

***NEW YORK STATE
COMPREHENSIVE EMERGENCY MANAGEMENT
PLAN***

**PUBLIC HEALTH AND MEDICAL
FUNCTIONAL ANNEX**



**Disaster Preparedness
Commission**

**PREPARED BY THE NEW YORK STATE
DISASTER PREPAREDNESS COMMISSION
PUBLIC HEALTH & MEDICAL BRANCH**

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FINAL

**PUBLIC HEALTH & MEDICAL
FUNCTIONAL ANNEX**

PUBLIC HEALTH & MEDICAL BRANCH

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FINAL

PUBLIC HEALTH & MEDICAL FUNCTIONAL ANNEX

PUBLIC HEALTH & MEDICAL BRANCH

Supervising Agency

Department of Health (DOH)

Member Agencies

Department of Agriculture and Markets (AGMKT)
Department of Corrections and Community Supervision (DOCCS)
Department of Environmental Conservation (DEC)
Department of Transportation (DOT)
Division of Military and Naval Affairs (DMNA)
Governor's Office of Employee Relations (GOER)
New York Division of State Police (DSP)
Office of Fire Prevention and Control (OFPC)
Office of General Services (OGS)
Office of Mental Health (OMH)
State Education Department (SED)
State Office of Emergency Management (State OEM)
State Office of Interoperable and Emergency Communications (OIEC)
State University of New York (SUNY)

1. Introduction

New York State (NYS) will continue to experience a variety of disasters from a number of causes: humans, nature, and technology. This Annex outlines the Public Health & Medical Branch's approach to providing support to local public health services and healthcare facilities and protecting public health throughout NYS during the response and short-term recovery phases of a disaster as outlined in the State Comprehensive Emergency Management Plan (CEMP).

A. Purpose

This Annex provides general guidance for public health and healthcare management activities and an overview of the roles and responsibilities of State agencies functioning under this Annex. The Annex also describes the emergency response organization and assigns responsibilities for various public health functions.

The purpose of this plan is to mitigate the impact of threats to public health, protect lives, property, and the environment by:

- Coordinating the response and short-term recovery to emergency events affecting public health and the healthcare system in the NYS.

- Establishing a concept of operations for response to these types of events that may be supplemented with specific procedures to meet the requirements associated with all hazards.
- Linking existing local authorities to State and federal authorities and to the respective plans and capabilities that would be implemented in response to incidents in accordance with the Response and Short-Term Recovery Basic Plan. This may include coordinating requests for and deployment of federal resources per Emergency Support Function (ESF) #8, Public Health and Medical Services.
- Establishing a health-related emergency strategic response plan to protect the public from adverse health effects in situations where hazardous conditions exist.
- Defining measures to protect public health and safety and identify, acquire, and plan the use of needed health-related resources.
- Facilitating and ensuring coordination of the efforts of the designated Member Agencies that make up the Public Health & Medical Branch.

B. Scope

The Public Health & Medical Functional Annex is a strategic-level management plan that outlines the basic concepts required to manage and coordinate State agencies providing response and short-term recovery assistance to localities.

Disaster response begins and ends at the local level. State agency-level support begins and ends based on statutory requirements.

This Annex will be in effect from the time it is activated by the State Office of Emergency Management (State OEM) until such time as it is demobilized. The Annex will be activated via direction from the State Emergency Operations Center (State EOC) after receiving a request from a county EOC.

C. Authority

1. NYS Executive Law, Article 2-B, establishes the State Disaster Preparedness Commission and requires the commission to develop disaster preparedness plans. Such disaster preparedness plans are to address disaster prevention, response, and recovery and collectively comprise the elements of the State's CEMP.

The CEMP is comprised of three (3) main volumes, one (1) of which is the Response and Short-Term Recovery portion of the plan. That volume provides general strategic guidance and an organizational structure of NYS agencies during emergency response and short-term recovery operations. Further, the volume includes seven (7) functional Annexes to address various response activities. Each Annex brings together the collective resources of various response disciplines. This Public Health and Medical Functional Annex serves as an Annex to the CEMP and uses all of the existing powers and authorities that are realized in the CEMP.

