to quickly return to a higher level, if needed. An EOC activation level where response efforts have been scaled back would likely correspond to the CDC *Deceleration Interval*, which indicates a consistently decreasing rate of pandemic influenza cases in the State.

C. Response Organization

The State of New York endorses 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 Interagency Incident Management System (NIIMS) Incident Command System (ICS), as required by Executive Order 26 of 1996, and the National Incident Management System (NIMS), as required by Homeland Security Presidential Directive (HSPD) #5. ICS will be incorporated at the local and Federal levels as well. 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 all of the NIMS components deemed necessary, including a State Principals Group, Area Commands and other coordinative elements at forward locations.

Based on incident specifics, the State may utilize and deploy the State's Incident Management Team (IMT) to the area(s) of impact. The IMT will serve to support on-scene and county EOC interagency coordination between responding disciplines, local governments and the State EOC. The SEOC and the IMT 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.

1. Joint Information Center/Public Information

The Joint Information Center (JIC) should serve as the sole source of official information regarding all incident activities (Federal, State, local). The JIC should provide a forum for the coordinated release of all information. JIC operations should be coordinated as stated in the Emergency Public Information Annex to the State Comprehensive Emergency Management Plan (CEMP). This may include the activation of a hotline or call center to support disseminating public information and adequately respond to public inquiries. Further, absent the Governor, the State Department of Health will serve as the lead in addressing pandemics issues specific that impact humans. The State Department of Agriculture and Markets will serve as the lead in addressing pandemics in non-humans, especially if the State is depopulating infected animals.

D. Response Agency Roles/Responsibilities

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

1. Local Government

Local government will be actively involved in the response, and should be utilized to the fullest extent possible. Each county, and many local governments, has a comprehensive emergency management plan (CEMP) which provides the framework for the jurisdiction's response to emergencies and disasters. As previously identified, the collective efforts of the State Health Department and the State Office of Emergency Management (SOEM) led to the development of sample plans for local government to use in planning for pandemic influenza; it is anticipated that many counties have some sort of annex in process or completed. Further, it is recognized that some counties do not possess a full public health component and rely upon the State to provide the public health function. As such, those counties, while limited in number, may require more State support than those that have a viable local public health component.

Each locally-developed plan will differ in its implementation, including in response capabilities, surge capacities and in the ability to exercise authorities. Therefore, it is prudent upon the State to conduct timely situational reporting to identify any gaps in the protective measures that are promulgated either at the local, State or Federal levels of the response.

2. State Functional Branches and Agency-Specific Roles

State Functional Branches that are activated in support of this type of event will collectively utilize the resources available to them pertinent to the operation. Functional Branch leaders will coordinate such actions within the Branch to effectively respond to the demands of the incident. State Functional Branches will coordinate their actions cognizant of over-arching policies and authorities, statutory or otherwise, as outlined in each Functional Branch Annex and the State CEMP.

The following lists the Functional Branch activity 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. Public Health and Medical Branch

The Public Health and Medical Branch (PHMB) 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. The Public Health and Medical Branch will:

- Assess and implement enhanced surveillance in both affected and unaffected localities and activate 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.

- Per the New York State Department of Health *Pandemic Influenza Response Plan,* develop and disseminate (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 Principals.

- Coordinate the use and distribution of antivirals and federally supplied vaccine (if available) to ensure an adequate supply to priority geographic areas and recipients.

- Coordinate the use of volunteers 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. This guidance will include recommendations on Personal Protective Equipment (PPE) that should be worn by State and local responders and other public and private entities. The release of this information will be done through the JIC and in coordination with the Principals and local government.

- Although not enough empirical evidence is available at this time, during the response, the Public Health and Medical Branch will examine the potential of a novel virus to infect other animals and humans through drinking water and waste water systems.

- Utilize applicable State legal authorities to ensure availability of additional beds and alternate facilities, including State facilities.

- Coordinate with EMAC assets (if supplied) and ESF #8 in

    . Assessing the public health and medical needs in unison with the Federal Incident Response Coordination Team – Advance (IRCT-A). This includes an assessment of the healthcare system/facility infrastructure.
    . Responding to medical surge capacities; identifying Federal facilities (e.g., VA, Federal military installations) that may be able to support triage and treatment.

- Coordinating the receipt and distribution of the SNS (Managed Inventory), MERC, and obtaining medical equipment and supplies, pharmaceuticals, and restocking healthcare facilities.
- Coordinating State and Federal medical personnel (USPHS, NDMS, DMAT) to support inpatient hospital care and outpatient services, including in mass care centers.
- As needed, coordinating with 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 local medical examiner.

- Invoke State legal authorities, such as the suspension of licensing requirements, to support the availability of surge clinical and hospital staffing, holding and control drugs and medical supplies intended for wholesale distribution, obtaining necessary inventories, and coordinating the distribution of assets to the designated locations.

- Recommend to LHDs the most feasible, effective, and enforceable methods of isolation and quarantine to prevent the spread of influenza.

- Provide training, including just-in-time training, to build public health and healthcare.

B. Emergency Services Branch

Through the implementation of other State plans, the Emergency Services Branch will:

- Coordinate EMS assets in support of jurisdictions that are overwhelmed.

- Coordinate 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 Public Health Branch.

- Coordinate the use of fire service assets to provide BLS services as well as coverage for fire protection, hazardous materials responses and USART activities.

C. Animal Protection Branch

- In the event that the novel virus is still active in the animal population, the Animal Protection Branch will serve as the lead in eradication of that vector. The Branch will provide situational status reports on response operations to inform the Principals of the effectiveness of eradication efforts.

- The Animal Protection Branch 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.

D. Law Enforcement and Security Branch

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

- Provide support to local law enforcement 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.

- Provide security for the transportation of commodities, supplies and relief materiel that may be scarce during a sustained pandemic.

E. Human Services Branch

The Human Services Branch will:

- Coordinate the identification and access to facilities that may be used as mass care centers, triage and treatment centers and PODs.

- Coordinate the use of disaster mental health services for victims and their families, including response agency representatives at the local and State level.

- 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 Law Enforcement and Security Branch.

- Identify and secure locations that can be utilized by State and Federal response personnel as staging areas, base camps or rest and rehabilitation centers.

- In coordination with the Public Health Branch, identify and utilize facilities that may be used to stage medical supplies, Managed Inventory (MI), MERC, antivirals, or vaccine.

F. Transportation Infrastructure Branch

The capabilities of the Transportation Infrastructure Branch may vary during the winter season or in times of disaster that require debris removal or emergency repairs to transportation infrastructure. The branch can assist in:

- Providing guidance for re-routing of traffic in and around affected areas.

