

# Section 1: Command, Control, and Management Procedures

## OVERVIEW

This section describes the command and control structures under which the New York City Department of Health and Mental Hygiene (NYC DOHMH) operates during a City-wide emergency. Command and control for the agency is broken into 2 distinct yet inter-related systems: (1) Externally, the agency operates under the City-wide Incident Management System (CIMS) with the Office of Emergency Management (OEM) as the coordinating body; (2) Internally, the agency uses the Incident Command System (ICS), an incident command and management structure developed to facilitate and streamline emergency response during times of a public health emergency.

### City-wide Incident Management System

CIMS is an incident management doctrine for managing emergency incidents and planned events in New York City (NYC). CIMS establishes roles and responsibilities and designates authority for City agencies performing and supporting emergency response.

CIMS is designed to be scalable and to facilitate integration of additional organizations, including state and federal agencies, and private sector and non-profit organizations.

NYC's public safety agencies typically perform their daily responsibilities using their own resources. However, City agencies frequently respond to more complex multi-agency and multi-jurisdictional incidents that are successfully addressed through the cooperation of several City, state and federal agencies, and non-profit and private sector organizations. Further, there is a heightened need for NYC's response agencies to be integrated with regional and national emergency preparedness and response organizations.

### Unified Command

Under CIMS, a City-wide public health emergency would be managed under a Unified Command. DOHMH, NYPD, and FDNY are the primary agencies involved; HHC and GNYHA are potential primary agencies and/or subject matter experts.

Each agency in the Unified Command will designate an Incident Commander who will jointly set incident objectives with the other Primary Agencies.

Unified Command is an important element in improving multi-jurisdictional or multi-agency incident management. As a combined command and management effort, Unified Command overcomes much of the inefficiency and duplication of effort that can occur when agencies from different functional and geographic jurisdictions, or agencies at different levels of government, operate without a common organizational framework.

### Core Competencies

Core Competencies are functional areas of expertise which are implemented during incidents. Agencies have the authority to direct operations related to their Core Competencies during incidents. OEM has outlined the following Core Competencies for DOHMH in CIMS:

- Disease Surveillance and Epidemiology
- Public Health Orders, Clinical Guidance, and Risk Communication
- Mass Prophylaxis / Vaccination
- Laboratory Testing (Biological and Radiological)
- Public Health Assessment
- Environmental Mitigation (Radiological and Biological)
- Animal-Related Surveillance and Vector Control
- Mental Health Needs Assessment and Service Coordination

### Mutual Aid

In addition to enacting mutual aid agreements, requests for assistance would be directed to OEM. DOHMH may utilize pre-existing mutual aid agreements as needed, but would request mutual aid assistance should existing agreements or support become exhausted.

### Incident Command System

The role of ICS is to facilitate rapid and coordinated decision-making, as well as efficient communications and information dissemination. The ICS has been used during real emergencies and events (9/11, anthrax outbreaks, the Republican National Convention) and modified as needed based on these experiences.

The ICS is headed by an Incident Commander (IC) who oversees the following 10 Sections:

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| <ul style="list-style-type: none"><li>• Environmental</li><li>• Finance</li><li>• Information/Technology</li><li>• Laboratories</li><li>• Logistics</li></ul> | <ul style="list-style-type: none"><li>• Medical/Clinical</li><li>• Mental Health</li><li>• Planning</li><li>• Public and Provider Information</li><li>• Surveillance and Epidemiology</li></ul> |
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Each of these functional Sections is led by an ICS Section Head who is a senior staff member from their respective department. For each ICS Section, an organizational structure has been developed that designates emergency-specific core job functions and responsibilities specified in Job Action Sheets (Appendix 2C). During emergencies, the primary command and control location for DOHMH operations is the Department Emergency Operations Center (DEOC). Use of the DEOC enhances the Agency's ability to respond to an emergency event and sustain its critical public health functions. The DEOC is designed to provide a secure, well-equipped workspace for DOHMH ICS leadership during an emergency activation.

## OBJECTIVES

The overall objectives of DOHMH in pandemic flu planning are to develop specific plan priorities and operations, and assign specific responsibilities to appropriate Sections. DOHMH also works to achieve buy-in from the public and private sectors, coordinates with groups that represent special populations, identifies gaps in resources, addresses legal considerations, and modifies the plan as needed during a pandemic.