2. Under NYS Executive Law, Article 2-B:

- § 20 – 2 (e) -- *"emergency services organization" means a public or private agency, voluntary organization or group organized and functioning for the purpose of providing fire, medical, ambulance, rescue, housing, food or other services directed toward relieving human suffering, injury or loss of life or damage to property as a result of an emergency, including non-profit and governmentally-supported organizations, but excluding governmental agencies.*
 - i. (g) -- *"Disaster emergency response personnel" means agencies, public officers, employees, or affiliated volunteers having duties and responsibilities under or pursuant to a comprehensive emergency management plan.*

- § 28 – If the Governor finds that "local governments are unable to respond adequately" to a disaster, the Governor may declare a State "disaster emergency" by executive order.
 - i. *The Governor may direct State agencies to take such actions as may be necessary to protect the public health and safety. State assets can be activated and utilized absent a gubernatorial declaration, with some limitations.*

- § 29 b. – Upon the declaration of a State disaster emergency, the Governor may direct any and all State agencies to provide assistance under the coordination of the DPC. Such assistance may include:
 - i. *Utilizing, lending, or giving to political subdivisions, with or without compensation, equipment, supplies, facilities, services or State personnel, and other resources, other than the extension of credit;*
 - ii. *Distributing medicine, medical supplies, food and other consumable supplies through any public or private agency authorized to distribute such items;*
 - iii. *Performing on public or private lands temporary emergency work essential for the protection of public health and safety (e.g., clearing debris and wreckage); and*
 - iv. *Making such other use of their facilities, equipment, supplies and personnel as may be necessary to assist in coping with the disaster or any resulting emergency.*

3. Under NYS Public Health Law (PHL):

- § 1300: Confers on the Commissioner of Health all necessary powers to make investigations and examinations into nuisances or questions affecting the security of life and health in any locality.

- § 16: Provides that, whenever the Commissioner, after investigation, is of the opinion that any person is causing, engaging in or maintaining a condition or activity which in his or her opinion constitutes a danger to the health of the people, and that it therefore appears to be prejudicial to the interests of the people to delay action for 15 days until an opportunity for a

hearing can be provided, the Commissioner shall order the person, by written notice to discontinue such dangerous condition or activity or take certain action immediately or within a specified period of less than fifteen days.

- Article 21, Title I, § 2105 requires the director or person in charge of each State institution to report immediately an outbreak of a communicable disease in such institution to the State Health Commissioner and as may otherwise be provided in the State sanitary code.
 - Article 13, Title I, § 1301, items 1, 2, and 3, the Governor may require the State Health Commissioner to examine nuisances and order their abatement or removal.
 - Article 2, Title I
 - i.* § 201, item 1 provides that DOH shall receive and expend funds for public health purposes, exercise control over and supervise the reporting and control of disease, exercise control over and supervise the abatement of nuisances affecting or likely to affect public health, and supervise and regulate the public health aspects of ionizing radiation and nonionizing electromagnetic radiation.
 - ii.* § 206, items 1, 2, and 9 provide that the State Health Commissioner and DOH continue to exercise powers and duties regarding public health matters as provided by law, including supervising local boards of health and health officers; investigating the causes of disease, epidemics, the sources of mortality, and the effect of localities, employments and other conditions upon the public health; entering all grounds and structures; establishing and operating such adult and child immunization programs as are necessary to prevent or minimize the spread of disease and to protect the public health; and deputizing local health officers.
 - iii.* § 206 (25)(b): Provides that the Commissioner of Health may require reporting by Article 28 and Article 36 entities, registered pharmacies, manufacturers and distributors of adult immunizing agents doing business in this state, and others possessing such adult immunizing agents of information needed to respond to an imminent public health emergency.
4. NYS Military Law, Section 6, authorizes the National Guard (Army and Air) to assist civil authorities and law enforcement under order of the Governor.
 5. 10 NYCRR 2.10(a) provides that, when a case of communicable disease occurs in a State institution or a facility licensed under Article 28 of the Public Health Law, the person in charge of the institution or facility shall report the case to the State Department of Health and to the city, county, or district health officer in whose jurisdiction such institution is located.
 6. 10 NYCRR 2.11 provides that, if a pathologist, coroner, medical examiner, or other person determines from examination of a corpse or from history of the events leading to death that at the time of death this individual apparently was affected