- Supporting local response activities, such as snow clearing and removal, if the pandemic occurs over the winter season.

- In coordination with the Critical Infrastructure and Key Resources Branch, provide support for excavating, soil removal and transport.

- Supporting traffic and access control points.

- Providing coordination for the passage of Federal assets over the State and local roadways.

G. Critical Infrastructure and Key Resources Branch

The Critical Infrastructure and Key Resources Branch (CI/KR) can assist in:

- Providing purchasing support of commodities, services and labor.

- In coordination with the Transportation Infrastructure Branch, provide construction support, engineering support and provide for office space of which to operate from.

- Providing for a limited grading, hauling and excavating capability.

- In coordination with the Public Health Branch, evaluate the potential health effects of HPAI in water and wastewater systems.

- Identifying and supporting public and private utility providers that may have difficulty continuing to operate due to employee absenteeism.

- If the electric or fuel supply or delivery systems are impacted, the CI/KR will coordinate the implementation of the Energy Emergency Annex to the State CEMP, as required, to support the response. The NYS Energy Research and Development Authority (NYSERDA) is the lead for petroleum and coal emergencies and the Department of Public Service (DPS) is the lead for electrical systems and natural gas emergencies.

H. State Education Department

- Utilizing guidance from the Public Health Branch, disseminate safe practices, risk information and sanitary information to the school community at-risk.

- Coordinate the closure of schools with the appropriate districts and superintendents.

I. Banking Department, State Insurance Department, Department of Taxation and Finance, Empire State Development Corporation

- The above noted agencies will disseminate risk communication information throughout the business and financial sectors respective to each agency's purview.

- Based on statutory authorities, each agency will conduct an assessment of the financial sector to ascertain viability, status and support mitigative measures to lessen the impact of a pandemic on that sector. This may include broad discretionary powers that may be utilized to lessen the impact on banking and interrupt or disturb public confidence in the financial sector.

- Agencies will work collectively to ensure that the business and financial sectors in the State continue to support the general population.

- Agencies will explore opportunities to expedite the receipt and transfer of funds, tax credits, and the receipt of life insurance or disability policies for victims of a pandemic.

J. Governor's Office of Employee Relations, State Civil Service, Department of Labor

- Identify and disseminate guidance to State agencies in human resources issues, concerns and union-related activities. The guidance should take into account leave accruals and any adjustments the State can make to allow employees to attend to themselves or their families if they become ill.

- Jointly identify staffing capabilities on State contract that could support State agency staffing.

- Explore opportunities to expedite the canvass and hiring process, including temporary workers, to fill vacancies in State government.

- Work with the State Department of Labor to coordinate recruitment, classification and assignment of workers to meet essential needs.

K. New York State Funeral Directors Association

- Upon the request of SOEM, members of the New York State Funeral Directors Association may provide support for victim processing and next of kin processing.

3. Waiver of Restricting Codes

The response and recovery to a pandemic may warrant the State to provide waivers for codes to facilitate the State's efforts. The waivers would serve as actions taken to temporarily suspend or modify codes, laws and regulation so that emergency response operations are not unnecessarily hindered or restricted. The authority to implement these modifications rests with the State agency that has statutory authority to do so. These include:

- Department of Law: Provides legal advice to the NYS DPC regarding decisions to waiver State Law.

- Agriculture and Markets: Provides inspection and testing of food to insure safety; may use embargo authority.

- State Education Department:
  - Normal reporting and administrative requirements may be waived during emergencies; and
  - School nutrition program requirements may be waived, in order to provide food for emergency needs at a reduced or no cost; and
  - The waiver of other school requirements may be considered on an 'as needed' basis.

- NYS Energy Research and Development Authority (NYSERDA): In the event of a declared energy emergency, the NYSERDA can waive state and local environmental protection

requirements to the extent necessary for emergency use of energy resources not meeting such requirements for a limited period. In addition, the NYSERDA assists the State Department of Transportation in applying for waivers of federal transportation restrictions for fuel delivery.

- Department of Labor: Activates special assistance programs such as Disaster Unemployment Assistance for those who may not be eligible for regular Unemployment Insurance benefits.

- Department of Motor Vehicles: In the event a gas rationing plan is in effect, DMV assists the NYSERDA by distributing applications for exemptions from the gas rationing plan. The applications are reviewed by department personnel, with stickers to exempt individuals being issued immediately.

- Office of Temporary and Disability Assistance (OTDA): OTDA takes all necessary action to expedite the provision of financial and Social Services assistance to victims of disaster.

- Department of Transportation (DOT): Grants waivers for overweight vehicles and oversize equipment limits on the NYSDOT system due to structural considerations on bridges and pavement. This capability can also be utilized by the Thruway Authority and the State Bridge Authority. DOT grants permits for overweight vehicles and oversize equipment limits on the NYSDOT system due to structural considerations on bridges and pavement. May grant approval for extended hours of labor by personnel that drive large commercial motor vehicles and are involved in emergency restoration of electric, gas and/or communications utility services or in the emergency distribution of heating fuels.

4. State/Federal Coordination under the NRF and the HHS Pandemic Influenza Response Plan

A. 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 Framework, which provides a mechanism for organizing, coordinating, and mobilizing Federal resources to augment State and local resources.

Under the National Response Framework, DHS/FEMA may employ a variety of Emergency Support Functions (ESFs) for coordinating response and recovery activities. As identified in the U.S. Department of Health and Human Services *Plan for Pandemic Influenza,* Federal response planning efforts have definitively pre-identified only one ESF to be activated for a pandemic, that being ESF #8 - Health and Medical. However, the plan does identify that other ESFs will be utilized as appropriate during a pandemic.

In New York State, the State Public Health Branch will be the lead in coordinating with ESF #8. The lines of coordination of all the State Functional Branches can be found in attachment 2: *State/Federal Coordination for Resources and Resource Support.*

B. United States Department of Health and Human Services

The Department of Health and Human Services has a major role in implementing the U.S. Department of Health and Human Services *Plan for Pandemic Influenza* and in being the coordinating agency in ESF #8. An all-inclusive list of activities of HHS during a pandemic is beyond the scope of this document. Therefore, in summary, the HHS will:

1. Under the auspices of the National Response Framework, provide the direction, coordination and integration of overall federal efforts to provide public health and medical assistance to the State.
2. Task appropriate Federal agencies in deploying health and medical personnel, equipment and supplies, including the direct deployment of US Public Health Services in support of health and medical operations.
3. Promulgate and enforce regulations to prevent the spread of communicable diseases.
4. Conduct and support investigative measures into the cause, treatment and prevention of a disease or disorder.

