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Review Date: 1/25
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Review Responsibility: BADMIN

FCCS POLICY & PROCEDURE

NO.: 4M

SUBJECT: Infectious Disease Emergency Response Plan (IDERP)

Approved by: Executive Council
Effective Date: January 18, 2022
Date(s) of Revision:
Applies to: All Staff

BACKGROUND

Infectious disease emergencies are circumstances caused by biological agents, including organisms such as bacteria, viruses or toxins with the potential for significant illness or death in the population. Infectious disease emergencies may include naturally occurring outbreaks (e.g., measles, mumps, meningococcal disease), emerging infectious diseases (e.g., SARS, avian influenzas), and bioterrorism. The circumstances of infectious disease emergencies may vary by multiple factors, including type of biological agent, scale of exposure, mode of transmission and intentionality (bioterrorism), and many others. Public health measures to contain such outbreaks are especially important for diseases with high morbidity or mortality and limited medial prophylaxis and/or treatment.

PURPOSE

The purpose of the Infectious Disease Emergency Response Plan (IDERP) is to educate and contain, when possible, an outbreak of disease caused by an infectious agent or biological toxin or respond to other infectious disease emergencies as defined above. This is consistent with the Ohio Department of Public Health mission to protect the public from illness and or death.

Activities that may be implemented during an Infectious Disease Emergency Response include:

- **Coordination with other city, regional, state and federal agencies and other organizations responding to a large public health emergency.**

SCOPE

An infectious disease emergency (IDE) occurs when urgent and possibly extensive public health and medical interventions are needed to respond to and contain an infectious disease outbreak or biological threat that has the potential for significant morbidity and mortality in Ohio.

The IDERP is intended to be used for any infectious disease emergency that requires a response that exceeds normal disease control capacity. Some outbreaks or situations will require limited response activities; other situations will require large-scale response efforts that involve the collaboration of the Ohio Department of Public Health or Columbus Public Health Department.

The IDERP is a functional response guide for Franklin County Children Services.

MEMBERS of the IDERP

Executive Director
Executive Council
Director of Screening
Associate Director of Nursing
Performance Support Director

PLAN ACTIVATION

One or more the of the following criteria for an IDE must be met for activation:

1) **Large outbreak requiring more than routine resources**
2) **First or initial case(s) of an emerging infectious disease with potential for significant illness or death in Ohio**
3) **High profile situation involving an infectious disease**
4) **Waterborne outbreak or threat**
5) **Activation from the Health Department or the Ohio Emergency Operations Center**

The need to notify other internal and external partners of the activation of the IDERP will be determined by the circumstances of the event and the impacted population and will be

issued by the agency Director of Public Information, in conjunction with Chief Legal Counsel and the Executive Director

IMPLEMENTATION OF IDERP

1) **The members of the group will gather within 24 business hours or less;**
2) **The Director of Screening, in consultation with the Associate Director of Nursing, will educate the other members of the group on the infectious disease emergency, including the risk and the possible impacted population;**
3) **Action steps will be developed as a result of the consultation and monitored until the threat is contained.**

The following areas will be considered when developing a formal response:

1) **Accountability: Who is responsible for specific tasks prior to, during, and after a disaster? What is the chain of command?**
2) **Location: If the agency offices are rendered unusable, where will the base of operations be? How will staff be notified? How will the new location affect operations?**
3) **Funding: How will agency operations be funded during a disaster? How will agency staff and contractors receive salaries or reimbursements? How will families receive regular foster care, adoption, or other payments? How can the agency support families' emergency needs?**
4) **Communication: How will agency staff communicate with each other? With families? With other agencies (both in and outside of the agency's jurisdiction)? With the media? What methods (e.g., walkie-talkies, tollfree numbers, 800 MHz radio systems) are available to assist with communication? How can regular communications (e.g., mail, e-mail) be rerouted during and after the emergency?**
5) **Accessing and maintaining information: How can files, including information about how to communicate with or locate resource families, be preserved and accessed? How should recordkeeping continue during and after the disaster? What is the agency's back-up data system and where is it located? How will any data system outages affect the use of mobile technology (e.g., tablets for recordkeeping in the field)?**
6) **Displaced children and families: How will the agency be able to track children or families who are forced to evacuate or are otherwise displaced or unreachable?**

What services or supports can the agency offer? How will the agency respond to and communicate with children and families who were affected by a disaster in another service area and were relocated or displaced to within the agency's jurisdiction? How will the agency respond to and communicate with children and families from its service area who are relocated or displaced to another jurisdiction? How will the agency support or track children and families in placements under the Interstate Compact on the Placement of Children (both those placed within the agency's service area or those from the service area who are placed in another State)?

7) **Reunification: How can the agency assist children and families who have been separated during a disaster? How will the agency identify and locate these children and families?**
8) **Service provision: How will the agency ensure that critical services and supports (e.g., mental health and physical health, housing) are provided to children and families without interruption? How will the agency respond to the need for additional services and supports both during and after the disaster?**
9) **Family preparedness: How will the agency assist families and youth involved with child welfare to develop their own disaster plans? How will the agency ensure families providing care to children have the documentation necessary to care for children while displaced (e.g., birth certificates, custody orders placing children in State custody, documentation of authority to make emergency care decisions for the child, health insurance documents)?**
10) **Staff support: How will the agency support staff affected by the disaster (both professionally and personally)?**
11) **Other disaster plans: How is the agency expected to complement and coordinate with other State or other local disaster plans?**
12) **Specific populations: How will the agency's plan incorporate the needs of populations with particular needs, such as immigrants and refugees or children with special needs?**

PLAN MAINTENANCE

The IDERP, and its components, will be evaluated and completed with revisions annually by the members of this plan.