with a communicable disease, he/she shall report the case within 24 hours to the proper health authority according to the manner indicated in 10 NYCRR 2.10 as if the diagnoses had been established prior to death.

7. The NYS Defense Emergency Act of 1951 could be invoked following an “attack,” defined to include any case involving use of bacteriological or biological means, thereby empowering a State defense council, chaired by the Governor, to exercise a broad range of extraordinary powers.
8. Individual State agencies and departments may also have specific legal bases that require and/or authorize certain emergency planning and response actions that are not included in this document.

2. Situation

A. General

Local emergency response agencies may be fully involved with operational issues that are critical for responding to incidents that fall under the purview of this Annex. Further, the parameters and complexity of the incident may, in many cases, exceed the response capabilities of local government. The local government is responsible for carrying out the initial response and short-term recovery activities and services, and will use all available local resources in doing so.

Most county and local governments have developed CEMPs in accordance with NYS Executive Law, Article 2-B. Such plans coordinate the collective response of that local government, within its borders, and provide for a mechanism to use all of the existing resources. In addition, local public health agencies are required to have additional plans and procedures in place to support response operations for a variety of emergencies that fall under their respective response discipline.

At such time that a local government can no longer provide the services and assets required for protecting the population from further injury or devastation resulting from the disaster situation, the State CEMP may be activated. State response activities in support of local government should provide the necessary support with State assets or the coordination of local assets from unaffected areas. Interagency coordination, information sharing, and cooperation at all levels of government will be the key to an effective and efficient response to bring the event to a conclusion.

B. Planning Assumptions

1. An incident requiring the activation of the Public Health & Medical Branch (herein referred to as the ‘Branch’) may begin locally and escalate to the State level, or may require State involvement from the incipient stage of the incident.
2. Some incidents may be ordinary, day-to-day type scenarios while other incidents may evolve into an event of greater scope and magnitude.
3. Some incidents may produce major consequences that will quickly overwhelm the capabilities of local government almost immediately.

4. Some incidents may require the activation of the Branch solely, while other incidents may require the activation of one or more of the other State functional branches.
5. Events may occur in one location or may occur coincidentally with other incidents throughout the State. The incident may be accompanied by cascading secondary hazards and events.
6. The level of training and response capability of local and county response agencies will vary from jurisdiction to jurisdiction and may impact the subsequent response from State agencies. Some localities in the State have special dependence and arrangements with DOH for program support.
7. The Supervising Agency - DOH will coordinate the Branch's activities and monitor the Member Agencies' activities within the Branch to ensure that established goals and objectives are met and necessary intragroup coordination is maintained.
8. Coordination between State agencies and the Branch must be managed from both a physical-proximity and technology standpoint.
9. Health-related emergencies or disasters may result in injuries, illnesses, or death in potentially thousands of victims. There may be large numbers of dead persons. Large numbers of vulnerable and/or at risk population groups (e.g., the elderly, medically fragile, facility based populations) may be without adequate treatment or facility support.
10. Health-related emergencies or disasters caused by a chemical or biological agent may not be recognized until some time after casualties occur.
11. Large-scale emergencies or disasters may surge demand at hospital emergency departments and hospital facilities, increase demand for emergency medical services, increase morgue capacity, and necessitate development of non-hospital facilities (such as schools and armories).
12. The psychological impact of a health-related emergency or disaster may affect a broad geographic area well beyond the actual incident site(s).