5. Sector and Agency-Specific Lines of Coordination with the Federal Response for Continuity of Operations

Unlike a traditional disaster, a pandemic is not likely to cause direct, physical damage to the infrastructure. However, a true pandemic will adversely affect the health and welfare of the general population over a large geographic area. The affected population makes up the backbone of our society as we know it. A pandemic that impacts the population on such a large scale may be accompanied by a variety of cascading effects and indirect impacts that have a profound impact on government's ability to provide essential services and maintain our critical infrastructure.

As identified in Homeland Security Presidential Directive-7 (HSPD-7), critical infrastructure and key resources provide the essential services that underpin American society. The Nation possesses numerous key resources, whose exploitation or destruction could cause catastrophic health effects or mass casualties comparable to those from the use of a weapon of mass destruction, or could profoundly affect our national prestige and morale. In addition, there is critical infrastructure so vital that its incapacitation, exploitation, or destruction could have a debilitating effect on security and economic well-being. Consistent with the National Strategy for Homeland Security, the Secretary of Homeland Security has produced the National Infrastructure Protection Plan (NIPP), which outlines national goals, objectives, milestones, and key initiatives to protect the nation's critical infrastructure and key resources (CI/KR).

The NIPP is based upon a risk management framework that takes into account threats, vulnerabilities, and consequences when prioritizing CI/KR protection activities. It provides an integrated, comprehensive approach to addressing physical, cyber, and human threats and vulnerabilities to address the full range of risks to the Nation. The NIPP identifies Federal sector-specific agencies (SSAs) that will support preparedness, response and recovery across a number of critical infrastructure sectors. It provides a roadmap for identifying CI/KR assets, assessing vulnerabilities, prioritizing assets, and implementing protection measures in each infrastructure sector. For each sector, the NIPP delineates roles and responsibilities for Federal (SSAs) in carrying out these activities, with DHS as the lead agency and single point of accountability and coordination.

While the NIPP is geared primarily towards protecting the infrastructure, the information and coordination that can be gleaned from the NIPP will be invaluable to the State in response to a pandemic. The vulnerabilities and capabilities for each sector have been identified, the results of which can be extrapolated into the State's pandemic response. This was done at the federal level when looking at the NRF in relation to the NIPP. NRF response planning is informed by the most current and accurate assessments of CI/KR vulnerabilities. The primary agencies for the ESFs identified in the NRF are to access the information capabilities of the NIPP as they pertain to the response capabilities of the ESF. During the response phase of an incident, the information derived from NIPP implementation can be used to support initial response capabilities under the NRF. During

an Incident of National Significance, DHS may designate an Infrastructure Liaison to serve as the principal advisor to the NRF response structure regarding all national and regional CI/KR related issues. In the absence of real-time incident information, the NIPP data can be modeled to provide anticipated consequences, and initial resources can be activated and deployed based on those predictions. Those models can support the State's decision in operational planning cycles during a pandemic. NRF recovery activities benefit from a centralized listing of CI/KR assets by geographic area, and a mechanism for coordinated damage assessment, available through the NIPP. The NRF emergency response planning mechanism can use this information to prioritize recovery actions and resources.

To meet this challenge, the State has identified key lines of coordination to link existing State agencies to Federal resource support. State agency activities include agency-specific and/or multi-agency (functional branch) coordination with Federal Emergency Support Functions as identified in the National Response Framework. The technical basis for each agency activity is linked to a specific sector of the critical infrastructure. These concepts can be found in Attachment 2: *State/Federal Coordination for Resources and Resource Support.*

6. Intrastate, Interstate and International Issues

As with other types of disasters, a pandemic will not stop at borders. In fact, imposing travel restrictions will likely 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 the Public Health Branch. State support may be needed to maintain the traffic and access control points, utilizing the capabilities of the State Functional Branches. Resource support and movement restrictions will be coordinated through local government via the command structure (i.e., IMT) in place.

B. Interstate Coordination

The recommendation or mandate to impose interstate travel restrictions will be identified by the Public Health Branch through health networks with neighboring states and the 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 Functional Branches. The resource support and movement restrictions will be coordinated through local government as well as with the neighboring state(s). The coordination with the local level in New York State will be managed through local government in the State via the command structure in place in New York. Interstate coordination will be managed through the State EOC to the State EOC of the state(s) in question.

C. International Coordination

Similar to interstate coordination, the recommendation or mandate to impose international travel restrictions will be identified by the Public Health Branch through health networks with Federal government and the World Health Organization. As with interstate coordination, international coordination may require support to maintain the traffic and access control points, utilizing the capabilities of the State Functional Branches and Federal resources. The resource support and movement restrictions will be coordinated through local government as well as the neighboring country. The coordination with the local level in New York State will be managed through local government in the State via the command structure in place in New York. International coordination will be managed through the State EOC with Federal ESF #15 – External Affairs.

New York State Comprehensive Emergency Management Plan
Pandemic Annex

Section IV: Recovery

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 may be recognized at the conclusion of the *Deceleration Interval* (CDC), with an eventual transition to the *Preparation Interval* (CDC).

B. Demobilization of the State Response

The *Preparation Interval* (CDC) of the phase schema is initiated when State Office of Emergency Management receives notification from the State Department of Health that low pandemic influenza activity exists while continued outbreaks are possible in the State. This will be based on disease surveillance from the State Department of Health surveillance networks, including federal counterparts, and the level of requests for State assistance necessary to support the response. As the pandemic subsides and the SEOC demobilizes, several actions or activities may be realized, including:

- Giving consideration to relaxing quarantine and isolation measures, traffic and access control points and demobilizing ICS field components that may have been deployed to coordinate the response.

- Assessing the effectiveness of the sector coordination, communications and response capabilities during the prior pandemic phases. 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 State, including mortality, severe morbidity, financial impacts and the disaster recovery mechanisms that can support the general public.

- Continuing enhanced State surveillance and, via the Federal government, domestic and international surveillance to detect further pandemic waves.

- Assessing vaccine coverage, identify gaps and effectiveness of targeting to priority groups, and efficiency of distribution and administration; determine the number of persons who remain unprotected.

- 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.

- Continue incorporating mental health messages to facilitate continued self-care and recovery.

- Communicating with local government, 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 may be overwhelmed, the Governor can request federal assistance.

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 implementation of the recovery process is identified in Volume 2 of the State CEMP – *Response and Short-Term Recovery*.