### Coordination and Control

In addition to working with NYPD, FDNY, GNYHA, and HHC as outlined in CIMS, response activities would be closely coordinated with New York State Department of Health (NYS DOH) and New York State Emergency Management Office (NYS EMO) under a Unified Command with OEM as the City's Coordinating Agency. While most decisions regarding a local response to a pandemic would rest with NYC, decisions regarding hospitals and other Article 28 facilities (those engaged in the prevention, diagnosis, and treatment of human disease, pain, injury, deformity, or physical condition) would be under the authority of NYS DOH.

### Decision-Making Strategy

The decision to implement various sections of this pandemic flu plan will be made based on (1) the current status of the pandemic overseas, (2) if a pandemic is declared by the World Health Organization (WHO), and (3) the proximity of the pandemic to NYC. The authority of the Mayor, the Board of Health, or the Governor is required to activate certain measures outlined in the pandemic phase sections of this plan.

## ROLES AND RESPONSIBILITIES

DOHMH will activate ICS and implement pandemic plan operations from the DEOC under the leadership of the designated Incident Commander (IC) who is responsible for incident management and coordination with the other responding agencies as outlined in CIMS. Each ICS Section is responsible for performing its specific functional role in accordance with the imperatives of the incident and the directives of the IC.

ICS Section Heads will regularly convene under the leadership of the IC at the DEOC. The role of CIMS is to facilitate rapid and coordinated decision-making, as well as efficient communications and information dissemination. The IC and ICS Section Heads will develop an Incident Action Plan and define Operational Periods to guide DOHMH response to the incident, making adjustments as the event unfolds. Emergency operations evolve over time, from response and mobilization, to recovery and demobilization.

During non-emergency periods, the ICS Section Heads are actively involved in agency-wide emergency preparedness and planning efforts, development of their ICS Section's organizational structure, and ongoing refinements to DOHMH ICS.

## CHALLENGES

Maintaining public order; mandating actions in accordance with existing laws; effective communication; coordination of local, state and federal agencies; and effecting streamlined response, recovery, and mitigation procedures are key challenges in an influenza pandemic scenario.

### Communications

A Commissioner or Mayoral Advisory, Alert, or Press Release would be considered for distribution to enhance public relations and risk communications.

### Legal Considerations and Extenuating Circumstances

Ongoing discussions to identify and address legal issues have been held by DOHMH's Legal Division. Draft legal orders and regulations are being written to address issues around isolation, quarantine, movement restriction, health care services, emergency care, and mutual aid.

- Actions mandated by DOHMH that are not at odds with existing laws and do not require detainment of individuals (in accordance with Health Code section 11.55) may be implemented by DOHMH and may involve the Commissioner of Health and/or the Mayor.
- A Mayoral Declaration of Emergency would be sought in the event that a building or jurisdiction needs to be quarantined, or if the number of individuals to be detained or isolated in their homes exceeded compliance with Health Code section 11.55, or if other provisions of the health code or local laws required suspension or promulgation.
- A Gubernatorial Disaster Declaration would be required in the event that state laws needed to be suspended or promulgated (e.g., alteration of state credentialing and/or licensing requirements) in order to operate PODs (points of distribution) or to distribute medications.
- The New York City Police Department (NYPD) would maintain public order and help implement control measures.

## PANDEMIC INFLUENZA PLANNING COMMITTEE

A planning committee comprising key representatives from within DOHMH (see below) has been established. The committee is an on-going plan development group but is not intended to replace the ICS in an actual emergency.