C. Planning Factors

1. Priority will be given to saving lives, protecting property, and protecting the environment, in that order.
2. The Branch will coordinate activities with other activated functional branches via an established Multi-Agency Coordination (MAC) Group to assure a cohesive, coordinated response.
3. Supervising and Member Agencies will not relinquish statutory obligations and responsibilities while functioning within the Branch.

5. The designated Supervising Agency – DOH is responsible for the coordination of State activities within the Branch.
 - At such time that the Branch is activated, DOH will activate its Incident Management System (IMS) to manage its internal resources and external partnerships with branch member agencies.
 - The DOH IMS group is comprised of DOH executive staff, DOH Division and Bureau management, program leads and subject matter experts.
 - In the event of an emergency response that requires supplemental support in the form of volunteers, DOH will work with State OEM to identify resources available throughout the State DPC agencies and those assets that may be available through the Emergency Management Assistance Compact (EMAC).
 - DOH maintains a volunteer registry in the DOH ServNY Volunteer Management System. This registry will be surveyed for additional volunteer staff to assist in addressing requests from local jurisdictions. ServNY volunteers may be recruited and deployed to help provide healthcare services in areas where the traditional healthcare delivery system has been compromised, including, but not limited to Licensed Practical Nurses (LPN), Registered Nurses (RN), Certified Nursing Assistant (CNA) or other health care and mental health professionals, as well as non-medical laypersons who are willing to serve in administrative or support roles during public health emergencies.
 - DOH may also use ServNY volunteers to support state, regional and local preparedness drill and exercise activities held to train for an emergency response.
5. Agency-specific response plans will be maintained by each Branch agency and used as the basis for each agency's response. Branch agencies will review their own plans and procedures to assure that no conflicts exist with this Annex or other existing plans.
 - DOH will implement the protocols, procedures and strategic concepts delineated within the DOH Health Emergency Preparedness and Response Plan (HEPRP) and its appendices. The HEPRP is the DOH comprehensive all hazards plan for assuring public health within NYS.
6. Branch activities will be conducted in accordance with existing federal and State statutes, rules, and regulations.
7. DOH manages the NYS Medical Emergency Response Cache (MERC) designed to provide medical assets for local response operations in any affected area of the State. Additional federal assets can be requested and deployed to an affected area.

3. Concept of Operations

A. Definitions for Types of Emergencies

1. Localized Incident

The incident is small in nature, impacting a small geographic area or limited to one or two communities.

2. Regional Emergency

The incident impacts a significant area of the State, *via population and/or geography*, and exceeds the local government's capacity to respond.

3. Statewide Disaster Condition

The incident impacts the majority of the State, *via population and/or geography*, and exceeds local and/or single State agency capacity to respond.

B. Incidents Originating Locally

1. An incident requiring the activation of the State CEMP, and subsequently the Public Health & Medical Functional Annex, may begin locally and escalate to the State level.

2. State assistance will be supplemental to local emergency efforts.

C. State Response

1. Depending on the nature and scope of the incident, State agency involvement may begin coincidentally with the start of the incident.

2. Local agencies will be used as per standard protocols and statutory requirements.

D. Integration of Federal Assets and Resources

1. The US Department of Health and Human Services (HHS) is the lead Federal agency in ESF-8 and is the primary federal agency responsible for coordinating fatality management activities and deploying federal assets in support of affected local and state governments. HHS's responsibilities in fatality management include:

- Assisting State and local health officials and coroners/medical examiners in coordinating response activities.
- Requesting HHS/Federal Emergency Management Agency (FEMA) to activate and deploy appropriate ESF 8 partners including health and medical personnel, equipment and supplies in response to requests for Federal public health and medical assistance. This may include Disaster Mortuary Operational

Response Teams (DMORT) or other assets under the US Department of Health and Human Services (HHS).