In the event that the animal population is impacted by the pandemic, current 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 to the amount of financial support to portions of the agricultural industry. Provisions for indemnity applicable to the agricultural industry can be found in New York State Animal Protection Annex, *Appendix for Emerging Infectious Diseases in Non-Human Populations.*

2. Social and Economic Effects

The economic effects of a pandemic on the State, 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, healthcare, and any reliable business, market, or industry. Movement restrictions invoked under State or Federal 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 State will need to take proactive measures in reenergizing the State's economy. A variety of mechanisms to support the economy and the consumer (general public) in times of disaster are already identified in the Human Services Annex to the State CEMP. In addition, these efforts may include:

- Monitoring excessive pricing practices to prevent "price-gouging".
- Providing Unemployment Insurance Benefits and personnel services, including job counseling.
- Providing additional assistance to small businesses 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.
- Utilizing discretionary powers for abating penalties and extending tax due dates as warranted by the emergency.
- Providing advice on tax law provisions for losses related to the disaster.
- Working with lending institutions in requesting compassion and restraint for victims of a pandemic.

The bullets above note just a few of the potential State mechanisms that could be utilized to reenergize the economy and support the general population. The State's ability to implement such actions, and others, rests with the agency that has the statutory obligation and authority to do so. Additional recovery programs can be found in Volume-3 of the State CEMP, *Long-Term Recovery.*

3. Continual Mental Health and Workforce Support Services

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 also 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 Human Services Branch via the State Office of Mental Health (OMH). The Office of Mental Health is the lead in ensuring that mental health services are available and is responsible for coordinating State and Federal mental health resources that are requested through the State Office of Emergency Management (SOEM). As the response organization demobilizes, State agencies will be afforded an additional opportunity to acquire mental health support from OMH via the existing response structure. This will allow for a more broad-based coordination of mental health support to State agencies utilizing the reporting 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 Office of Mental Health 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.

The State Department of Health *Pandemic Influenza Response Plan* identifies workforce support concepts and training materials to support the education of the State and local public healthcare partners. The goal in doing so is to assist in turning over the mental health services capability back to the local level for local government and the general public to utilize following the response. Support for local mental health support should be made available to all of the necessary sectors as well as the general public. Through the recovery process, the availability of mental health support should be maintained and consistently disseminated throughout ongoing public information campaigns. This capability should be coordinated through local health departments to reach the needed audiences.

4. Risk Reduction in Recovery

A. Surveillance

Surveillance in the post-pandemic phase will be conducted by State, federal and international public healthcare 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. The surveillance will be essential in quickly identifying any potential imminent waves of the pandemic to allow 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. 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: *Alert, Notification and Activation of the State Response Organization*

Attachment 2: *State/Federal Coordination for Resources and Resource Support*

Attachment 3: *List of Reference used in Plan Development*

Attachment 4*: Glossary and List of Acronyms*

Attachment 1

Alert, Notification and Activation of the State Response Organization

ALERT AND NOTIFICATION TREE FOR A PANDEMIC

Investigation Interval:
Clinical observations via Local ERs, LHD, realized through DOH Surveillance Networks

Initial Notification

Recognition Interval:
State Department of Health in Humans; State Dept. of Ag & Markets in Animals

Health Alert Network Notification to Task Force Members

(Pre-Pandemic Intervals)

(Pandemic Intervals)

Initiation Interval:
EOC Activates to Level 3; A potential pandemic may be imminent or is occurring in the United States.

Principals Group Discussion
DOH, DSP, OCT, Ag & Mkts, SOEM, OFPC, DEC, DMNA

Multi-Agency Situation Unit may be activated at this time.

Incident Escalation

Acceleration Interval:
Impacting New York State
EOC Activates to Level 2; If the event is impacting the population in New York State.

State Functional Branch Leaders
Public Health
Animal Protection
Emergency Services
Law Enforcement
Human Services

Principals Discussion
Branch representation decided
Multi-Agency Situation Unit Activated

Preparation Interval:
EOC Activation down to Level 2 or Level 3; Low pandemic influenza activity but continued outbreaks possible in the State.

Deceleration Interval:
EOC Activation from Level 1 down to Level 2 or Level 3;
Due to consistently decreasing rate of pandemic influenza, or before the next wave of pandemic.

Incident Escalation

Acceleration Interval:
Impacting New York State
EOC Activates to Level 1; When notification is received that a potential pandemic may be imminent in the State.
Principals Group Activated
IMT Deployed
Potential Request for Federal Response

State Functional Branch Leaders
Transportation Infrastructure Branch
Critical Infrastructure and Key Resourced Branch

Additional Agencies

Empire State Development	Dept. of Labor
State University of New York	Dept. of Corrections
State Insurance Dept.	Banking Department
Dept. of Public Service	Dept. of Tax & Finance
NYS Funeral Dirs. Assoc.	State Insurance Dept.
Tribal Representative(s)	Dept. of Civil Service

Gov's Office of Employee Relations

Federal Response
Emergency Support Functions

ESF #1: Transportation
ESF #2: Communications
ESF #3: Public Works and Engineering
ESF #4: Firefighting
ESF #5: Information and Planning
ESF #6: Mass Care, Emergency Assistance, Temporary Housing and Human Services
ESF #7: Logistics Management and Resource Support
ESF #8: Public Health and Medical Services
ESF #9: Search and Rescue
ESF #10: Oil and Hazardous Materials Response
ESF #11: Agriculture and Natural Resources
ESF #12: Energy
ESF #13: Public Safety and Security
ESF #15: External Affairs

Attachment 2

State/Federal Coordination for Resources and Resource Support

Critical Infrastructure Sector	*State Agency or Branch*	*Federal Coordination with ESF- resources to support the response.*	*ESF Coordinating Agency*	*Federal Sector-Specific Agency (SSA)*	*State/Federal ESF Coordinative Notes Specific to a Pandemic*
Food and Agriculture	HSB	ESF #6: Mass Care, Emergency Assistance, Temporary Housing, and Human Services	DHS/FEMA	USDA, HHS	ESF 6: Non-medical mass care services to include sheltering of victims, organizing feeding operations, emergency first aid, coordinating bulk distribution of emergency relief items.
	APB / Ag & Mkts	ESF #11: Agriculture and Natural Resources	USDA	USDA, HHS	ESF 11: Can provide nutrition assistance; control and eradication of an animal /zoonotic disease outbreak, assurance of food safety and food security, protection of natural and cultural resources.
Water and Wastewater Systems	Human Services	ESF #6: Mass Care, Emergency Assistance, Temporary Housing, and Human Services	DHS/FEMA	EPA	ESF 6: Coordinating bulk distribution of emergency relief items.
	CI/KR	ESF #3: Public Works and Engineering	DOD	DOD	ESF 3: Assessments of public works and infrastructure; executing emergency contract support and real estate services.
Dams	CI/KR, DEC	ESF #12: Energy	DOE	DHS	ESF 12: Provide support and assistance to power producers; actions to assess energy supply demands; technical support to hydroelectric facilities.
	LE&SB	ESF #13: Public Safety & Security	DHS/DOJ		ESF 13: Law enforcement support, credentialing, access control, site security, traffic and crowd control, security for the SNS.