- Bureau of Communicable Disease
- Bureau of Immunization
- Bureau of Emergency Management
- Public Health Laboratory

- Office of General Counsel
- BIIT (information technology)
- Operations
- Media/Public Affairs
- Employee's Health Service
- Call Center
- Division of Mental Hygiene
- Division of Epidemiology
- OEM
- Office of the Chief Medical Examiner (OCME)

The committee's initiatives comprise:

- Developing DOHMH pandemic planning based on new information on the H5N1 influenza outbreak overseas and changes in federal and state policy
- Collaborating with the OEM to coordinate with other city agencies in City-wide planning for the pandemic response
- Oversight of planning, response, recovery, and mitigation initiatives
- Ensuring that the City's pandemic flu plan is periodically reviewed and revised as needed

### **I. Interpandemic Period (WHO Phases 1-3)**

The primary focus of DOHMH Pandemic Planning Committee during the interpandemic period is to:

- Address each operational priority
- Ensure that a NYC pandemic plan is developed either as an annex or supplement to an All Hazards Plan (a guide for emergency operations that does not preclude personal initiative, which is often necessary in mitigating a rapidly evolving incident)
- Identify crucial gaps in infrastructure and resources, laws, or statutes which (if not corrected in advance) may interfere with an effective response
- Develop a strategy in advance of the pandemic to inform key government officials, legislators, health care providers, the general public, and various stakeholders of DOHMH pandemic plan to obtain buy-in to the plan, as well as the need to address and resolve identified gaps
- Coordinate planning activities with bordering jurisdictions

- Address considerations that may arise for special populations, in coordination with organizations that represent them
- Periodically review and modify the plan as needed

**Objective: Identify and Meet with Partners and Stakeholders**

The pandemic preparedness plan must be prepared in close collaboration with, and with buy-in from a wide variety of organizations in the public and private sectors. The goals of DOHMH are to:

- Promote awareness
- Assign specific responsibilities
- Develop specific plan components

As the planning committee has now developed the initial draft of the pandemic flu plan and initial decisions have been made regarding lead responsibilities for planning and implementation, a series of meetings with potential partners and stakeholders has begun.

Informational and directed planning meetings have been held in conjunction with OEM, including the participation of representatives from NYC agencies as well as from the private business community. These meetings seek to ensure a broad understanding of the potential implications of an influenza pandemic, as well as encourage individual agencies and businesses to plan for a prolonged period of employee absenteeism and disruption of normal services.

A list of representative organizations essential to the planning process includes, but is not limited to:

- NYS DOH
- GNYHA
- Nursing associations
- Medical associations
- Pharmacy associations
- Public and private laboratories that may process clinical specimens for influenza
- Regional health departments
- Personnel responsible for communication systems, equipment, networks, and computer hardware and software
- U.S. Department of Education
- Advisory groups to DOHMH
- Local media affiliates
- Radio/CB groups
- Social services agencies
- Volunteer organizations involved in response and recovery in various disasters

- Law enforcement, fire/rescue, and emergency medical agencies
- Religious organizations
- Major unions
- Large industries or employers in the area
- Local aviation authority or others involved in the provision of air support and transport
- Representatives of major public utilities
- The City's Chief Financial Officer, auditor, and heads of centralized procurement and/or resource support agencies

A series of meetings have been held to promote coordination with NYC and with state and regional partners, including:

- Participation in business-sponsored and business continuity meeting
- Interagency meeting with more than 80 agencies and 8 functional groups, including follow-up meetings with each functional group
- NYS coordination meetings
- Regional planning meetings
- Metro surveillance meetings with Connecticut and New Jersey
- Presentation at Weapons of Mass Destruction (WMD) Task Force including discussion of distribution of antivirals and the role of hospitals
- Meetings with GNYHA, including presentation of a pandemic plan with NYS DOH

## **II. Pandemic Alert Period (WHO Phases 4, 5)**

During the pandemic alert period, DOHMH will:

- Continue to meet with appropriate partners and stakeholders and review major elements of the plan
- Modify the plan as needed based on new information about the potential pandemic strain
- Activate enhanced surveillance and provider communications about the need to remain alert for potential travel-related cases due to the novel pandemic strain
- Begin vaccine and antiviral distribution as available and as indicated
- Notify key government officials and legislators of any need for additional monetary resources

### III. Pandemic Period (WHO Phase 6)

Upon pronouncement of a pandemic by WHO and/or CDC, DOHMH would activate the ICS.

Response activities will vary depending on whether the pandemic is still primarily affecting countries overseas, is in the United States but not yet in NYC, or if local transmission is documented in NYC. DOHMH will:

- Fully implement the plan or appropriate sections of the plan, as indicated based on the potential threat of introduction into NYC
- Coordinate activities with neighboring jurisdictions
- Interface with appropriate counterparts at the state and national level