- Deploying the appropriate ESF 8 personnel, which may include regional emergency coordinators, subject matter experts, an incident response coordination team to coordinate ESF 8 requests and missions, a Senior Health Official, contractors, and other entities as appropriate.
 - Working with the national associations (e.g. funeral directors, coroners/medical examiners, dentists, and emergency managers) to provide additional personnel surge capacity if required.
 - DHS/FEMA coordinates the implementation of the National Response Framework and supports operations at the Family Assistance Center as needed.
2. Federal resources will be supplemental to State efforts and may include the assimilation of various federal response components.
 3. The Branch will facilitate coordination in the response with the federal resources of ESF 8, Public Health and Medical Services.

4. Notification and Activation of the Public Health & Medical Branch

A. Notification

1. A request for State assistance may be received through the State OEM via the affected county. Typically, a request for State assistance is received via the following:
 - The county emergency manager, or designee, makes the request to the State OEM liaison located in the county EOC.
 - The county emergency manager contacts the State EOC directly.
2. Upon the receipt of notification from the county, State OEM will notify the Supervising Agency – DOH if and when this Annex and Functional Branch is activated.
3. The Supervising Agency – DOH will contact the Member Agencies and provide information on incident priorities. The Supervising Agency representative should solicit and consult with representatives of relevant Member Agencies whenever possible while developing the incident priorities, goals, and objectives. Notification will include information as to what Member Agency assets and support will be required.
 - At such time that the Branch is activated, DOH will activate its Incident Management System (IMS) to manage response activities with member agencies.

B. Activation

1. During the event, the Governor issues a State Disaster Emergency Declaration generally limited to established governmental boundaries (i.e., county or city). Issuance of this declaration makes the resources of State agencies available to assist local governments in response and short-term recovery operations. The Branch may be activated in preparation for response to an impending natural, human-caused, or technological disaster¹.
2. Depending on the nature and severity of the expected, imminent, or suddenly occurring emergency or disaster situation, activation of the State response and the Branch may occur at any of the following times:
3. A request for State assistance is received from local government due to *the unique or complex nature of the situation* requires activation of the Branch to support local operations, as follows:
 - The incident is small in nature, impacting one or two communities, or the *impact of this incident on the community* requires activation of the Branch to support local operations.
 - The incident affects a small area, but agencies within the Branch have statutory or regulatory responsibility to provide assistance for this type of incident.
 - The State EOC response to this situation is established at Level 3.
4. Regional emergencies may require the activation of the Branch to support local operations and coordinate State agency operations, as follows:
 - The incident impacts a significant area of the State and the unique or complex nature of the situation requires activation of the Branch to support local operations and coordinate State operations.
 - The incident impacts a significant area of the State and agencies within the Branch have statutory or regulatory responsibility to provide assistance for this type of incident.
 - The incident impacts a significant area of the State and may involve numerous different incidents within the same locality or geographic area.
 - The State EOC response to this situation is established at Level 2 or Level 1.
5. Statewide Disaster Condition requires the activation of the Branch to support local operations and coordinate State multi-agency operations, as follows:

¹ Examples of such cases could be upon arrival of a large storm, a blackout that encompasses a large geographical area, or a large-scale medical incident or complex event.

- The incident impacts the majority of the State and the unique or complex nature of the situation requires activation of the Branch to support local operations and coordinate State response operations.
- The incident impacts the majority of the State and agencies within the Branch have statutory or regulatory authority to provide assistance to the incident.
- The incident impacts the majority of the State and involves a number of different incidents.
- The State EOC response to this situation will be at Level 1.

5. Response Organization

A. General

The Branch's organization will vary based on incident type and scope. The incorporation of other functional branches within the overall State response may also impact the organization of the Branch.

When activated by the State OEM, Supervising Agencies from each functional branch may be asked to perform the duties outlined in the Response and Short-Term Recovery Plan of the State CEMP.