Critical Infrastructure Sector	*State Agency or Branch*	*Federal Coordination with ESF- resources to support the response.*	*ESF Coordinating Agency*	*Federal Sector-Specific Agency (SSA)*	*State/Federal ESF Coordinative Notes Specific to a Pandemic*
Healthcare and Public Health	HSB	ESF #6: Mass Care, Emergency Assistance, Temporary Housing, and Human Services	DHS/FEMA	HHS	ESF 6: Human Services include providing victim-related recovery efforts such as counseling, identifying support for persons with special needs, expediting processing of new Federal benefits claims.
	PHMB	ESF #8: Public Health and Medical Services	HHS		ESF 8: Assessment of public health/medical needs (including behavioral health), public health surveillance, medical care (NDMS) personnel, medical equipment and supplies.
	Ag & Mkts	ESF #11: Agriculture and Natural Resources	USDA		ESF 11: Nutrition assistance, control and eradication of an animal/zoonotic disease outbreak, assurance of food safety and food security.
	SOEM / PHMB / DOS	ESF #15: External Affairs	DHS		ESF 15: Public Affairs, community relations, congressional and international affairs, state and local coordination, and Tribal affairs.
Emergency Services	ESB	ESF #4: Firefighting	USDA/FS	DHS	ESF 4: Provides personnel, equipment, and supplies in support of State, local, and tribal agencies involved in rural and urban firefighting operations.
	ESB	ESF #5: Information and Planning	DHS/FEMA		ESF 5: Deploy staff to support emergency response teams, logistics and material, direction and control, information management, resource acquisition and management, including allocation and tracking.
	ESB, LE&SB	ESF #7: Logistics	GSA		ESF 7: Support contracting services and security services, and personnel required to support immediate response activities.
	ESB	ESF #8: Public Health and Medical Services	HHS		ESF 8: Can support emergency first aid.

Critical Infrastructure Sector	*State Agency or Branch*	*Federal Coordination with ESF- resources to support the response.*	*ESF Coordinating Agency*	*Federal Sector-Specific Agency (SSA)*	*State/Federal ESF Coordinative Notes Specific to a Pandemic*
	ESB	ESF #9: Search & Rescue	DHS/FEMA		ESF 9: USAR support as needed.
	LE&SB	ESF #13: Public Safety & Security	DHS/DOJ		ESF 13: Law enforcement support, credentialing, access control, site security, traffic and crowd control, security for the SNS.
Commercial Facilities / Government Facilities	ESB	ESF #4: Firefighting	USDA/FS	DOI	ESF 4: Provides personnel, equipment, and supplies in support of State, local, and tribal agencies involved in rural and urban firefighting operations.
	SOEM	ESF #5: Information and Planning	DHS		ESF 5: Deploy staff to support emergency response teams, logistics and material, direction and control, information management, resource acquisition and management, including allocation and tracking.
	DOS, SOEM, ESB, LE&SB	ESF #7: Logistics	GSA	DHS/ GSA	ESF 7: Support contracting services and personnel required to support immediate response activities.
	ESB	ESF #8: Public Health and Medical Services	HHS		ESF 8: Can support emergency first aid.
	ESB	ESF #9: Search & Rescue	DHS/FEMA		ESF 9: USAR support as needed.
	LE&SB	ESF #13: Public Safety & Security	DHS/DOJ		ESF 13: Law enforcement support, credentialing, access control, site security, traffic and crowd control, security for the SNS.
	SOEM, DOS, PHMB	ESF #15: External Affairs	DHS		ESF 15: Public affairs, community relations, congressional and international affairs, state and local coordination, and Tribal affairs.

Critical Infrastructure Sector	*State Agency or Branch*	*Federal Coordination with ESF- resources to support the response.*	*ESF Coordinating Agency*	*Federal Sector-Specific Agency (SSA)*	*State/Federal ESF Coordinative Notes Specific to a Pandemic*
Defense Industrial Base	TIB SOEM (Logistics)	ESF #3: Public Works and Engineering ESF #12: Energy	DOD DOE	DOD	ESF 3: Assessments of public works and infrastructure; executing emergency contract support and real estate services. ESF 12: Assist with requests for locating fuel for transportation, communications, emergency operations, and national defense.
Information Technology / Communications	OCS, SOEM, CI/KR, ITS OCS, SOEM, CI/KR	ESF #2: Communications ESF #7: Logistics	DHS GSA	DHS/ OCSTC DHS	ESF 2: Coordinates to assess the need for telecommunications industry support, ensures such support is available as needed, including personnel. ESF 7: Telecommunications support in accordance with the Office of Science and Technology Policy (OSTP) National Plan for Telecommunications Support in Non-Wartime Emergencies.
Energy	CI/KR	ESF #12: Energy	DOE	DOE DHS	ESF 12**:** Assist with requests for emergency response actions as they pertain to the Nation's energy supply, locating fuel for transportation, communications, emergency operations, Federal actions to conserve fuel and electric power; provide energy supply information and guidance on the conservation and efficient use of energy to the State, assesses fuel and electric power damage and energy supply and demand, and identifies requirements to repair energy systems, recommends options to mitigate impacts, and coordinates restoration of energy systems. ESF 12 (above) and see *emergency services* for additional State/federal resource support.

Critical Infrastructure Sector	*State Agency or Branch*	*Federal Coordination with ESF- resources to support the response.*	*ESF Coordinating Agency*	*Federal Sector-Specific Agency (SSA)*	*State/Federal ESF Coordinative Notes Specific to a Pandemic*
Nuclear Reactors, Materials, and Waste	CI/KR	ESF #12: Energy	DOE	DOE	ESF 12: Assist with requests for emergency response actions as they pertain to the Nation's energy supply, locating fuel for transportation, communications, emergency operations, Federal actions to conserve fuel and electric power; provide energy supply information and guidance on the conservation and efficient use of energy to the State, assesses fuel and electric power damage and energy supply and demand, and identifies requirements to repair energy systems, recommends options to mitigate impacts, and coordinates restoration of energy systems.
				DHS	ESF 12 (above) and see emergency services for additional State/federal resource support.
Transportation Systems	SOEM, TIB, DOCCS, CI/KR, SED	ESF #1: Transportation	DOT	DHS/TSA, USCG	ESF 1: Processing and coordinating requests for federal and civil transportation support, coordinating alternate transportation services; coordinating activities conducted under the direct authority of DOT elements such as air, maritime, surface, rail, and pipelines.
	HSB	ESF #6: Mass Care, Emergency Assistance, Temporary Housing, and Human Services	HHS		ESF 6: Expedites mail services in affected areas.
	SOEM (Logistics)	ESF #7: Logistics	GSA		ESF 7: Contracting services, including transportation services, in coordination with ESF #1.

Critical Infrastructure Sector	*State Agency or Branch*	*Federal Coordination with ESF- resources to support the response.*	*ESF Coordinating Agency*	*Federal Sector-Specific Agency (SSA)*	*State/Federal ESF Coordinative Notes Specific to a Pandemic*
Financial Services	ESDC, Banking, Tax & Finance, SOEM	ESF #2: Communications ESF #7: Logistics	DHS GSA	Dept. of Treasury	ESF 2: Coordinates to assess the need for telecommunications support for financial sector ISAC. ESF 7: Personnel support for requirements not specifically identified in other ESFs. *Note: Federal coordination should be maintained through the Treasury to the Financial and Banking Information Infrastructure Committee (FBIIC) to a host of State, federal and private banking and financial institutions.*
Chemical	ESB, OCT, CI/KR, TIB	ESF #1: Transportation ESF #7: Logistics ESF #12: Energy	DOT GSA DOE	DHS	ESF 1: Processing and coordinating requests for federal and civil transportation support, coordinating alternate transportation services; coordinating activities conducted under the direct authority of DOT elements such as air, maritime, surface, rail, and pipelines. ESF 7: Contracting services, including transportation services, in coordination with ESF #1. ESF 12**:** Assist with requests for emergency response actions as they pertain to the Nation's energy supply, locating fuel for transportation, Federal actions to conserve fuel and electric power; provide energy supply information and guidance on the conservation and efficient use of energy to the State, assesses fuel and electric power damage and energy supply and demand.

Critical Infrastructure Sector	*State Agency or Branch*	*Federal Coordination with ESF- resources to support the response.*	*ESF Coordinating Agency*	*Federal Sector-Specific Agency (SSA)*	*State/Federal ESF Coordinative Notes Specific to a Pandemic*
Critical Manufacturing	DOS, DOCCS, TIB, SOEM (Logistics)	ESF #1: Transportation	DOT	DHS/TSA	ESF 1: Processing and coordinating requests for Federal and civil transportation support, coordinating alternate transportation services.
	SOEM (Logistics)	ESF #7: Logistics	GSA		ESF 7: Contracting services, including transportation services, in coordination with ESF #1.

Branch Key:

ESB = Emergency Services Branch
APB = Animal Protection Branch
PHMB = Public Health and Medical Branch
HSB = Human Services Branch
TIB = Transportation Infrastructure Branch
LE&SB = Law Enforcement and Security Branch
CI/KR = Critical Infrastructure and Key Resources Branch

Attachment 3

List of References Used in Plan Development

The following is a list of State and federal documents that were used in the preparation of this Annex:

1. The New York State Comprehensive Emergency Management Plan (CEMP):

   Volume 2: Response and Short-Term Recovery
   - Emergency Services Annex
   - Animal Protection Annex
   - Public Health Annex
   - Human Services Annex
   - Transportation Infrastructure Annex
   - Law Enforcement and Security Annex
   - Critical Infrastructure and Key Resources Annex

   Volume 3: Long-Term Recovery Plan

2. The New York State Department of Health, *Pandemic Influenza Response Plan;* March, 2014.

3. U.S. Centers for Disease Control and Prevention, *Updated Preparedness and Response Framework for Influenza Pandemics*; September, 2014.

4. World Health Organization, *Pandemic Influenza Risk Management: WHO Interim Guidance*; June, 2013.

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

6. National Strategy for Pandemic Influenza; November, 2005.

7. National Strategy for Pandemic Influenza *Implementation Plan*; May, 2006.

8. Interim National Infrastructure Protection Plan, February, 2005.

9. National Response Framework; December, 2004.

10. Homeland Security Presidential Directive (HSPD) # 5 – Management of Domestic Incidents; February, 2003.

11. Homeland Security Presidential Directive (HSPD) # 7 – Critical Infrastructure Identification, Prioritization and Protection; December, 2003.

12. State and Local Planning Checklist, U. S. Centers for Disease Control; December, 2005.

13. World Health Organization (WHO) *Global Influenza Preparedness Plan*; May, 2005.

14. 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.

Attachment 4

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.

Critical infrastructure: Systems and assets, whether physical or virtual, so vital to the United States that the incapacity or destruction of such systems and assets would have a debilitating impact on security, national economic security, national public health or safety, or any combination of those matters. Specifically, it refers to the critical infrastructure sectors and key resources identified in Homeland Security Presidential Directive 7 (HSPD-7).

Delegation of authority: Identification, by position, the authorities for making policy determinations and decisions at headquarters, field levels, and other organizational locations, as appropriate.

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.

Key assets: Subset of key resources that are "individual targets whose destruction could cause large scale injury, death, or destruction of property, and/or profoundly damage our national prestige or confidence."

Key resources: Publicly or privately controlled resources essential to the minimal operations of the economy and government. This refers to the four key resources identified in HSPD-7 and the National Infrastructure Protection Plan. These four key resources include: dams; government facilities; commercial facilities; and nuclear reactors, material, and waste.

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.

Sector: Part or division of the national economy.

Sector-Specific Agency: Federal departments and agencies identified under HSPD-7 as responsible for infrastructure protection activities in a designated critical infrastructure sector or key resources category.