Member Agencies may perform two (2) key activities:

1. Establish incident response priorities, goals, and objectives, which will be used to develop an action plan. The action plan components will directly relate to and encompass the assigned responsibilities of the Branch.
 - Establishing response priorities, goals, and objectives is the responsibility of the Supervising Agency and will vary with incident type.
 - The Supervising Agency representative(s) will solicit and consult with representatives of relevant Member Agencies when developing the incident priorities, goals, and objectives.
 - The Supervising Agency will be responsible for incorporating the incident priorities, goals, and objectives of the Branch into the State Response Incident Action Plan. This will typically be accomplished via the Multi-Agency Coordination (MAC) Group. In the absence of a MAC Group, the Supervising Agency will assure the coordination of incident priorities with overall State response efforts.
2. Properly execute their specific agency operations in support of the State response to the incident.
 - Each Member Agency shall be responsible for conducting the agency-specific operations required to support the Branch's incident priorities.

- Member Agencies that are unable to address their operational demands due to resource limitations shall communicate these shortfalls to the Supervising Agency representative and, when functioning within a multi-agency State response, to their appropriate coordination point.
- Each operating agency will be required to regularly provide situation status reports (SITREPs) as required in the State CEMP. The Supervising Agency representative(s) will focus on the priorities, goals, and objectives related to the incident.
- At a minimum, the SITREPs should provide updates on:
 - Agency activities;
 - Resource status;
 - Anticipated needs for future operational periods; and
 - Interagency issues requiring resolution.
- Agency-specific plans will provide the tactical- and operational-level guidance to carry out the tasks required to accomplish the assigned goals and objectives.

B. Public Health Response Organization

1. Localized Incidents

- Branch agencies with operational responsibilities will establish their individual organizational structure using principles established in the National Incident Management System – Incident Command System (NIMS-ICS).
- In the event the incident is deemed a State response Level 2 incident:
 - Branch agencies with operational responsibilities will identify for State OEM their agency representative who will serve as their agency liaison at the State EOC or other established coordination points.
 - The Supervising Agency may request additional agency personnel who will function at the policy-making level to support any established MAC Group.

2. Regional Emergencies

- Each Member Agency will establish its individual organizational structure according to the NIMS-ICS.
- Member Agencies with operational responsibilities will designate an agency representative who will serve as their agency liaison at the State EOC or other established coordination points.
- The Supervising Agency will designate their agency personnel who will function at the policy-making level to support established MAC Groups. In addition, based on the nature of the incident and experience required, the

Supervising Agency may request additional personnel from Member Agencies to participate.

3. Statewide Disaster Conditions

- Each Member Agency will establish its individual organizational structure according to the NIMS-ICS.
- Member Agencies with operational responsibilities will designate an agency representative who will serve as their agency liaison at the State EOC or other established coordination points.
- The Supervising Agency will designate their agency personnel who will function at the policy-making level to support established MAC Groups. In addition, based on the nature of the incident and experience required, the Supervising Agency may request additional personnel from Member Agencies to participate.

6. Response Actions

A. Initial Actions

Upon activation of the Branch:

1. The Supervising Agency, in consultation with other activated Member Agencies, will establish the Branch's priorities, goals, and objectives.
2. Based on the SEOC response level, the Branch will:
 - Inform other activated functional branches and the State OEM of the priorities, goals, and objectives identified by the Branch.
 - Assure coordination of these components with other operating functional branches.
3. Member Agencies will perform operational responsibilities:
 - As determined by statute, or
 - In response to the priorities determined in concert with the Branch, or
 - In response to the priorities established through a functioning MAC Group(s).
4. Member Agencies will develop SITREPs according to criteria established by the Supervising Agency or State OEM.

B. Continuing Actions

1. Member Agencies will perform operational responsibilities:
 - As determined by statute, or
 - In response to the priorities determined in concert with the Branch, or
 - In response to the priorities established through a functioning MAC Group(s).
2. Member Agencies will develop SITREPs according to criteria established by the Supervising Agency or State OEM.
3. Member Agencies will respond to resource availability and general incident information requests made by State OEM.

7. Public Health & Medical Branch Responsibilities

Each agency listed below has specific duties associated with establishing and maintaining public health and healthcare system functions during response and short-term recovery operations. The general responsibilities associated with each agency are described in accordance with the level of participation required within the realm of public health.