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

APB	Animal Protection Branch
APHIS	Animal and Plant Health Inspection Service
BLS	Basic Life Support
CDC	U.S. Centers for Disease Control
CEMP	State Comprehensive Emergency Management Plan
CI/KRB	Critical Infrastructure and Key Resources Branch
CI/KR	Critical Infrastructure and Key Resources
COOP	Continuity of Operations Planning
OCS	Cyber Security and Critical Infrastructure Coordination
DHS	Department Of Homeland Security
DMAT	Disaster Medical Assistance Teams
DMNA	Division of Military and Naval Affairs
DMORT	Disaster Mortuary Services
DOCCS	Department of Corrections and Community Supervision
DOD	Department of Defense
DOT	Department of Transportation
DPC	State Disaster Preparedness Commission
DPS	Department of Public Service
ESB	Emergency Services Branch
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EMAC	Emergency Management Assistance Compact
EPA	U.S. Environmental Protection Agency
ERT-A	Federal Emergency Response Team-A
ESF#1	Emergency Support Function (Transportation)
ESF#2	Emergency Support Function (Communications)
ESF#3	Emergency Support Function (Public Works and Engineering)
ESF#4	Emergency Support Function (Firefighting)
ESF#5	Emergency Support Function (Emergency Management)
ESF#6	Emergency Support Function (Mass Care, Housing, Human Services)
ESF#7	Emergency Support Function (Resource Support)
ESF#8	Emergency Support Function (Health and Medical)
ESF#9	Emergency Support Function (Urban Search and Rescue)
ESF#11	Emergency Support Function (Agriculture and Natural Resources)
ESF#12	Emergency Support Function (Energy)
ESF#13	Emergency Support Function (Public Safety & Security)
ESF#15	Emergency Support Function (External Affairs)
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
HSB	Human Services Branch
HSPD#5	Homeland Security Presidential Directive-5; NIMS
IA	Individual Assistance
ICS	Incident Command System
IMT	State Incident Management Team

ITS	NYS Office of Information Technology Services
JIC	Joint Information Center
LE&SB	Law Enforcement and Security Branch
LHD	Local Health Department
MASU	Multi-Agency Situation Unit
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
NIIMS	National Interagency Incident Management System
NIPP	National Infrastructure Protection Plan
NRF	National Response Framework
NYSERDA	NYS Energy, Research and Development Authority
OMH	NYS Office of Mental Health
OSTP	Office of Science and Technology Programs
OTDA	Office of Temporary and Disability Assistance
PA	Public Assistance
PFO	Principal Federal Official
PHMB	NYS Public Health and Medical Branch
POD	Point of Dispensing
PPE	Personal Protective Equipment
SOEM	State Office of Emergency Management
SEOC	State Emergency Operations Center
SNS	Strategic National Stockpile
SSA	Sector Specific Agencies
TIB	Transportation Infrastructure Branch
USDA	U.S. Department of Agriculture
USPHS	U.S. Public Health Service
WHO	World Health Organization
WPU	NYS DEC Wildlife Pathology Unit

Attachment 5

NYS Governor's Office of Employee Relations (GOER) Human Resources Guidance Memorandum - 11/13/06

(Note: this Guidance Memorandum is under review as of 01/22/15)

State of New York
Governor's Office of Employee Relations
Contract Negotiations and Administration Unit
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(518) 473-3130 • (518) 473-6795 (Facsimile)

George E. Pataki
Governor

George H. Madison
Director

M E M O R A N D U M

November 13, 2006

TO: Directors of Human Resources

FROM: John V. Currier

SUBJECT: Agency Planning for a Pandemic Influenza Crisis

The purpose of this memorandum is to provide guidance to agencies that are developing Continuity of Operations Plans (COOPs) for use in the event of a pandemic influenza crisis. The Governor's Office of Employee Relations (GOER) worked with the Department of Civil Service (DCS) to prepare this memorandum.

For information on preparation of COOPs, agencies should print and review both documents found under the heading *Empire Agency Continuity of Operations Plan (COOP) - Sample Plan* on the State Office of Emergency Management (SOEM) web site at http://www.dhses.ny.gov/programs/planning/. For additional information on COOP preparation, agencies can contact the SOEM Planning Section at (518) 292-2302 (not a CAPNET number).

Since specific parameters of any future pandemic influenza crisis are impossible to predict, this memorandum provides a general overview of workforce issues that agencies should consider in establishing their plans. If a pandemic influenza crisis does occur, the SOEM, in conjunction with GOER, DCS and the Department of Health (DOH), will be providing more detailed guidance to agencies.

Because the State has broad statutory power and authority to define agency mission and goals and to manage its workforce, there are no legal impediments to its authority to do so during a pandemic influenza crisis. Moreover, there are no contractual impediments to the State's ability to identify essential assignments or carry out any other necessary measures for managing its workforce during a pandemic influenza crisis.

While the State has broad authority to manage its workforce, cooperation and sharing of information with the unions during a pandemic crisis will be very important. Accordingly, GOER will work with DOH and DCS to coordinate meetings and establish ongoing communication with the unions.

The identification of critical assignments and the development of a strategy to staff them under difficult circumstances are essential elements in the development of each agency's COOP. Set forth below is information on workforce issues to assist agencies with the development of such plans.

A. Identification of Critical Functions and Assignments

We recommend that agencies focus on the identification of critical functions needed during a pandemic influenza crisis and the assignments critical to the operation of those functions. After an agency's plans for critical functions have been finalized, the agency should create a staffing plan identifying essential employees to carry out the critical assignments. In addition, planning should include identifying additional employees who could staff these critical assignments.

Identification of specific employees who could perform critical assignments far in advance of a possible pandemic influenza crisis may not be feasible given the fact that employees will continue to enter and leave the workforce between now and the onset of any pandemic. However, if identification of employees to perform critical assignments is needed as part of the planning process, agencies must plan to update such lists regularly to reflect staffing changes. Also, agencies should bear in mind that their critical functions could change unexpectedly in response to a crisis and should be prepared to re-evaluate their critical assignments accordingly.

The State has previously had occasion to identify critical functions that need to be maintained, albeit for different purposes. While such past experience is a good starting point, there is no guarantee that functions deemed critical in past incidents would be identical to those needed in the event of a pandemic crisis. Accordingly, agencies should re-evaluate their needs in the context of a pandemic influenza crisis that may exceed the scope and duration of previous crises.

To reiterate, the agency planning process must focus on critical assignments within critical functions. It cannot be simply title or employee-based.

B. Staffing

We have divided our staffing discussion into four topics: Essential Employees, Location of Assignments, Work at Home, and Non-Essential Employees.

1. Essential employees

During a pandemic influenza crisis, the paramount goal of agencies is to keep critical assignments staffed. Should essential employees become unable to continue in such assignments, there are a variety of tools that agencies could employ to fill them. Suggested tools an agency could use include:

a. Volunteers. The first choice should be to ask for volunteers from the pool of employees in the agency in the same title who are qualified and normally assigned to perform such duties. Second, volunteers willing to work out-of-title but qualified and competent to do the work could be sought and be temporarily reassigned by the agency.

b. Assignment to duty. When an agency cannot fill critical assignments through volunteers, employees in the agency in the same title who are qualified and normally assigned to perform such duties could be assigned to work.

c. Temporary reassignment of other employees. Within each appointing authority, management is entitled to reassign employees within the same layoff unit, as needed. If it becomes necessary to move employees from one appointing authority to another, transfer under Section 70(1) of the Civil Service Law (CSL) can be used as a mechanism to do so. Under the law, employees must consent to such a transfer.

d. Out of title. State employees who are assigned or volunteer to perform duties and functions of a title at a higher salary grade are working out of title, and should be paid appropriately. Those employees assigned to, or volunteering for, duties at a lower grade level should be held harmless. This will remain true even where employees are temporarily assigned to another agency. In preparation for a possible pandemic crisis, DOB and DCS will develop a streamlined payment mechanism for out-of-title work in advance. If use of such a payment mechanism becomes necessary, guidelines will be shared with agencies.

e. Former State employees. Retirees and former State employees can currently be rehired under Retirement and Social Security Law Sections 211 and 212, but these provisions impose income limits. There are also restrictions under the Public Officers Law. Should conditions warrant, the State may ease these restrictions. Any such modifications will be communicated to agencies when and if they become necessary.

f. Temporary items. The Civil Service Law provides for temporary appointments and allows the Director of Classification and Compensation to create and allocate positions (see CSL Sections 64 and 118, respectively). Using this authority, the Department of Civil Service and the Division of the Budget will work to establish in advance a pool of temporary items set at various compensation levels. This would allow agencies to acquire new employees rapidly as circumstances warrant. This pool of items could only be used with proper authorization. A procedure will be established for use of these items and communicated to agencies when and if this measure becomes necessary.

g. Contracting out. Although the State currently has the right to contract out for goods and services, this should be viewed as a last resort for filling critical assignments. A better alternative is to make temporary appointments as discussed above.

h. Compliance. Whenever possible, agencies should seek volunteers to perform critical assignments. Although employee behavior in a crisis environment, particularly one involving the threat of communicable disease, is unpredictable, State employees have historically shown dedication to their jobs by volunteering to work under difficult conditions.

Employee education and training will be carried out to prevent unfounded fears and combat rumors as well as to make employees aware of employer expectations. DOH, DCS, and GOER will coordinate the development of training (See Section D, Education and Training, below).

The disciplinary provisions found in Civil Service Law Section 75 and the collective bargaining agreements are available where employees do not report to work as directed. However, this is a lengthy process and would most likely not be effective in getting employees to report within the timeframes necessitated by a pandemic.

2. Location of Assignments

The location where an employee performs critical assignments depends, among other things, upon the nature of such assignments and the severity of the pandemic influenza crisis. Employees may always be assigned to perform work at their normal worksite. In addition, the State has the authority to assign employees to work at an alternate worksite or to work at home. The State has always had the authority to assign employees to work at home, and such work-at-home arrangements are not "telecommuting" as described in the PS&T Unit Agreement.

a. Housing and food. Agencies could plan for and provide food and housing for staff required to stay at or near their worksites. Similarly, the State could pay for hotel accommodations, food, and travel expenses for employees assigned to worksites away from their homes, but not staying at their worksites.

3. Work at Home

As stated above employees may be assigned to work at home during a pandemic influenza crisis. The State has always had the authority to assign employees to work at home. Such work-at-home arrangements are not "telecommuting" as described in the PS&T Unit Agreement and no labor/management agreement is necessary in order to assign employees to work at home. Employees who are assigned to work at home should, where possible, be performing their assigned duties or be available to do so during their normally scheduled work hours. Agencies that intend to assign employees to work at home must make logistical preparations in advance (i.e., technological infrastructure, equipment, supplies, etc.).

Employees assigned to work at home are in pay status and must complete a record of attendance. Direct deposit of pay should be encouraged so that employees assigned to work at home will have timely access to their funds.

There is no presumption that employees assigned to work at home are on standby/on-call status unless so notified by the employer. Standby/On-Call provisions of the collective bargaining agreements are only operative if the employee in question is required to restrict activities or movement during non-work hours for the express purpose of being ready to work on short

notice. Similarly, there is no presumption that employees assigned to work at home are working overtime unless so assigned by the employer.

Detailed guidelines regarding work at home issues will be developed and shared with agencies when and if this measure becomes necessary.

4. Non-Essential Employees

While agencies will always strive to ensure performance of critical functions, the extent to which they curtail other non-essential functions will likely depend upon the severity of the pandemic influenza crisis. If the severity of the crisis results in a decision to direct non-essential employees not to report to the work place, such employees are in pay status without charge to credits because we are precluding them from reporting to work. Accordingly, under this scenario, they would be assigned to work at home (See "Work at Home" above). Such work-at-home arrangements are not "telecommuting" as described in the PS&T Unit Agreement. Non-essential employees who are assigned to work at home should, where possible, be performing their assigned duties or be available to do so during their normally scheduled work hours. Non-essential employees who typically earn overtime will not be compensated for the loss of opportunity to do so as a result of assignment to duty at home.

C. Budgetary/Fiscal and Overtime Issues

Under Civil Service Law Section 134(6), the Director of the Budget has authority to approve waivers allowing overtime payments to employees deemed to be overtime ineligible. This has been done in previous situations including the September 11, 2001 terrorist attacks and the preparation for Y2K. The Division of the Budget will establish an expedited process for granting overtime waivers to essential employees in the event of a pandemic influenza crisis. Guidelines on this process will be shared with agencies when and if this measure becomes necessary.

D. Education and Training

DOH, DCS, and GOER will coordinate education and training programs. Programs for the general employee population will focus on specific infection control practices and reducing staff fear and anxiety through education about influenza and its prevention. In addition, informational sessions geared toward personnel and/or human resource managers will focus on topics related to management of the workforce during a pandemic influenza crisis.

E. Internal Agency Communication

Since communication with employees will be crucial in sustaining the execution of critical assignments, agencies must ensure that their records regarding employee home phone numbers (and home e-mail addresses where possible) are up to date. Agencies should establish an emergency communication plan and advise employees on its use. Once the agency COOP planning process is complete, agencies should conduct agency-level informational sessions with union representatives and employees to explain agency plans in the event of a pandemic.

F. Next Steps

In the event of a pandemic influenza crisis, SOEM, in conjunction with GOER, DCS, and DOH, will provide more detailed instructions to agency managers on the issues discussed above as well was other contingencies that may arise.

If you have any questions about this memorandum, please contact Rebecca Caudle or Richard Ahl of the Governor's Office of Employee Relations at (518) 473-8375.

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