Each agency is responsible for developing and maintaining tactical plans that are specific as to how they will carry out the tasks and duties required to meet their obligations under this Annex. Individual agency plans are not included within this Annex.

Responsibilities for Branch agencies are described below.

A. Supervising Agency – DOH

1. DOH's responsibilities as the Supervising Agency are:
 - Taking the lead for health-related emergencies or disasters, including identification and mitigation of those emergencies.
 - Supporting the management and coordination of public health needs for the population and healthcare system affected by the emergency or disaster.
 - Providing public health information relevant to the emergency or disaster to appropriate authorities.
 - Managing public health mitigation, logistical, and related fiscal activities.
 - Assisting in identification and disposition of the dead.
 - Activation and management of the State Volunteer Management System – ServNY².

² <https://apps.health.ny.gov/vms/appmanager/vms/public>

- Using effective risk communication to guide the public, the media, and health-care providers in responding appropriately to a disaster or emergency, and complying with measures to increase public health and safety and reduce exposure to hazards.

B. Member Agencies

1. All member agencies may have overarching roles and responsibilities within the command group of the operation, this may include (but is not limited to) the following:
 - Member agencies may provide public information support by providing staff for the State Joint Information Center (JIC) or appropriate messaging.
 - Law enforcement personnel or site security.
 - Emergency site Availability of stationary emergency response communications equipment in vehicles as well as portable radios throughout the state.
 - Incident scene response operations and equipment including: generators, lighting, pumps, crane/grapple (limited), shoring: sheet piling (limited), hand tools, persons to person (point to point) Communication (limited number of handheld radios), underwater/structural recovery, GPS/ Mapping: RSDA Tool, GIS personnel, damage assessment teams.
2. Specific Agency authorities, roles and responsibilities related to functional branch activities:
 - Department of Agriculture and Markets (AGMKT):
 - Provides food related regulation and inspection services for supermarket, grocery stores.
 - Provides expertise in the surveillance, diagnosis and control of zoonotic diseases in animals.
 - Serves as the Supervisory Agency for the Temporary Emergency Animal Sheltering Appendix (Plan) under the NYS Animal Protection Annex.
 - Department of Corrections and Community Supervision (DOCCS)
 - May assist in postmortem photography and fingerprinting.
 - May be able to provide limited supplies of cook-chill and shelf stable meals supply cots, linens and bedding as well as clothing.
 - Department of Environmental Conservation (DEC)
 - Water quality testing and monitoring.
 - Wastewater treatment plant inspection and operation expertise.
 - Hazardous materials spill response.
 - New York Division of State Police (DSP)

- Assist with the epidemiological investigative process and acting as the Supervising Agency for the criminal investigation. This investigation will be performed jointly with DOH.
- In conjunction with local law enforcement agencies, coordinating security as required for personnel, vaccines, and emergency or disaster sites.

8. References and Sources of Additional Information

Multi-Agency Functional Branch & Hazard Specific Annexes:

- Animal Protection Annex
Appendix: Emerging Infection Diseases in Non-Human Populations
Appendix: Temporary Emergency Animal Sheltering
- Critical Infrastructure and Key Resources Functional Annex

State-Level/Managed Plans:

- NYS Mass Fatality Plan
- NYS Medical Countermeasures (MCM) Material Management, Distribution and Dispensing Plan (MCMDD) (DOH Maintained)
- NYS Radiological Emergency Preparedness Plan for Commercial Nuclear Power Plants
- NYS Pandemic Influenza Response Plan
- State Emergency Medical Services (EMS) Mobilization Plan (DOH Maintained)

Additional DOH Specific Plans:

- NYSDOH Health Emergency Preparedness & Response Plan (HEPRP)
- NYSDOH Incident Management System Plan
- Healthcare Evacuation Center (HECC) Plan
- NYSDOH Volunteer Management Annex
- NYSDOH Community Based Care Site Tool Kit³ (available online)

³ http://www.health.ny.gov/environmental/emergency/community_based_care_center/index.htm